

CERTIFICATION OF ENROLLMENT
ENGROSSED SECOND SUBSTITUTE HOUSE BILL 1485

64th Legislature
2015 Regular Session

Passed by the House April 20, 2015
Yeas 95 Nays 0

Speaker of the House of Representatives

Passed by the Senate April 13, 2015
Yeas 44 Nays 0

President of the Senate

Approved

Governor of the State of Washington

CERTIFICATE

I, Barbara Baker, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **ENGROSSED SECOND SUBSTITUTE HOUSE BILL 1485** as passed by House of Representatives and the Senate on the dates hereon set forth.

Chief Clerk

FILED

**Secretary of State
State of Washington**

ENGROSSED SECOND SUBSTITUTE HOUSE BILL 1485

AS AMENDED BY THE SENATE

Passed Legislature - 2015 Regular Session

State of Washington **64th Legislature** **2015 Regular Session**

By House Appropriations (originally sponsored by Representatives Haler, Cody, Schmick, Shea, Zeiger, Tarleton, Tharinger, and Riccelli)

READ FIRST TIME 02/27/15.

1 AN ACT Relating to family medicine residencies in health
2 professional shortage areas; amending RCW 70.112.020, 70.112.060,
3 18.71.080, 18.71A.020, 18.57.050, and 18.57A.020; reenacting and
4 amending RCW 70.112.010; adding new sections to chapter 70.112 RCW;
5 and creating a new section.

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

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

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

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

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

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

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

5 (2) The department of health shall aggregate the information
6 received under subsection (1) of this section and report it to the
7 appropriate legislative committees of the house of representatives
8 and the senate by November 1, 2016, and November 1st every even year
9 thereafter. The report must also include information on how the
10 geographic distribution of family residency programs changes over
11 time and, if information on the number of residents in specialty
12 areas is readily available, a comparison of the number of residents
13 in family medicine versus specialty areas.

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

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

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

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

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

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

27 (4) "Residency programs" (~~mean[s]~~) means community-based
28 (~~family practice~~) residency educational programs in family
29 medicine, either in existence or established under this chapter and
30 that are certified by the accreditation council for graduate medical
31 education or by the American osteopathic association.

32 (~~(4)~~) (5) "Schools of medicine" means the University of
33 Washington school of medicine located in Seattle, Washington; the
34 Pacific Northwest University of Health Sciences located in Yakima,
35 Washington; and any other such medical schools that are accredited by
36 the liaison committee on medical education or the American
37 osteopathic association's commission on osteopathic college
38 accreditation, and that locate their entire four-year medical program
39 in Washington.

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

3 (1) There is established a statewide medical education system for
4 the purpose of training resident physicians in family ((~~practice~~))
5 medicine.

6 (2) The deans of the schools of medicine shall be responsible for
7 implementing the development and expansion of residency programs in
8 cooperation with the medical profession, hospitals, and clinics
9 located throughout the state. The ((~~chair of the department of family~~
10 medicine in the)) schools of medicine shall ((~~determine where~~
11 affiliated residency programs shall exist;)) support development of
12 high quality, accredited, affiliated residency programs, giving
13 consideration to communities in the state where the population,
14 hospital facilities, number of physicians, and interest in medical
15 education indicate the potential success of the residency program and
16 prioritizing support for health professional shortage areas in the
17 state.

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

22 (4) The schools of medicine shall coordinate with the office of
23 student financial assistance to notify prospective family medicine
24 students and residents of their eligibility for the health
25 professional loan repayment and scholarship program under chapter
26 28B.115 RCW.

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

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

31 (1) The moneys appropriated for these statewide family medicine
32 residency programs shall be in addition to all the income of the
33 ((~~University of Washington and its~~)) schools of medicine and shall
34 not be used to supplant funds for other programs under the
35 administration of the schools of medicine.

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

38 (3) No more than twenty-five percent of the appropriation for
39 each fiscal year for the affiliated programs shall be authorized for

1 expenditures made in support of the faculty and staff of the schools
2 of medicine who are associated with the affiliated residency programs
3 and are located at the schools of medicine.

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

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

10 (6) The family medicine residency network at the University of
11 Washington shall, in collaboration with the schools of medicine,
12 administer the state funds appropriated for the purposes of this
13 chapter.

14 NEW SECTION. Sec. 6. A new section is added to chapter 70.112
15 RCW to read as follows:

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

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

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

22 (c) Two citizen members, one from west of the crest of the
23 Cascade mountains and one from east of the crest of the Cascade
24 mountains, to be appointed by the governor;

25 (d) One member appointed by the Washington state medical
26 association;

27 (e) One member appointed by the Washington osteopathic medical
28 association;

29 (f) One member appointed by the Washington state academy of
30 family physicians;

31 (g) One hospital administrator representing those Washington
32 hospitals with family medicine residency programs, appointed by the
33 Washington state hospital association;

34 (h) One director representing the directors of community-based
35 family medicine residency programs, appointed by the family medicine
36 residency network;

37 (i) One member of the house of representatives appointed by the
38 speaker of the house; and

1 (j) One member of the senate appointed by the president of the
2 senate.

3 (2) The two members of the advisory board appointed by the deans
4 of the schools of medicine shall serve as chairs of the advisory
5 board.

6 (3) The cochairs of the advisory board, appointed by the deans of
7 the schools of medicine, shall serve as permanent members of the
8 advisory board without specified term limits. The deans of the
9 schools of medicine have the authority to replace the chair
10 representing their school. The deans of the schools of medicine shall
11 appoint a new member in the event that the member representing their
12 school vacates his or her position.

13 (4) Other members must be initially appointed as follows: Terms
14 of the two public members must be two years; terms of the members
15 appointed by the medical association and the hospital association
16 must be three years; and the remaining members must be four years.
17 Thereafter, terms for the nonpermanent members must be four years.
18 Members may serve two consecutive terms. New appointments must be
19 filled in the same manner as for original appointments. Vacancies
20 must be filled for an unexpired term in the manner of the original
21 appointment.

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

24 The advisory board shall consider and provide recommendations on
25 the selection of the areas within the state where affiliate residency
26 programs could exist, the allocation of funds appropriated under this
27 chapter, and the procedures for review and evaluation of the
28 residency programs.

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

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

35 (b) The commission shall request licensees to submit information
36 about their current professional practice at the time of license
37 renewal and licensees must provide the information requested. This

1 information may include practice setting, medical specialty, board
2 certification, or other relevant data determined by the commission.

3 (c) A physician who resides and practices in Washington and
4 obtains or renews a retired active license shall be exempt from
5 licensing fees imposed under this section. The commission may
6 establish rules governing mandatory continuing education requirements
7 which shall be met by physicians applying for renewal of licenses.
8 The rules shall provide that mandatory continuing education
9 requirements may be met in part by physicians showing evidence of the
10 completion of approved activities relating to professional liability
11 risk management. The number of hours of continuing education for a
12 physician holding a retired active license shall not exceed fifty
13 hours per year.

14 (2) The office of crime victims advocacy shall supply the
15 commission with information on methods of recognizing victims of
16 human trafficking, what services are available for these victims, and
17 where to report potential trafficking situations. The information
18 supplied must be culturally sensitive and must include information
19 relating to minor victims. The commission shall disseminate this
20 information to licensees by: Providing the information on the
21 commission's web site; including the information in newsletters;
22 holding trainings at meetings attended by organization members; or
23 another distribution method determined by the commission. The
24 commission shall report to the office of crime victims advocacy on
25 the method or methods it uses to distribute information under this
26 subsection.

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

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

34 (1) The commission shall adopt rules fixing the qualifications
35 and the educational and training requirements for licensure as a
36 physician assistant or for those enrolled in any physician assistant
37 training program. The requirements shall include completion of an
38 accredited physician assistant training program approved by the
39 commission and within one year successfully take and pass an

1 examination approved by the commission, if the examination tests
2 subjects substantially equivalent to the curriculum of an accredited
3 physician assistant training program. An interim permit may be
4 granted by the department of health for one year provided the
5 applicant meets all other requirements. Physician assistants licensed
6 by the board of medical examiners, or the medical quality assurance
7 commission as of July 1, 1999, shall continue to be licensed.

8 (2)(a) The commission shall adopt rules governing the extent to
9 which:

10 (i) Physician assistant students may practice medicine during
11 training; and

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

14 (b) Such rules shall provide:

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

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

23 (3) Applicants for licensure shall file an application with the
24 commission on a form prepared by the secretary with the approval of
25 the commission, detailing the education, training, and experience of
26 the physician assistant and such other information as the commission
27 may require. The application shall be accompanied by a fee determined
28 by the secretary as provided in RCW 43.70.250 and 43.70.280. A
29 surcharge of fifty dollars per year shall be charged on each license
30 renewal or issuance of a new license to be collected by the
31 department and deposited into the impaired physician account for
32 physician assistant participation in the impaired physician program.
33 Each applicant shall furnish proof satisfactory to the commission of
34 the following:

35 (a) That the applicant has completed an accredited physician
36 assistant program approved by the commission and is eligible to take
37 the examination approved by the commission;

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

39 (c) That the applicant is physically and mentally capable of
40 practicing medicine as a physician assistant with reasonable skill

1 and safety. The commission may require an applicant to submit to such
2 examination or examinations as it deems necessary to determine an
3 applicant's physical or mental capability, or both, to safely
4 practice as a physician assistant.

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

8 (b) The license shall be renewed as determined under RCW
9 43.70.250 and 43.70.280. The commission shall request licensees to
10 submit information about their current professional practice at the
11 time of license renewal and licensees must provide the information
12 requested. This information may include practice setting, medical
13 specialty, or other relevant data determined by the commission.

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

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

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

20 (1) The board may establish rules and regulations governing
21 mandatory continuing education requirements which shall be met by
22 physicians applying for renewal of licenses. Administrative
23 procedures, administrative requirements, and fees for applications
24 and renewals shall be established as provided in RCW 43.70.250 and
25 43.70.280. The board shall determine prerequisites for relicensing.

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

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

33 (1) The board shall adopt rules fixing the qualifications and the
34 educational and training requirements for licensure as an osteopathic
35 physician assistant or for those enrolled in any physician assistant
36 training program. The requirements shall include completion of an
37 accredited physician assistant training program approved by the board
38 and within one year successfully take and pass an examination

1 approved by the board, providing such examination tests subjects
2 substantially equivalent to the curriculum of an accredited physician
3 assistant training program. An interim permit may be granted by the
4 department of health for one year provided the applicant meets all
5 other requirements. Physician assistants licensed by the board of
6 osteopathic medicine as of July 1, 1999, shall continue to be
7 licensed.

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

9 (i) Physician assistant students may practice medicine during
10 training; and

11 (ii) Physician assistants may practice after successful
12 completion of a training course.

13 (b) Such rules shall provide:

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

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

24 (3) Applicants for licensure shall file an application with the
25 board on a form prepared by the secretary with the approval of the
26 board, detailing the education, training, and experience of the
27 physician assistant and such other information as the board may
28 require. The application shall be accompanied by a fee determined by
29 the secretary as provided in RCW 43.70.250 and 43.70.280. A surcharge
30 of twenty-five dollars per year may be charged on each license
31 renewal or issuance of a new license to be collected by the
32 department of health for physician assistant participation in an
33 impaired practitioner program. Each applicant shall furnish proof
34 satisfactory to the board of the following:

35 (a) That the applicant has completed an accredited physician
36 assistant program approved by the board and is eligible to take the
37 examination approved by the board;

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

39 (c) That the applicant is physically and mentally capable of
40 practicing osteopathic medicine as an osteopathic physician assistant

1 with reasonable skill and safety. The board may require any applicant
2 to submit to such examination or examinations as it deems necessary
3 to determine an applicant's physical and/or mental capability to
4 safely practice as an osteopathic physician assistant.

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

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

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