

---

HOUSE BILL 1689

---

State of Washington

66th Legislature

2019 Regular Session

By Representatives Riccelli, Harris, DeBolt, and Pettigrew

Read first time 01/28/19. Referred to Committee on Health Care & Wellness.

1 AN ACT Relating to athletic trainers; amending RCW 18.250.010,  
2 18.250.040, 18.250.050, 43.70.442, and 43.70.442; reenacting and  
3 amending RCW 69.41.010; adding a new section to chapter 18.250 RCW;  
4 providing an effective date; and providing an expiration date.

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

6 **Sec. 1.** RCW 18.250.010 and 2016 c 41 s 22 are each amended to  
7 read as follows:

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

10 (1) "Athlete" means a person who participates in exercise,  
11 recreation, activities, sport, or games requiring physical strength,  
12 range-of-motion, flexibility, body awareness and control, speed,  
13 stamina, or agility, and the exercise, recreation, activities,  
14 sports, or games are of a type conducted for the benefits of health  
15 and wellness or in association with an educational institution or  
16 professional, amateur, or recreational sports club or organization.

17 (2) "Athletic injury" means an injury or condition sustained by  
18 an athlete that affects the person's participation or performance in  
19 exercise, recreation, activities, sport, or games and the injury or  
20 condition is within the professional preparation and education of an  
21 athletic trainer.

1 (3) "Athletic trainer" means a person who is licensed as a health  
2 care provider under this chapter. An athletic trainer can practice  
3 athletic training through the consultation, referral, or guidelines  
4 of a licensed health care provider as defined under RCW 18.250.010  
5 working within their scope of practice.

6 (4)(a) "Athletic training" means the application of the following  
7 principles and methods as provided by a licensed athletic trainer:

8 (i) Risk management and prevention of athletic injuries through  
9 preactivity screening and evaluation, educational programs, physical  
10 conditioning and reconditioning programs, application of commercial  
11 products, use of protective equipment, promotion of healthy  
12 behaviors, and reduction of environmental risks;

13 (ii) Recognition, evaluation, and assessment of athletic injuries  
14 by obtaining a history of the athletic injury, inspection and  
15 palpation of the injured part and associated structures, and  
16 performance of specific testing techniques related to stability and  
17 function to determine the extent of an injury;

18 (iii) Immediate care of athletic injuries, including emergency  
19 medical situations through the application of first-aid and emergency  
20 procedures and techniques for nonlife-threatening or life-threatening  
21 athletic injuries;

22 (iv) Treatment, rehabilitation, and reconditioning of athletic  
23 injuries through the application of physical agents and modalities,  
24 therapeutic activities and exercise, standard reassessment techniques  
25 and procedures, commercial products, and educational programs, in  
26 accordance with guidelines established with a licensed health care  
27 provider as provided in RCW 18.250.070;

28 (v) Treatment, rehabilitation, and reconditioning of work-related  
29 injuries through the application of physical agents and modalities,  
30 therapeutic activities and exercise, standard reassessment techniques  
31 and procedures, commercial products, and educational programs, under  
32 the direct supervision of and in accordance with a plan of care for  
33 an individual worker established by a provider authorized to provide  
34 physical medicine and rehabilitation services for injured workers;  
35 and

36 (vi) Referral of an athlete to an appropriately licensed health  
37 care provider if the athletic injury requires further definitive care  
38 or the injury or condition is outside an athletic trainer's scope of  
39 practice, in accordance with RCW 18.250.070.

40 (b) "Athletic training" does not include:

1 (i) The use of spinal adjustment or manipulative mobilization of  
2 the spine and its immediate articulations;

3 (ii) Orthotic or prosthetic services with the exception of  
4 evaluation, measurement, fitting, and adjustment of temporary,  
5 prefabricated or direct-formed orthosis as defined in chapter 18.200  
6 RCW;

7 (iii) The practice of occupational therapy as defined in chapter  
8 18.59 RCW;

9 (iv) The practice of East Asian medicine as defined in chapter  
10 18.06 RCW;

11 (v) Any medical diagnosis; and

12 (vi) Prescribing legend drugs or controlled substances, or  
13 surgery.

14 (5) "Committee" means the athletic training advisory committee.

15 (6) "Department" means the department of health.

16 (7) "Licensed health care provider" means a physician, physician  
17 assistant, osteopathic physician, osteopathic physician assistant,  
18 advanced registered nurse practitioner, naturopath, physical  
19 therapist, chiropractor, dentist, massage therapist, acupuncturist,  
20 occupational therapist, or podiatric physician and surgeon.

21 (8) "Secretary" means the secretary of health or the secretary's  
22 designee.

23 **Sec. 2.** RCW 18.250.040 and 2007 c 253 s 5 are each amended to  
24 read as follows:

25 (1) It is unlawful for any person to practice or offer to  
26 practice as an athletic trainer, or to represent themselves or other  
27 persons to be legally able to provide services as an athletic  
28 trainer, unless the person is licensed under the provisions of this  
29 chapter.

30 (2) No person may use the title "athletic trainer," the letters  
31 "ATC" or "LAT," the terms "sports trainer," "team trainer,"  
32 "trainer," or any other words, abbreviations, or insignia in  
33 connection with his or her name to indicate or imply, directly or  
34 indirectly, that he or she is an athletic trainer without being  
35 licensed in accordance with this chapter as an athletic trainer.

36 **Sec. 3.** RCW 18.250.050 and 2007 c 253 s 6 are each amended to  
37 read as follows:

1 Nothing in this chapter may prohibit, restrict, or require  
2 licensure of:

3 (1) Any person licensed, certified, or registered in this state  
4 and performing services within the authorized scope of practice;

5 (2) The practice by an individual employed by the government of  
6 the United States as an athletic trainer while engaged in the  
7 performance of duties prescribed by the laws of the United States;

8 (3) Any person pursuing a supervised course of study in an  
9 accredited athletic training educational program, if the person is  
10 designated by a title that clearly indicates a student or trainee  
11 status;

12 (4) An athletic trainer from another state for purposes of  
13 continuing education, consulting, or performing athletic training  
14 services while accompanying his or her group, individual, or  
15 representatives into Washington state on a temporary basis for no  
16 more than ninety days in a calendar year;

17 (5) Any elementary, secondary, or postsecondary school teacher,  
18 educator, or coach(~~(, or authorized volunteer)~~) who does not  
19 represent themselves to the public as an athletic trainer; or

20 (6) A personal trainer employed by an athletic club or fitness  
21 center and not representing themselves as an athletic trainer or  
22 performing the duties of an athletic trainer.

23 NEW SECTION. **Sec. 4.** A new section is added to chapter 18.250  
24 RCW to read as follows:

25 (1) An athletic trainer licensed under this chapter may purchase,  
26 store, and administer over-the-counter medications such as pain  
27 relievers, hydrocortisone, fluocinonide, topical anesthetics, silver  
28 sulfadiazine, lidocaine, magnesium sulfate, zinc oxide, and other  
29 similar medications, and may draw-up and administer such other drugs  
30 or medications as prescribed by an authorized health care  
31 practitioner for the practice of athletic training.

32 (a) An athletic trainer may not administer any medications to a  
33 student in a public school as defined in RCW 28A.150.010 or private  
34 schools governed by chapter 28A.195 RCW.

35 (b) An athletic trainer may administer medications consistent  
36 with this section to a minor in a setting other than a school, if the  
37 minor's parent or guardian provides written consent.

38 (2) An athletic trainer licensed under this chapter who has  
39 completed an anaphylaxis training program in accordance with RCW

1 70.54.440 may administer an epinephrine autoinjector to any  
2 individual who the athletic trainer believes in good faith is  
3 experiencing anaphylaxis as authorized by RCW 70.54.440.

4 **Sec. 5.** RCW 43.70.442 and 2016 c 90 s 5 are each amended to read  
5 as follows:

6 (1)(a) Each of the following professionals certified or licensed  
7 under Title 18 RCW shall, at least once every six years, complete  
8 training in suicide assessment, treatment, and management that is  
9 approved, in rule, by the relevant disciplining authority:

- 10 (i) An adviser or counselor certified under chapter 18.19 RCW;
- 11 (ii) A chemical dependency professional licensed under chapter  
12 18.205 RCW;
- 13 (iii) A marriage and family therapist licensed under chapter  
14 18.225 RCW;
- 15 (iv) A mental health counselor licensed under chapter 18.225 RCW;
- 16 (v) An occupational therapy practitioner licensed under chapter  
17 18.59 RCW;
- 18 (vi) A psychologist licensed under chapter 18.83 RCW;
- 19 (vii) An advanced social worker or independent clinical social  
20 worker licensed under chapter 18.225 RCW; and
- 21 (viii) A social worker associate—advanced or social worker  
22 associate—independent clinical licensed under chapter 18.225 RCW.

23 (b) The requirements in (a) of this subsection apply to a person  
24 holding a retired active license for one of the professions in (a) of  
25 this subsection.

26 (c) The training required by this subsection must be at least six  
27 hours in length, unless a disciplining authority has determined,  
28 under subsection (10)(b) of this section, that training that includes  
29 only screening and referral elements is appropriate for the  
30 profession in question, in which case the training must be at least  
31 three hours in length.

32 (d) Beginning July 1, 2017, the training required by this  
33 subsection must be on the model list developed under subsection (6)  
34 of this section. Nothing in this subsection (1)(d) affects the  
35 validity of training completed prior to July 1, 2017.

36 (2)(a) Except as provided in (b) of this subsection, a  
37 professional listed in subsection (1)(a) of this section must  
38 complete the first training required by this section by the end of  
39 the first full continuing education reporting period after January 1,

1 2014, or during the first full continuing education reporting period  
2 after initial licensure or certification, whichever occurs later.

3 (b) A professional listed in subsection (1)(a) of this section  
4 applying for initial licensure may delay completion of the first  
5 training required by this section for six years after initial  
6 licensure if he or she can demonstrate successful completion of the  
7 training required in subsection (1) of this section no more than six  
8 years prior to the application for initial licensure.

9 (3) The hours spent completing training in suicide assessment,  
10 treatment, and management under this section count toward meeting any  
11 applicable continuing education or continuing competency requirements  
12 for each profession.

13 (4)(a) A disciplining authority may, by rule, specify minimum  
14 training and experience that is sufficient to exempt an individual  
15 professional from the training requirements in subsections (1) and  
16 (5) of this section. Nothing in this subsection (4)(a) allows a  
17 disciplining authority to provide blanket exemptions to broad  
18 categories or specialties within a profession.

19 (b) A disciplining authority may exempt a professional from the  
20 training requirements of subsections (1) and (5) of this section if  
21 the professional has only brief or limited patient contact.

22 (5)(a) Each of the following professionals credentialed under  
23 Title 18 RCW shall complete a one-time training in suicide  
24 assessment, treatment, and management that is approved by the  
25 relevant disciplining authority:

26 (i) A chiropractor licensed under chapter 18.25 RCW;

27 (ii) A naturopath licensed under chapter 18.36A RCW;

28 (iii) A licensed practical nurse, registered nurse, or advanced  
29 registered nurse practitioner, other than a certified registered  
30 nurse anesthetist, licensed under chapter 18.79 RCW;

31 (iv) An osteopathic physician and surgeon licensed under chapter  
32 18.57 RCW, other than a holder of a postgraduate osteopathic medicine  
33 and surgery license issued under RCW 18.57.035;

34 (v) An osteopathic physician assistant licensed under chapter  
35 18.57A RCW;

36 (vi) A physical therapist or physical therapist assistant  
37 licensed under chapter 18.74 RCW;

38 (vii) A physician licensed under chapter 18.71 RCW, other than a  
39 resident holding a limited license issued under RCW 18.71.095(3);

40 (viii) A physician assistant licensed under chapter 18.71A RCW;

1 (ix) A pharmacist licensed under chapter 18.64 RCW; (~~and~~)  
2 (x) An athletic trainer licensed under chapter 18.250 RCW; and  
3 (xi) A person holding a retired active license for one of the  
4 professions listed in (a) (i) through (~~(ix)~~) (x) of this subsection.

5 (b) (i) A professional listed in (a) (i) through (viii) of this  
6 subsection or a person holding a retired active license for one of  
7 the professions listed in (a) (i) through (viii) of this subsection  
8 must complete the one-time training by the end of the first full  
9 continuing education reporting period after January 1, 2016, or  
10 during the first full continuing education reporting period after  
11 initial licensure, whichever is later. Training completed between  
12 June 12, 2014, and January 1, 2016, that meets the requirements of  
13 this section, other than the timing requirements of this subsection  
14 (5) (b), must be accepted by the disciplining authority as meeting the  
15 one-time training requirement of this subsection (5).

16 (ii) A licensed pharmacist or a person holding a retired active  
17 pharmacist license must complete the one-time training by the end of  
18 the first full continuing education reporting period after January 1,  
19 2017, or during the first full continuing education reporting period  
20 after initial licensure, whichever is later.

21 (c) The training required by this subsection must be at least six  
22 hours in length, unless a disciplining authority has determined,  
23 under subsection (10) (b) of this section, that training that includes  
24 only screening and referral elements is appropriate for the  
25 profession in question, in which case the training must be at least  
26 three hours in length.

27 (d) Beginning July 1, 2017, the training required by this  
28 subsection must be on the model list developed under subsection (6)  
29 of this section. Nothing in this subsection (5) (d) affects the  
30 validity of training completed prior to July 1, 2017.

31 (6) (a) The secretary and the disciplining authorities shall work  
32 collaboratively to develop a model list of training programs in  
33 suicide assessment, treatment, and management.

34 (b) The secretary and the disciplining authorities shall update  
35 the list at least once every two years.

36 (c) By June 30, 2016, the department shall adopt rules  
37 establishing minimum standards for the training programs included on  
38 the model list. The minimum standards must require that six-hour  
39 trainings include content specific to veterans and the assessment of  
40 issues related to imminent harm via lethal means or self-injurious

1 behaviors and that three-hour trainings for pharmacists include  
2 content related to the assessment of issues related to imminent harm  
3 via lethal means. When adopting the rules required under this  
4 subsection (6)(c), the department shall:

5 (i) Consult with the affected disciplining authorities, public  
6 and private institutions of higher education, educators, experts in  
7 suicide assessment, treatment, and management, the Washington  
8 department of veterans affairs, and affected professional  
9 associations; and

10 (ii) Consider standards related to the best practices registry of  
11 the American foundation for suicide prevention and the suicide  
12 prevention resource center.

13 (d) Beginning January 1, 2017:

14 (i) The model list must include only trainings that meet the  
15 minimum standards established in the rules adopted under (c) of this  
16 subsection and any three-hour trainings that met the requirements of  
17 this section on or before July 24, 2015;

18 (ii) The model list must include six-hour trainings in suicide  
19 assessment, treatment, and management, and three-hour trainings that  
20 include only screening and referral elements; and

21 (iii) A person or entity providing the training required in this  
22 section may petition the department for inclusion on the model list.  
23 The department shall add the training to the list only if the  
24 department determines that the training meets the minimum standards  
25 established in the rules adopted under (c) of this subsection.

26 (7) The department shall provide the health profession training  
27 standards created in this section to the professional educator  
28 standards board as a model in meeting the requirements of RCW  
29 28A.410.226 and provide technical assistance, as requested, in the  
30 review and evaluation of educator training programs. The educator  
31 training programs approved by the professional educator standards  
32 board may be included in the department's model list.

33 (8) Nothing in this section may be interpreted to expand or limit  
34 the scope of practice of any profession regulated under chapter  
35 18.130 RCW.

36 (9) The secretary and the disciplining authorities affected by  
37 this section shall adopt any rules necessary to implement this  
38 section.

39 (10) For purposes of this section:



1 (a) "Disciplining authority" has the same meaning as in RCW  
2 18.130.020.

3 (b) "Training in suicide assessment, treatment, and management"  
4 means empirically supported training approved by the appropriate  
5 disciplining authority that contains the following elements: Suicide  
6 assessment, including screening and referral, suicide treatment, and  
7 suicide management. However, the disciplining authority may approve  
8 training that includes only screening and referral elements if  
9 appropriate for the profession in question based on the profession's  
10 scope of practice. The board of occupational therapy may also approve  
11 training that includes only screening and referral elements if  
12 appropriate for occupational therapy practitioners based on practice  
13 setting.

14 (11) A state or local government employee is exempt from the  
15 requirements of this section if he or she receives a total of at  
16 least six hours of training in suicide assessment, treatment, and  
17 management from his or her employer every six years. For purposes of  
18 this subsection, the training may be provided in one six-hour block  
19 or may be spread among shorter training sessions at the employer's  
20 discretion.

21 (12) An employee of a community mental health agency licensed  
22 under chapter 71.24 RCW or a chemical dependency program certified  
23 under chapter (~~70.96A~~) 71.24 RCW is exempt from the requirements of  
24 this section if he or she receives a total of at least six hours of  
25 training in suicide assessment, treatment, and management from his or  
26 her employer every six years. For purposes of this subsection, the  
27 training may be provided in one six-hour block or may be spread among  
28 shorter training sessions at the employer's discretion.

29 **Sec. 6.** RCW 43.70.442 and 2017 c 262 s 4 are each amended to  
30 read as follows:

31 (1)(a) Each of the following professionals certified or licensed  
32 under Title 18 RCW shall, at least once every six years, complete  
33 training in suicide assessment, treatment, and management that is  
34 approved, in rule, by the relevant disciplining authority:

35 (i) An adviser or counselor certified under chapter 18.19 RCW;

36 (ii) A chemical dependency professional licensed under chapter  
37 18.205 RCW;

38 (iii) A marriage and family therapist licensed under chapter  
39 18.225 RCW;

- 1 (iv) A mental health counselor licensed under chapter 18.225 RCW;  
2 (v) An occupational therapy practitioner licensed under chapter  
3 18.59 RCW;  
4 (vi) A psychologist licensed under chapter 18.83 RCW;  
5 (vii) An advanced social worker or independent clinical social  
6 worker licensed under chapter 18.225 RCW; and  
7 (viii) A social worker associate—advanced or social worker  
8 associate—independent clinical licensed under chapter 18.225 RCW.

9 (b) The requirements in (a) of this subsection apply to a person  
10 holding a retired active license for one of the professions in (a) of  
11 this subsection.

12 (c) The training required by this subsection must be at least six  
13 hours in length, unless a disciplining authority has determined,  
14 under subsection (10)(b) of this section, that training that includes  
15 only screening and referral elements is appropriate for the  
16 profession in question, in which case the training must be at least  
17 three hours in length.

18 (d) Beginning July 1, 2017, the training required by this  
19 subsection must be on the model list developed under subsection (6)  
20 of this section. Nothing in this subsection (1)(d) affects the  
21 validity of training completed prior to July 1, 2017.

22 (2)(a) Except as provided in (b) of this subsection, a  
23 professional listed in subsection (1)(a) of this section must  
24 complete the first training required by this section by the end of  
25 the first full continuing education reporting period after January 1,  
26 2014, or during the first full continuing education reporting period  
27 after initial licensure or certification, whichever occurs later.

28 (b) A professional listed in subsection (1)(a) of this section  
29 applying for initial licensure may delay completion of the first  
30 training required by this section for six years after initial  
31 licensure if he or she can demonstrate successful completion of the  
32 training required in subsection (1) of this section no more than six  
33 years prior to the application for initial licensure.

34 (3) The hours spent completing training in suicide assessment,  
35 treatment, and management under this section count toward meeting any  
36 applicable continuing education or continuing competency requirements  
37 for each profession.

38 (4)(a) A disciplining authority may, by rule, specify minimum  
39 training and experience that is sufficient to exempt an individual  
40 professional from the training requirements in subsections (1) and

1 (5) of this section. Nothing in this subsection (4)(a) allows a  
2 disciplining authority to provide blanket exemptions to broad  
3 categories or specialties within a profession.

4 (b) A disciplining authority may exempt a professional from the  
5 training requirements of subsections (1) and (5) of this section if  
6 the professional has only brief or limited patient contact.

7 (5)(a) Each of the following professionals credentialed under  
8 Title 18 RCW shall complete a one-time training in suicide  
9 assessment, treatment, and management that is approved by the  
10 relevant disciplining authority:

11 (i) A chiropractor licensed under chapter 18.25 RCW;

12 (ii) A naturopath licensed under chapter 18.36A RCW;

13 (iii) A licensed practical nurse, registered nurse, or advanced  
14 registered nurse practitioner, other than a certified registered  
15 nurse anesthetist, licensed under chapter 18.79 RCW;

16 (iv) An osteopathic physician and surgeon licensed under chapter  
17 18.57 RCW, other than a holder of a postgraduate osteopathic medicine  
18 and surgery license issued under RCW 18.57.035;

19 (v) An osteopathic physician assistant licensed under chapter  
20 18.57A RCW;

21 (vi) A physical therapist or physical therapist assistant  
22 licensed under chapter 18.74 RCW;

23 (vii) A physician licensed under chapter 18.71 RCW, other than a  
24 resident holding a limited license issued under RCW 18.71.095(3);

25 (viii) A physician assistant licensed under chapter 18.71A RCW;

26 (ix) A pharmacist licensed under chapter 18.64 RCW;

27 (x) A dentist licensed under chapter 18.32 RCW;

28 (xi) A dental hygienist licensed under chapter 18.29 RCW; (~~and~~)

29 (xii) An athletic trainer licensed under chapter 18.250 RCW; and

30 (xiii) A person holding a retired active license for one of the  
31 professions listed in (a)(i) through (~~(xi)~~) (xii) of this  
32 subsection.

33 (b)(i) A professional listed in (a)(i) through (viii) of this  
34 subsection or a person holding a retired active license for one of  
35 the professions listed in (a)(i) through (viii) of this subsection  
36 must complete the one-time training by the end of the first full  
37 continuing education reporting period after January 1, 2016, or  
38 during the first full continuing education reporting period after  
39 initial licensure, whichever is later. Training completed between  
40 June 12, 2014, and January 1, 2016, that meets the requirements of

1 this section, other than the timing requirements of this subsection  
2 (5)(b), must be accepted by the disciplining authority as meeting the  
3 one-time training requirement of this subsection (5).

4 (ii) A licensed pharmacist or a person holding a retired active  
5 pharmacist license must complete the one-time training by the end of  
6 the first full continuing education reporting period after January 1,  
7 2017, or during the first full continuing education reporting period  
8 after initial licensure, whichever is later.

9 (iii) A licensed dentist, a licensed dental hygienist, or a  
10 person holding a retired active license as a dentist shall complete  
11 the one-time training by the end of the full continuing education  
12 reporting period after August 1, 2020, or during the first full  
13 continuing education reporting period after initial licensure,  
14 whichever is later. Training completed between July 23, 2017, and  
15 August 1, 2020, that meets the requirements of this section, other  
16 than the timing requirements of this subsection (5)(b)(iii), must be  
17 accepted by the disciplining authority as meeting the one-time  
18 training requirement of this subsection (5).

19 (c) The training required by this subsection must be at least six  
20 hours in length, unless a disciplining authority has determined,  
21 under subsection (10)(b) of this section, that training that includes  
22 only screening and referral elements is appropriate for the  
23 profession in question, in which case the training must be at least  
24 three hours in length.

25 (d) Beginning July 1, 2017, the training required by this  
26 subsection must be on the model list developed under subsection (6)  
27 of this section. Nothing in this subsection (5)(d) affects the  
28 validity of training completed prior to July 1, 2017.

29 (6)(a) The secretary and the disciplining authorities shall work  
30 collaboratively to develop a model list of training programs in  
31 suicide assessment, treatment, and management.

32 (b) The secretary and the disciplining authorities shall update  
33 the list at least once every two years.

34 (c) By June 30, 2016, the department shall adopt rules  
35 establishing minimum standards for the training programs included on  
36 the model list. The minimum standards must require that six-hour  
37 trainings include content specific to veterans and the assessment of  
38 issues related to imminent harm via lethal means or self-injurious  
39 behaviors and that three-hour trainings for pharmacists or dentists  
40 include content related to the assessment of issues related to

1 imminent harm via lethal means. When adopting the rules required  
2 under this subsection (6)(c), the department shall:

3 (i) Consult with the affected disciplining authorities, public  
4 and private institutions of higher education, educators, experts in  
5 suicide assessment, treatment, and management, the Washington  
6 department of veterans affairs, and affected professional  
7 associations; and

8 (ii) Consider standards related to the best practices registry of  
9 the American foundation for suicide prevention and the suicide  
10 prevention resource center.

11 (d) Beginning January 1, 2017:

12 (i) The model list must include only trainings that meet the  
13 minimum standards established in the rules adopted under (c) of this  
14 subsection and any three-hour trainings that met the requirements of  
15 this section on or before July 24, 2015;

16 (ii) The model list must include six-hour trainings in suicide  
17 assessment, treatment, and management, and three-hour trainings that  
18 include only screening and referral elements; and

19 (iii) A person or entity providing the training required in this  
20 section may petition the department for inclusion on the model list.  
21 The department shall add the training to the list only if the  
22 department determines that the training meets the minimum standards  
23 established in the rules adopted under (c) of this subsection.

24 (7) The department shall provide the health profession training  
25 standards created in this section to the professional educator  
26 standards board as a model in meeting the requirements of RCW  
27 28A.410.226 and provide technical assistance, as requested, in the  
28 review and evaluation of educator training programs. The educator  
29 training programs approved by the professional educator standards  
30 board may be included in the department's model list.

31 (8) Nothing in this section may be interpreted to expand or limit  
32 the scope of practice of any profession regulated under chapter  
33 18.130 RCW.

34 (9) The secretary and the disciplining authorities affected by  
35 this section shall adopt any rules necessary to implement this  
36 section.

37 (10) For purposes of this section:

38 (a) "Disciplining authority" has the same meaning as in RCW  
39 18.130.020.

1 (b) "Training in suicide assessment, treatment, and management"  
2 means empirically supported training approved by the appropriate  
3 disciplining authority that contains the following elements: Suicide  
4 assessment, including screening and referral, suicide treatment, and  
5 suicide management. However, the disciplining authority may approve  
6 training that includes only screening and referral elements if  
7 appropriate for the profession in question based on the profession's  
8 scope of practice. The board of occupational therapy may also approve  
9 training that includes only screening and referral elements if  
10 appropriate for occupational therapy practitioners based on practice  
11 setting.

12 (11) A state or local government employee is exempt from the  
13 requirements of this section if he or she receives a total of at  
14 least six hours of training in suicide assessment, treatment, and  
15 management from his or her employer every six years. For purposes of  
16 this subsection, the training may be provided in one six-hour block  
17 or may be spread among shorter training sessions at the employer's  
18 discretion.

19 (12) An employee of a community mental health agency licensed  
20 under chapter 71.24 RCW or a chemical dependency program certified  
21 under chapter (~~70.96A~~) 71.24 RCW is exempt from the requirements of  
22 this section if he or she receives a total of at least six hours of  
23 training in suicide assessment, treatment, and management from his or  
24 her employer every six years. For purposes of this subsection, the  
25 training may be provided in one six-hour block or may be spread among  
26 shorter training sessions at the employer's discretion.

27 **Sec. 7.** RCW 69.41.010 and 2016 c 148 s 10 and 2016 c 97 s 2 are  
28 each reenacted and amended to read as follows:

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

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

34 (a) A practitioner; or

35 (b) The patient or research subject at the direction of the  
36 practitioner.

37 (2) "Commission" means the pharmacy quality assurance commission.

38 (3) "Community-based care settings" include: Community  
39 residential programs for persons with developmental disabilities,

1 certified by the department of social and health services under  
2 chapter 71A.12 RCW; adult family homes licensed under chapter 70.128  
3 RCW; and assisted living facilities licensed under chapter 18.20 RCW.  
4 Community-based care settings do not include acute care or skilled  
5 nursing facilities.

6 (4) "Deliver" or "delivery" means the actual, constructive, or  
7 attempted transfer from one person to another of a legend drug,  
8 whether or not there is an agency relationship.

9 (5) "Department" means the department of health.

10 (6) "Dispense" means the interpretation of a prescription or  
11 order for a legend drug and, pursuant to that prescription or order,  
12 the proper selection, measuring, compounding, labeling, or packaging  
13 necessary to prepare that prescription or order for delivery.

14 (7) "Dispenser" means a practitioner who dispenses.

15 (8) "Distribute" means to deliver other than by administering or  
16 dispensing a legend drug.

17 (9) "Distributor" means a person who distributes.

18 (10) "Drug" means:

19 (a) Substances recognized as drugs in the official United States  
20 pharmacopoeia, official homeopathic pharmacopoeia of the United  
21 States, or official national formulary, or any supplement to any of  
22 them;

23 (b) Substances intended for use in the diagnosis, cure,  
24 mitigation, treatment, or prevention of disease in human beings or  
25 animals;

26 (c) Substances (other than food, minerals or vitamins) intended  
27 to affect the structure or any function of the body of human beings  
28 or animals; and

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

32 (11) "Electronic communication of prescription information" means  
33 the transmission of a prescription or refill authorization for a drug  
34 of a practitioner using computer systems. The term does not include a  
35 prescription or refill authorization transmitted verbally by  
36 telephone nor a facsimile manually signed by the practitioner.

37 (12) "In-home care settings" include an individual's place of  
38 temporary and permanent residence, but does not include acute care or  
39 skilled nursing facilities, and does not include community-based care  
40 settings.

1 (13) "Legend drugs" means any drugs which are required by state  
2 law or regulation of the pharmacy quality assurance commission to be  
3 dispensed on prescription only or are restricted to use by  
4 practitioners only.

5 (14) "Legible prescription" means a prescription or medication  
6 order issued by a practitioner that is capable of being read and  
7 understood by the pharmacist filling the prescription or the nurse or  
8 other practitioner implementing the medication order. A prescription  
9 must be hand printed, typewritten, or electronically generated.

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

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

28 (17) "Practitioner" means:

29 (a) A physician under chapter 18.71 RCW, an osteopathic physician  
30 or an osteopathic physician and surgeon under chapter 18.57 RCW, a  
31 dentist under chapter 18.32 RCW, a podiatric physician and surgeon  
32 under chapter 18.22 RCW, an East Asian medicine practitioner to the  
33 extent authorized under chapter 18.06 RCW and the rules adopted under  
34 RCW 18.06.010(1)(j), a veterinarian under chapter 18.92 RCW, a  
35 registered nurse, advanced registered nurse practitioner, or licensed  
36 practical nurse under chapter 18.79 RCW, an optometrist under chapter  
37 18.53 RCW who is certified by the optometry board under RCW  
38 18.53.010, an osteopathic physician assistant under chapter 18.57A  
39 RCW, a physician assistant under chapter 18.71A RCW, a naturopath  
40 licensed under chapter 18.36A RCW, a licensed athletic trainer to the



1 extent authorized under chapter 18.250 RCW, a pharmacist under  
2 chapter 18.64 RCW, or, when acting under the required supervision of  
3 a dentist licensed under chapter 18.32 RCW, a dental hygienist  
4 licensed under chapter 18.29 RCW;

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

9 (c) A physician licensed to practice medicine and surgery or a  
10 physician licensed to practice osteopathic medicine and surgery in  
11 any state, or province of Canada, which shares a common border with  
12 the state of Washington.

13 (18) "Secretary" means the secretary of health or the secretary's  
14 designee.

15 NEW SECTION. **Sec. 8.** Section 5 of this act expires August 1,  
16 2020.

17 NEW SECTION. **Sec. 9.** Section 6 of this act takes effect August  
18 1, 2020.

--- END ---