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HOUSE BILL 2343

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State of Washington

64th Legislature

2016 Regular Session

By Representatives Cody and Jenkins

Prefiled 01/05/16. Read first time 01/11/16. Referred to Committee on Health Care & Wellness.

1 AN ACT Relating to granting limited licenses to medical school  
2 graduates who are not participating in a residency program; amending  
3 RCW 18.71.095; adding new sections to chapter 18.57 RCW; adding new  
4 sections to chapter 18.71 RCW; creating a new section; and providing  
5 an effective date.

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

7 NEW SECTION. **Sec. 1.** A new section is added to chapter 18.57  
8 RCW to read as follows:

9 (1) The board may issue a limited associate osteopathic physician  
10 license to a person who:

11 (a) Is a resident of the state of Washington;

12 (b) Meets all of the requirements for licensure in RCW 18.57.020,  
13 except for completion of postgraduate medical training;

14 (c) Is not participating in a postgraduate medical training  
15 program;

16 (d) Has successfully completed step 1 and step 2 of the United  
17 States medical licensing examination, or equivalent examination  
18 approved by the board, prior to graduating from a medical school  
19 approved by the board;

1 (e) Graduated from a medical school approved by the board no more  
2 than two years prior to applying for licensure under this section;  
3 and

4 (f) Is not subject to discipline for unprofessional conduct or  
5 unlicensed practice under chapter 18.130 RCW.

6 (2) An associate osteopathic physician licensed under this  
7 section:

8 (a) Must, prior to practicing as an associate osteopathic  
9 physician, enter into a collaborative supervision arrangement under  
10 section 2 of this act with a supervising osteopathic physician  
11 licensed under this chapter;

12 (b) May provide only primary care services delegated by the  
13 supervising osteopathic physician pursuant to the collaborative  
14 supervision arrangement;

15 (c) May prescribe legend drugs and schedule III through V  
16 controlled substances pursuant to the collaborative supervision  
17 arrangement;

18 (d) Must, if authorized to prescribe schedule III through V  
19 controlled substances by the collaborative supervision arrangement,  
20 register with the United States drug enforcement administration as  
21 part of the drug enforcement administration's mid-level practitioner  
22 registry; and

23 (e) Must keep his or her license and collaborative supervision  
24 arrangement available for inspection at his or her primary place of  
25 business and wear a name tag identifying himself or herself as an  
26 associate osteopathic physician.

27 (3) The board shall specify the duration of the license and the  
28 maximum number of renewals, but in no case may a person be licensed  
29 as an associate osteopathic physician for more than four years total.

30 NEW SECTION. **Sec. 2.** A new section is added to chapter 18.57  
31 RCW to read as follows:

32 (1) A supervising osteopathic physician licensed under this  
33 chapter may enter into a written collaborative supervision  
34 arrangement with an associate osteopathic physician licensed under  
35 section 1 of this act. The collaborative supervision arrangement  
36 must:

37 (a) Delegate to the associate osteopathic physician the authority  
38 to provide primary care treatment or to prescribe, dispense, or  
39 administer legend drugs or schedule III through V controlled

1 substances, if the treatment, prescription, dispensing, or  
2 administration is consistent with both the associate osteopathic  
3 physician's and the supervising osteopathic physician's skill,  
4 training, and competence;

5 (b) Indicate the settings in which the associate osteopathic  
6 physician may practice, subject to any applicable facility policies;

7 (c) Include the name, business address, email address, and  
8 telephone number of the supervising osteopathic physician and the  
9 name, business address, email address, and telephone number of the  
10 associate osteopathic physician;

11 (d) Include a statement by the supervising osteopathic physician  
12 that he or she will supervise the associate osteopathic physician in  
13 accordance with this chapter and any rules adopted by the board;

14 (e) Be signed by both the associate osteopathic physician and the  
15 supervising osteopathic physician; and

16 (f) Be filed with, and approved by, the board prior to the  
17 associate osteopathic physician providing services or prescribing,  
18 dispensing, or administering drugs.

19 (2) The associate osteopathic physician must notify the board of  
20 any changes to the collaborative supervision arrangement within ten  
21 days. Changes to the collaborative supervision arrangement are not  
22 effective until filed with, and approved by, the board.

23 (3) The board shall develop a model form for collaborative  
24 supervision arrangements entered into under this section.

25 (4) A supervising osteopathic physician is responsible at all  
26 times for the oversight of the activities of, and accepts  
27 responsibility for, the primary care services rendered by the  
28 associate osteopathic physician. In addition, the supervising  
29 osteopathic physician must:

30 (a) Be licensed in good standing under this chapter;

31 (b) Be identified on all prescriptions and orders issued by the  
32 associate osteopathic physician;

33 (c) Ensure that:

34 (i) The associate osteopathic physician's scope of practice is  
35 appropriate to the associate osteopathic physician's level of  
36 competence and listed in the collaborative supervision arrangement;

37 (ii) The relationship and access to the supervising osteopathic  
38 physician is defined; and

39 (iii) A process of evaluation of the associate osteopathic  
40 physician's performance is established; and

1 (d) Supervise no more than three associate osteopathic  
2 physicians.

3 (5) Supervision of an associate osteopathic physician must be  
4 continuous and the supervising osteopathic physician must be present  
5 at the location where services are rendered.

6 (6) The supervising osteopathic physician and associate  
7 osteopathic physician must designate backup physicians who agree to  
8 supervise the associate osteopathic physician during the absence of  
9 the supervising osteopathic physician. Any backup supervising  
10 osteopathic physicians designated under this subsection must meet the  
11 requirements of subsections (4) and (5) of this section.

12 (7) An associate osteopathic physician is the agent of his or her  
13 supervising osteopathic physician in the performance of all practice-  
14 related activities, including, but not limited to, the ordering of  
15 diagnostic, therapeutic, and other medical services.

16 (8) A patient care order generated by an associate osteopathic  
17 physician has the same medical, health, and legal force and effect as  
18 if the order was generated by the supervising osteopathic physician  
19 if the supervising osteopathic physician's name is identified in the  
20 order. The patient care order must be complied with and carried out  
21 as if the order had been issued by the supervising osteopathic  
22 physician.

23 NEW SECTION. **Sec. 3.** A new section is added to chapter 18.57  
24 RCW to read as follows:

25 No person may practice or represent himself or herself to be an  
26 associate osteopathic physician without first having a valid license  
27 to do so.

28 **Sec. 4.** RCW 18.71.095 and 2001 c 114 s 1 are each amended to  
29 read as follows:

30 (1) The commission may, without examination, issue a limited  
31 license to persons who possess the qualifications set forth herein:

32 ~~((1))~~ (a) The commission may, upon the written request of the  
33 secretary of the department of social and health services or the  
34 secretary of corrections, issue a limited license to practice  
35 medicine in this state to persons who have been accepted for  
36 employment by the department of social and health services or the  
37 department of corrections as physicians; who are licensed to practice  
38 medicine in another state of the United States or in the country of

1 Canada or any province or territory thereof; and who meet all of the  
2 qualifications for licensure set forth in RCW 18.71.050.

3 Such license shall permit the holder thereof to practice medicine  
4 only in connection with patients, residents, or inmates of the state  
5 institutions under the control and supervision of the secretary of  
6 the department of social and health services or the department of  
7 corrections.

8 ~~((+2))~~ (b) The commission may issue a limited license to  
9 practice medicine in this state to persons who have been accepted for  
10 employment by a county or city health department as physicians; who  
11 are licensed to practice medicine in another state of the United  
12 States or in the country of Canada or any province or territory  
13 thereof; and who meet all of the qualifications for licensure set  
14 forth in RCW 18.71.050.

15 Such license shall permit the holder thereof to practice medicine  
16 only in connection with his or her duties in employment with the city  
17 or county health department.

18 ~~((+3))~~ (c) Upon receipt of a completed application showing that  
19 the applicant meets all of the requirements for licensure set forth  
20 in RCW 18.71.050 except for completion of two years of postgraduate  
21 medical training, and that the applicant has been appointed as a  
22 resident physician in a program of postgraduate clinical training in  
23 this state approved by the commission, the commission may issue a  
24 limited license to a resident physician. Such license shall permit  
25 the resident physician to practice medicine only in connection with  
26 his or her duties as a resident physician and shall not authorize the  
27 physician to engage in any other form of practice. Each resident  
28 physician shall practice medicine only under the supervision and  
29 control of a physician licensed in this state, but such supervision  
30 and control shall not be construed to necessarily require the  
31 personal presence of the supervising physician at the place where  
32 services are rendered.

33 ~~((+4)(a))~~ (d)(i) Upon nomination by the dean of the school of  
34 medicine at the University of Washington or the chief executive  
35 officer of a hospital or other appropriate health care facility  
36 licensed in the state of Washington, the commission may issue a  
37 limited license to a physician applicant invited to serve as a  
38 teaching-research member of the institution's instructional staff if  
39 the sponsoring institution and the applicant give evidence that he or  
40 she has graduated from a recognized medical school and has been

1 licensed or otherwise privileged to practice medicine at his or her  
2 location of origin. Such license shall permit the recipient to  
3 practice medicine only within the confines of the instructional  
4 program specified in the application and shall terminate whenever the  
5 holder ceases to be involved in that program, or at the end of one  
6 year, whichever is earlier. Upon request of the applicant and the  
7 institutional authority, the license may be renewed.

8 ~~((b+))~~ (ii) Upon nomination by the dean of the school of  
9 medicine of the University of Washington or the chief executive  
10 officer of any hospital or appropriate health care facility licensed  
11 in the state of Washington, the commission may issue a limited  
12 license to an applicant selected by the sponsoring institution to be  
13 enrolled in one of its designated departmental or divisional  
14 fellowship programs provided that the applicant shall have graduated  
15 from a recognized medical school and has been granted a license or  
16 other appropriate certificate to practice medicine in the location of  
17 the applicant's origin. Such license shall permit the holder only to  
18 practice medicine within the confines of the fellowship program to  
19 which he or she has been appointed and, upon the request of the  
20 applicant and the sponsoring institution, the license may be renewed  
21 by the commission for no more than a total of two years.

22 (e)(i) The commission may issue a limited associate physician  
23 license to a person who:

24 (A) Is a resident of the state of Washington;

25 (B) Meets all of the requirements for licensure in RCW 18.71.050,  
26 except for completion of two years of postgraduate medical training;

27 (C) Is not participating in a postgraduate medical training  
28 program;

29 (D) Has successfully completed step 1 and step 2 of the United  
30 States medical licensing examination, or equivalent examination  
31 approved by the commission, prior to graduating from a medical school  
32 approved by the commission;

33 (E) Graduated from a medical school approved by the commission no  
34 more than two years prior to applying for licensure under this  
35 subsection (1)(e); and

36 (F) Is not subject to discipline for unprofessional conduct or  
37 unlicensed practice under chapter 18.130 RCW.

38 (ii) An associate physician licensed under this subsection  
39 (1)(e):

1       (A) Must, prior to practicing as an associate physician, enter  
2 into a collaborative supervision arrangement under section 5 of this  
3 act with a supervising physician licensed under this chapter;

4       (B) May provide only primary care services delegated by the  
5 supervising physician pursuant to the collaborative supervision  
6 arrangement;

7       (C) May prescribe legend drugs and schedule III through V  
8 controlled substances pursuant to the collaborative supervision  
9 arrangement;

10       (D) Must, if authorized to prescribe schedule III through V  
11 controlled substances by the collaborative supervision arrangement,  
12 register with the United States drug enforcement administration as  
13 part of the drug enforcement administration's mid-level practitioner  
14 registry; and

15       (E) Must keep his or her license and collaborative supervision  
16 arrangement available for inspection at his or her primary place of  
17 business and wear a name tag identifying himself or herself as an  
18 associate physician.

19       (iii) The commission shall specify the duration of the license  
20 and the maximum number of renewals, but in no case may a person be  
21 licensed as an associate physician for more than four years total.

22       (2) All persons licensed under this section shall be subject to  
23 the jurisdiction of the commission to the same extent as other  
24 members of the medical profession, in accordance with this chapter  
25 and chapter 18.130 RCW.

26       (3) Persons applying for licensure and renewing licenses pursuant  
27 to this section shall comply with administrative procedures,  
28 administrative requirements, and fees determined as provided in RCW  
29 43.70.250 and 43.70.280. Any person who obtains a limited license  
30 pursuant to this section may apply for licensure under this chapter,  
31 but shall submit a new application form and comply with all other  
32 licensing requirements of this chapter.

33       NEW SECTION. Sec. 5. A new section is added to chapter 18.71  
34 RCW to read as follows:

35       (1) A supervising physician licensed under this chapter may enter  
36 into a written collaborative supervision arrangement with an  
37 associate physician licensed under RCW 18.71.095(1)(e). The  
38 collaborative supervision arrangement must:

1 (a) Delegate to the associate physician the authority to provide  
2 primary care treatment or to prescribe, dispense, or administer  
3 legend drugs or schedule III through V controlled substances, if the  
4 treatment, prescription, dispensing, or administration is consistent  
5 with both the associate physician's and the supervising physician's  
6 skill, training, and competence;

7 (b) Indicate the settings in which the associate physician may  
8 practice, subject to any applicable facility policies;

9 (c) Include the name, business address, email address, and  
10 telephone number of the supervising physician and the name, business  
11 address, email address, and telephone number of the associate  
12 physician;

13 (d) Include a statement by the supervising physician that he or  
14 she will supervise the associate physician in accordance with this  
15 chapter and any rules adopted by the commission;

16 (e) Be signed by both the associate physician and the supervising  
17 physician; and

18 (f) Be filed with, and approved by, the commission prior to the  
19 associate physician providing services or prescribing, dispensing, or  
20 administering drugs.

21 (2) The associate physician must notify the commission of any  
22 changes to the collaborative supervision arrangement within ten days.  
23 Changes to the collaborative supervision arrangement are not  
24 effective until filed with, and approved by, the commission.

25 (3) The commission shall develop a model form for collaborative  
26 supervision arrangements entered into under this section.

27 (4) A supervising physician is responsible at all times for the  
28 oversight of the activities of, and accepts responsibility for, the  
29 primary care services rendered by the associate physician. In  
30 addition, the supervising physician must:

31 (a) Be licensed in good standing under this chapter;

32 (b) Be identified on all prescriptions and orders issued by the  
33 associate physician;

34 (c) Ensure that:

35 (i) The associate physician's scope of practice is appropriate to  
36 the associate physician's level of competence and listed in the  
37 collaborative supervision arrangement;

38 (ii) The relationship and access to the supervising physician is  
39 defined; and



1 (iii) A process of evaluation of the associate physician's  
2 performance is established; and

3 (d) Supervise no more than three associate physicians.

4 (5) Supervision of an associate physician must be continuous and  
5 the supervising physician must be present at the location where  
6 services are rendered.

7 (6) The supervising physician and associate physician must  
8 designate backup physicians who agree to supervise the associate  
9 physician during the absence of the supervising physician. Any backup  
10 supervising physicians designated under this subsection must meet the  
11 requirements of subsections (4) and (5) of this section.

12 (7) An associate physician is the agent of his or her supervising  
13 physician in the performance of all practice-related activities,  
14 including, but not limited to, the ordering of diagnostic,  
15 therapeutic, and other medical services.

16 (8) A patient care order generated by an associate physician has  
17 the same medical, health, and legal force and effect as if the order  
18 was generated by the supervising physician if the supervising  
19 physician's name is identified in the order. The patient care order  
20 must be complied with and carried out as if the order had been issued  
21 by the supervising physician.

22 NEW SECTION. **Sec. 6.** A new section is added to chapter 18.71  
23 RCW to read as follows:

24 No person may practice or represent himself or herself to be an  
25 associate physician without first having a valid license to do so.

26 NEW SECTION. **Sec. 7.** The medical quality assurance commission  
27 and the board of osteopathic medicine and surgery may adopt any rules  
28 necessary to implement this act.

29 NEW SECTION. **Sec. 8.** Sections 1 through 6 of this act take  
30 effect July 1, 2017.

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