ENGROSSED SENATE BILL 5629

State of Washington 68th Legislature 2023 Regular Session

By Senators Conway, Dhingra, Hasegawa, Nobles, and C. Wilson

Read first time 01/30/23. Referred to Committee on Health & Long Term Care.

AN ACT Relating to hepatitis B and hepatitis C screening and health care services; amending RCW 43.70.613; adding a new section to chapter 70.54 RCW; adding a new section to chapter 43.70 RCW; and providing an expiration date.

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

NEW SECTION. **Sec. 1.** A new section is added to chapter 70.54 RCW to read as follows:

(1) Except as provided in subsection (2) of this section, an adult patient who receives primary care services from a health care clinic where primary care services are provided shall be offered a hepatitis B screening test and a hepatitis C screening test during an annual physical examination or wellness visit based on the latest screening indications recommended by the federal centers for disease control and prevention. A health care clinic where primary care services are provided may comply with this subsection by:

(a) Offering patients that meet the recommended screening indications a hepatitis B screening test and a hepatitis C screening test during an annual physical examination or wellness visit;

(b) Incorporating a prompt for hepatitis B screening tests and hepatitis C screening tests for the recommended populations into the health care clinic's electronic health record system; or

(c) Sending routine mailers or electronic communications to the health care clinic's primary care patients that meet the recommended screening indications informing patients of the availability and importance of hepatitis B screening tests and hepatitis C screening tests.

(2) A hepatitis B screening test and a hepatitis C screening test are not required to be offered by the health care clinic if:

(a) The patient is being treated for a life-threatening emergency;

(b) The patient has previously been offered or has been the subject of a hepatitis B screening test or a hepatitis C screening test, unless a health care provider within the health care clinic determines that one or both of the screening tests should be offered again; or

(c) The patient lacks capacity to consent to a hepatitis B screening test or a hepatitis C screening test, or both.

(3)(a) If the patient accepts the offer of the hepatitis B screening test and the test is hepatitis B surface antigen positive, the health care provider within the health care clinic shall offer the patient follow-up health care or refer the patient to another health care provider who can provide follow-up health care.

(b) If a patient accepts the offer of the hepatitis C screening test and the test is positive, the health care provider within the health care clinic shall offer the patient follow-up health care or refer the patient to another health care provider who can provide follow-up health care. The follow-up health care shall include a hepatitis C diagnostic test.

(4) The offering of a hepatitis B screening test and a hepatitis C screening test under this section must be culturally and linguistically appropriate.

(5) This section does not affect the scope of practice of any health care provider or diminish any authority or legal or professional obligation of any health care provider to offer a hepatitis B screening test, hepatitis C screening test, or both, or a hepatitis C diagnostic test, or to provide services or care for the patient of a hepatitis B screening test, hepatitis C screening test, or both, or a hepatitis C diagnostic test.

(6) A health care provider or health care clinic where primary care services are provided that fails to comply with the requirements of this section shall not be subject to any actions related to their

licensure or certification, or to any civil or criminal liability, because of the health care clinic's failure to comply with the requirements of this section.

(7) The department may adopt rules necessary to implement this section and any additional rules involving the offering of screening tests and treatment requirements for hepatitis B and hepatitis C and the training for health care clinics and health care providers.

(8) For purposes of this section:

(a) "Follow-up health care" includes providing medical management and antiviral treatment for chronic hepatitis B or hepatitis C according to the latest national clinical practice guidelines recommended by the American association for the study of liver diseases.

(b) "Health care clinic where primary care services are provided" means an unlicensed health care clinic and any other health care setting where primary care services are provided.

(c) "Hepatitis B screening test" includes any laboratory test or tests that detect the presence of hepatitis B surface antigen and provides confirmation of whether the patient has a chronic hepatitis B infection.

(d) "Hepatitis C diagnostic test" includes any laboratory test or tests that detect the presence of the hepatitis C virus in the blood and provides confirmation of whether the patient has an active hepatitis C virus infection.

(e) "Hepatitis C screening test" includes any laboratory screening test or tests that detect the presence of hepatitis C virus antibodies in the blood and provides confirmation of whether the patient has ever been infected with the hepatitis C virus.

NEW SECTION. **Sec. 2.** A new section is added to chapter 43.70 RCW to read as follows:

(1) By September 1, 2025, and subject to the availability of amounts appropriated for this specific purpose, the department shall design a hepatitis B and a hepatitis C awareness campaign for the public and primary care providers. The department shall collaborate with health care providers and community-based organizations that serve high risk patients and patient groups that historically have lacked health care coverage or access to consistent primary care services.

(2) The awareness campaign must focus on increasing awareness of the prevalence of hepatitis B and hepatitis C, the potential treatments and cures for hepatitis B and hepatitis C, and aim to reduce the stigmas surrounding hepatitis B and hepatitis C.

(3) This section expires December 31, 2027.

Sec. 3. RCW 43.70.613 and 2021 c 276 s 2 are each amended to read as follows:

(1) By January 1, 2024, the rule-making authority for each health profession licensed under Title 18 RCW subject to continuing education requirements must adopt rules requiring a licensee to complete health equity continuing education training at least once every four years.

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

(3)(a) The secretary and the rule-making authorities must work collaboratively to provide information to licensees about available courses. The secretary and rule-making authorities shall consult with patients or communities with lived experiences of health inequities or racism in the health care system and relevant professional organizations when developing the information and must make this information available by July 1, 2023. The information should include a course option that is free of charge to licensees. It is not required that courses be included in the information in order to fulfill the health equity continuing education requirement.

(b) By January 1, 2023, the department, in consultation with the boards and commissions, shall adopt model rules establishing the minimum standards for continuing education programs meeting the requirements of this section. The department shall consult with patients or communities with lived experience of health inequities or racism in the health care system, relevant professional organizations, and the rule-making authorities in the development of these rules.

(c) The minimum standards must include instruction on skills to address the structural factors, such as bias, racism, and poverty, that manifest as health inequities. These skills include individual-level and system-level intervention, and self-reflection to assess

how the licensee's social position can influence their relationship with patients and their communities. These skills enable a health care professional to care effectively for patients from diverse cultures, groups, and communities, varying in race, ethnicity, gender identity, sexuality, religion, age, ability, socioeconomic status, and other categories of identity. The courses must assess the licensee's ability to apply health equity concepts into practice. Course topics may include, but are not limited to:

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

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

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

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

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

(vi) Structural competency training addressing five core competencies:

(A) Recognizing the structures that shape clinical interactions;

(B) Developing an extraclinical language of structure;

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

(D) Observing and imagining structural interventions; and

(E) Developing structural humility; ((~~and~~))

(vii) Cultural safety training<u>; and</u>

<u>(viii) Viral hepatitis screening and treatment, including courses related to recommendations from the federal centers for disease control and prevention and the United States preventive services task force</u>.

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

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

(a) "Rule-making authority" means the regulatory entities identified in RCW 18.130.040 and authorized to establish continuing

education requirements for the health care professions governed by those regulatory entities.

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

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

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