

E2SHB 1485 - S COMM AMD
By Committee on Health Care

ADOPTED 4/13/2015

1 Strike everything after the enacting clause and insert the
2 following:

3 "NEW SECTION. **Sec. 1.** It is the intent of the legislature to
4 increase the number of family medicine physicians in shortage areas
5 in the state by providing a fiscal incentive for hospitals and
6 clinics to develop or expand residency programs in these areas. The
7 legislature also intends to encourage family medicine residents to
8 work in shortage areas by funding the health professional loan
9 repayment and scholarship program.

10 NEW SECTION. **Sec. 2.** A new section is added to chapter 70.112
11 RCW to read as follows:

12 (1) Each family medicine residency program shall annually report
13 the following information to the department of health:

14 (a) The location of the residency program and whether the
15 program, or any portion of the program, is located in a health
16 professional shortage area as defined in RCW 70.112.010;

17 (b) The number of residents in the program and the number who
18 attended an in-state versus an out-of-state medical school; and

19 (c) The number of graduates of the residency program who work
20 within health professional shortage areas.

21 (2) The department of health shall aggregate the information
22 received under subsection (1) of this section and report it to the
23 appropriate legislative committees of the house of representatives
24 and the senate by November 1, 2016, and November 1st every even year
25 thereafter. The report must also include information on how the
26 geographic distribution of family residency programs changes over
27 time and, if information on the number of residents in specialty
28 areas is readily available, a comparison of the number of residents
29 in family medicine versus specialty areas.

30 **Sec. 3.** RCW 70.112.010 and 2010 1st sp.s. c 7 s 41 are each
31 reenacted and amended to read as follows:

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

3 (1) "Advisory board" means the family medicine education advisory
4 board created in section 6 of this act.

5 (2) "Affiliated" means established or developed in cooperation
6 with the schools of medicine.

7 ~~((2) "Family practice unit" means the community facility or~~
8 ~~classroom used for training of ambulatory health skills within a~~
9 ~~residency training program.))~~

10 (3) "Health professional shortage areas" has the same definition
11 as in RCW 28B.115.020.

12 (4) "Residency programs" ((mean[s])) means community-based
13 ((family praetice)) residency educational programs in family
14 medicine, either in existence or established under this chapter and
15 that are certified by the accreditation council for graduate medical
16 education or by the American osteopathic association.

17 ~~((4))~~ (5) "Schools of medicine" means the University of
18 Washington school of medicine located in Seattle, Washington; the
19 Pacific Northwest University of Health Sciences located in Yakima,
20 Washington; and any other such medical schools that are accredited by
21 the liaison committee on medical education or the American
22 osteopathic association's commission on osteopathic college
23 accreditation, and that locate their entire four-year medical program
24 in Washington.

25 **Sec. 4.** RCW 70.112.020 and 2012 c 117 s 426 are each amended to
26 read as follows:

27 (1) There is established a statewide medical education system for
28 the purpose of training resident physicians in family ~~((praetice))~~
29 medicine.

30 (2) The deans of the schools of medicine shall be responsible for
31 implementing the development and expansion of residency programs in
32 cooperation with the medical profession, hospitals, and clinics
33 located throughout the state. The ~~((chair of the department of family~~
34 ~~medicine in the))~~ schools of medicine shall ~~((determine where~~
35 ~~affiliated residency programs shall exist;))~~ support development of
36 high quality, accredited, affiliated residency programs, giving
37 consideration to communities in the state where the population,
38 hospital facilities, number of physicians, and interest in medical
39 education indicate the potential success of the residency program and

1 prioritizing support for health professional shortage areas in the
2 state.

3 (3) The medical education system shall provide financial support
4 for residents in training for those programs which are affiliated
5 with the schools of medicine and shall establish positions for
6 appropriate faculty to staff these programs.

7 (4) The schools of medicine shall coordinate with the office of
8 student financial assistance to notify prospective family medicine
9 students and residents of their eligibility for the health
10 professional loan repayment and scholarship program under chapter
11 28B.115 RCW.

12 (5) The number of programs shall be determined by the board and
13 be in keeping with the needs of the state.

14 **Sec. 5.** RCW 70.112.060 and 1975 1st ex.s. c 108 s 6 are each
15 amended to read as follows:

16 (1) The moneys appropriated for these statewide family medicine
17 residency programs shall be in addition to all the income of the
18 (~~University of Washington and its~~) schools of medicine and shall
19 not be used to supplant funds for other programs under the
20 administration of the schools of medicine.

21 (2) The allocation of state funds for the residency programs
22 shall not exceed fifty percent of the total cost of the program.

23 (3) No more than twenty-five percent of the appropriation for
24 each fiscal year for the affiliated programs shall be authorized for
25 expenditures made in support of the faculty and staff of the schools
26 of medicine who are associated with the affiliated residency programs
27 and are located at the schools of medicine.

28 (4) No funds for the purposes of this chapter shall be used to
29 subsidize the cost of care incurred by patients.

30 (5) No more than ten percent of the state funds appropriated for
31 the purposes of this chapter may be used for administrative or
32 overhead costs to administer the statewide family medicine residency
33 programs.

34 (6) The family medicine residency network at the University of
35 Washington shall, in collaboration with the schools of medicine,
36 administer the state funds appropriated for the purposes of this
37 chapter.

1 NEW SECTION. **Sec. 6.** A new section is added to chapter 70.112
2 RCW to read as follows:

3 (1) There is created a family medicine education advisory board,
4 which must consist of the following eleven members:

5 (a) One member appointed by the dean of the school of medicine at
6 the University of Washington school of medicine;

7 (b) One member appointed by the dean of the school of medicine at
8 the Pacific Northwest University of Health Sciences;

9 (c) Two citizen members, one from west of the crest of the
10 Cascade mountains and one from east of the crest of the Cascade
11 mountains, to be appointed by the governor;

12 (d) One member appointed by the Washington state medical
13 association;

14 (e) One member appointed by the Washington osteopathic medical
15 association;

16 (f) One member appointed by the Washington state academy of
17 family physicians;

18 (g) One hospital administrator representing those Washington
19 hospitals with family medicine residency programs, appointed by the
20 Washington state hospital association;

21 (h) One director representing the directors of community-based
22 family medicine residency programs, appointed by the family medicine
23 residency network;

24 (i) One member of the house of representatives appointed by the
25 speaker of the house; and

26 (j) One member of the senate appointed by the president of the
27 senate.

28 (2) The two members of the advisory board appointed by the deans
29 of the schools of medicine shall serve as chairs of the advisory
30 board.

31 (3) The cochair of the advisory board, appointed by the deans of
32 the schools of medicine, shall serve as permanent members of the
33 advisory board without specified term limits. The deans of the
34 schools of medicine have the authority to replace the chair
35 representing their school. The deans of the schools of medicine shall
36 appoint a new member in the event that the member representing their
37 school vacates his or her position.

38 (4) Other members must be initially appointed as follows: Terms
39 of the two public members must be two years; terms of the members
40 appointed by the medical association and the hospital association

1 must be three years; and the remaining members must be four years.
2 Thereafter, terms for the nonpermanent members must be four years.
3 Members may serve two consecutive terms. New appointments must be
4 filled in the same manner as for original appointments. Vacancies
5 must be filled for an unexpired term in the manner of the original
6 appointment.

7 NEW SECTION. **Sec. 7.** A new section is added to chapter 70.112
8 RCW to read as follows:

9 The advisory board shall consider and provide recommendations on
10 the selection of the areas within the state where affiliate residency
11 programs could exist, the allocation of funds appropriated under this
12 chapter, and the procedures for review and evaluation of the
13 residency programs.

14 **Sec. 8.** RCW 18.71.080 and 2011 c 178 s 1 are each amended to
15 read as follows:

16 (1)(a) Every person licensed to practice medicine in this state
17 shall pay licensing fees and renew his or her license in accordance
18 with administrative procedures and administrative requirements
19 adopted as provided in RCW 43.70.250 and 43.70.280.

20 (b) The commission shall request licensees to submit information
21 about their current professional practice at the time of license
22 renewal and licensees must provide the information requested. This
23 information may include practice setting, medical specialty, board
24 certification, or other relevant data determined by the commission.

25 (c) A physician who resides and practices in Washington and
26 obtains or renews a retired active license shall be exempt from
27 licensing fees imposed under this section. The commission may
28 establish rules governing mandatory continuing education requirements
29 which shall be met by physicians applying for renewal of licenses.
30 The rules shall provide that mandatory continuing education
31 requirements may be met in part by physicians showing evidence of the
32 completion of approved activities relating to professional liability
33 risk management. The number of hours of continuing education for a
34 physician holding a retired active license shall not exceed fifty
35 hours per year.

36 (2) The office of crime victims advocacy shall supply the
37 commission with information on methods of recognizing victims of
38 human trafficking, what services are available for these victims, and

1 where to report potential trafficking situations. The information
2 supplied must be culturally sensitive and must include information
3 relating to minor victims. The commission shall disseminate this
4 information to licensees by: Providing the information on the
5 commission's web site; including the information in newsletters;
6 holding trainings at meetings attended by organization members; or
7 another distribution method determined by the commission. The
8 commission shall report to the office of crime victims advocacy on
9 the method or methods it uses to distribute information under this
10 subsection.

11 (3) The commission, in its sole discretion, may permit an
12 applicant who has not renewed his or her license to be licensed
13 without examination if it is satisfied that such applicant meets all
14 the requirements for licensure in this state, and is competent to
15 engage in the practice of medicine.

16 **Sec. 9.** RCW 18.71A.020 and 2011 c 178 s 2 are each amended to
17 read as follows:

18 (1) The commission shall adopt rules fixing the qualifications
19 and the educational and training requirements for licensure as a
20 physician assistant or for those enrolled in any physician assistant
21 training program. The requirements shall include completion of an
22 accredited physician assistant training program approved by the
23 commission and within one year successfully take and pass an
24 examination approved by the commission, if the examination tests
25 subjects substantially equivalent to the curriculum of an accredited
26 physician assistant training program. An interim permit may be
27 granted by the department of health for one year provided the
28 applicant meets all other requirements. Physician assistants licensed
29 by the board of medical examiners, or the medical quality assurance
30 commission as of July 1, 1999, shall continue to be licensed.

31 (2)(a) The commission shall adopt rules governing the extent to
32 which:

33 (i) Physician assistant students may practice medicine during
34 training; and

35 (ii) Physician assistants may practice after successful
36 completion of a physician assistant training course.

37 (b) Such rules shall provide:

1 (i) That the practice of a physician assistant shall be limited
2 to the performance of those services for which he or she is trained;
3 and

4 (ii) That each physician assistant shall practice medicine only
5 under the supervision and control of a physician licensed in this
6 state, but such supervision and control shall not be construed to
7 necessarily require the personal presence of the supervising
8 physician or physicians at the place where services are rendered.

9 (3) Applicants for licensure shall file an application with the
10 commission on a form prepared by the secretary with the approval of
11 the commission, detailing the education, training, and experience of
12 the physician assistant and such other information as the commission
13 may require. The application shall be accompanied by a fee determined
14 by the secretary as provided in RCW 43.70.250 and 43.70.280. A
15 surcharge of fifty dollars per year shall be charged on each license
16 renewal or issuance of a new license to be collected by the
17 department and deposited into the impaired physician account for
18 physician assistant participation in the impaired physician program.
19 Each applicant shall furnish proof satisfactory to the commission of
20 the following:

21 (a) That the applicant has completed an accredited physician
22 assistant program approved by the commission and is eligible to take
23 the examination approved by the commission;

24 (b) That the applicant is of good moral character; and

25 (c) That the applicant is physically and mentally capable of
26 practicing medicine as a physician assistant with reasonable skill
27 and safety. The commission may require an applicant to submit to such
28 examination or examinations as it deems necessary to determine an
29 applicant's physical or mental capability, or both, to safely
30 practice as a physician assistant.

31 (4)(a) The commission may approve, deny, or take other
32 disciplinary action upon the application for license as provided in
33 the Uniform Disciplinary Act, chapter 18.130 RCW.

34 (b) The license shall be renewed as determined under RCW
35 43.70.250 and 43.70.280. The commission shall request licensees to
36 submit information about their current professional practice at the
37 time of license renewal and licensees must provide the information
38 requested. This information may include practice setting, medical
39 specialty, or other relevant data determined by the commission.

1 (c) The commission may authorize the use of alternative
2 supervisors who are licensed either under chapter 18.57 or 18.71 RCW.

3 (5) All funds in the impaired physician account shall be paid to
4 the contract entity within sixty days of deposit.

5 **Sec. 10.** RCW 18.57.050 and 1996 c 191 s 36 are each amended to
6 read as follows:

7 (1) The board may establish rules and regulations governing
8 mandatory continuing education requirements which shall be met by
9 physicians applying for renewal of licenses. Administrative
10 procedures, administrative requirements, and fees for applications
11 and renewals shall be established as provided in RCW 43.70.250 and
12 43.70.280. The board shall determine prerequisites for relicensing.

13 (2) The board must request licensees to submit information about
14 their current professional practice at the time of license renewal
15 and licensees must provide the information requested. This
16 information may include practice setting, medical specialty, board
17 certification, or other relevant data determined by the board.

18 **Sec. 11.** RCW 18.57A.020 and 1999 c 127 s 2 are each amended to
19 read as follows:

20 (1) The board shall adopt rules fixing the qualifications and the
21 educational and training requirements for licensure as an osteopathic
22 physician assistant or for those enrolled in any physician assistant
23 training program. The requirements shall include completion of an
24 accredited physician assistant training program approved by the board
25 and within one year successfully take and pass an examination
26 approved by the board, providing such examination tests subjects
27 substantially equivalent to the curriculum of an accredited physician
28 assistant training program. An interim permit may be granted by the
29 department of health for one year provided the applicant meets all
30 other requirements. Physician assistants licensed by the board of
31 osteopathic medicine as of July 1, 1999, shall continue to be
32 licensed.

33 (2)(a) The board shall adopt rules governing the extent to which:

34 (i) Physician assistant students may practice medicine during
35 training; and

36 (ii) Physician assistants may practice after successful
37 completion of a training course.

38 (b) Such rules shall provide:

1 (i) That the practice of an osteopathic physician assistant shall
2 be limited to the performance of those services for which he or she
3 is trained; and

4 (ii) That each osteopathic physician assistant shall practice
5 osteopathic medicine only under the supervision and control of an
6 osteopathic physician licensed in this state, but such supervision
7 and control shall not be construed to necessarily require the
8 personal presence of the supervising physicians at the place where
9 services are rendered. The board may authorize the use of alternative
10 supervisors who are licensed either under chapter 18.57 or 18.71 RCW.

11 (3) Applicants for licensure shall file an application with the
12 board on a form prepared by the secretary with the approval of the
13 board, detailing the education, training, and experience of the
14 physician assistant and such other information as the board may
15 require. The application shall be accompanied by a fee determined by
16 the secretary as provided in RCW 43.70.250 and 43.70.280. A surcharge
17 of twenty-five dollars per year may be charged on each license
18 renewal or issuance of a new license to be collected by the
19 department of health for physician assistant participation in an
20 impaired practitioner program. Each applicant shall furnish proof
21 satisfactory to the board of the following:

22 (a) That the applicant has completed an accredited physician
23 assistant program approved by the board and is eligible to take the
24 examination approved by the board;

25 (b) That the applicant is of good moral character; and

26 (c) That the applicant is physically and mentally capable of
27 practicing osteopathic medicine as an osteopathic physician assistant
28 with reasonable skill and safety. The board may require any applicant
29 to submit to such examination or examinations as it deems necessary
30 to determine an applicant's physical and/or mental capability to
31 safely practice as an osteopathic physician assistant.

32 (4) The board may approve, deny, or take other disciplinary
33 action upon the application for a license as provided in the uniform
34 disciplinary act, chapter 18.130 RCW. The license shall be renewed as
35 determined under RCW 43.70.250 and 43.70.280.

36 (5) The board must request licensees to submit information about
37 their current professional practice at the time of license renewal
38 and licensees must provide the information requested. This
39 information may include practice setting, medical specialty, board
40 certification, or other relevant data determined by the board."

ADOPTED 4/13/2015

1 On page 1, line 2 of the title, after "areas;" strike the
2 remainder of the title and insert "amending RCW 70.112.020,
3 70.112.060, 18.71.080, 18.71A.020, 18.57.050, and 18.57A.020;
4 reenacting and amending RCW 70.112.010; adding new sections to
5 chapter 70.112 RCW; and creating a new section."

EFFECT: Requires physicians to provide demographic information when submitting their personal information to the Department of Health for licensure.

Directs the UW family medicine residency network to administer state funding for the family medicine residency program in collaboration with the schools of medicine.

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