



Podiatric Medical Board Regular Business Meeting

January 18, 2024
9:00 a.m.

On January 18, 2024, the Podiatric Medical Board scheduled a board business meeting at Department of Health, 111 Israel Rd SE, Tumwater, WA 98501, room 166, with online access via Microsoft Teams. In accordance with the Open Public Meetings Act, notices were published on the DOH website and through GovDelivery.

Members: DJ Wardle, DPM, Chair
Jacqueline Buckley, DPM, Vice Chair
Lotchie Kerch, DPM, Secretary
Zarko Kajgana, DPM
Eric Powell, DPM
Civillia Winslow Hill, Public Member
Deborah Wright, Public Member

Staff: Tommy Simpson III, Program Manager
James Chaney, Executive Director
Noelle Chung, Assistant Attorney General
Alyssa Brazil, Administrative Support
Lydia Koroma, Supervising Staff Attorney
Pam Bright, Case Manager
Marlon Basco-Rodillas, Policy Analyst

Guest Speakers:

- Dr. Chris Bundy, Executive Medical Director, Washington Physicians Health Program (WPHP)
- Cami Jones and Cat Robinson, HSQA/OAS, HELMS Project
- Lydia S. Koroma, Supervising Staff Attorney, Office of Investigations and Legal Services (OILS)

In accordance with the Open Public Meetings Act, the agenda for this regular meeting was made available online at least 24 hours prior to the start time of the meeting pursuant to RCW 42.30.077.

For more information, please see [last page](#) of this agenda.

Please Note: Comments from the public in attendance may be solicited after each agenda item.

1. Call to Order/Introductions- DJ Wardle, DPM, Chair

- 1.1 Introductions of Board members and staff
- 1.2 Approval of Today's Agenda
- 1.3 Approval of October 19, 2023, regular meeting minutes

2. Rules Overview (Past and Current if any) - DJ Wardle, DPM, Chair; Tommy Simpson, Program Manager

ESSB 5229 - Health Equity Continuing Education (HECE), and SSB 5496 - Health Professionals Monitoring Program for Podiatric Physicians and Surgeons.

- 2.1 The board made amendments to WAC 246-922-300 and 246-922-310 requiring HECE. The board filed permanent rules ([WSR 24-01-124](#)) on **12/20/2023**. The rules will become effective on **01/20/2024**.
- 2.2 The board made amendments to WAC 246-922-400 and WAC 246-922-405. The board filed permanent rules ([WSR 24-01-121](#)) on **12/19/2023**. The rules will become effective on **01/19/2024**.

3. Public Comment

The board will hear comments from the public. The public may request items to be placed on a future meeting agenda.

4. Old Business

- 4.1 Follow-up on opioid prescribing exclusions (*Spring Newsletter topic?*)
- 4.2 2SHB 1009 Mandatory Military Spouse Culture Training update

5. New Business

- 5.1 Washington Physicians Health Program updates (**WPHP**) - Chris Bundy, MD, MPH, FASM
- 5.2 Healthcare Enforcement and Licensing Management System (**HELMS**) overview – Cami Jones and Cat Robinson, HELMS Project Leaders
- 5.3 Office of Investigations and Legal Services (**OILS**) overview – Lydia Koroma, HSQA, Supervising Staff Attorney
- 5.4 Correspondence & Inquiries - The board will review and discuss any correspondence received since the last meeting. May include requests for lists and labels.

6. Program Reports- Tommy Simpson (PM) and James Chaney (ED)

- 6.1 Budget report – Tommy Simpson and Ashley May
- 6.2 Credentialing Statistics overview

- 6.3 **Spring Newsletter content** – Chairs and board members to discuss potential topics and decide who will author submissions.
- 6.4 New and or proposed Legislation (2023/24 Leg. session)
7. **Future Business**
- 7.1 The board identified agenda items to be included in future meetings.
8. **Meeting Adjournment**

Submitted:

Approved:

Tommy Simpson, Program Manager

DJ Wardle, DPM, Chair

Physical Location:
Department of Health
111 Israel Rd SE
Tumwater, WA 98501
Town Center 2, Room:166

Virtual:
Microsoft Teams Meeting
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Podiatric Medical Board Regular Meeting Minutes

October 19, 2023
9:00 a.m.

On October 19, 2023, the Podiatric Medical Board scheduled a board business meeting at Department of Health, 111 Israel Rd SE, Tumwater, WA 98501, room 153 with access online via Zoom. In accordance with the Open Public Meetings Act, notices were published on the DOH website and through GovDelivery.

Board Members:

DJ Wardle, DPM, Chair
Jacqueline Buckley, DPM, Vice Chair
Lotchie Kerch, DPM, Secretary
Zarko Kajgana, DPM
Civillia Winslow Hill, Public Member
Deborah Wright, Public Member
Eric Powell, DPM

Guest:

Brandon Williams – HSQA
Policy and Management Analyst.
Ameila Boyd – WMC
Mary Sue Gorski – WABON

Staff:

Tommy Simpson, Program Manager
James Chaney, Executive Director
Alyssa Brazil, Administrative Support
Davis Hylkema, Program Support
Noelle Chung, Assistant Attorney General
Marlon Basco-Rodillas, Policy Analyst

Public Attendees:

Gail McGaffick, JD
Lynn Kovacevich Renne, DPM

1. Call to Order/Introductions- DJ Wardle, DPM, Chair

DJ Wardle, called the meeting of the Washington State Podiatric Medical Board to order at 9:03 a.m. on October 19, 2023.

1.1 Introductions

- The board members and staff introduced themselves.

1.2 Approval of Agenda

MOTION: A motion was made to approve the business meeting agenda. The motion was seconded and approved.

1.3 Approval of July 20,2023, regular meeting minutes

MOTION: A motion was made to approve the regular meeting minutes. The motion was seconded and approved.

2. Rules Hearing for WAC 246-922-300 and 246-922-310- DJ Wardle, DPM, Chair; Tommy Simpson, Program Manager

The board reviewed and discussed proposed rule language for the purpose of amending rules to establish health equity continuing education requirements to implement Engrossed Substitute Senate Bill 5229 (ESSB 5229).

- 2.1 Public Comment -** Gail McGaffick, representing WSPMA, expressed support for the proposed rules and requested a technical correction, consistent with an earlier request of the Board that was inadvertently omitted in the CR-102. She asked that at the beginning of WAC 246-922-310(4) that the words “As of January 1, 2024” be removed in order to improve the rule’s clarity.

- 2.2 Board discussion -** The board concluded minor changes wouldn’t make a major difference to the CR-102 because they were technical.

MOTION: A motion was made to approve the CR-102 language as amended. The motion was seconded and approved.

3. Public Comment: The board heard comments from the public.

- 3.1** Gail McGaffick with WSPMA informed the Board that legislation would be introduced in 2024 to increase the fee for DPMs from \$50 to \$70 to support the work of the Washington Physicians Health Program and that WSPMA supported it.

- 3.2** Lynn Kovacevich Renne, DPM, as someone who follows the board’s meeting, complimented the department for getting information out in a timely manner.

4. Robert’s Rules Presentation – Noelle Chung, AAG

AAG Noelle Chung gave a presentation to the board regarding Robert’s Rules of Order.

5. Old Business

- 5.1** Follow-up on opioid prescribing exclusions.

- The board decided to defer to a future time the review of changes that the Washington Medical Commission and the Board of Osteopathic Medical and Surgery have made to the opioid prescribing rules concerning exclusions and other issues.

6. New Business

- 6.1** 2SHB 1724, Sec. 8 (2023), Presentation – Brandon Williams, HSQA Ops, explained the bill and potential impacts on podiatric licensing and future rulemaking.
- Primary impacting behavioral health professions, section 8 impacts all professions regulated by the department.
 - Focus is on licensure requirements of other states, not the individual applicant.
 - For health professionals credentialed at least two years in a state with substantially equivalent requirements, the legislature recommends the waiver or education, training, experience, and exam requirements (including the JP Exam- Jurisprudence).
 - Options to make rules allowing national certification to qualify as meeting state licensure requirements.
 - All applicants cannot be subject to disciplinary action, unprofessional conduct, impairment in any state, federal, or foreign jurisdiction in the last two years.
- 6.2** Military Spouse Rules – Tommy Simpson, MIL Liaison, will explain 2SHB 1009 and its impact on podiatric licensing and potential rulemaking.
- Temporary licenses within 30 days to military spouses.
- 6.3** DEA Requirements for Opioid Training –
- NOTE:** On December 29, 2022, the Consolidated Appropriations Act of 2023 (CAA 2023) established a new requirement for all DEA- registered practitioners to complete 8 hours of training on the treatment and management of patients with opioid or other substance use disorders.
- 6.4** Suicide Prevention Training Continuing Education
- 6.5** Newsletter – The board will consider publishing a newsletter, identifying article topics and authors, and a publishing target date.
- Reviewed by James Chaney, the idea was presented to start/continuing newsletters, especially since the board is full again. If the board agrees on it, they would be able to send one out by the end of the year. (Went away with the pandemic)
- 6.6** Correspondence & Inquiries - There was no correspondence and no requests.

7. Program Reports- James Chaney, Executive Director; Tommy Simpson, Program Manager

- 7.1** Budget report -
- Program Manager, Tommy Simpson, gave an overview and deferred to January's meeting for more detailed breakdown of incomes compared to expenditures.
- 7.2** Credentialing Statistics
- Program Manager, Tommy Simpson, deferred to January's meeting.
- 7.3** Rules update
- The board voted and approved the program to proceed with CR103 procedures for Health Equity Continuing Education (HECE), and Health Professions Monitoring Program for Podiatric Physicians and Surgeons.

8. Future Business

The board identified agenda items to be included in future meetings.

- Follow-up on opioid prescribing exclusions.
- Newsletters being implemented.
- Pam Bright, Policy Analyst, speaking on case review.
- Healthcare Enforcement and Licensing Management System (**HELMS**) presentation.

9. Adjournment of public meeting

The meeting was adjourned at 11:36 a.m. on October 19, 2023.

Submitted:

Approved:

Tommy Simpson, Program Manager

DJ Wardle, DPM, Chair

Washington Physicians Health Program



Podiatric Medical Board
License Surcharge Update
January 18, 2024

Chris Bundy, MD, MPH

Executive Medical Director

Washington Physicians Health Program

Clinical Associate Professor

UW School of Medicine and WSU Elson S. Floyd College of Medicine

Immediate Past President

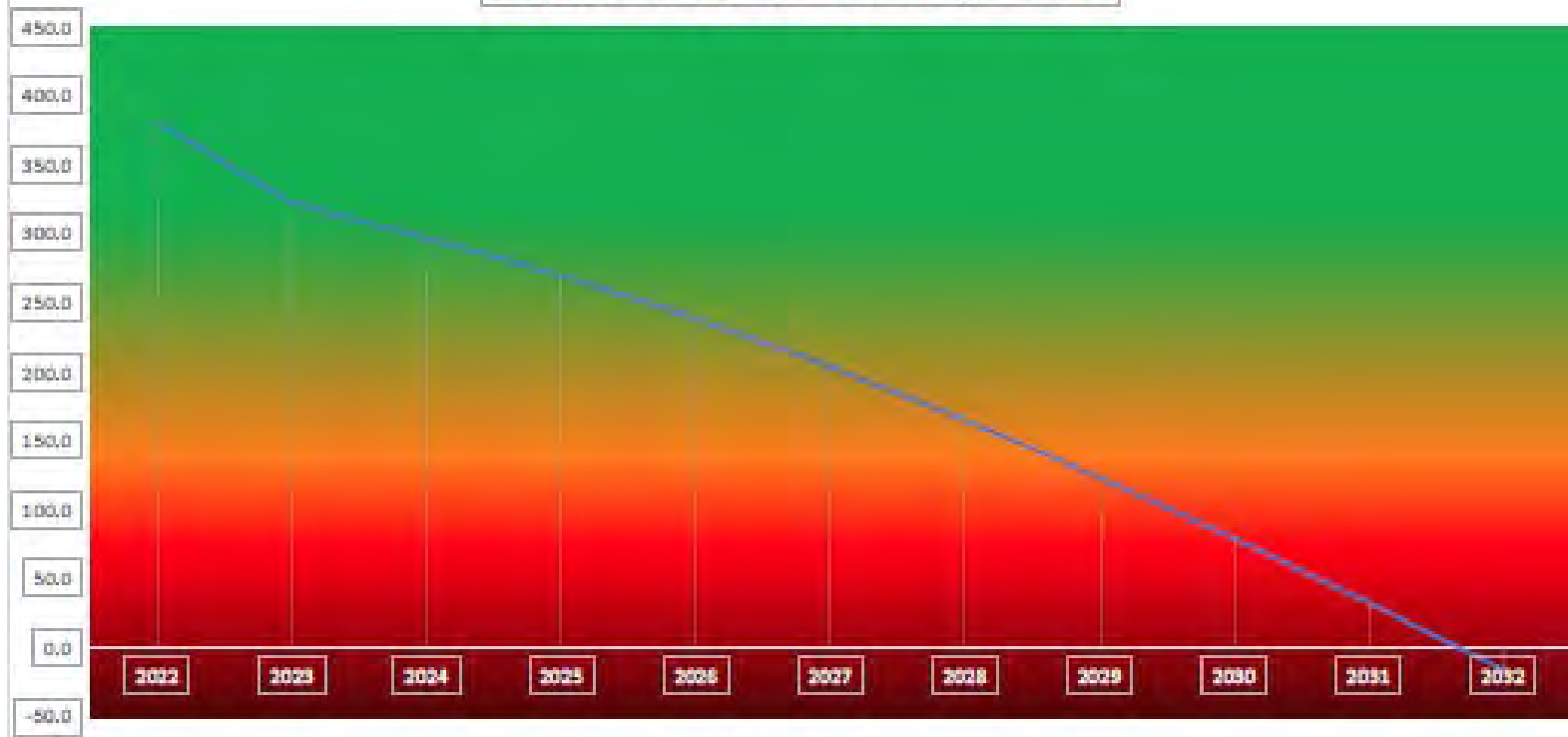
Federation of State Physician Health Programs

WPHP Case for Increase

- WPHP is dependent on license surcharge to support our mission (80% of budget)
- Last cycle of increases 2009-2018 (DPM's were the most recent)
- Inflation and expenses have outpaced surcharge revenues
- **With** a surcharge increase, WPHP will be sufficiently funded to continue its current mission and remain exceptional, nationally recognized program for another 15 + years
- **Without** a surcharge increase, WPHP will be forced to cut all but basic SUD services and staff by 2026 to avoid exhausting reserves by 2030
 - DOH contract renewal in 2026

Days Operating Cash on Hand

Projection with no license surcharge increase



Operating Deficit Forecast



Cumulative projected deficit if no license surcharge increase:

FY2024 = (\$95K)

FY2025 = (95K+150K=)\$245K

FY2026 = (95K+150K+206K=\$451K)

HB 1972 SB 5822

- Sponsors:
 - HB Simmons and Harris
 - SB Muzzall, Cleveland, Rivers
- Increase surcharge from \$50 to \$70 per year for all except DVM (\$35)
- Harmonizes timing of surcharge across disciplines
- Supported by WSPMA, WSMA, WAPA, WOMA, WSDA, WSVMA, WSHA
- 1/9/24: Public hearing House Health Care and Wellness Comm
- 1/12/24: Sched for Exec Session Health and Wellness Committee

Questions?



Thank You!

Chris Bundy MD, MPH

cbundy@wphp.org

206-583-0127



HELMS project update - Jones, Cami N (DOH)
BUSINESS PRACTICE & PRODUCTIVITY MANAGER
Published 12/19/2023

DOH will replace the current Integrated Licensing and Regulatory System (ILRS) with the Healthcare Enforcement and Licensing Management System (HELMS). [HELMS will be delivered in multiple releases](#), with the initial release scheduled for spring 2024.

The department is in the process of implementing a new IT solution to replace the current Integrated Licensing and Regulatory System (ILRS) with the Healthcare Enforcement and Licensing Management System (HELMS). HELMS will transform licensing and enforcement processes, improve data security, support electronic records management, and improve access to information. It will improve public access to health care provider information, improve efficiency for health care providers, improve data security, and allow the department to utilize and disseminate information more efficiently in response to public records requests.

The new system is expected to achieve the following outcomes:

- Modernize IT services, processes, and capabilities that support business solutions aligned with public health.
- Integrate all online transactions into a single system.
- Modernize and consolidate the underlying systems that support healthcare enforcement and licensing.
- Allow the department to share confidential and restricted data securely with healthcare providers and appointed board/commission members with more robust security.
- Implement mobile-friendly work practices and enhance mobile device management. This will benefit employees who work in remote locations, such as field-based investigators and inspectors.
- Provide tools that will enable the department to analyze and mine data, find insights and patterns, and predict outcomes to improve healthcare analytics and support decision making.
- Replace many ad hoc reporting needs.
- Help measure service timeliness and may help with other measurements not yet anticipated.

If you would like to receive future communications, please sign up for our [GovDelivery](#) or if you have comments to share, please email us at HELMS@doh.wa.gov.



OFFICE OF INVESTIGATIVE AND LEGAL SERVICES
BOARD OF PODIATRY

Agenda

- Big Picture
- Complaint Intake Unit
- Case Management
- Investigation
- Supervising Staff Attorney & Staff Attorney
- Legal Support Staff
- Compliance

BIG PICTURE



Case Management Team & Board/Commission Panel

- Secretary Professions – discipline is handled by the Case Management Team (CMT)
- Board/Commission Professions – discipline is handled by a panel of the Board/Commission
 - Panel = at least three members of the Board/Commission (by statute)

RCW 18.130.040 lists the Secretary professions and the Board/Commission professions

Disciplining Authority Actors

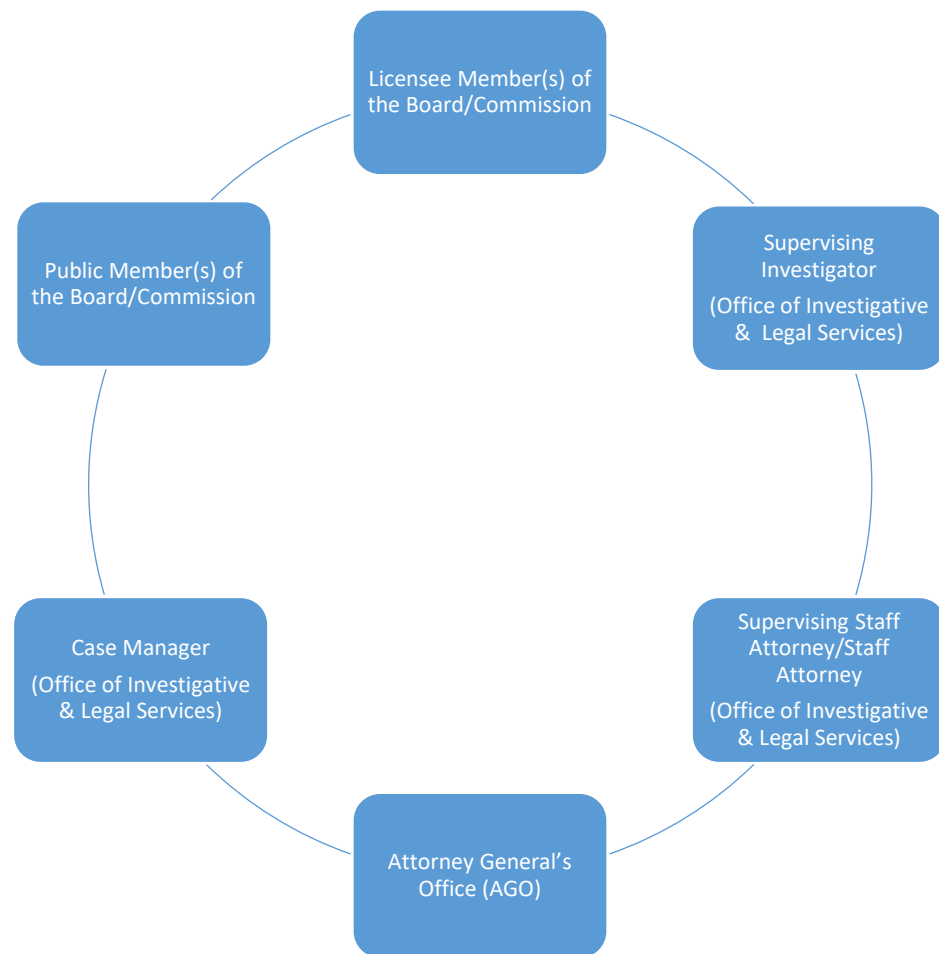
Secretary Professions (CMT)



Disciplining Authority Actors

Boards and Commissions (Panel)

*While all parties listed below may play a role in the discipline process, it is the Bd/Comm members that are the decision makers.

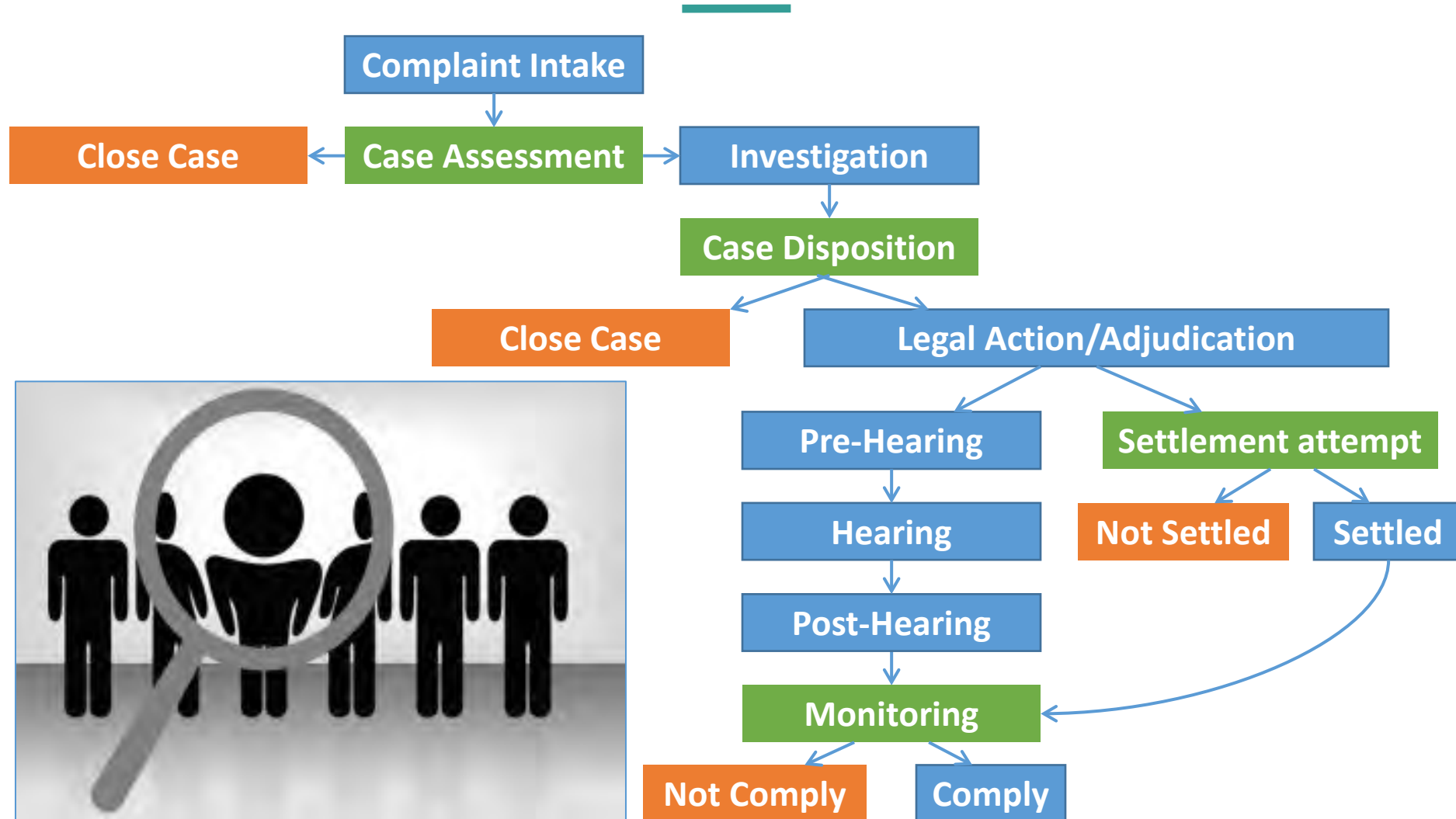


Uniform Procedures for Complaint Resolution

Chapter 246-14 WAC

- Initial Assessment – 21 days (eight days for “intake” and 13 for assessment)
 - WAC 246-14-040
- Investigation of Complaints – 170 days
 - WAC 246-14-050
- Case Disposition – 140 days
 - WAC 246-14-060
- Adjudication of SOCs – 180 days
 - WAC 246-14-090

Disciplinary Process



COMPLAINT INTAKE UNIT



Complaint Intake Unit (CIU)

- CIU Staff
 - Manager
 - Two supervisors
 - One lead
 - Eleven intake specialists
- Process complaints on over **80** health care profession credentials and **16** health care facility credentials
- Assists stakeholders with questions about the complaint process and filing a complaint
- In 2023, processed 11,677 complaints

CIU (cont.)

- Reviews all complaints to determine
 - if meets imminent danger criteria; and,
 - if it is within the Department's jurisdiction
- Imminent danger complaints processed within two days
- All other complaints processed within approximately eight days
- CIU summarizes, redacts, and obtains case history for the disciplining authority (DA)
- CIU closes cases and sends closure letters to respondent, complainant, and attorneys

CASE MANAGEMENT





Case Management

- Case Management Staff
 - One supervisor
 - Six case managers [recruiting for three more]
- Manage cases through the disciplinary process
 - Manage panel calls or CMT meetings
 - Record CMT or panel decisions
 - Move cases on to the next phase of the process
- Assessment (pre-investigation)
 - Send redacted cases to panel for review
 - Lead CMT through the assessment process

Case Management (cont.)

- Post-Investigation (Board/Commission cases)
 - Assign each case to reviewing board/commission member (RBM), based on considerations such as:
 - Location
 - Specialty
 - Case load

Case Management (cont.)

- Post-Investigation (Board/Commission cases) cont.
 - RBM presents to panel for disposition decision
 - * Often a staff attorney is assigned to work with the RBM
 - Close
 - Task back for additional investigation
 - Legal review when requested
 - Disciplinary action
 - Continues to present case as work through disciplinary process to hearing or settlement

Case Management (cont.)

- Post-Investigation (Secretary cases)
 - Review each case and present to panel who determines next step
 - Close
 - Task back for additional investigation
 - Legal review when requested
 - Disciplinary action
 - Continues to manage CMT and cases as staff work through disciplinary process to hearing or settlement



Case Management (cont.)

- RBM/Compliance Officer may present release from compliance
- Settlement agreements presented by staff attorney
- Present cases for expansion or to raise or lower the priority
- RBM or Staff Attorney informs case manager to add case to agenda
- Upon closure, complainant may ask for reconsideration

INVESTIGATION





Investigation

- Investigator Staff
 - One Chief Investigator
 - Four Supervising Investigators (one in Spokane)
 - 35 health care investigator (HCI) and pharmacy investigator (PI)
 - 32 positions currently filled (eight in Spokane)
- Supervising Investigator assigns each case to an HCI; HCI determines the investigation plan
- Conducts investigation
 - Discusses with supervisor
 - Consult with Board member
- HCIs collect evidence -- do not render an opinion

STAFF ATTORNEY



Supervising Staff Attorney

- Supervising Staff Attorney
 - Four Supervising Staff Attorneys
- Supervising Staff Attorneys (SSAs)
 - Liaison between OILS and Boards, Commissions, and Advisory Committees
 - Answer questions about disciplinary process
 - Case assignments
 - Staff Board/Commission panel calls and CMTs
 - Serve a resource to all of the disciplining authorities

Staff Attorney

- Staff Attorney Staff
 - 14 staff attorneys [plus four vacancies]
 - Review disciplinary cases; draft legal documents
 - Negotiate case settlements; present cases to boards, commissions and Health Law Judges for final resolution
 - Coordinate with the Office of the Attorney General* on litigation
 - Draft rules and proposed legislation
 - Review policy issues and make recommendations

*Attorney General Office (AGO) has two divisions we interact with: Government Compliance and Enforcement (GCE) litigates board and commission cases while Agriculture and Health (Ag/H) advises the Boards and Commissions and litigates Secretary cases before Health Law Judges. Staff Attorneys litigate some matters under an agreement with the AGO.

LEGAL SUPPORT STAFF



Legal Support Staff

- One Legal Support Staff Manager (Paralegal 3)
- Four Paralegal 2s
- One Legal Assistant 4
- Six Legal Assistant 3s (two vacancies)

* Office Manager, one Administrative Assistant 4, three Administrative Assistants 1

Legal Support Staff

- Paralegals
 - Assist with drafting
 - Redact
 - Check for accuracy
- Legal Assistants
 - Format
 - Edit
 - Mail
 - Copy
 - Answer phones
 - Triage



Legal Support Staff (cont.)

- Everything goes through them
- Document in our tracking system
- Get materials where they need to go
- Answer phones
- Handle mail

COMPLIANCE



Compliance

- Compliance Staff
 - One supervisor/manager
 - Five Compliance Officers
- Monitor licensees under conditions to ensure compliance with those terms and conditions
- Present to CMT or panel if a licensee is not in compliance
- Works with assigned RBM to get continuing education approved, review audits etc.
- Review draft orders to ensure licensees can comply with the order
- Assist licensees with reinstatement requests

Questions?



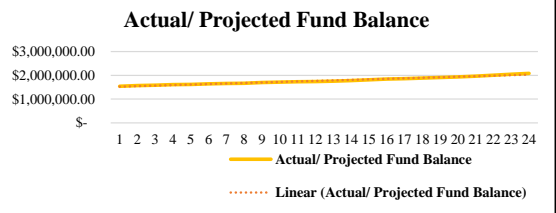


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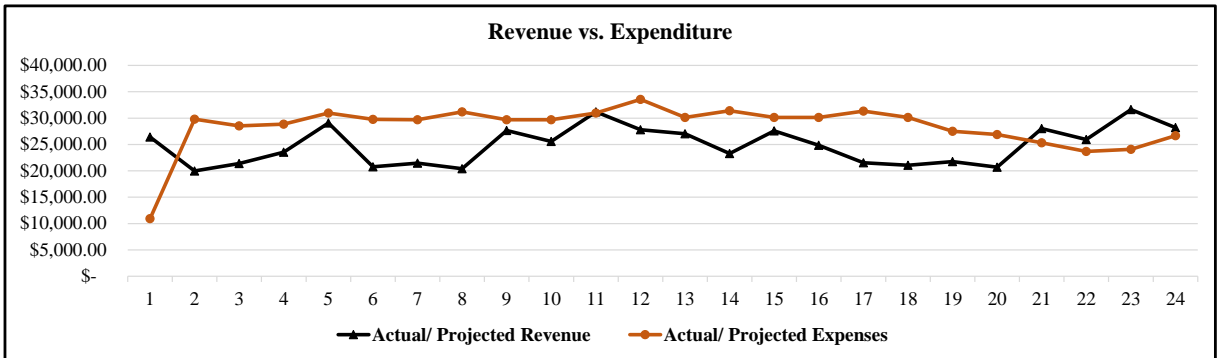


Podiatric Physician & Surgeon

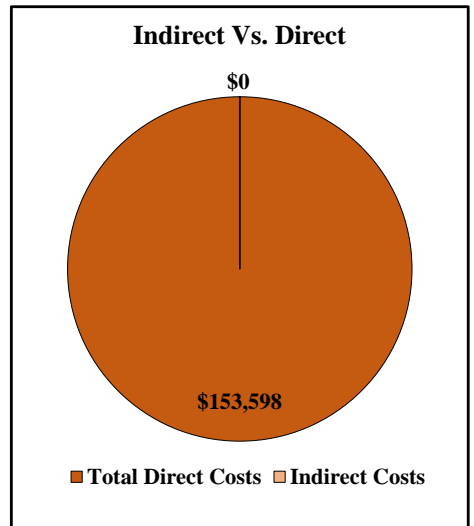
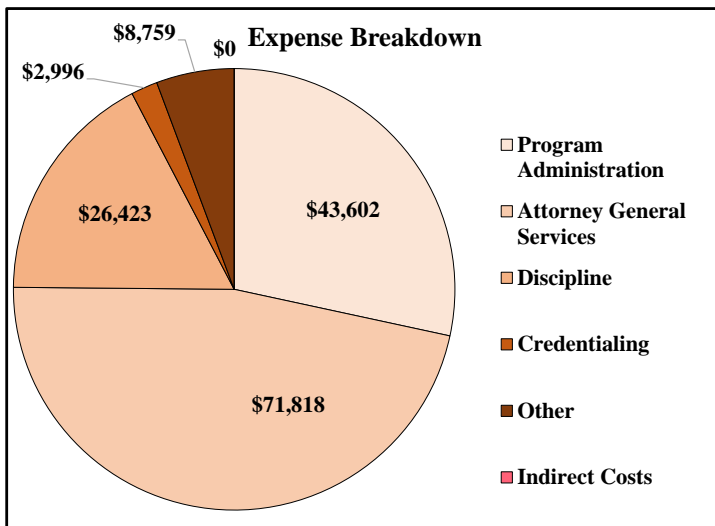
Beginning Fund Balance July 1, 2023	\$521,723
Revenue To-Date	\$120,374
HELMS Assessment To-Date	\$0
Expenses To-Date	\$153,598
Period Ending Fund Balance	\$488,499
Fund Balance Difference	-\$33,224



REVENUE	ESTIMATED REVENUE	ACTUAL REVENUE	VARIANCE	% OF ESTIMATED
To-Date	\$122,535	\$120,374	-\$2,161	98%
Biennium Total	\$598,864			



EXPENSES	ALLOTMENT TO-DATE	EXPENSES TO-DATE	VARIANCE TO-DATE	VARIANCE TO-DATE %
Staff Salaries and Benefits	\$47,936	\$41,475	\$6,461	13%
Attorney General Services (EM)	\$29,165	\$71,818	-\$42,653	-146%
Goods and Services (C&E&N)	\$0	\$2,114	-\$2,114	
Travel	\$830	\$13	\$817	98%
Equipment	\$0	\$0	\$0	
Intra-Agency Charges - Discipline	\$36,315	\$26,423	\$9,892	27%
Intra-Agency Charges - Credentialing	\$3,507	\$2,996	\$511	15%
Intra-Agency Charges - Other	\$16,700	\$8,759	\$7,941	48%
Total Direct Costs	\$134,453	\$153,598	-\$19,145	-14%
Indirect Costs	\$0	\$0	\$0	
Grand Total	\$134,453	\$153,598	-\$19,145	-14%



Credential Counts by Board and Status (as of 1/03/2024)

Cred tial	Credential Type	Status	# of Credentials
PODI	Podiatric Physician And Surgeon	ACTIVE	311
PODI	Podiatric Physician And Surgeon	ACTIVE IN RENEWAL	54
PODI	Podiatric Physician And Surgeon	ACTIVE NOT RENEWABLE	2
PODI	Podiatric Physician And Surgeon	ACTIVE PRINT LICENSE	1
PODI	Podiatric Physician And Surgeon	ACTIVE WITH CONDITIONS	2
PODI	Podiatric Physician And Surgeon	CLOSED	17
PODI	Podiatric Physician And Surgeon	EXPIRED	571
PODI	Podiatric Physician And Surgeon	EXPIRED IN RENEWAL	15
PODI	Podiatric Physician And Surgeon	INACTIVE	14
PODI	Podiatric Physician And Surgeon	PENDING	9
PODI	Podiatric Physician And Surgeon	RETIRED ACTIVE	6
PODI	Podiatric Physician And Surgeon	REVOKED	7
PODI	Podiatric Physician And Surgeon	VOLUNTARY SURRENDER	4
PODL	Podiatric Physician And Surgeon	ACTIVE	17
PODL	Podiatric Physician And Surgeon	ACTIVE IN RENEWAL	2
PODL	Podiatric Physician And Surgeon	CLOSED	1
PODL	Podiatric Physician And Surgeon	EXPIRED	114
PODL	Podiatric Physician And Surgeon	EXPIRED IN RENEWAL	6
PODL	Podiatric Physician And Surgeon	SUPERSEDED	5
POTP	Podiatric Physician And Surgeon	ACTIVE NOT RENEWABLE	2
POTP	Podiatric Physician And Surgeon	CLOSED	16
POTP	Podiatric Physician And Surgeon	EXPIRED	5
POTP	Podiatric Physician And Surgeon	PENDING	3
POTP	Podiatric Physician And Surgeon	SUPERSEDED	1
			1185

NEWSLETTER SAMPLE ONLY:

Podiatric Medical Board – [March] [2024] Spring Newsletter



Putting Your Best Feet Forward

Check your feet daily and seek assistance if applicable. Look for abnormalities such as blisters, cuts, bruises or swelling, and do not attempt to remove corns or calluses yourself. Also, always try to keep your toenails trimmed. One final suggestion is to use a mirror to check your feet in lieu of assistance if you're able to.

Use a mirror to inspect your feet if unable to see or reach them and seek out professional and reliable assistance if required.

Wash your feet every day in lukewarm (not hot) water. Don't soak your feet. Dry your feet completely and apply lotion to the top and bottom—but not between your toes, which could lead to infection.

Never go barefoot and always wear shoes and socks or slippers, even inside, to avoid injury. Check that there aren't any pebbles or other objects inside your shoes.

Wear shoes that fit well and if purchasing new shoes, do so at the end of the day when your feet tend to be largest and always wear socks.

Get your feet checked at every visit and during your annual visit, be sure a full examination is performed on your feet.

Do feet-friendly activities daily to assure adequate blood flow by elevating your feet when sitting and wiggling your toes periodically throughout the day. Finally, consult with your doctor for additional do's and don'ts.

2024 Board Meeting Dates

Thurs, Jan 18, 8AM

Thurs, Apr 18, 8AM

Thurs, Jul 11, 8AM

Thurs, Oct 17, 8AM

Attendance registration information is published prior to each meeting.

Board Officers

Chair

DJ Wardle, DPM

Vice Chair

Jacqueline Buckley, DPM

Secretary

Lotchie Kerch, DPM

Board Staff and Contact Information

U. James Chaney
Executive Director

Tommy Simpson III
Program Manager

Department of Health
PO Box 47852

Federal government
prosecuting
healthcare professionals for
health care fraud and
violations of anti-kickback
law (Update on cases
addressed by the board?)



Nationally, compound pharmacy kickback schemes have been identified and prosecuted by the Department of Justice. Information on these can be found at the [Department of Justice Office of Public Affairs website](#). In addition to the pharmacy owners, clinicians have also been prosecuted for participating in kickback schemes. [Examples](#) of those circumstances are available at the Department of Justice Office of Public Affairs website.



Rulemaking Updates

ESSB 5229 - Health Equity Continuing Education (HECE)

The Podiatry Board made amendments to WAC 246-922-300 and 246-922-310 requiring HECE. The board filed permanent rules ([WSR 24-01-124](#)) on **12/20/2023**. The rules will become effective on **01/20/2024**.

SSB 5496 - Health Professionals Monitoring Program

The Podiatry Board made amendments to WAC 246-922-400 and WAC 246-922-405. The board filed permanent rules ([WSR 24-01-121](#)) on **12/19/2023**. The rules will become effective on **01/19/2024**.

Olympia, WA
98504-7852

Customer Service
360-236-4700

[Board website](#)

[Contact the Board](#)

DOH ###-### Spring 2024

Restoring Etiquette in Practice during In/Outpatient visits



American Podiatric Medical Association {**APMA**}, Inc. Code
of Ethics

PREAMBLE

All podiatrists have the responsibility of aspiring to the highest possible standards of conduct and ethical behavior, assuring that the best care is provided for the individuals and groups whom they serve. As members of the APMA, podiatrists accept and take seriously the common values and principles established within this code of ethics. This code applies to all aspects of professional life of podiatrists as they go about the implementation of their work within a variety of contexts as health care providers, administrators, educators, researchers, consultants, and employers. The following statements and precepts are considered dynamic and may be interpreted and applied to an ever-changing society. Podiatrists who are members of the APMA are bound to abide by the APMA Code of Ethics. APMA expects its members to adhere to the provisions in this document, but the document is not meant to be used in legal proceedings to establish a "Standard of Care."

Provider Credential Search Tool

If you haven't had a chance to check out the [Provider Credential Search Tool](#) on the Washington Department of Health (DOH) website, take a few minutes to go and take a look.

This portal is considered a primary source for verification of credentials for podiatric physicians and surgeons licensed in the state of Washington. Using a credential number or the licensee's first/last name, and credential type, you can access the license status, any disciplinary action, and the continuing education due date.

This information is certified by DOH and updated daily from their database.

Frequently looked for



Change contact
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Laws and Rules



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Washington State Workforce Survey

Completing the Washington State Workforce Survey helps our profession better understand how well we are serving the people of Washington State. If you haven't already done so this year, [Podiatric Physicians and Surgeons Workforce Survey](#).

This newsletter is produced by the Washington State Podiatric Medical Board



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GOVDELIVERY

Bills introduced during the 2023/24 Legislative Session that may be of interest to the PMB

[HB 1881/SB 5821](#), establishing a uniform standard for creating an established relationship for the purposes of coverage of audio only telemedicine services.. An “established relationship” is required to bill for audio-only telemedicine. The definition of what an “established relationship” means varies. For behavioral health, it’s a real time audio-visual or in person visit every three years. For all other health care, up until July 2024, it’s a real time audio-visual or in person visit every two years. Unless amended, after July, an in person visit every two years would be required. This legislation would set the same standard for all health care—a real time audio-visual or in person visit every three years.

[HB 1972/SB 5822](#), increasing the licensure fees that support the [Washington Physicians Health Program](#) (WPHP). Currently, DPMs pay \$50 a year to support WPHP. This legislation would increase that amount to \$70 a year for DPMs (as well as MDs and DOs) to support additional outreach and education efforts so that all physician license holders are aware of WPHP as well as continuation of expanded service to ensure comprehensive assistance for mental health, substance use, non-psychiatric medical conditions, and work-related difficulties such as physician burnout. WSPMA was asked to review the legislation in advance of its introduction. The WSPMA Board voted to support this legislation.

[HB 1937](#), requiring certain health care providers to report suspected victims of human trafficking to law enforcement. Certain health care providers (MDs, DOs, PAs, NDs, ARNPs, RNs, LPNs, NAs) are required to report suspected trafficking to the proper law enforcement agency if not otherwise required to report. These providers are immune from civil and criminal liability if the report is in good faith, and without gross negligence. This legislation doesn’t include DPMs (and many other health professions) at this time.

[HB 2122](#), concerning wellness programs for certain health care professionals. As written this legislation is limited to MDs, DOs, and PAs.

[SB 5184](#), concerning licensure of anesthesiologist assistants. This is a holdover bill from 2023.

[SB 6151](#), concerning the provision of an ultrasound, the bill adds a new section to RCW 18.130, the Uniform Disciplinary Act (UDA), stating that ultrasounds may only be performed by (1) health care providers who have an active DOH-issued license and are acting within their scope of practice or (2) a person acting under the supervision of a health care provider with an active DOH-issued license whose scope of practice includes ultrasound. The bill further provides that a violation of the section constitutes unlicensed practice, which the disciplining authority will investigate and adjudicate.