

2 **HB 1694** - S COMM AMD

3 By Committee on Health & Human Services

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5 Strike everything after the enacting clause and insert the
6 following:

7 "**Sec. 1.** RCW 18.92.030 and 1986 c 259 s 140 are each amended to
8 read as follows:

9 It shall be the duty of the board to (~~prepare examination~~
10 ~~questions, conduct examinations, and grade the answers of applicants~~)
11 develop and administer or approve licensure examinations. The board,
12 pursuant to chapter 34.05 RCW, shall have the power to adopt such rules
13 and regulations as may be necessary to effectuate the purposes of this
14 chapter including the performance of the duties and responsibilities of
15 animal technicians: PROVIDED, HOWEVER, That such rules are adopted in
16 the interest of good veterinary health care delivery to the consuming
17 public, and do not prevent animal technicians from inoculating an
18 animal. The board shall further have the power to adopt, by reasonable
19 rules and regulations, standards prescribing requirements for
20 veterinary medical facilities and to fix minimum standards of
21 continuing veterinary medical education.

22 The department shall be the official office of record.

23 **Sec. 2.** RCW 18.92.100 and 1991 c 3 s 243 are each amended to read
24 as follows:

25 Examinations for license to practice veterinary medicine, surgery
26 and dentistry shall be held at least once each year at such times and
27 places as the secretary may authorize and direct. Said examination,
28 (~~which shall be conducted in the English language~~) shall be(~~, in~~
29 ~~whole or in part, in writing~~) on (~~the following~~) subjects(~~(:~~
30 ~~Veterinary anatomy, surgery, obstetrics, pathology, chemistry, hygiene,~~
31 ~~veterinary diagnosis, materia medica, therapeutics, parasitology,~~
32 ~~physiology, sanitary medicine, and such other subjects which are~~
33 ~~ordinarily included in the curricula of veterinary colleges,~~) as the
34 board may prescribe. All examinees shall be tested by written
35 examination, supplemented by such oral interviews and practical

1 demonstrations as the board deems necessary. (~~The board may accept~~
2 ~~the examinee's results on the National Board of Veterinary Examiners in~~
3 ~~lieu of the written portion of the state examination.~~)

4 **Sec. 3.** RCW 18.54.070 and 1991 c 3 s 140 are each amended to read
5 as follows:

6 The board has the following powers and duties:

7 (1) (~~The board shall prepare the necessary lists of examination~~
8 ~~questions, conduct examinations, either written or oral or partly~~
9 ~~written and partly oral, and shall certify to the secretary of health~~
10 ~~all lists, signed by all members conducting the examination, of all~~
11 ~~applicants for licenses who have successfully passed the examination~~
12 ~~and a separate list of all applicants for licenses who have failed to~~
13 ~~pass the examination, together with a copy of all examination questions~~
14 ~~used, and the written answers to questions on written examinations~~
15 ~~submitted by each of the applicants)) To prepare and administer or
16 approve for administration, or both, a licensure examination in the
17 subjects determined by the board to be essential to the practice of
18 optometry.~~

19 (2) The board shall adopt rules and regulations to promote safety,
20 protection and the welfare of the public, to carry out the purposes of
21 this chapter, to aid the board in the performance of its powers and
22 duties, and to govern the practice of optometry.

23 NEW SECTION. **Sec. 4.** The legislature finds that regulation of
24 health professions is an important part of state quality assurance
25 activities that help assure the safe delivery of health care services
26 to the people of this state.

27 It further finds that there are twenty separate regulatory
28 authorities that govern the health professions and act on scope of
29 practice decisions. The large number of regulatory authorities has
30 sometimes resulted in inconsistent and conflicting regulation of the
31 state's health professions and the expansion in the scope of practice
32 beyond legislative intent. In addition, scopes of practice between
33 some professions overlap and it is often unclear which regulatory
34 authority has jurisdiction. Separate authorities may adopt conflicting
35 rules concerning the same scope of practice issue. The legislature is
36 often requested to resolve these conflicts by enacting legislation to
37 modify or clarify the scope of practice of a health profession.

1 The legislature further finds that it is requested to consider
2 legislation to increase the level of regulation of health professions
3 already regulated by the state. Increasing the level of regulation
4 further restricts the practice of the profession by requiring
5 individuals to obtain specialized training and pass a credentialing
6 examination. These requests require a determination that the existing
7 level of regulation is insufficient to protect the public from the
8 unsafe practice of the profession.

9 The legislature declares that the best forum for deciding such
10 changes in scope of practice and levels of health professional
11 credentialing is through a nonlegislative process that allows for a
12 deliberative and objective consideration of such changes. The
13 expertise of the existing health professional licensing boards and
14 advisory committees should be used in considering such changes but the
15 secretary of health should be responsible for making decisions on
16 changes in scope of practice or the level of credentialing. It further
17 declares that the legislature should limit its involvement in the
18 regulation of health professionals to those proposals that create new
19 professions or that consider the sunset termination of existing
20 professions.

21 NEW SECTION. **Sec. 5.** The secretary of health, in consultation
22 with the health policy committees of the senate and house of
23 representatives, shall identify and recommend changes in the Revised
24 Code of Washington necessary to implement the intent of section 4 of
25 this act. The recommendations shall include at least the following:

26 (1) A set of recommended statutory principals to be used by the
27 secretary to decide if it is appropriate to make changes in scope of
28 practice or levels of credentialing of health care professions. The
29 principals shall be based upon the benefits that the changes will have
30 on public safety, health, and protection.

31 (2) A draft proposal with specific recommended changes in the
32 health professional practice acts, and other laws governing the health
33 care professions, to authorize the secretary to make changes in the
34 scope of practice or level of credentialing of a health care profession
35 regulated under Title 18 RCW.

36 (3) A draft proposal with specific recommended changes in the
37 health professional practice acts, and other laws governing the health
38 care professions, to authorize the secretary to make changes in the

1 operation of the health professional regulatory programs that will lead
2 to improved administration.

3 (4) A draft proposal outlining a recommended review process and
4 review criteria to be used by the secretary in making changes in scope
5 of practice or levels of credentialing. To the extent practical, the
6 process should be modeled after the sunrise review process under
7 chapter 18.120 RCW.

8 (5) A draft proposal outlining the policy for consideration of
9 requests by private associations and groups to make changes in scope of
10 practice or levels of credentialing of a regulated health care
11 profession. The policy shall also address who should be financially
12 responsible for the cost to the secretary for reviewing these requests.

13 The recommendations shall be reported to the health policy
14 committees of the senate and house of representatives no later than
15 December 1, 1993."

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19 On page 1, line 2 of the title, after "plan;" strike the remainder
20 of the title and insert "amending RCW 18.92.030, 18.92.100, and
21 18.54.070; and creating new sections."

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