
SENATE BILL 5514

State of Washington 52nd Legislature 1991 Regular Session

By Senators West, Niemi and L. Smith.

Read first time February 4, 1991. Referred to Committee on Health & Long-Term Care.

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 permit shall
3 be issued only upon the disciplining authority receiving verification
4 from the states in which the applicant is licensed that the applicant
5 is currently licensed and is not subject to charges or disciplinary
6 action for unprofessional conduct or impairment. Notwithstanding RCW
7 34.05.422(3), the disciplining authority shall establish, by rule, the
8 duration of the temporary practice permits. Failure to surrender the
9 permit is a misdemeanor under RCW 9A.20.010 and shall be unprofessional
10 conduct under this chapter.

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

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

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

PART 2

STATE-WIDE HEALTH PERSONNEL RESOURCE PLAN

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

NEW SECTION. **Sec. 5.** STATE-WIDE HEALTH PERSONNEL RESOURCE PLAN.
(1) The higher education coordinating board, the state board for community college education, the superintendent of public instruction, the state department of health, and the state department of social and health services, to be known for the purposes of this section as the committee, shall, in consultation with appropriate entities, establish

1 and implement a state-wide health personnel resource plan. The
2 governor shall appoint a lead agency from one of the agencies on the
3 committee.

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

6 (a) Identification of the type, number, and location of the health
7 care professional work force necessary to meet health care needs of the
8 state. A description and analysis of the composition and numbers of
9 the potential work force available for meeting health care service
10 needs of the population to be used for recruitment purposes. This
11 should include a description of the data, methodology, and process used
12 to make such determinations.

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

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

23 (d) A description of how innovative, cost-effective technologies
24 such as telecommunications can and will be used to provide higher
25 education, vocational technical, continued competency, and skill
26 maintenance and enhancement education and training to placebound
27 students who need flexible programs and who are unable to attend
28 institutions for training.

29 (e) A strategy for assuring higher education and vocational
30 technical educational and training programming is sensitive to the

1 changing work force such as reentry workers, women, minorities, and the
2 disabled.

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

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

11 (h) A strategy and implementation plan for making required
12 internships and residency programs available that are geographically
13 accessible and sufficiently diverse to meet both general and
14 specialized training needs as identified in the plan when such programs
15 are required.

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

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

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

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

29 (m) A designation of the professions and geographic locations in
30 which loan repayment and scholarships should be available based upon

1 objective data-based forecasts of health professional shortages. A
2 description of the criteria used to select professions and geographic
3 locations shall be included. Designations of professions and
4 geographic locations may be amended by the department of health when
5 circumstances warrant as provided for in section 20 of this act.

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

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

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

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

23 (r) A description of how the higher education coordinating board,
24 state board of community college education, superintendent of public
25 instruction, department of health and department of social and health
26 services coordinated in the creation and implementation of the state
27 plan including the areas of responsibility each agency shall assume.
28 The plan should also include a description of the steps taken to assure
29 participation by the groups that are to be consulted with.

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

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

10 (4) State agencies involved in the development and implementation
11 of the plan shall to the extent possible utilize existing personnel and
12 financial resources in the development and implementation of the state-
13 wide health personnel resource plan.

14 (5) The state-wide health resource plan shall be submitted to the
15 governor by July 1, 1992, and updated by July 1 of each even-numbered
16 year. The governor, no later than December 1 of that year, shall
17 approve, approve with modifications, or disapprove the state-wide
18 health resource plan.

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

21 (7) Implementation of the state-wide plan shall begin by July 1,
22 1993.

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

29 (9) Each publicly funded two-year and four-year institute of higher
30 education authorized under Title 28B RCW and vocational-technical

1 institution authorized under Title 28A RCW that offers health training
2 and education programs shall biannually prepare and submit an
3 institutional plan to the committee. The institutional plan shall
4 identify specific programming and activities of the institution that
5 meet the requirements of the state-wide health professional resource
6 plan. The committee shall approve the plan, reject it, or recommend
7 modifications after an assessment of whether it meets the criteria and
8 standards developed in the state-wide plan. Plans rejected or
9 recommended for modification shall be returned to the vocational
10 institutes, college or university submitting it for revision. The plan
11 shall be resubmitted to the committee until it receives approval. The
12 institutional plans shall become part of the state-wide health resource
13 plan. Each vocational-technical institution, college, or university
14 shall implement approved institutional plans.

15 PART 3

16 HEALTH PROFESSIONAL CREDENTIALING SUNRISE MODIFICATIONS

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

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

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

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

26 (b) The extent to which consumers need and will benefit from a
27 method of regulation identifying competent practitioners, indicating

1 typical employers, if any, of practitioners in the health profession;
2 and

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

4 (i) The extent to which the health profession calls for independent
5 judgment and the extent of skill or experience required in making the
6 independent judgment; and

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

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

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

11 (i) Establish a code of ethics; or

12 (ii) Help resolve disputes between health practitioners and
13 consumers; and

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

16 (3) The alternatives considered:

17 (a) Regulation of business employers or practitioners rather than
18 employee practitioners;

19 (b) Regulation of the program or service rather than the individual
20 practitioners;

21 (c) Registration of all practitioners;

22 (d) Certification of all practitioners;

23 (e) Other alternatives;

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

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

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

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

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

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

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

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

19 (iii) The nature of the standards proposed for registration,
20 certification, or licensure as compared with the standards of other
21 jurisdictions;

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

24 (v) The nature and duration of any training including, but not
25 limited to, whether the training includes a substantial amount of
26 supervised field experience; whether training programs exist in this
27 state; if there will be an experience requirement; whether the
28 experience must be acquired under a registered, certificated, or
29 licensed practitioner; whether there are alternative routes of entry or
30 methods of meeting the prerequisite qualifications; whether all

1 applicants will be required to pass an examination; and, if an
2 examination is required, by whom it will be developed and how the costs
3 of development will be met; and

4 (vi) What additional training programs are anticipated to be
5 necessary to assure training accessible state-wide; the anticipated
6 time required to establish the additional training programs; the types
7 of institutions capable of providing the training; a description of how
8 training programs will meet the needs of the expected work force,
9 including reentry workers, minorities, placebound students, and others;

10 (d) Assurance of the public that practitioners have maintained
11 their competence:

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

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

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

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

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

22 (ii) Whether the proposed legislation requires registered,
23 certificated, or licensed practitioners in other jurisdictions who
24 migrate to this state to qualify in the same manner as state applicants
25 for registration, certification, and licensure when the other
26 jurisdiction has substantially equivalent requirements for
27 registration, certification, or licensure as those in this state; and

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

1 (6) The maintenance of standards:

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

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

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

8 (ii) The grounds for suspension or revocation of registration,
9 certification, or licensure;

10 (7) A description of the group proposed for regulation, including
11 a list of associations, organizations, and other groups representing
12 the practitioners in this state, an estimate of the number of
13 practitioners in each group, and whether the groups represent different
14 levels of practice; and

15 (8) The expected costs of regulation:

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

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

20 (c) The cost to the state and the members of the group proposed for
21 regulation for the required education, including projected tuition and
22 expenses and expected increases in training programs, staffing, and
23 enrollments at state training institutions.

24 PART 4

25 COMMUNITY-BASED RECRUITMENT AND RETENTION PROJECTS

26 STATE-WIDE RECRUITMENT AND RETENTION CLEARINGHOUSE

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

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

5 (2) "Health care professional recruitment and retention strategic
6 plan" means a plan developed by the participant and includes
7 identification of health care personnel needs of the community, how
8 these professionals will be recruited and retained in the community
9 following recruitment.

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

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

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

18 (6) "Project" means the community-based retention and recruitment
19 project.

20 (7) "Project site" means a site selected to participate in the
21 project.

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

23 NEW SECTION. **Sec. 8.** STATE-WIDE RECRUITMENT AND RETENTION
24 CLEARINGHOUSE. The department, in consultation with appropriate
25 private and public entities, shall establish a health professional
26 recruitment and retention clearinghouse. The clearinghouse shall:

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

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

3 (3) Identify recruitment and retention program gaps;

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

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

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

11 (7) Identify needed recruitment and retention programming for state
12 institutions, county public health departments and districts, county
13 human service agencies, and other entities serving substantial numbers
14 of public pay and charity care patients, and may provide to these
15 entities when they have been selected as participants necessary
16 recruitment and retention assistance including:

17 (a) Assistance in establishing or enhancing recruitment of health
18 care professionals;

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

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

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

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

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

8 (4) The secretary may apply for, receive, and accept gifts and
9 other payments, including property and service, from any governmental
10 or other public or private entity or person, and may make arrangements
11 as to the use of these receipts, including the undertaking of special
12 studies and other projects related to the delivery of health care in
13 rural areas.

14 (5) In designing and implementing the project the secretary shall
15 coordinate the project with the Washington rural health system project
16 as authorized under chapter 70.175 RCW to consolidate administrative
17 duties and reduce costs.

18 NEW SECTION. **Sec. 10.** RULES. The department shall adopt rules
19 consistent with this chapter to carry out the purpose of this chapter.
20 All rules shall be adopted in accordance with chapter 34.05 RCW. All
21 rules and procedures adopted by the department shall minimize paperwork
22 and compliance requirements for participants and should not be complex
23 in nature so as to serve as a barrier or disincentive for prospective
24 participants applying for the project.

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

27 (1) To design the project application and selection process,
28 including a program to advertise the project to rural communities and

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

13 (2) To design acceptable health care professional recruitment and
14 retention strategic plans, and to serve as a general resource to
15 participants in the planning, administration, and evaluation of project
16 sites;

17 (3) To assess and approve strategic plans developed by
18 participants, including an assessment of the technical and financial
19 feasibility of implementing the plan and whether adequate local support
20 for the plan is demonstrated;

21 (4) To identify existing private and public resources that may
22 serve as eligible consultants, identify technical assistance resources
23 for communities in the project, create a register of public and private
24 technical resource services available, and provide the register to
25 participants. The secretary shall screen consultants to determine
26 their qualifications prior to including them on the register;

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

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

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

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

9 (9) To report to the appropriate legislative committees and others
10 from time to time on the progress of the projects including the
11 identification of statutory and regulatory barriers to successful
12 completion of rural health care delivery goals and an ongoing
13 evaluation of the project.

14 NEW SECTION. **Sec. 12.** DUTIES AND RESPONSIBILITIES OF
15 PARTICIPATING COMMUNITIES. The duties and responsibilities of
16 participating communities shall include:

17 (1) To involve major health care providers, businesses, public
18 officials, and other community leaders in project design,
19 administration, and oversight;

20 (2) To identify an individual or organization to serve as the local
21 administrator of the project. The secretary may require the local
22 administrator to maintain acceptable accountability of seed grant
23 funding;

24 (3) To coordinate and avoid duplication of public health and other
25 health care services;

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

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

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

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

5 (8) To provide data and comply with other requirements of the
6 administrator that are intended to evaluate the effectiveness of the
7 projects;

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

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

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

23 NEW SECTION. **Sec. 14.** PARTICIPANTS AUTHORIZED TO CONTRACT--
24 PENALTY--SECRETARY AND STATE EXEMPT FROM LIABILITY. (1) Participants
25 are authorized to use funding granted to them by the secretary for the
26 purpose of contracting for technical assistance services. Participants
27 shall use only consultants identified by the secretary for consulting
28 services unless the participant can show that an alternative consultant

1 is qualified to provide technical assistance and is approved by the
2 secretary. Adequate records shall be kept by the participant showing
3 project site expenditures from grant moneys. Inappropriate use of
4 grant funding is a gross misdemeanor and shall incur the penalties
5 under chapter 9A.20 RCW.

6 (2) In providing a list of qualified consultants the secretary and
7 the state shall not be held responsible for assuring qualifications of
8 consultants and shall be held harmless for the actions of consultants.
9 Furthermore, the secretary and the state shall not be held liable for
10 the failure of participants to meet contractual obligations established
11 in connection with project participation.

12 PART 5

13 HEALTH PROFESSIONAL LOAN REPAYMENT AND SCHOLARSHIP PROGRAM

14 **Sec. 15.** RCW 18.150.020 and 1989 1st ex.s. c 9 s 717 are each
15 amended to read as follows:

16 Unless the context clearly requires otherwise, the definitions in
17 this section apply throughout this chapter.

18 (1) "Board" means the higher education coordinating board.

19 (2) "Department" means the state department of health.

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

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

26 (5) "Eligible student" means a student who has been accepted into
27 an eligible education or training program and has a declared intention

1 to serve in a health professional shortage area upon completion of the
2 education or training program.

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

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

18 (8) "Credentialed health care profession" means a health care
19 profession regulated by a disciplining authority in the state of
20 Washington under RCW 18.130.040 or by the state board of pharmacy under
21 chapter 18.64 RCW and designated by the department in section 20 of
22 this act, or until June 1, 1992, as established in section 19 of this
23 act as a profession having shortages of credentialed health care
24 professionals in the state.

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

29 (10) "Loan repayment" means a loan that is paid in full or in part
30 if the participant renders health care services in a health

1 professional shortage area (~~(or medically under served areas)~~) as
2 defined by the department (~~(of health)~~).

3 ~~((2))~~ (11) "Nonshortage rural area" means a nonurban area of the
4 state of Washington that has not been designated as a rural physician
5 shortage area. The department shall identify the nonshortage rural
6 areas of the state.

7 (12) "Participant" means a ((licensed)) credentialed health care
8 professional who has received a loan repayment award and has commenced
9 practice as a ((primary)) credentialed health care provider in a
10 designated health professional shortage area or an eligible student who
11 has received a scholarship under this program.

12 ~~((3)) "Board" means the higher education coordinating board.~~

13 ~~(4) "Health professional shortage areas" means those geographic~~
14 ~~areas where health professionals are in short supply as a result of~~
15 ~~geographic maldistribution and where vacancies exist in serious numbers~~
16 ~~that jeopardize patient care and pose a threat to the public health and~~
17 ~~safety. The department of health shall determine health professional~~
18 ~~shortage areas in the state guided by federal standards of "health~~
19 ~~manpower shortage areas," and "medically underserved areas," and~~
20 ~~"medically underserved populations."~~

21 ~~(5))~~ (13) "Program" means the health professional loan repayment
22 and scholarship program.

23 (14) "Required service obligation" means an obligation by the
24 participant to provide health care services in a health professional
25 shortage area for a period to be established as provided for in this
26 chapter.

27 (15) "Rural physician shortage area" means rural geographic areas
28 where primary care physicians are in short supply as a result of
29 geographic maldistributions and where their limited numbers jeopardize

1 patient care and pose a threat to public health and safety. The
2 department shall designate rural physician shortage areas.

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

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

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

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

17 The health professional loan repayment and scholarship program is
18 established for ~~((licensed))~~ credentialed health professionals serving
19 in health professional shortage areas. The program shall be
20 administered by the higher education coordinating board. In
21 administrating this program, the board shall ~~((have the following~~
22 ~~duties))~~:

23 (1) ~~((It shall))~~ Select ~~((licensed))~~ credentialed health care
24 professionals to participate in the loan repayment portion of the loan
25 repayment and scholarship program and select eligible students to
26 participate in the scholarship portion of the loan repayment and
27 scholarship program;

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

1 (3) ~~((It shall))~~ Collect and manage repayments from participants
2 who do not meet their service obligations under this chapter;
3 (4) Publicize the program, particularly to maximize participation
4 among individuals in shortage areas and among populations expected to
5 experience the greatest growth in the work force; ~~((and~~
6 ~~(4) It shall))~~ (5) Solicit and accept grants and donations from
7 public and private sources for the program; and
8 (6) Develop criteria for a contract for service in lieu of the
9 service obligation where appropriate, that may be a combination of
10 service and payment.

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

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

22 The board shall establish a planning committee to assist it in
23 developing criteria for the selection of participants. The board
24 shall~~((, at a minimum,))~~ include on the planning committee~~((:~~
25 ~~Representatives from rural hospitals; public health districts or~~
26 ~~departments; community and migrant clinics; and private providers))~~
27 representatives of the department, the department of social and health

1 services, appropriate representatives from health care facilities,
2 provider groups, consumers, the state board of community college
3 education, the superintendent of public instruction, and other
4 appropriate public and private agencies and organizations. The
5 criteria may require that some of the participants meet the definition
6 of "needy student" under RCW 28B.10.802.

7 NEW SECTION. Sec. 19. ELIGIBLE CREDENTIALLED HEALTH PROFESSIONS
8 AND REQUIRED SERVICE OBLIGATIONS. Until June 1, 1992, the board, in
9 consultation with the department, shall:

10 (1) Establish loan repayments for persons authorized to practice
11 one of the following credentialed health care professions: Medicine
12 pursuant to chapter 18.57, 18.57A, 18.71 or 18.71A RCW, nursing
13 pursuant to chapter 18.78 or 18.88 RCW, or dentistry pursuant to
14 chapter 18.32 RCW. The amount of the loan repayment shall not exceed
15 fifteen thousand dollars per year for a maximum of five years per
16 individual. The required service obligation in a health professional
17 shortage area for loan repayment shall be three years;

18 (2) Establish a scholarship program for eligible students who have
19 been accepted into an eligible education or training program leading to
20 a credential in one of the following credentialed health care
21 professions: Nursing pursuant to chapter 18.78 or 18.88 RCW who
22 declare the intent to serve in a nurse shortage area as defined by the
23 department upon completion of an education or training program and
24 agree to a five-year service obligation. The amount of the scholarship
25 shall not exceed three thousand dollars per year for a maximum of five
26 years;

27 (3) 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

1 professions: Medicine pursuant to chapter 18.57 or 18.71 RCW who
2 declare an intent to serve as a primary care physician in a rural area
3 in the state of Washington upon completion of the education program and
4 agree to a five-year service obligation and who may receive a
5 scholarship of no more than fifteen thousand dollars per year for five
6 years.

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

19 (4) Establish a scholarship program for eligible students who have
20 been accepted into an eligible education or training program leading to
21 a credential in one of the following credentialed health care
22 professions: Midwifery pursuant to chapter 18.50 RCW or advanced
23 registered nurse practitioner certified nurse midwifery under chapter
24 18.88 RCW who declare an intent to serve as a midwife in a midwifery
25 shortage area in the state of Washington, as defined by the department,
26 upon completion of the education program and agree to a five-year
27 service obligation and who may receive a scholarship of no more than
28 four thousand dollars per year for three years;

29 (5) Establish a scholarship program for eligible students who have
30 been accepted into an eligible education or training program leading to

1 a credential in the following credentialed health care profession:
2 Pharmacy pursuant to chapter 18.64 RCW or who declare an intent to
3 serve as a pharmacist in a pharmacy shortage area in the state of
4 Washington, as defined by the department, upon completion of the
5 education program and agree to a five-year service obligation and who
6 may receive a scholarship of no more than four thousand dollars per
7 year for three years;

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

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

15 (1) Determine eligible credentialed health care professions for the
16 purposes of the loan repayment and scholarship program authorized by
17 this chapter. Eligibility shall be based upon an assessment that
18 determines that there is a shortage or insufficient availability of a
19 credentialed profession so as to jeopardize patient care and pose a
20 threat to the public health and safety. The department shall consider
21 the relative degree of shortages among professions when determining
22 eligibility. This determination shall be based upon health
23 professional shortage needs identified in the health personnel resource
24 plan authorized by section 5 of this act. The department may add or
25 remove professions from eligibility based upon the determination that
26 a profession is no longer in shortage as determined by the health
27 personnel resource plan. Should a profession no longer be eligible,
28 participants or eligible students who have received scholarships shall
29 be eligible to continue to receive scholarships or loan repayments

1 until they are no longer eligible or until their service obligation has
2 been completed;

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

5 NEW SECTION. **Sec. 21.** REQUIRED SERVICE OBLIGATIONS. After June
6 1, 1992, the board, in consultation with the department and the
7 department of social and health services, shall:

8 (1) Establish the annual award amount for each credentialed health
9 care profession which shall be based upon an assessment of reasonable
10 annual eligible expenses involved in training and education for each
11 credentialed health care profession. The annual award amount may be
12 established at a level less than annual eligible expenses. The annual
13 award amount shall not be less than three thousand dollars per year nor
14 more than fifteen thousand dollars per year. The awards shall not be
15 paid for more than a maximum of five years per individual;

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

28 (3) Establish the required service obligation for each credentialed
29 health care profession, which shall be no less than three years or no

1 more than five years. The required service obligation may be based
2 upon the amount of the scholarship or loan repayment award such that
3 higher awards involve longer service obligations on behalf of the
4 participant;

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

7 (5) Honor loan repayment and scholarship contract terms negotiated
8 between the board and participants prior to the effective date of this
9 section concerning loan repayment and scholarship award amounts and
10 service obligations authorized under chapter 18.150, 28B.104, or 70.180
11 RCW.

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

14 (1) The board may grant loan repayment and scholarship awards to
15 eligible participants from the funds appropriated for this purpose, or
16 from any private or public funds given to the board for this purpose.
17 ~~((The amount of the loan repayment shall not exceed fifteen thousand~~
18 ~~dollars per year for a maximum of five years. The board may establish~~
19 ~~awards of less than fifteen thousand dollars per year based upon~~
20 ~~reasonable levels of expenditures for each of the health professions~~
21 ~~covered by this chapter.)) Participants ((in the conditional~~
22 ~~scholarship program authorized by chapter 28B.104 RCW are ineligible to~~
23 ~~receive assistance from the program authorized by this chapter)) are
24 ineligible to receive loan repayment if they have received a
25 scholarship from programs authorized under this chapter or chapter
26 28B.104 or 70.180 RCW or are ineligible to receive a scholarship if
27 they have received loan repayment authorized under this chapter or
28 chapter 18.150 RCW.~~

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

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

21 NEW SECTION. **Sec. 23.** PARTICIPANT REQUIREMENT TO ACCEPT PAYMENT.

22 In providing health care services the participant shall not
23 discriminate against a person on the basis of the person's ability to
24 pay for such services or because payment for the health care services
25 provided to such persons will be made under the insurance program
26 established under part A or B of Title XVIII of the federal social
27 security act or under a state plan for medical assistance including
28 Title XIX of the federal social security act or under the state medical
29 assistance program authorized by chapter 74.09 RCW and agrees to accept

1 assignment under section 18.42(b)(3)(B)(ii) of the federal social
2 security act for all services for which payment may be made under part
3 B of Title XVIII of the federal social security act and enters into an
4 appropriate agreement with the department of social and health services
5 for medical assistance under Title XIX of the federal social security
6 act to provide services to individuals entitled to medical assistance
7 under the plan and enters into appropriate agreements with the
8 department of social and health services for medical care services
9 under chapter 74.09 RCW. Participants found by the board or the
10 department in violation of this section shall be declared ineligible
11 for receiving assistance under the program authorized by this chapter.

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

14 Participants in the health professional loan repayment and
15 scholarship program who are awarded loan repayments shall receive
16 payment from the program for the purpose of repaying educational loans
17 secured while attending a program of health professional training which
18 led to (~~licensure as a licensed~~) a credential as a credentialed
19 health professional in the state of Washington.

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

23 (2) (~~In providing health care services the participant shall not~~
24 ~~discriminate against any person on the basis of the person's ability to~~
25 ~~pay for such services or because payment for the health care services~~
26 ~~provided to such persons will be made under the insurance program~~
27 ~~established under part A or B of Title XVIII of the federal social~~
28 ~~security act or under a state plan for medical assistance approved~~
29 ~~under Title XIX of the federal social security act and agrees to accept~~

1 assignment under section 18.42(b)(3)(B)(ii) of such act for all
2 services for which payment may be made under part B of Title XVIII and
3 enters into an appropriate agreement with the department of social and
4 health services for medical assistance under Title XIX to provide
5 services to individuals entitled to medical assistance under the plan.
6 Participants found by the board in violation of this section shall be
7 declared ineligible for receiving assistance under the program
8 authorized by this chapter.

9 ~~(3))~~ Repayment shall be limited to ~~((reasonable))~~ eligible
10 educational and living expenses as determined by the board and shall
11 include principal and interest.

12 ~~((4))~~ (3) Loans from both government and private sources may be
13 repaid by the program. Participants shall agree to allow the board
14 access to loan records and to acquire information from lenders
15 necessary to verify eligibility and to determine payments. Loans may
16 not be renegotiated with lenders to accelerate repayment.

17 ~~((5))~~ (4) Repayment of loans established pursuant to this program
18 shall begin no later than ninety days after the individual has become
19 a participant. Payments shall be made quarterly, or more frequently if
20 deemed appropriate by the board, to the participant until the loan is
21 repaid or the participant becomes ineligible due to discontinued
22 service in a health professional shortage area or after the ~~((fifth~~
23 ~~year of services))~~ required service obligation when eligibility
24 discontinues, whichever comes first.

25 ~~((6))~~ (5) Should the participant discontinue service in a health
26 professional shortage area payments against the loans of the
27 participants shall cease to be effective on the date that the
28 participant discontinues service.

29 ~~((7))~~ (6) Except for circumstances beyond their control,
30 participants who serve less than ~~((three years))~~ the required service

1 obligation shall be obligated to repay to the program an amount equal
2 to twice the total amount paid by the program on their behalf in
3 addition to any payments on the unsatisfied portion of the principal
4 and interest. The board shall determine the applicability of this
5 subsection.

6 ((+8)) (7) The board is responsible for the collection of payments
7 made on behalf of participants from the participants who discontinue
8 service before ((their three-year)) completion of the required service
9 obligation. The board shall exercise due diligence in such collection,
10 maintaining all necessary records to ensure that the maximum amount of
11 payment made on behalf of the participant is recovered. Collection
12 under this section shall be pursued using the full extent of the law,
13 including wage garnishment if necessary.

14 ((+9)) (8) The board shall not be held responsible for any
15 outstanding payments on principal and interest to any lenders once a
16 participant's eligibility expires.

17 NEW SECTION. Sec. 25. PARTICIPANT OBLIGATION--SCHOLARSHIPS. (1)
18 Participants in the health professional loan repayment and scholarship
19 program who are awarded scholarships incur an obligation to repay the
20 scholarship, with interest set by state law, unless they serve the
21 required service obligation in a health professional shortage area in
22 the state of Washington.

23 (2) The terms of the repayment, including deferral and rate of
24 interest, shall be consistent with the terms of the federal guaranteed
25 loan program.

26 (3) The period for repayment shall coincide with the required
27 service obligation, with payments accruing quarterly commencing no
28 later than nine months from the date the participant completes or

1 discontinues the course of study or completes or discontinues the
2 required residency.

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

17 (5) The board is responsible for collection of repayments made
18 under this section and shall exercise due diligence in such collection,
19 maintaining all necessary records to ensure that maximum repayments are
20 made. Collection and servicing of repayments under this section shall
21 be pursued using the full extent of the law, including wage garnishment
22 if necessary, and shall be performed by entities approved for such
23 servicing by the Washington student loan guaranty association or its
24 successor agency. The board is responsible to forgive all or parts of
25 such repayments under the criteria established in this section and
26 shall maintain all necessary records of forgiven payments.

27 (6) Receipts from the payment of principal or interest or any other
28 subsidies to which the board as administrator is entitled, which are
29 paid by or on behalf of participants under this section, shall be
30 deposited with the board and shall be used to cover the costs of

1 granting the scholarships, maintaining necessary records, and making
2 collections under subsection (5) of this section. The board shall
3 maintain accurate records of these costs, and all receipts beyond those
4 necessary to pay such costs shall be used to grant scholarships to
5 eligible students.

6 (7) Sponsoring communities who financially contribute to the
7 eligible financial expenses of eligible medical students may enter into
8 agreements with the student to require repayment should the student not
9 serve the required service obligation in the community as a primary
10 care physician. The board may develop criteria for the content of such
11 agreements with respect to reasonable provisions and obligations
12 between communities and eligible students.

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

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

18 The school of medicine at the University of Washington shall
19 develop and implement a policy to grant admission preference to
20 prospective medical students from rural areas of the state who agree to
21 serve for at least five years as primary care physicians in rural areas
22 of Washington after completion of their medical education and have
23 applied for and meet the qualifications of the program under ((RCW
24 70.180.050)) chapter 28B.50 (codified pursuant to section 35 of this
25 act). Should the school of medicine be unable to fill any or all of
26 the admission openings due to a lack of applicants from rural areas who
27 meet minimum qualifications for study at the medical school, it may
28 admit students not eligible for preferential admission under this
29 section.

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

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

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

18 NEW SECTION. **Sec. 28.** DEDICATED ACCOUNT--TRUST FUND. (1) Any
19 funds appropriated by the legislature for the health professional loan
20 repayment and scholarship program or any other public or private funds
21 intended for loan repayments or scholarships under this program shall
22 be placed in the account created by this section.

23 (2) The health professional loan repayment and scholarship program
24 fund is created in custody of the state treasurer. All receipts from
25 the program shall be deposited into the fund. Only the higher
26 education coordinating board, or its designee, may authorize
27 expenditures from the fund. The fund is subject to allotment
28 procedures under chapter 43.88 RCW, but no appropriation is required
29 for expenditures.

- 1 (11) RCW 28B.102.905 and 1987 c 437 s 10;
- 2 (12) RCW 70.180.007 and 1990 c 271 s 5;
- 3 (13) RCW 70.180.010 and 1990 c 271 s 6;
- 4 (14) RCW 70.180.050 and 1990 c 271 s 7;
- 5 (15) RCW 70.180.060 and 1990 c 271 s 8;
- 6 (16) RCW 70.180.070 and 1990 c 271 s 10;
- 7 (17) RCW 70.180.080 and 1990 c 271 s 11;
- 8 (18) RCW 70.180.090 and 1990 c 271 s 12
- 9 (19) RCW 70.180.100 and 1990 c 271 s 13; and
- 10 (20) RCW 70.180.910 and 1990 c 271 s 19.

11 NEW SECTION. **Sec. 35.** RCW 18.150.010, 18.150.020, 18.150.030,
12 18.150.040, 18.150.050, 18.150.060, 18.150.070, 18.150.900, and
13 18.150.910 are each recodified as a new chapter in Title 28B RCW.

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

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

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

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

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

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