<u>SB 5037</u> - S AMD **119** By Senator Ranker

NOT CONSIDERED 05/25/2011

- On page 1, line 9, after "board of" strike "naturopathy" and insert
- 2 "naturopathic physicians"
- On page 3, line 28, after "(3)" strike ""Naturopath" and insert
- 4 "(("Naturopath)) "Naturopathic physician"
- 5 On page 5, line 4, after "board of" strike "naturopathy" and insert
- 6 "naturopathic physicians"
- 7 On page 5, line 9, after "as a" strike "naturopath" and insert
- 8 "((naturopath)) naturopathic physician"
- 9 On page 5, line 11, after "as a" strike "naturopath" and insert
- 10 "((naturopath)) naturopathic physician"
- 11 On page 11, line 3, after "board of" strike "naturopathy" and
- 12 insert "naturopathic physicians"
- On page 11, after line 11, insert the following:
- 14 "Sec. 12. RCW 18.06.050 and 2010 c 286 s 5 are each amended to
- 15 read as follows:
- 16 Any person seeking to be examined shall present to the secretary at
- 17 least forty-five days before the commencement of the examination:
- 18 (1) A written application on a form or forms provided by the
- 19 secretary setting forth under affidavit such information as the
- 20 secretary may require; and
- 21 (2) Proof that the candidate has:
- 22 (a) Successfully completed a course, approved by the secretary, of
- 23 didactic training in basic sciences and East Asian medicine, including
- 24 acupuncture, over a minimum period of two academic years. The training

- shall include such subjects as anatomy, physiology, microbiology, 1
- 2 biochemistry, pathology, hygiene, and a survey of western clinical
- sciences. The basic science classes must be equivalent to those 3
- 4 offered at the collegiate level. However, if the applicant is a
- licensed chiropractor under chapter 18.25 RCW or a ((naturopath)) 5
- 6 <u>naturopathic physician</u> licensed under chapter 18.36A RCW,
- requirements of this subsection relating to basic sciences may be 7
- 8 reduced by up to one year depending upon the extent of the candidate's
- 9 qualifications as determined under rules adopted by the secretary;
- 10 (b) Successfully completed five hundred hours of clinical training
- in East Asian medicine, including acupuncture, that is approved by the 11
- 12 secretary.
- Sec. 13. RCW 18.36A.010 and 1987 c 447 s 1 are each amended to 13
- 14 read as follows:
- The legislature finds that it is necessary to regulate the practice 15
- of ((naturopaths)) naturopathic physicians in order to protect the 16
- public health, safety, and welfare. It is the legislature's intent 17
- 18 that only individuals who meet and maintain minimum standards of
- competence and conduct may provide service to the public. 19
- 20 **Sec. 14.** RCW 18.36A.040 and 2005 c 158 s 2 are each amended to
- 21 read as follows:

- 22 Naturopathic medicine is the practice by ((naturopaths))
- 23 naturopathic physicians of the art and science of the diagnosis,
- 24 prevention, and treatment of disorders of the body by stimulation or
- 25 support, or both, of the natural processes of the human body. A
- ((naturopath)) naturopathic physician is responsible and accountable to 26
- 27 the consumer for the quality of naturopathic care rendered.
- 28 The practice of naturopathic medicine includes manual manipulation
- (mechanotherapy), the prescription, administration, dispensing, and
- 30 use, except for the treatment of malignancies, of nutrition and food
- science, physical modalities, minor office procedures, homeopathy, 31
- naturopathic medicines, hygiene and immunization, nondrug contraceptive 32
- 33 devices, common diagnostic procedures, and suggestion; however, nothing
- 34 in this chapter shall prohibit consultation and treatment of a patient
- 35 in concert with a practitioner licensed under chapter 18.57 or 18.71

- No person licensed under this chapter may employ the term 1
- 2 "chiropractic" to describe any services provided by a ((naturopath))
- naturopathic physician under this chapter. 3

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- Sec. 15. RCW 18.36A.050 and 1991 c 3 s 90 are each amended to read 4 as follows: 5
 - Nothing in this chapter shall be construed to prohibit or restrict:
- 7 (1) The practice of a profession by individuals who are licensed, certified, or registered under other laws of this state who are 8 9
 - performing services within their authorized scope of practice;
- (2) The practice of naturopathic medicine by an individual employed 10 11 by the government of the United States while the individual is engaged 12 in the performance of duties prescribed for him or her by the laws and 13 regulations of the United States;
- (3) The practice of naturopathic medicine by students enrolled in 14 a school approved by the secretary. The performance of services shall 15 16 be pursuant to a course of instruction or assignments from an 17 instructor and under the supervision of the instructor. The instructor shall be a ((naturopath)) naturopathic physician licensed pursuant to 18 19 this chapter; or
- 20 (4) The practice of oriental medicine or oriental herbology, or the 21 rendering of other dietary or nutritional advice.
- 22 Sec. 16. RCW 18.59.100 and 1999 c 333 s 3 are each amended to read as follows: 23
- 24 An occupational therapist shall, after evaluating a patient and if the case is a medical one, refer the case to a physician for 25 appropriate medical direction if such direction is lacking. Treatment 26 by an occupational therapist of such a medical case may take place only 27 upon the referral of a physician, osteopathic physician, podiatric 28 29 physician and surgeon, ((naturopath)) naturopathic physician, 30 chiropractor, physician assistant, psychologist, or advanced registered
- 32 Sec. 17. RCW 18.74.010 and 2007 c 98 s 1 are each amended to read 33 as follows:
- 34 The definitions in this section apply throughout this chapter 35 unless the context clearly requires otherwise.

nurse practitioner licensed to practice in this state.

- 1 (1) "Board" means the board of physical therapy created by RCW 2 18.74.020.
 - (2) "Department" means the department of health.

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- (3) "Physical therapy" means the care and services provided by or under the direction and supervision of a physical therapist licensed by the state. The use of Roentgen rays and radium for diagnostic and therapeutic purposes, the use of electricity for surgical purposes, including cauterization, and the use of spinal manipulation, or manipulative mobilization of the spine and its immediate articulations, are not included under the term "physical therapy" as used in this chapter.
- (4) "Physical therapist" means a person who meets all the requirements of this chapter and is licensed in this state to practice physical therapy.
 - (5) "Secretary" means the secretary of health.
 - (6) Words importing the masculine gender may be applied to females.
- (7) "Authorized health care practitioner" means and includes licensed physicians, osteopathic physicians, chiropractors, ((naturopaths)) naturopathic physicians, podiatric physicians and surgeons, dentists, and advanced registered nurse practitioners: PROVIDED, HOWEVER, That nothing herein shall be construed as altering the scope of practice of such practitioners as defined in their respective licensure laws.
- 24 (8) "Practice of physical therapy" is based on movement science and 25 means:
 - (a) Examining, evaluating, and testing individuals with mechanical, physiological, and developmental impairments, functional limitations in movement, and disability or other health and movement-related conditions in order to determine a diagnosis, prognosis, plan of therapeutic intervention, and to assess and document the ongoing effects of intervention;
 - (b) Alleviating impairments and functional limitations in movement by designing, implementing, and modifying therapeutic interventions that include therapeutic exercise; functional training related to balance, posture, and movement to facilitate self-care and reintegration into home, community, or work; manual therapy including soft tissue and joint mobilization and manipulation; therapeutic massage; assistive, adaptive, protective, and devices related to

- postural control and mobility except as restricted by (c) of this subsection; airway clearance techniques; physical agents or modalities; mechanical and electrotherapeutic modalities; and patient-related instruction;
- (c) Training for, and the evaluation of, the function of a patient 5 6 wearing an orthosis or prosthesis as defined in RCW 18.200.010. Physical therapists may provide those direct-formed and prefabricated 7 upper limb, knee, and ankle-foot orthoses, but not fracture orthoses 8 9 except those for hand, wrist, ankle, and foot fractures, and assistive 10 technology devices specified in RCW 18.200.010 as exemptions from the 11 defined scope of licensed orthotic and prosthetic services. It is the 12 intent of the legislature that the unregulated devices specified in RCW 13 18.200.010 are in the public domain to the extent that they may be provided in common with individuals or other health providers, whether 14 15 unregulated or regulated under Title 18 RCW, without regard to any scope of practice; 16
 - (d) Performing wound care services that are limited to sharp debridement, debridement with other agents, dry dressings, wet dressings, topical agents including enzymes, hydrotherapy, electrical stimulation, ultrasound, and other similar treatments. Physical therapists may not delegate sharp debridement. A physical therapist may perform wound care services only by referral from or after consultation with an authorized health care practitioner;

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- (e) Reducing the risk of injury, impairment, functional limitation, and disability related to movement, including the promotion and maintenance of fitness, health, and quality of life in all age populations; and
- (f) Engaging in administration, consultation, education, and research.
 - (9)(a) "Physical therapist assistant" means a person who meets all the requirements of this chapter and is licensed as a physical therapist assistant and who performs physical therapy procedures and related tasks that have been selected and delegated only by the supervising physical therapist. However, a physical therapist may not delegate sharp debridement to a physical therapist assistant.
- (b) "Physical therapy aide" means a person who is involved in direct physical therapy patient care who does not meet the definition

of a physical therapist or physical therapist assistant and receives ongoing on-the-job training.

- (c) "Other assistive personnel" means other trained or educated health care personnel, not defined in (a) or (b) of this subsection, who perform specific designated tasks related to physical therapy under the supervision of a physical therapist, including but not limited to licensed massage practitioners, athletic trainers, and exercise physiologists. At the direction of the supervising physical therapist, and if properly credentialed and not prohibited by any other law, other assistive personnel may be identified by the title specific to their training or education.
- (10) "Direct supervision" means the supervising physical therapist must (a) be continuously on-site and present in the department or facility where assistive personnel or holders of interim permits are performing services; (b) be immediately available to assist the person being supervised in the services being performed; and (c) maintain continued involvement in appropriate aspects of each treatment session in which a component of treatment is delegated to assistive personnel.
- (11) "Indirect supervision" means the supervisor is not on the premises, but has given either written or oral instructions for treatment of the patient and the patient has been examined by the physical therapist at such time as acceptable health care practice requires and consistent with the particular delegated health care task.
- (12) "Sharp debridement" means the removal of devitalized tissue from a wound with scissors, scalpel, and tweezers without anesthesia. "Sharp debridement" does not mean surgical debridement. A physical therapist may perform sharp debridement, to include the use of a scalpel, only upon showing evidence of adequate education and training as established by rule. Until the rules are established, but no later than July 1, 2006, physical therapists licensed under this chapter who perform sharp debridement as of July 24, 2005, shall submit to the secretary an affidavit that includes evidence of adequate education and training in sharp debridement, including the use of a scalpel.
- **Sec. 18.** RCW 18.120.020 and 2010 c 286 s 14 are each amended to read as follows:
- The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

(1) "Applicant group" includes any health professional group or organization, any individual, or any other interested party which proposes that any health professional group not presently regulated be regulated or which proposes to substantially increase the scope of practice of the profession.

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- (2) "Certificate" and "certification" mean a voluntary process by which a statutory regulatory entity grants recognition to an individual who (a) has met certain prerequisite qualifications specified by that regulatory entity, and (b) may assume or use "certified" in the title or designation to perform prescribed health professional tasks.
- (3) "Grandfather clause" means a provision in a regulatory statute applicable to practitioners actively engaged in the regulated health profession prior to the effective date of the regulatory statute which exempts the practitioners from meeting the prerequisite qualifications set forth in the regulatory statute to perform prescribed occupational tasks.
- (4) "Health professions" means and includes the following health and health-related licensed or regulated professions and occupations: Podiatric medicine and surgery under chapter 18.22 RCW; chiropractic under chapter 18.25 RCW; dental hygiene under chapter 18.29 RCW; dentistry under chapter 18.32 RCW; denturism under chapter 18.30 RCW; dispensing opticians under chapter 18.34 RCW; hearing instruments under chapter 18.35 RCW; ((naturopaths)) naturopathic physicians under chapter 18.36A RCW; embalming and funeral directing under chapter 18.39 RCW; midwifery under chapter 18.50 RCW; nursing home administration under chapter 18.52 RCW; optometry under chapters 18.53 and 18.54 RCW; ocularists under chapter 18.55 RCW; osteopathic medicine and surgery under chapters 18.57 and 18.57A RCW; pharmacy under chapters 18.64 and 18.64A RCW; medicine under chapters 18.71 and 18.71A RCW; emergency medicine under chapter 18.73 RCW; physical therapy under chapter 18.74 RCW; practical nurses under chapter 18.79 RCW; psychologists under 18.83 RCW; registered nurses under chapter 18.79 RCW; occupational therapists licensed under chapter 18.59 RCW; respiratory care practitioners licensed under chapter 18.89 RCW; veterinarians and veterinary technicians under chapter 18.92 RCW; health care assistants under chapter 18.135 RCW; massage practitioners under chapter 18.108 RCW; East Asian medicine practitioners licensed under chapter 18.06 RCW; persons registered under chapter 18.19 RCW; persons licensed as

mental health counselors, marriage and family therapists, and social workers under chapter 18.225 RCW; dietitians and nutritionists certified by chapter 18.138 RCW; radiologic technicians under chapter 18.84 RCW; and nursing assistants registered or certified under chapter 18.88A RCW.

- (5) "Inspection" means the periodic examination of practitioners by a state agency in order to ascertain whether the practitioners' occupation is being carried out in a fashion consistent with the public health, safety, and welfare.
- (6) "Legislative committees of reference" means the standing legislative committees designated by the respective rules committees of the senate and house of representatives to consider proposed legislation to regulate health professions not previously regulated.
- (7) "License," "licensing," and "licensure" mean permission to engage in a health profession which would otherwise be unlawful in the state in the absence of the permission. A license is granted to those individuals who meet prerequisite qualifications to perform prescribed health professional tasks and for the use of a particular title.
- (8) "Professional license" means an individual, nontransferable authorization to carry on a health activity based on qualifications which include: (a) Graduation from an accredited or approved program, and (b) acceptable performance on a qualifying examination or series of examinations.
- (9) "Practitioner" means an individual who (a) has achieved knowledge and skill by practice, and (b) is actively engaged in a specified health profession.
- (10) "Public member" means an individual who is not, and never was, a member of the health profession being regulated or the spouse of a member, or an individual who does not have and never has had a material financial interest in either the rendering of the health professional service being regulated or an activity directly related to the profession being regulated.
- (11) "Registration" means the formal notification which, prior to rendering services, a practitioner shall submit to a state agency setting forth the name and address of the practitioner; the location, nature and operation of the health activity to be practiced; and, if required by the regulatory entity, a description of the service to be provided.

- 1 (12) "Regulatory entity" means any board, commission, agency, 2 division, or other unit or subunit of state government which regulates 3 one or more professions, occupations, industries, businesses, or other 4 endeavors in this state.
- (13) "State agency" includes every state office, department, board, commission, regulatory entity, and agency of the state, and, where provided by law, programs and activities involving less than the full responsibility of a state agency.
- 9 Sec. 19. RCW 18.135.020 and 2009 c 43 s 4 are each reenacted and 10 amended to read as follows:

The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

- (1) "Delegation" means direct authorization granted by a licensed health care practitioner to a health care assistant to perform the functions authorized in this chapter which fall within the scope of practice of the delegator and which are not within the scope of practice of the delegatee.
- (2) "Health care assistant" means an unlicensed person who assists a licensed health care practitioner in providing health care to patients pursuant to this chapter. However, persons trained by a federally approved end-stage renal disease facility who perform end-stage renal dialysis in the home setting are exempt from certification under this chapter.
- (3) "Health care facility" means any hospital, hospice care center, licensed or certified health care facility, health maintenance organization regulated under chapter 48.46 RCW, federally qualified health maintenance organization, renal dialysis center or facility federally approved under 42 C.F.R. 405.2100, blood bank federally licensed under 21 C.F.R. 607, or clinical laboratory certified under 20 C.F.R. 405.1301-16.
 - (4) "Health care practitioner" means:

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- (a) A physician licensed under chapter 18.71 RCW;
- 33 (b) An osteopathic physician or surgeon licensed under chapter 34 18.57 RCW; or
- 35 (c) Acting within the scope of their respective licensure, a 36 podiatric physician and surgeon licensed under chapter 18.22 RCW, a 37 registered nurse or advanced registered nurse practitioner licensed

- under chapter 18.79 RCW, a ((naturopath)) naturopathic physician licensed under chapter 18.36A RCW, a physician assistant licensed under chapter 18.71A RCW, or an osteopathic physician assistant licensed under chapter 18.57A RCW.
 - (5) "Secretary" means the secretary of health.

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- 6 (6) "Supervision" means supervision of procedures permitted 7 pursuant to this chapter by a health care practitioner who is 8 physically present and is immediately available in the facility during 9 the administration of injections or vaccines, as defined in this 10 chapter, or certain drugs as provided in RCW 18.135.130, but need not 11 be present during procedures to withdraw blood.
- 12 **Sec. 20.** RCW 18.200.010 and 1997 c 285 s 2 are each amended to 13 read as follows:
- 14 The definitions in this section apply throughout this chapter 15 unless the context clearly requires otherwise.
- 16 (1) "Advisory committee" means the orthotics and prosthetics 17 advisory committee.
 - (2) "Department" means the department of health.
- 19 (3) "Secretary" means the secretary of health or the secretary's 20 designee.
 - (4) "Orthotics" means the science and practice of evaluating, measuring, designing, fabricating, assembling, fitting, adjusting, or servicing, as well as providing the initial training necessary to accomplish the fitting of, an orthosis for the support, correction, or alleviation of neuromuscular or musculoskeletal dysfunction, disease, injury, or deformity. The practice of orthotics encompasses evaluation, treatment, and consultation. With basic observational gait and postural analysis, orthotists assess and design orthoses to maximize function and provide not only the support but the alignment necessary to either prevent or correct deformity or to improve the safety and efficiency of mobility or locomotion, or both. Orthotic practice includes providing continuing patient care in order to assess its effect on the patient's tissues and to assure proper fit and function of the orthotic device by periodic evaluation.
- 35 (5) "Orthotist" means a person licensed to practice orthotics under this chapter.

(6) "Orthosis" means a custom-fabricated, definitive brace or support that is designed for long-term use. Except for the treatment of scoliosis, orthosis does not include prefabricated or direct-formed orthotic devices, as defined in this section, or any of the following assistive technology devices: Commercially available knee orthoses used following injury or surgery; spastic muscle tone-inhibiting orthoses; upper extremity adaptive equipment; finger splints; hand splints; custom-made, leather wrist gauntlets; face masks used following burns; wheelchair seating that is an integral part of the wheelchair and not worn by the patient independent of the wheelchair; fabric or elastic supports; corsets; arch supports, also known as foot orthotics; low-temperature formed plastic splints; trusses; elastic hose; canes; crutches; cervical collars; dental appliances; and other similar devices as determined by the secretary, such as those commonly carried in stock by a pharmacy, department store, corset shop, or surgical supply facility. Prefabricated orthoses, also known as custom-fitted, or off-the-shelf, are devices that are manufactured as commercially available stock items for no specific patient. Directformed orthoses are devices formed or shaped during the molding process directly on the patient's body or body segment. Custom-fabricated orthoses, also known as custom-made orthoses, are devices designed and fabricated, in turn, from raw materials for a specific patient and require the generation of an image, form, or mold that replicates the patient's body or body segment and, in turn, involves the rectification of dimensions, contours, and volumes to achieve proper fit, comfort, and function for that specific patient.

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(7) "Prosthetics" means the science and practice of evaluating, measuring, designing, fabricating, assembling, fitting, aligning, adjusting, or servicing, as well as providing the initial training necessary to accomplish the fitting of, a prosthesis through the replacement of external parts of a human body lost due to amputation or congenital deformities or absences. The practice of prosthetics also includes the generation of an image, form, or mold that replicates the patient's body or body segment and that requires rectification of dimensions, contours, and volumes for use in the design and fabrication of a socket to accept a residual anatomic limb to, in turn, create an artificial appendage that is designed either to support body weight or to improve or restore function or cosmesis, or both. Involved in the

- practice of prosthetics is observational gait analysis and clinical 1 2 assessment of the requirements necessary to refine and mechanically fix the relative position of various parts of the prosthesis to maximize 3 4 the function, stability, and safety of the patient. The practice of prosthetics includes providing continuing patient care in order to 5 6 assess the prosthetic device's effect on the patient's tissues and to 7 assure proper fit and function of the prosthetic device by periodic 8 evaluation.
- 9 (8) "Prosthetist" means a person who is licensed to practice 10 prosthetics under this chapter.
- (9) "Prosthesis" means a definitive artificial limb that is 11 12 alignable or articulated, or, in lower extremity applications, capable 13 of weight bearing. Prosthesis means an artificial medical device that is not surgically implanted and that is used to replace a missing limb, 14 appendage, or other external human body part including an artificial 15 limb, hand, or foot. The term does not include artificial eyes, ears, 16 17 fingers or toes, dental appliances, ostomy products, devices such as artificial breasts, eyelashes, wigs, or other devices as determined by 18 the secretary that do not have a significant 19 impact on the musculoskeletal functions of the body. In the lower extremity of the 20 21 body, the term prosthesis does not include prostheses required for 22 amputations distal to and including the transmetatarsal level. In the 23 upper extremity of the body, the term prosthesis does not include prostheses that are provided to restore function for amputations distal 24 25 to and including the carpal level.
- 26 (10) "Authorized health care practitioner" means licensed 27 physicians, physician's assistants, osteopathic physicians, 28 chiropractors, ((naturopaths)) naturopathic physicians, podiatric 29 physicians and surgeons, dentists, and advanced registered nurse 30 practitioners.
- 31 **Sec. 21.** RCW 18.250.010 and 2007 c 253 s 2 are each amended to read as follows:
- 33 The definitions in this section apply throughout this chapter 34 unless the context clearly requires otherwise.
- 35 (1) "Athlete" means a person who participates in exercise, 36 recreation, sport, or games requiring physical strength, 37 range-of-motion, flexibility, body awareness and control, speed,

stamina, or agility, and the exercise, recreation, sports, or games are of a type conducted in association with an educational institution or professional, amateur, or recreational sports club or organization.

- (2) "Athletic injury" means an injury or condition sustained by an athlete that affects the person's participation or performance in exercise, recreation, sport, or games and the injury or condition is within the professional preparation and education of an athletic trainer.
- (3) "Athletic trainer" means a person who is licensed under this chapter. An athletic trainer can practice athletic training through the consultation, referral, or guidelines of a licensed health care provider working within their scope of practice.
- (4)(a) "Athletic training" means the application of the following principles and methods as provided by a licensed athletic trainer:
- (i) Risk management and prevention of athletic injuries through preactivity screening and evaluation, educational programs, physical conditioning and reconditioning programs, application of commercial products, use of protective equipment, promotion of healthy behaviors, and reduction of environmental risks;
- (ii) Recognition, evaluation, and assessment of athletic injuries by obtaining a history of the athletic injury, inspection and palpation of the injured part and associated structures, and performance of specific testing techniques related to stability and function to determine the extent of an injury;
- (iii) Immediate care of athletic injuries, including emergency medical situations through the application of first-aid and emergency procedures and techniques for nonlife-threatening or life-threatening athletic injuries;
- (iv) Treatment, rehabilitation, and reconditioning of athletic injuries through the application of physical agents and modalities, therapeutic activities and exercise, standard reassessment techniques and procedures, commercial products, and educational programs, in accordance with guidelines established with a licensed health care provider as provided in RCW 18.250.070; and
- (v) Referral of an athlete to an appropriately licensed health care provider if the athletic injury requires further definitive care or the injury or condition is outside an athletic trainer's scope of practice, in accordance with RCW 18.250.070.

- 1 (b) "Athletic training" does not include:
- 2 (i) The use of spinal adjustment or manipulative mobilization of 3 the spine and its immediate articulations;
- 4 (ii) Orthotic or prosthetic services with the exception of 5 evaluation, measurement, fitting, and adjustment of temporary, 6 prefabricated or direct-formed orthosis as defined in chapter 18.200 7 RCW;
- 8 (iii) The practice of occupational therapy as defined in chapter 9 18.59 RCW;
- 10 (iv) The practice of ((acupuncture)) <u>East Asian medicine</u> as defined 11 in chapter 18.06 RCW;
- 12 (v) Any medical diagnosis; and

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- 13 (vi) Prescribing legend drugs or controlled substances, or surgery.
- 14 (5) "Committee" means the athletic training advisory committee.
- 15 (6) "Department" means the department of health.
- (7) "Licensed health care provider" means a physician, physician assistant, osteopathic physician, osteopathic physician assistant, advanced registered nurse practitioner, ((naturopath)) naturopathic physician, physical therapist, chiropractor, dentist, massage practitioner, acupuncturist, occupational therapist, or podiatric physician and surgeon.
- 22 (8) "Secretary" means the secretary of health or the secretary's designee.
- 24 Sec. 22. RCW 43.70.110 and 2010 c 286 s 15 are each amended to 25 read as follows:
 - (1) The secretary shall charge fees to the licensee for obtaining a license. Physicians regulated pursuant to chapter 18.71 RCW who reside and practice in Washington and obtain or renew a retired active license are exempt from such fees. After June 30, 1995, municipal corporations providing emergency medical care and transportation services pursuant to chapter 18.73 RCW shall be exempt from such fees, provided that such other emergency services shall only be charged for their pro rata share of the cost of licensure and inspection, if appropriate. The secretary may waive the fees when, in the discretion of the secretary, the fees would not be in the best interest of public health and safety, or when the fees would be to the financial disadvantage of the state.

1 (2) Except as provided in subsection (3) of this section, fees 2 charged shall be based on, but shall not exceed, the cost to the 3 department for the licensure of the activity or class of activities and 4 may include costs of necessary inspection.

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- (3) License fees shall include amounts in addition to the cost of licensure activities in the following circumstances:
- (a) For registered nurses and licensed practical nurses licensed under chapter 18.79 RCW, support of a central nursing resource center as provided in RCW 18.79.202, until June 30, 2013;
- (b) For all health care providers licensed under RCW 18.130.040, the cost of regulatory activities for retired volunteer medical worker licensees as provided in RCW 18.130.360; and
- 13 (c) For physicians licensed under chapter 18.71 RCW, physician assistants licensed under chapter 18.71A RCW, osteopathic physicians 14 licensed under chapter 18.57 RCW, osteopathic physicians' assistants 15 licensed under chapter 18.57A RCW, ((naturopaths)) naturopathic 16 physicians licensed under chapter 18.36A RCW, podiatrists licensed 17 under chapter 18.22 RCW, chiropractors licensed under chapter 18.25 18 19 RCW, psychologists licensed under chapter 18.83 RCW, registered nurses licensed under chapter 18.79 RCW, optometrists licensed under chapter 20 21 18.53 RCW, mental health counselors licensed under chapter 18.225 RCW, 22 massage therapists licensed under chapter 18.108 RCW, clinical social 23 workers licensed under chapter 18.225 RCW, and East Asian medicine 24 practitioners licensed under chapter 18.06 RCW, the license fees shall include up to an additional twenty-five dollars to be transferred by 25 26 the department to the University of Washington for the purposes of RCW 27 43.70.112.
- 28 (4) Department of health advisory committees may review fees 29 established by the secretary for licenses and comment upon the 30 appropriateness of the level of such fees.
- 31 **Sec. 23.** RCW 43.70.470 and 2005 c 156 s 2 are each amended to read 32 as follows:
- The department may establish by rule the conditions of participation in the liability insurance program by retired health care providers at clinics utilizing retired health care providers for the purposes of this section and RCW 43.70.460. These conditions shall include, but not be limited to, the following:

(1) The participating health care provider associated with the clinic shall hold a valid license to practice as a physician under chapter 18.71 or 18.57 RCW, a ((naturopath)) naturopathic physician under chapter 18.36A RCW, a physician assistant under chapter 18.71A or 18.57A RCW, an advanced registered nurse practitioner under chapter 18.79 RCW, a dentist under chapter 18.32 RCW, or other health professionals as may be deemed in short supply by the department. All health care providers must be in conformity with current requirements for licensure, including continuing education requirements;

- (2) Health care shall be limited to noninvasive procedures and shall not include obstetrical care. Noninvasive procedures include injections, suturing of minor lacerations, and incisions of boils or superficial abscesses. Primary dental care shall be limited to diagnosis, oral hygiene, restoration, and extractions and shall not include orthodontia, or other specialized care and treatment;
- (3) The provision of liability insurance coverage shall not extend to acts outside the scope of rendering health care services pursuant to this section and RCW 43.70.460;
- (4) The participating health care provider shall limit the provision of health care services to primarily low-income persons provided that clinics may, but are not required to, provide means tests for eligibility as a condition for obtaining health care services;
- (5) The participating health care provider shall not accept compensation for providing health care services from patients served pursuant to this section and RCW 43.70.460, nor from clinics serving these patients. "Compensation" shall mean any remuneration of value to the participating health care provider for services provided by the health care provider, but shall not be construed to include any nominal copayments charged by the clinic, nor reimbursement of related expenses of a participating health care provider authorized by the clinic in advance of being incurred; and
- (6) The use of mediation or arbitration for resolving questions of potential liability may be used, however any mediation or arbitration agreement format shall be expressed in terms clear enough for a person with a sixth grade level of education to understand, and on a form no longer than one page in length.

1 **Sec. 24.** RCW 69.41.010 and 2009 c 549 s 1024 are each amended to read as follows:

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

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

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- 9 (b) The patient or research subject at the direction of the 10 practitioner.
 - (2) "Community-based care settings" include: Community residential programs for the developmentally disabled, certified by the department of social and health services under chapter 71A.12 RCW; adult family homes licensed under chapter 70.128 RCW; and boarding homes licensed under chapter 18.20 RCW. Community-based care settings do not include acute care or skilled nursing facilities.
 - (3) "Deliver" or "delivery" means the actual, constructive, or attempted transfer from one person to another of a legend drug, whether or not there is an agency relationship.
 - (4) "Department" means the department of health.
 - (5) "Dispense" means the interpretation of a prescription or order for a legend drug and, pursuant to that prescription or order, the proper selection, measuring, compounding, labeling, or packaging necessary to prepare that prescription or order for delivery.
 - (6) "Dispenser" means a practitioner who dispenses.
 - (7) "Distribute" means to deliver other than by administering or dispensing a legend drug.
 - (8) "Distributor" means a person who distributes.
- 29 (9) "Drug" means:
 - (a) Substances recognized as drugs in the official United States pharmacopoeia, official homeopathic pharmacopoeia of the United States, or official national formulary, or any supplement to any of them;
 - (b) Substances intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in human beings or animals;
- 35 (c) Substances (other than food, minerals or vitamins) intended to 36 affect the structure or any function of the body of human beings or 37 animals; and

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

- (10) "Electronic communication of prescription information" means the communication of prescription information by computer, or the transmission of an exact visual image of a prescription by facsimile, or other electronic means for original prescription information or prescription refill information for a legend drug between an authorized practitioner and a pharmacy or the transfer of prescription information for a legend drug from one pharmacy to another pharmacy.
- (11) "In-home care settings" include an individual's place of temporary and permanent residence, but does not include acute care or skilled nursing facilities, and does not include community-based care settings.
- (12) "Legend drugs" means any drugs which are required by state law or regulation of the state board of pharmacy to be dispensed on prescription only or are restricted to use by practitioners only.
- (13) "Legible prescription" means a prescription or medication order issued by a practitioner that is capable of being read and understood by the pharmacist filling the prescription or the nurse or other practitioner implementing the medication order. A prescription must be hand printed, typewritten, or electronically generated.
- (14) "Medication assistance" means assistance rendered by a nonpractitioner to an individual residing in a community-based care setting or in-home care setting to facilitate the individual's self-administration of a legend drug or controlled substance. It includes reminding or coaching the individual, handing the medication container to the individual, opening the individual's medication container, using an enabler, or placing the medication in the individual's hand, and such other means of medication assistance as defined by rule adopted by the department. A nonpractitioner may help in the preparation of legend drugs or controlled substances for self-administration where a practitioner has determined and communicated orally or by written direction that such medication preparation assistance is necessary and appropriate. Medication assistance shall not include assistance with intravenous medications or injectable medications, except prefilled insulin syringes.

- means individual, corporation, government "Person" governmental subdivision or agency, business trust, estate, trust, 2 3 partnership or association, or any other legal entity.
 - (16) "Practitioner" means:

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- (a) A physician under chapter 18.71 RCW, an osteopathic physician 5 or an osteopathic physician and surgeon under chapter 18.57 RCW, a 6 dentist under chapter 18.32 RCW, a podiatric physician and surgeon 7 8 under chapter 18.22 RCW, a veterinarian under chapter 18.92 RCW, a registered nurse, advanced registered nurse practitioner, or licensed 9 10 practical nurse under chapter 18.79 RCW, an optometrist under chapter 18.53 RCW who is certified by the optometry board under RCW 18.53.010, 11 12 an osteopathic physician assistant under chapter 18.57A RCW, a 13 physician assistant under chapter 18.71A RCW, a ((naturopath)) naturopathic physician licensed under chapter 18.36A RCW, a pharmacist 14 under chapter 18.64 RCW, or, when acting under the required supervision 15 of a dentist licensed under chapter 18.32 RCW, a dental hygienist 16 17 licensed under chapter 18.29 RCW;
 - (b) A pharmacy, hospital, or other institution licensed, registered, or otherwise permitted to distribute, dispense, conduct research with respect to, or to administer a legend drug in the course of professional practice or research in this state; and
 - (c) A physician licensed to practice medicine and surgery or a physician licensed to practice osteopathic medicine and surgery in any state, or province of Canada, which shares a common border with the state of Washington.
- 26 (17) "Secretary" means the secretary of health or the secretary's 27 designee.
- Sec. 25. RCW 69.51A.010 and 2010 c 284 s 2 are each amended to 28 29 read as follows:
- The definitions in this section apply throughout this chapter 30 31 unless the context clearly requires otherwise.
 - (1) "Designated provider" means a person who:
- 33 (a) Is eighteen years of age or older;
- 34 (b) Has been designated in writing by a patient to serve as a 35 designated provider under this chapter;
- 36 (c) Is prohibited from consuming marijuana obtained for the

personal, medical use of the patient for whom the individual is acting as designated provider; and

- (d) Is the designated provider to only one patient at any one time.
- (2) "Health care professional," for purposes of this chapter only, means a physician licensed under chapter 18.71 RCW, a physician assistant licensed under chapter 18.71A RCW, an osteopathic physician licensed under chapter 18.57 RCW, an osteopathic physicians' assistant licensed under chapter 18.57A RCW, a ((naturopath)) naturopathic physician licensed under chapter 18.36A RCW, or an advanced registered nurse practitioner licensed under chapter 18.79 RCW.
- (3) "Medical use of marijuana" means the production, possession, or administration of marijuana, as defined in RCW 69.50.101(q), for the exclusive benefit of a qualifying patient in the treatment of his or her terminal or debilitating illness.
 - (4) "Qualifying patient" means a person who:

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- (a) Is a patient of a health care professional;
- 17 (b) Has been diagnosed by that health care professional as having 18 a terminal or debilitating medical condition;
- 19 (c) Is a resident of the state of Washington at the time of such 20 diagnosis;
 - (d) Has been advised by that health care professional about the risks and benefits of the medical use of marijuana; and
 - (e) Has been advised by that health care professional that they may benefit from the medical use of marijuana.
 - (5) "Tamper-resistant paper" means paper that meets one or more of the following industry-recognized features:
 - (a) One or more features designed to prevent copying of the paper;
 - (b) One or more features designed to prevent the erasure or modification of information on the paper; or
- 30 (c) One or more features designed to prevent the use of counterfeit valid documentation.
 - (6) "Terminal or debilitating medical condition" means:
 - (a) Cancer, human immunodeficiency virus (HIV), multiple sclerosis, epilepsy or other seizure disorder, or spasticity disorders; or
 - (b) Intractable pain, limited for the purpose of this chapter to mean pain unrelieved by standard medical treatments and medications; or
 - (c) Glaucoma, either acute or chronic, limited for the purpose of

- this chapter to mean increased intraocular pressure unrelieved by standard treatments and medications; or
 - (d) Crohn's disease with debilitating symptoms unrelieved by standard treatments or medications; or
 - (e) Hepatitis C with debilitating nausea or intractable pain unrelieved by standard treatments or medications; or
 - (f) Diseases, including anorexia, which result in nausea, vomiting, wasting, appetite loss, cramping, seizures, muscle spasms, or spasticity, when these symptoms are unrelieved by standard treatments or medications; or
 - (g) Any other medical condition duly approved by the Washington state medical quality assurance commission in consultation with the board of osteopathic medicine and surgery as directed in this chapter.
 - (7) "Valid documentation" means:

- 15 (a) A statement signed and dated by a qualifying patient's health 16 care professional written on tamper-resistant paper, which states that, 17 in the health care professional's professional opinion, the patient may 18 benefit from the medical use of marijuana; and
- 19 (b) Proof of identity such as a Washington state driver's license 20 or identicard, as defined in RCW 46.20.035.
- **Sec. 26.** RCW 70.41.210 and 2008 c 134 s 14 are each amended to 22 read as follows:
 - (1) The chief administrator or executive officer of a hospital shall report to the department when the practice of a health care practitioner as defined in subsection (2) of this section is restricted, suspended, limited, or terminated based upon a conviction, determination, or finding by the hospital that the health care practitioner has committed an action defined as unprofessional conduct under RCW 18.130.180. The chief administrator or executive officer shall also report any voluntary restriction or termination of the practice of a health care practitioner as defined in subsection (2) of this section while the practitioner is under investigation or the subject of a proceeding by the hospital regarding unprofessional conduct, or in return for the hospital not conducting such an investigation or proceeding or not taking action. The department will forward the report to the appropriate disciplining authority.

(2) The reporting requirements apply to the following health care practitioners: Pharmacists as defined in chapter 18.64 RCW; advanced registered nurse practitioners as defined in chapter 18.79 RCW; dentists as defined in chapter 18.32 RCW; ((naturopaths)) naturopathic physicians as defined in chapter 18.36A RCW; optometrists as defined in chapter 18.53 RCW; osteopathic physicians and surgeons as defined in chapter 18.57 RCW; osteopathic physicians' assistants as defined in chapter 18.57A RCW; physicians as defined in chapter 18.71A RCW; physician assistants as defined in chapter 18.71A RCW; podiatric physicians and surgeons as defined in chapter 18.22 RCW; and psychologists as defined in chapter 18.83 RCW.

- (3) Reports made under subsection (1) of this section shall be made within fifteen days of the date: (a) A conviction, determination, or finding is made by the hospital that the health care practitioner has committed an action defined as unprofessional conduct under RCW 18.130.180; or (b) the voluntary restriction or termination of the practice of a health care practitioner, including his or her voluntary resignation, while under investigation or the subject of proceedings regarding unprofessional conduct under RCW 18.130.180 is accepted by the hospital.
- (4) Failure of a hospital to comply with this section is punishable by a civil penalty not to exceed five hundred dollars.
- (5) A hospital, its chief administrator, or its executive officer who files a report under this section is immune from suit, whether direct or derivative, in any civil action related to the filing or contents of the report, unless the conviction, determination, or finding on which the report and its content are based is proven to not have been made in good faith. The prevailing party in any action brought alleging the conviction, determination, finding, or report was not made in good faith, shall be entitled to recover the costs of litigation, including reasonable attorneys' fees.
- (6) The department shall forward reports made under subsection (1) of this section to the appropriate disciplining authority designated under Title 18 RCW within fifteen days of the date the report is received by the department. The department shall notify a hospital that has made a report under subsection (1) of this section of the results of the disciplining authority's case disposition decision within fifteen days after the case disposition. Case disposition is

- 1 the decision whether to issue a statement of charges, take informal
- 2 action, or close the complaint without action against a practitioner.
- 3 In its biennial report to the legislature under RCW 18.130.310, the
- 4 department shall specifically identify the case dispositions of reports
- 5 made by hospitals under subsection (1) of this section.
- 6 (7) The department shall not increase hospital license fees to carry out this section before July 1, 2008."
- 8 Renumber the remaining section consecutively.

SB 5037 - S AMD

By Senator Ranker

NOT CONSIDERED 05/25/2011

- 9 On page 1, at the beginning on line 2 of the title, strike 10 "naturopathy" and insert "naturopathic physicians"
- On page 1, beginning on line 3 of the title, after "18.36A.110,"
- 12 strike all material through "18.130.040" on line 4 and insert
- 13 "18.36A.120, 18.06.050, 18.36A.010, 18.36A.040, 18.36A.050, 18.59.100,
- 14 18.74.010, 18.120.020, 18.200.010, 18.250.010, 43.70.110, 43.70.470,
- 15 69.41.010, 69.51A.010, and 70.41.210; reenacting and amending RCW
- 16 18.130.040 and 18.135.020"

<u>EFFECT:</u> Changes references from naturopaths to naturopathic physicians throughout the bill and the Revised Code of Washington. Changes the board from the board of naturopathy to the board of naturopathic physicians.

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