
SENATE BILL 5229

State of Washington

67th Legislature

2021 Regular Session

By Senators Randall, Das, Keiser, Lovelett, Nobles, Wilson, C.,
Dhingra, Hasegawa, Kuderer, Nguyen, and Stanford

Read first time 01/14/21. Referred to Committee on Health & Long
Term Care.

1 AN ACT Relating to health equity continuing education for health
2 care professionals; amending RCW 43.70.615; and adding a new section
3 to chapter 43.70 RCW.

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

5 NEW SECTION. **Sec. 1.** A new section is added to chapter 43.70
6 RCW to read as follows:

7 (1) By January 1, 2023, the rule-making authority for each health
8 profession licensed under Title 18 RCW subject to continuing
9 education requirements must adopt rules requiring a licensee to
10 complete health equity continuing education training at least once
11 every four years using standards and criteria based on available
12 research and evidence. A rule-making authority shall consult with
13 patients or communities with lived experiences of health inequities
14 or racism in the health care system, relevant professional
15 organizations, and the department in the development of these rules.

16 (2) Health equity continuing education courses may be taken in
17 addition to or, if a rule-making authority determines the course
18 fulfills existing continuing education requirements, in place of
19 other continuing education requirements imposed by the rule-making
20 authority.

1 (3) (a) The secretary and the rule-making authorities must work
2 collaboratively to provide information to licensees about available
3 courses. The secretary and rule-making authorities shall consult with
4 patients or communities with lived experiences of health inequities
5 or racism in the health care system and relevant professional
6 organizations when developing the information and must make this
7 information available by July 1, 2022. It is not required that
8 courses be included in the information in order to fulfill the health
9 equity continuing education requirement.

10 (b) The continuing education courses must teach attitudes,
11 knowledge, and skills that enable a health care professional to care
12 effectively for patients from diverse cultures, groups, and
13 communities, varying in race, ethnicity, gender identity, sexuality,
14 religion, age, ability, and socioeconomic status. Course topics may
15 include, but are not limited to:

16 (i) Strategies for recognizing patterns of health care
17 disparities on an individual, institutional, and structural level and
18 eliminating factors that influence them;

19 (ii) Intercultural communication skills training, including how
20 to work effectively with an interpreter and how communication styles
21 differ across cultures;

22 (iii) Implicit bias training to identify strategies to reduce
23 bias during assessment and diagnosis;

24 (iv) Methods for addressing the emotional well-being of children
25 and youth of diverse backgrounds;

26 (v) Ensuring equity and antiracism in care delivery pertaining to
27 medical developments and emerging therapies;

28 (vi) Structural competency training addressing five core
29 competencies:

30 (A) Recognizing the structures that shape clinical interactions;

31 (B) Developing an extraclinical language of structure;

32 (C) Rearticulating "cultural" formulations in structural terms;

33 (D) Observing and imagining structural interventions; and

34 (E) Developing structural humility; and

35 (vii) Cultural safety training.

36 (4) The rule-making authority may adopt rules to implement and
37 administer this section, including rules to establish a process to
38 determine if a continuing education course meets the health equity
39 continuing education requirement established in this section.

40 (5) For purposes of this section the following definitions apply:

1 (a) "Rule-making authority" means the regulatory entities
2 identified in RCW 18.130.040 and authorized to establish continuing
3 education requirements for the health care professions governed by
4 those regulatory entities.

5 (b) "Structural competency" means a shift in medical education
6 away from pedagogic approaches to stigma and inequalities that
7 emphasize cross-cultural understandings of individual patients,
8 toward attention to forces that influence health outcomes at levels
9 above individual interactions. Structural competency reviews existing
10 structural approaches to stigma and health inequities developed
11 outside of medicine and proposes changes to United States medical
12 education that will infuse clinical training with a structural focus.

13 (c) "Cultural safety" means an examination by health care
14 professionals of themselves and the potential impact of their own
15 culture on clinical interactions and health care service delivery.
16 This requires individual health care professionals and health care
17 organizations to acknowledge and address their own biases, attitudes,
18 assumptions, stereotypes, prejudices, structures, and characteristics
19 that may affect the quality of care provided. In doing so, cultural
20 safety encompasses a critical consciousness where health care
21 professionals and health care organizations engage in ongoing self-
22 reflection and self-awareness and hold themselves accountable for
23 providing culturally safe care, as defined by the patient and their
24 communities, and as measured through progress towards achieving
25 health equity. Cultural safety requires health care professionals and
26 their associated health care organizations to influence health care
27 to reduce bias and achieve equity within the workforce and working
28 environment.

29 **Sec. 2.** RCW 43.70.615 and 2006 c 237 s 2 are each amended to
30 read as follows:

31 (1) For the purposes of this section, "multicultural health"
32 means the provision of health care services with the knowledge and
33 awareness of the causes and effects of the determinants of health
34 that lead to disparities in health status between different genders
35 and racial and ethnic populations and the practice skills necessary
36 to respond appropriately.

37 (2) The department, in consultation with the disciplining
38 authorities as defined in RCW 18.130.040, shall establish, within
39 available department general funds, an ongoing multicultural health

1 awareness and education program as an integral part of its health
2 professions regulation. The purpose of the education program is to
3 raise awareness and educate health care professionals regarding the
4 knowledge, attitudes, and practice skills necessary to care for
5 diverse populations to achieve a greater understanding of the
6 relationship between culture and health. (~~The disciplining
7 authorities having the authority to offer continuing education may
8 provide training in the dynamics of providing culturally competent,
9 multicultural health care to diverse populations.~~) Any such
10 education shall be developed in collaboration with education programs
11 that train students in that health profession. (~~A disciplining
12 authority may require that instructors of continuing education or
13 continuing competency programs integrate multicultural health into
14 their curricula when it is appropriate to the subject matter of the
15 instruction.~~) No funds from the health professions account may be
16 utilized to fund activities under this section unless the
17 disciplining authority authorizes expenditures from its proportions
18 of the account. (~~A disciplining authority may defray costs by
19 authorizing a fee to be charged for participants or materials
20 relating to any sponsored program.~~)

21 (3) By July 1, 2008, each education program with a curriculum to
22 train health professionals for employment in a profession
23 credentialed by a disciplining authority under chapter 18.130 RCW
24 shall integrate into the curriculum instruction in multicultural
25 health as part of its basic education preparation curriculum. The
26 department may not deny the application of any applicant for a
27 credential to practice a health profession on the basis that the
28 education or training program that the applicant successfully
29 completed did not include integrated multicultural health curriculum
30 as part of its basic instruction.

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