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**SUBSTITUTE HOUSE BILL 1291**

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**State of Washington**

**59th Legislature**

**2005 Regular Session**

**By** House Committee on Health Care (originally sponsored by Representatives Cody, Bailey, Morrell, Hinkle, Green, Moeller, Kessler, Haigh, Linville, Kagi, Santos and Ormsby)

READ FIRST TIME 02/15/05.

1 AN ACT Relating to improving health care professional and health  
2 care facility patient safety practices; amending RCW 43.70.110,  
3 43.70.250, 5.64.010, and 43.70.510; reenacting and amending RCW  
4 69.41.010; adding new sections to chapter 43.70 RCW; adding a new  
5 section to chapter 7.70 RCW; creating new sections; providing an  
6 effective date; and declaring an emergency.

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

8 NEW SECTION. **Sec. 1.** (1) The legislature finds that:

9 (a) Thousands of patients are injured each year in the United  
10 States as a result of medical errors, and that a comprehensive approach  
11 is needed to effectively reduce the incidence of medical errors in our  
12 health care system. Implementation of proven patient safety strategies  
13 can reduce medical errors, and thereby potentially reduce the need for  
14 disciplinary actions against licensed health care professionals and  
15 facilities, and the frequency and severity of medical malpractice  
16 claims; and

17 (b) Health care providers, health care facilities, and health  
18 carriers can and should be supported in their efforts to improve  
19 patient safety and reduce medical errors by encouraging health care

1 facilities and providers to communicate openly with patients regarding  
2 medical errors that have occurred and steps that can be taken to  
3 prevent errors from occurring in the future, encouraging health care  
4 facilities and providers to work cooperatively in their patient safety  
5 efforts, and increasing funding available to implement proven patient  
6 safety strategies.

7 (2) Through the adoption of this act, the legislature intends to  
8 positively influence the safety and quality of care provided in  
9 Washington state's health care system.

10 **PART I: FUNDING PATIENT SAFETY EFFORTS**

11 **Sec. 101.** RCW 43.70.110 and 1993 sp.s. c 24 s 918 are each amended  
12 to read as follows:

13 (1) The secretary shall charge fees to the licensee for obtaining  
14 a license. After June 30, 1995, municipal corporations providing  
15 emergency medical care and transportation services pursuant to chapter  
16 18.73 RCW shall be exempt from such fees, provided that such other  
17 emergency services shall only be charged for their pro rata share of  
18 the cost of licensure and inspection, if appropriate. The secretary  
19 may waive the fees when, in the discretion of the secretary, the fees  
20 would not be in the best interest of public health and safety, or when  
21 the fees would be to the financial disadvantage of the state.

22 (2) Except as provided in section 103 of this act, fees charged  
23 shall be based on, but shall not exceed, the cost to the department for  
24 the licensure of the activity or class of activities and may include  
25 costs of necessary inspection.

26 (3) Department of health advisory committees may review fees  
27 established by the secretary for licenses and comment upon the  
28 appropriateness of the level of such fees.

29 **Sec. 102.** RCW 43.70.250 and 1996 c 191 s 1 are each amended to  
30 read as follows:

31 It shall be the policy of the state of Washington that the cost of  
32 each professional, occupational, or business licensing program be fully  
33 borne by the members of that profession, occupation, or business. The  
34 secretary shall from time to time establish the amount of all  
35 application fees, license fees, registration fees, examination fees,

1 permit fees, renewal fees, and any other fee associated with licensing  
2 or regulation of professions, occupations, or businesses administered  
3 by the department. In fixing said fees, the secretary shall set the  
4 fees for each program at a sufficient level to defray the costs of  
5 administering that program and the patient safety fee established in  
6 section 103 of this act. All such fees shall be fixed by rule adopted  
7 by the secretary in accordance with the provisions of the  
8 administrative procedure act, chapter 34.05 RCW.

9 NEW SECTION. **Sec. 103.** A new section is added to chapter 43.70  
10 RCW to read as follows:

11 (1) The secretary shall increase the licensing fee established  
12 under RCW 43.70.110 by two dollars for the health care professionals  
13 designated in subsection (2) of this section and by two dollars per  
14 licensed bed for the health care facilities designated in subsection  
15 (2) of this section. Proceeds of the patient safety fee must be  
16 deposited into the patient safety account in section 107 of this act  
17 and dedicated to patient safety and medical error reduction efforts  
18 that have been proven to improve, or have a substantial likelihood of  
19 improving the quality of care provided by health care professionals and  
20 facilities.

21 (2) The health care professionals and facilities subject to the  
22 patient safety fee are:

23 (a) The following health care professionals licensed under Title 18  
24 RCW:

25 (i) Registered nurses and licensed practical nurses licensed under  
26 chapter 18.79 RCW;

27 (ii) Chiropractors licensed under chapter 18.25 RCW;

28 (iii) Dentists licensed under chapter 18.32 RCW;

29 (iv) Midwives licensed under chapter 18.50 RCW;

30 (v) Naturopaths licensed under chapter 18.36A RCW;

31 (vi) Nursing home administrators licensed under chapter 18.52 RCW;

32 (vii) Optometrists licensed under chapter 18.53 RCW;

33 (viii) Osteopathic physicians licensed under chapter 18.57 RCW;

34 (ix) Osteopathic physicians' assistants licensed under chapter  
35 18.57A RCW;

36 (x) Pharmacists and pharmacies licensed under chapter 18.64 RCW;

37 (xi) Physicians licensed under chapter 18.71 RCW;

- 1 (xii) Physician assistants licensed under chapter 18.71A RCW;
- 2 (xiii) Podiatrists licensed under chapter 18.22 RCW; and
- 3 (xiv) Psychologists licensed under chapter 18.83 RCW; and
- 4 (b) Hospitals licensed under chapter 70.41 RCW and psychiatric
- 5 hospitals licensed under chapter 71.12 RCW.

6 NEW SECTION. **Sec. 104.** A new section is added to chapter 7.70 RCW  
7 to read as follows:

8 (1) One percent of all attorneys' fees received for representation  
9 of claimants or defendants in actions brought under this chapter that  
10 result in payment to a claimant shall be paid as a patient safety set  
11 aside. Proceeds of the patient safety set aside will be distributed by  
12 the department of health in the form of grants, loans, or other  
13 appropriate arrangements to support strategies that have been proven to  
14 reduce medical errors and enhance patient safety, or have a substantial  
15 likelihood of reducing medical errors and enhancing patient safety, as  
16 provided in section 103 of this act.

17 (2) A patient safety set aside shall be transmitted to the  
18 secretary of the department of health by the attorney who receives fees  
19 under subsection (1) of this section for deposit into the patient  
20 safety account established in section 107 of this act.

21 (3) The Washington state supreme court shall by rule adopt  
22 procedures to implement this section.

23 NEW SECTION. **Sec. 105.** A new section is added to chapter 43.70  
24 RCW to read as follows:

25 (1)(a) Patient safety fee and set aside proceeds shall be  
26 administered by the department, after seeking input from health care  
27 providers engaged in direct patient care activities, health care  
28 facilities, health care provider organizations, and other interested  
29 parties. In developing criteria for the award of grants, loans, or  
30 other appropriate arrangements under this section, the department shall  
31 rely primarily upon evidence-based practices to improve patient safety  
32 that have been identified and recommended by governmental and private  
33 organizations, including, but not limited to:

- 34 (i) The federal agency for health care quality and research;
- 35 (ii) The institute of medicine of the national academy of sciences;

1 (iii) The joint commission on accreditation of health care  
2 organizations; and

3 (iv) The national quality forum.

4 (b) The department shall award grants, loans, or other appropriate  
5 arrangements for at least two strategies that are designed to meet the  
6 goals and recommendations of the federal institute of medicine's  
7 report, "Keeping Patients Safe: Transforming the Work Environment of  
8 Nurses."

9 (2) Projects that have been proven to reduce medical errors and  
10 enhance patient safety shall receive priority for funding over those  
11 that are not proven, but have a substantial likelihood of reducing  
12 medical errors and enhancing patient safety. All project proposals  
13 must include specific performance and outcome measures by which to  
14 evaluate the effectiveness of the project. Project proposals that do  
15 not propose to use a proven patient safety strategy must include, in  
16 addition to performance and outcome measures, a detailed description of  
17 the anticipated outcomes of the project based upon any available  
18 related research and the steps for achieving those outcomes.

19 (3) The department may use a portion of the patient safety fee  
20 proceeds for the costs of administering the program.

21 NEW SECTION. **Sec. 106.** A new section is added to chapter 43.70  
22 RCW to read as follows:

23 The secretary may solicit and accept grants or other funds from  
24 public and private sources to support patient safety and medical error  
25 reduction efforts under this act. Any grants or funds received may be  
26 used to enhance these activities as long as program standards  
27 established by the secretary are followed.

28 NEW SECTION. **Sec. 107.** A new section is added to chapter 43.70  
29 RCW to read as follows:

30 The patient safety account is created in the state treasury. All  
31 receipts from the fees and set asides created in sections 103 and 104  
32 of this act must be deposited into the account. Expenditures from the  
33 account may be used only for the purposes of this act. Moneys in the  
34 account may be spent only after appropriation.

1        NEW SECTION.    **Sec. 108.**    A new section is added to chapter 43.70  
2    RCW to read as follows:

3        By December 1, 2008, the department shall report the following  
4    information to the governor and the health policy and fiscal committees  
5    of the legislature:

- 6        (1) The amount of patient safety fees and set asides deposited to  
7    date in the patient safety account;
- 8        (2) The criteria for distribution of grants, loans, or other  
9    appropriate arrangements under this act; and
- 10       (3) A description of the medical error reduction and patient safety  
11    grants and loans distributed to date, including the stated performance  
12    measures, activities, timelines, and detailed information regarding  
13    outcomes for each project.

14                                    **PART II:    ENCOURAGING PATIENT SAFETY THROUGH**  
15                                    **COMMUNICATIONS WITH PATIENTS**

16        **Sec. 201.**    RCW 5.64.010 and 1975-'76 2nd ex.s. c 56 s 3 are each  
17    amended to read as follows:

18        (1) In any civil action against a health care provider for personal  
19    injuries which is based upon alleged professional negligence ((and  
20    which is against:

21        ~~(1) A person licensed by this state to provide health care or~~  
22    ~~related services, including, but not limited to, a physician,~~  
23    ~~osteopathic physician, dentist, nurse, optometrist, podiatrist,~~  
24    ~~chiropractor, physical therapist, psychologist, pharmacist, optician,~~  
25    ~~physician's assistant, osteopathic physician's assistant, nurse~~  
26    ~~practitioner, or physician's trained mobile intensive care paramedic,~~  
27    ~~including, in the event such person is deceased, his estate or personal~~  
28    ~~representative;~~

29        ~~(2) An employee or agent of a person described in subsection (1) of~~  
30    ~~this section, acting in the course and scope of his employment,~~  
31    ~~including, in the event such employee or agent is deceased, his estate~~  
32    ~~or personal representative; or~~

33        ~~(3) An entity, whether or not incorporated, facility, or~~  
34    ~~institution employing one or more persons described in subsection (1)~~  
35    ~~of this section, including, but not limited to, a hospital, clinic,~~  
36    ~~health maintenance organization, or nursing home; or an officer,~~

1 ~~director, employee, or agent thereof acting in the course and scope of~~  
2 ~~his employment, including, in the event such officer, director,~~  
3 ~~employee, or agent is deceased, his estate or personal~~  
4 ~~representative;)), or in any arbitration or mediation proceeding~~  
5 related to such civil action, evidence of furnishing or offering or  
6 promising to pay medical, hospital, or similar expenses occasioned by  
7 an injury is not admissible ((~~to prove liability for the injury~~)).

8 (2) In a civil action against a health care provider for personal  
9 injuries which is based upon alleged professional negligence, or in any  
10 arbitration or mediation proceeding related to such civil action:

11 (a) Any and all statements, affirmations, gestures, or conduct  
12 expressing apology, fault, sympathy, commiseration, condolence,  
13 compassion, or a general sense of benevolence; or

14 (b) Any and all statements or affirmations regarding remedial  
15 actions that may be taken to address the act or omission that is the  
16 basis for the allegation of negligence;

17 which were in the past or are made by a health care provider to the  
18 injured person, a relative of the injured person, or a representative  
19 of the injured person and which relate to the discomfort, pain,  
20 suffering, injury, or death of the injured person as the result of the  
21 alleged professional negligence are not admissible as evidence.

22 (3) For the purposes of this section:

23 (a) "Health care provider" has the same meaning provided in RCW  
24 7.70.020.

25 (b) "Relative" means:

26 (i) An injured person's spouse, parent, grandparent, stepfather,  
27 stepmother, child, grandchild, brother, sister, half brother, half  
28 sister, or spouse's parents;

29 (ii) Relationships in (b)(i) of this subsection that are  
30 established with an injured person as a result of adoption; and

31 (iii) Any person who has a family-type relationship with an injured  
32 person.

33 (c) "Representative" means a legal guardian, attorney, person  
34 designated to make decisions on behalf of a patient under a medical  
35 power of attorney, or any person recognized in law or custom as a  
36 patient's agent.

1                   **PART III: COORDINATED QUALITY IMPROVEMENT PROGRAMS**

2           **Sec. 301.** RCW 43.70.510 and 2004 c 145 s 2 are each amended to  
3 read as follows:

4           (1)(a) Health care institutions and medical facilities, other than  
5 hospitals, that are licensed by the department, professional societies  
6 or organizations, health care service contractors, health maintenance  
7 organizations, health carriers approved pursuant to chapter 48.43 RCW,  
8 and any other person or entity providing health care coverage under  
9 chapter 48.42 RCW that is subject to the jurisdiction and regulation of  
10 any state agency or any subdivision thereof may maintain a coordinated  
11 quality improvement program for the improvement of the quality of  
12 health care services rendered to patients and the identification and  
13 prevention of medical malpractice as set forth in RCW 70.41.200.

14           (b) All such programs shall comply with the requirements of RCW  
15 70.41.200(1) (a), (c), (d), (e), (f), (g), and (h) as modified to  
16 reflect the structural organization of the institution, facility,  
17 professional societies or organizations, health care service  
18 contractors, health maintenance organizations, health carriers, or any  
19 other person or entity providing health care coverage under chapter  
20 48.42 RCW that is subject to the jurisdiction and regulation of any  
21 state agency or any subdivision thereof, unless an alternative quality  
22 improvement program substantially equivalent to RCW 70.41.200(1)(a) is  
23 developed. All such programs, whether complying with the requirement  
24 set forth in RCW 70.41.200(1)(a) or in the form of an alternative  
25 program, must be approved by the department before the discovery  
26 limitations provided in subsections (3) and (4) of this section and the  
27 exemption under RCW 42.17.310(1)(hh) and subsection (5) of this section  
28 shall apply. In reviewing plans submitted by licensed entities that  
29 are associated with physicians' offices, the department shall ensure  
30 that the exemption under RCW 42.17.310(1)(hh) and the discovery  
31 limitations of this section are applied only to information and  
32 documents related specifically to quality improvement activities  
33 undertaken by the licensed entity.

34           (2) Health care provider groups of five or more providers may  
35 maintain a coordinated quality improvement program for the improvement  
36 of the quality of health care services rendered to patients and the  
37 identification and prevention of medical malpractice as set forth in  
38 RCW 70.41.200. For purposes of this section, a health care provider



1 group may be a consortium of providers consisting of five or more  
2 providers in total. All such programs shall comply with the  
3 requirements of RCW 70.41.200(1) (a), (c), (d), (e), (f), (g), and (h)  
4 as modified to reflect the structural organization of the health care  
5 provider group. All such programs must be approved by the department  
6 before the discovery limitations provided in subsections (3) and (4) of  
7 this section and the exemption under RCW 42.17.310(1)(hh) and  
8 subsection (5) of this section shall apply.

9 (3) Any person who, in substantial good faith, provides information  
10 to further the purposes of the quality improvement and medical  
11 malpractice prevention program or who, in substantial good faith,  
12 participates on the quality improvement committee shall not be subject  
13 to an action for civil damages or other relief as a result of such  
14 activity. Any person or entity participating in a coordinated quality  
15 improvement program that, in substantial good faith, shares information  
16 or documents with one or more other programs, committees, or boards  
17 under subsection (6) of this section is not subject to an action for  
18 civil damages or other relief as a result of the activity or its  
19 consequences. For the purposes of this section, sharing information is  
20 presumed to be in substantial good faith. However, the presumption may  
21 be rebutted upon a showing of clear, cogent, and convincing evidence  
22 that the information shared was knowingly false or deliberately  
23 misleading.

24 (4) Information and documents, including complaints and incident  
25 reports, created specifically for, and collected, and maintained by a  
26 quality improvement committee are not subject to discovery or  
27 introduction into evidence in any civil action, and no person who was  
28 in attendance at a meeting of such committee or who participated in the  
29 creation, collection, or maintenance of information or documents  
30 specifically for the committee shall be permitted or required to  
31 testify in any civil action as to the content of such proceedings or  
32 the documents and information prepared specifically for the committee.  
33 This subsection does not preclude: (a) In any civil action, the  
34 discovery of the identity of persons involved in the medical care that  
35 is the basis of the civil action whose involvement was independent of  
36 any quality improvement activity; (b) in any civil action, the  
37 testimony of any person concerning the facts that form the basis for  
38 the institution of such proceedings of which the person had personal

1 knowledge acquired independently of such proceedings; (c) in any civil  
2 action by a health care provider regarding the restriction or  
3 revocation of that individual's clinical or staff privileges,  
4 introduction into evidence information collected and maintained by  
5 quality improvement committees regarding such health care provider; (d)  
6 in any civil action challenging the termination of a contract by a  
7 state agency with any entity maintaining a coordinated quality  
8 improvement program under this section if the termination was on the  
9 basis of quality of care concerns, introduction into evidence of  
10 information created, collected, or maintained by the quality  
11 improvement committees of the subject entity, which may be under terms  
12 of a protective order as specified by the court; (e) in any civil  
13 action, disclosure of the fact that staff privileges were terminated or  
14 restricted, including the specific restrictions imposed, if any and the  
15 reasons for the restrictions; or (f) in any civil action, discovery and  
16 introduction into evidence of the patient's medical records required by  
17 rule of the department of health to be made regarding the care and  
18 treatment received.

19 (5) Information and documents created specifically for, and  
20 collected and maintained by a quality improvement committee are exempt  
21 from disclosure under chapter 42.17 RCW.

22 (6) A coordinated quality improvement program may share information  
23 and documents, including complaints and incident reports, created  
24 specifically for, and collected and maintained by a quality improvement  
25 committee or a peer review committee under RCW 4.24.250 with one or  
26 more other coordinated quality improvement programs maintained in  
27 accordance with this section or with RCW 70.41.200 or a peer review  
28 committee under RCW 4.24.250, for the improvement of the quality of  
29 health care services rendered to patients and the identification and  
30 prevention of medical malpractice. The privacy protections of chapter  
31 70.02 RCW and the federal health insurance portability and  
32 accountability act of 1996 and its implementing regulations apply to  
33 the sharing of individually identifiable patient information held by a  
34 coordinated quality improvement program. Any rules necessary to  
35 implement this section shall meet the requirements of applicable  
36 federal and state privacy laws. Information and documents disclosed by  
37 one coordinated quality improvement program to another coordinated  
38 quality improvement program or a peer review committee under RCW

1 4.24.250 and any information and documents created or maintained as a  
2 result of the sharing of information and documents shall not be subject  
3 to the discovery process and confidentiality shall be respected as  
4 required by subsection (4) of this section and RCW 4.24.250.

5 (7) The department of health shall adopt rules as are necessary to  
6 implement this section.

7 **PART IV: PRESCRIPTION LEGIBILITY**

8 NEW SECTION. **Sec. 401.** The legislature finds that prescription  
9 drug errors occur because the pharmacist or nurse cannot read the  
10 prescription from the physician or other provider with prescriptive  
11 authority. The legislature further finds that legible prescriptions  
12 can prevent these errors.

13 **Sec. 402.** RCW 69.41.010 and 2003 c 257 s 2 and 2003 c 140 s 11 are  
14 each reenacted and amended to read as follows:

15 As used in this chapter, the following terms have the meanings  
16 indicated unless the context clearly requires otherwise:

17 (1) "Administer" means the direct application of a legend drug  
18 whether by injection, inhalation, ingestion, or any other means, to the  
19 body of a patient or research subject by:

20 (a) A practitioner; or

21 (b) The patient or research subject at the direction of the  
22 practitioner.

23 (2) "Community-based care settings" include: Community residential  
24 programs for the developmentally disabled, certified by the department  
25 of social and health services under chapter 71A.12 RCW; adult family  
26 homes licensed under chapter 70.128 RCW; and boarding homes licensed  
27 under chapter 18.20 RCW. Community-based care settings do not include  
28 acute care or skilled nursing facilities.

29 (3) "Deliver" or "delivery" means the actual, constructive, or  
30 attempted transfer from one person to another of a legend drug, whether  
31 or not there is an agency relationship.

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

33 (5) "Dispense" means the interpretation of a prescription or order  
34 for a legend drug and, pursuant to that prescription or order, the

1 proper selection, measuring, compounding, labeling, or packaging  
2 necessary to prepare that prescription or order for delivery.

3 (6) "Dispenser" means a practitioner who dispenses.

4 (7) "Distribute" means to deliver other than by administering or  
5 dispensing a legend drug.

6 (8) "Distributor" means a person who distributes.

7 (9) "Drug" means:

8 (a) Substances recognized as drugs in the official United States  
9 pharmacopoeia, official homeopathic pharmacopoeia of the United States,  
10 or official national formulary, or any supplement to any of them;

11 (b) Substances intended for use in the diagnosis, cure, mitigation,  
12 treatment, or prevention of disease in man or animals;

13 (c) Substances (other than food, minerals or vitamins) intended to  
14 affect the structure or any function of the body of man or animals; and

15 (d) Substances intended for use as a component of any article  
16 specified in (a), (b), or (c) of this subsection. It does not include  
17 devices or their components, parts, or accessories.

18 (10) "Electronic communication of prescription information" means  
19 the communication of prescription information by computer, or the  
20 transmission of an exact visual image of a prescription by facsimile,  
21 or other electronic means for original prescription information or  
22 prescription refill information for a legend drug between an authorized  
23 practitioner and a pharmacy or the transfer of prescription information  
24 for a legend drug from one pharmacy to another pharmacy.

25 (11) "In-home care settings" include an individual's place of  
26 temporary and permanent residence, but does not include acute care or  
27 skilled nursing facilities, and does not include community-based care  
28 settings.

29 (12) "Legend drugs" means any drugs which are required by state law  
30 or regulation of the state board of pharmacy to be dispensed on  
31 prescription only or are restricted to use by practitioners only. A  
32 prescription must be hand printed, typewritten, or electronically  
33 generated.

34 (13) "Legible prescription" means a prescription or medication  
35 order issued by a practitioner that is capable of being read and  
36 understood by the pharmacist filling the prescription or the nurse or  
37 other practitioner implementing the medication order.

1 (14) "Medication assistance" means assistance rendered by a  
2 nonpractitioner to an individual residing in a community-based care  
3 setting or in-home care setting to facilitate the individual's self-  
4 administration of a legend drug or controlled substance. It includes  
5 reminding or coaching the individual, handing the medication container  
6 to the individual, opening the individual's medication container, using  
7 an enabler, or placing the medication in the individual's hand, and  
8 such other means of medication assistance as defined by rule adopted by  
9 the department. A nonpractitioner may help in the preparation of  
10 legend drugs or controlled substances for self-administration where a  
11 practitioner has determined and communicated orally or by written  
12 direction that such medication preparation assistance is necessary and  
13 appropriate. Medication assistance shall not include assistance with  
14 intravenous medications or injectable medications, except prefilled  
15 insulin syringes.

16 (15) "Person" means individual, corporation, government or  
17 governmental subdivision or agency, business trust, estate, trust,  
18 partnership or association, or any other legal entity.

19 (16) "Practitioner" means:

20 (a) A physician under chapter 18.71 RCW, an osteopathic physician  
21 or an osteopathic physician and surgeon under chapter 18.57 RCW, a  
22 dentist under chapter 18.32 RCW, a podiatric physician and surgeon  
23 under chapter 18.22 RCW, a veterinarian under chapter 18.92 RCW, a  
24 registered nurse, advanced registered nurse practitioner, or licensed  
25 practical nurse under chapter 18.79 RCW, an optometrist under chapter  
26 18.53 RCW who is certified by the optometry board under RCW 18.53.010,  
27 an osteopathic physician assistant under chapter 18.57A RCW, a  
28 physician assistant under chapter 18.71A RCW, a naturopath licensed  
29 under chapter 18.36A RCW, a pharmacist under chapter 18.64 RCW, or,  
30 when acting under the required supervision of a dentist licensed under  
31 chapter 18.32 RCW, a dental hygienist licensed under chapter 18.29 RCW;

32 (b) A pharmacy, hospital, or other institution licensed,  
33 registered, or otherwise permitted to distribute, dispense, conduct  
34 research with respect to, or to administer a legend drug in the course  
35 of professional practice or research in this state; and

36 (c) A physician licensed to practice medicine and surgery or a  
37 physician licensed to practice osteopathic medicine and surgery in any

1 state, or province of Canada, which shares a common border with the  
2 state of Washington.

3 (17) "Secretary" means the secretary of health or the secretary's  
4 designee.

5 **PART V: MISCELLANEOUS PROVISIONS**

6 NEW SECTION. **Sec. 501.** Part headings used in this act are not any  
7 part of the law.

8 NEW SECTION. **Sec. 502.** If any provision of this act or its  
9 application to any person or circumstance is held invalid, the  
10 remainder of the act or the application of the provision to other  
11 persons or circumstances is not affected.

12 NEW SECTION. **Sec. 503.** Section 103 of this act is necessary for  
13 the immediate preservation of the public peace, health, or safety, or  
14 support of the state government and its existing public institutions,  
15 and takes effect July 1, 2005.

--- END ---