

2.1. Collaboration Request for Midwifery Rules Presentation



MIDWIFERY LEGEND DRUG CHANGES

Midwifery Program



The Ask

The Midwifery Program kindly asks the Pharmacy Quality Assurance Commission to collaborate on changes made to WAC 246-834-250 Legend drugs and devices.

Any changes to the midwifery legend drugs and devices section require the following:

[RCW 18.50.115 Administration of drugs and medications – Rules states:](#)

(4) The secretary, **after collaboration with representatives of the midwifery advisory committee, the pharmacy quality assurance commission, and the Washington medical commission**, may adopt rules that authorize licensed midwives to prescribe, obtain, and administer legend drugs and devices in addition to the drugs authorized in this chapter.

Background

SSB 5765 in 2022 directed DOH to write rules for a limited prescriptive license extension and medical devices and implants license extensions by:

- Requiring additional obstetric pharmacology training hours
- Requiring additional training commensurate with other similar professions
- Supervised insertion and removal procedures
- Manufacturers trainings

The limited prescriptive authority is directly related to their scope of practice and is limited to treating common prenatal and postpartum conditions. License extensions do not apply to newborn care. The law requires the midwife to consult with a physician whenever there is a significant deviation from normal.

The Process

The rule drafting committee met over the course of several months and with rotating members that included:

- An MD member of the Washington Medical Commission
- An ND
- PQAC Rules and Legislative Coordinator Joshua Munroe
- Several LMs, and
- Members of WA midwifery associations WARM and MAWS.

Additional information was collected by meeting with

- Device manufacturers
- Members of the Washington State Medical Association
- Members of the Washington Chapter of the American College of Obstetrics and Gynecologists, and
- Contraceptive care trainers.

Key Proposed Changes in Rule

Please see full list of proposed changes in WAC 246-834-250 Legend Drugs and Devices starting on page 8 of the attached OTS document.

Highlights of changes: A licensed midwife with a limited prescriptive license extension or medical devices and implants extension may prescribe, obtain, and administer the following for the prevention and treatment of outpatient conditions that do not constitute a significant deviation from normal during pregnancy or postpartum based on current evidence and practice:

- Antibiotics
- Antiemetics
- Antivirals
- Low-potency topical steroids;
- Prescription referrals for IV iron infusions; and
- Hormonal and nonhormonal family planning methods.

Next Steps

- Meet with Washington Medical Commission policy committee January 4, 2024
- Meet with full Medical Commission January 19, 2024
- Broad sharing of proposed language for public comment
- Public hearing after collaboration with PQAC and WMC

Thank you!



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2.1. Midwifery Request for Consideration - Draft Language

AMENDATORY SECTION (Amending WSR 17-15-024, filed 7/7/17, effective 8/7/17)

WAC 246-834-010 Definitions. The following definitions apply throughout this chapter unless the context clearly indicates otherwise:

(1) "Active practice" means (~~(twenty)~~) 20 hours per month in prenatal and postpartum clinical care, or minimum of six births annually as the primary midwife;

(2) "Administer" means to dispense, apply, and manage drugs, medical devices, and implants;

(3) "Department" means the Washington state department of health;

~~((3))~~ (4) "Directly assisted" means the act where a student midwife is learning the skills of a midwife through hands-on clinical experience in gradually increasing degrees of responsibility while under supervision of a licensed midwife or other obstetric provider;

~~((4))~~ (5) "Lactation care and services" means evaluation, problem identification, treatment, education, and consultation regarding lactation and (~~(breastfeeding)~~) chest feeding to (~~(mothers)~~) gestational parents and neonates;

~~((5))~~ (6) "Nursing education" means completion of courses for credit in a school that is approved to train persons for licensure as registered nurses or licensed practical nurses, or courses in other formal training programs which include instruction in basic nursing skills, excluding nursing assistant training;

~~((6))~~ (7) "Postpartum" means the 12-month period beginning on the last day of the pregnancy.

(8) "Practical midwifery experience" means performance of tasks within the midwifery scope of practice, that is verified by affidavit, testimony or other sworn written documentation that verifies that the experience and its documentation is equivalent to that required of students enrolled in an accepted midwifery education program;

~~((7))~~ (9) "Preceptor" means a licensed midwife or other obstetric practitioner licensed by their state or jurisdiction to provide maternity care who assumes responsibility for supervising the practical (clinical obstetric) experience of a student midwife;

~~((8))~~ (10) "Primary attendant" means a student midwife who acts as primary midwife making intrapartum clinical decisions while under supervision of a licensed midwife or other obstetric provider;

~~((9))~~ (11) "Secretary" means the secretary of the Washington state department of health;

~~((10))~~ (12) "Supervision" means the observation and evaluation of a student midwife's practical performance. A supervisor must be physically present on-site and available to intervene when a student midwife performs any clinical care task at births and prenatal and postpartum care exams.

AMENDATORY SECTION (Amending WSR 17-15-024, filed 7/7/17, effective 8/7/17)

WAC 246-834-062 Initial or reinstating application for individuals who have not been in the active practice of midwifery. This section applies to applicants for an initial license as a licensed mid-

wife, or reinstatement of a midwifery license, who have not been in the active practice of midwifery prior to initial or reinstatement license application.

(1) Any applicant who has not been engaged in the active practice of midwifery for more than three years but less than five years prior to the date of application shall, in addition to the requirements for licensure as specified in WAC 246-834-030 and 246-834-060 (~~and 246-834-140~~):

(a) Provide documentation of a minimum of (~~ten~~) 10 births while acting as a birth assistant under the supervision of a preceptor within the last (~~twelve~~) 12 months; and

(b) Provide documentation of completion of continuing education for the three years prior to application that meets the requirements of WAC 246-834-355.

(2) Any initial or reinstating applicant who has not been engaged in the active practice of midwifery for five or more years prior to the date of application shall, in addition to the requirements for licensure as specified in WAC 246-834-030 and 246-834-060 (~~and 246-834-140~~):

(a) Provide documentation of a minimum of (~~fifteen~~) 15 births while acting as a birth assistant under the supervision of a preceptor within the last (~~twelve~~) 12 months;

(b) Provide documentation of completion of continuing education for the three years prior that meets the requirements of WAC 246-834-355; and

(c) If applying for reinstatement, retake and pass the current Washington state midwifery licensure examination.

(3) This section does not apply to any applicant who has been enrolled in a recognized educational program under WAC (~~246-834-135~~) 246-834-020 or 246-834-065.

AMENDATORY SECTION (Amending WSR 17-15-024, filed 7/7/17, effective 8/7/17)

WAC 246-834-065 Application for examination—Foreign trained.

An applicant for a midwife license who graduated from a foreign educational institution on midwifery outside of any U.S. jurisdiction may sit for the licensing examination provided the applicant completes all requirements in this section:

(1) Complete application requirements for licensure in WAC 246-834-060;

(2) Provide proof of a certificate or diploma from a foreign institution on midwifery of equal requirements conferring the full right to practice midwifery in the country in which it was issued. The diploma must bear the seal of the institution from which the applicant graduated. If applicable, the candidates must, at (~~her or his~~) the individual's own expense, present with the application a certified translation of the foreign certificate or diploma (~~made by and under the seal of the consulate of the country in which the certificate or diploma was issued~~);

(3) Submit proof of completing at least three years of midwifery training including the study of basic nursing that meets the requirements under WAC (~~246-834-140~~) 246-834-030(1);

(4) Submit proof of meeting minimum educational requirements under WAC ((246-834-140)) 246-834-030 (2) (a) and (b);

(5) Submit to the department documentation of attendance at ((one hundred)) 100 births that meets the requirements of WAC ((246-834-140)) 246-834-030 (3) (a);

(6) Submit to the department documentation of prenatal care examinations of ((fifty women)) 50 individuals and early postpartum care examinations of ((fifty women)) 50 individuals that meets the requirements of WAC ((246-834-140)) 246-834-030 (3) (b); and

(7) Demonstrate competency in the use and administration of legend drugs and devices described in RCW 18.50.115 and WAC 246-834-250. The applicant shall submit documentation of competency to the department on a department supplied form. A licensed health care professional who, within ((his or her)) the individual's scope of practice, is qualified in the use and administration of legend drugs and devices described in RCW 18.50.115 and WAC 246-834-250 must sign the form.

AMENDATORY SECTION (Amending WSR 15-20-049, filed 9/30/15, effective 10/31/15)

WAC 246-834-066 Certified professional midwife (CPM) licensure requirements. An applicant who holds a current North American Registry of Midwives (NARM) certified professional midwife (CPM) certification may apply for a Washington state midwife license by completing all requirements in this section.

(1) To be eligible for a midwife license an applicant holding a CPM shall:

(a) Complete all application requirements for licensure in WAC 246-834-060.

(b) Ensure that proof of the CPM certification is sent to the department directly from NARM.

(c) Submit to the department documentation of attendance at ((one hundred)) 100 births of which:

(i) At least ((thirty)) 30 births where the applicant was the primary attendant under supervision of a qualified attendant;

(ii) At least ((twenty)) 20 births where the applicant directly assisted;

(iii) At least ((fifty)) 50 births that the applicant observed in addition to births counted in (c) (i) and (ii) of this subsection; and

(iv) Documentation for (c) (i) through (iii) of this subsection must include at least the date, client identifier, the applicant's role at each birth, and the signature or initials of the qualified attendant at the birth of either: A licensed midwife, a CPM preceptor, a certified nurse midwife, or a practitioner licensed by their state or jurisdiction to provide maternity care. The applicant shall submit to the department the name and contact information of each signatory, if available. The department may approve exceptions to the required documentation in this subsection.

(d) Submit to the department documentation of prenatal care examinations of ((fifty women)) 50 individuals and early postpartum care examinations of ((fifty women)) 50 individuals. The same ((women)) individuals need not be seen for both examinations. Documentation must include at least the date, client identifier, and the signature or initials of the qualified attendant at the care examination of either: A

licensed midwife, a CPM preceptor, a certified nurse midwife, or a practitioner licensed by their state or jurisdiction to provide maternity care. The applicant must submit to the department the name and contact information of each signatory, if available. The department may approve exceptions to the required documentation in this subsection.

(e) Demonstrate competency in the use and administration of legend drugs and devices described in RCW 18.50.115 and WAC 246-834-250. The applicant shall submit documentation of competency to the department on a department supplied form. A licensed health care professional who, within (~~his or her~~) the individual's scope of practice, is qualified to use and administer legend drugs and devices described in RCW 18.50.115 and WAC 246-834-250 must sign the form.

(f) Successfully complete courses on epidemiology and obstetric pharmacology from:

(i) An institution that is accredited by an agency recognized by the Council for Higher Education Accreditation (CHEA) and included in their database of institutions on programs accredited by recognized United States accrediting organizations;

(ii) An institution that is accredited by an agency recognized by the United States Department of Education (USDOE) and included in their database of accredited postsecondary institutions and programs; or

(iii) A curriculum or program approved by the department.

(2) Applicants applying under this section who have a current CPM but do not meet all of the requirements listed in subsection (1)(c) through (f) of this section may apply to the department for a trainee permit under WAC 246-834-068. The trainee permit authorizes the applicant to complete subsection (1)(c) through (e) of this section, under the supervision of a preceptor as described in WAC 246-834-067.

AMENDATORY SECTION (Amending WSR 15-20-049, filed 9/30/15, effective 10/31/15)

WAC 246-834-067 Preceptor for certified professional midwife (CPM) licensure program. This section defines the role of a preceptor as used in WAC 246-834-066. A certified professional midwife (CPM) applicant for licensure as a midwife may use more than one preceptor to meet the requirements for licensure under WAC 246-834-066.

(1) A preceptor for clinical requirements including observed, managed, and assisted births, and prenatal and postpartum examinations must:

(a) Have a current Washington state license as a midwife under chapter 18.50 RCW, physician under chapter 18.71 RCW, osteopathic physician under chapter 18.57 RCW, or certified nurse midwife under chapter 18.79 RCW; and

(b) Have actively practiced obstetrics for at least three consecutive years or attended at least (~~one hundred fifty~~) 150 births.

(2) A preceptor for legend drugs and devices must have a current Washington state credential and be, within (~~his or her~~) the individual's scope of practice, qualified to use and administer legend drugs and devices described in RCW 18.50.115 and WAC 246-834-250.

AMENDATORY SECTION (Amending WSR 17-15-024, filed 7/7/17, effective 8/7/17)

WAC 246-834-080 Examination failures. (1) An applicant who has failed the NARM examination or the Washington state licensing examination, or both, shall retake and pass the examination(s) which he or she failed.

(2) The applicant who fails the Washington state licensing examination may sit for the reexamination if ~~((he or she))~~ the individual:

(a) Applies to the department at least ~~((fourteen))~~ 14 days prior to the next scheduled examination; and

(b) Pays the required fee as specified in WAC 246-834-990.

(3) An applicant who fails the NARM or Washington licensing examination three consecutive times shall submit evidence to the secretary of completion of an individualized program of study approved by the department prior to retaking the examination.

AMENDATORY SECTION (Amending WSR 17-15-024, filed 7/7/17, effective 8/7/17)

WAC 246-834-140 Eligibility for state licensing examination. Candidates for the state licensing examination shall meet the following conditions, unless applying under WAC 246-834-066 Certified professional midwife (CPM) licensure requirements:

(1) Midwifery training shall be at least three academic years, and shall consist of both didactic and clinical instruction sufficient to meet the educational standards of the school and this section. However, the length of required training may be shortened, but not to less than two academic years, after consideration of the student's documented education and experience in the required subjects, if the applicant is a registered nurse or practical nurse licensed under chapter 18.79 RCW, or has had previous nursing education or practical midwifery experience.

(2) The applicant must receive instruction in the following educational areas:

(a) Midwifery, basic sciences (including biology, physiology, microbiology, anatomy with emphasis on female reproductive anatomy, genetics and embryology), normal and abnormal obstetrics and gynecology, family planning techniques, childbirth education, nutrition both during pregnancy and lactation, ~~((breast))~~ chest feeding, neonatology, epidemiology, community care, and medicolegal aspects of midwifery; and

(b) Basic nursing skills and clinical skills including, but not limited to, vital signs, perineal prep, catheterization, aseptic techniques, administration of medications both orally and by injection, local infiltration for anesthesia, venipuncture, administration of intravenous fluids, infant and adult resuscitation, and charting.

(3) The applicant must undertake the care of not less than ~~((one hundred women))~~ 100 individuals in the intrapartum period. No less than ~~((fifteen))~~ 15 of the ~~((one hundred women))~~ 100 individuals must be cared for in the intrapartum period while the applicant was enrolled in the school from which the student graduates.

(a) The applicant shall submit to the department documentation of attendance at (~~one hundred~~) 100 births of which:

(i) At least (~~thirty~~) 30 births where the applicant was the primary attendant under supervision of a qualified attendant;

(ii) At least (~~twenty~~) 20 births where the applicant directly assisted;

(iii) At least (~~fifty~~) 50 births that the applicant observed in addition to births counted in (d)(i) and (ii) of this subsection; and

(iv) Documentation for (a)(i) through (iii) of this subsection must include at least the date, client identifier, the applicants role at each birth, and the signature or initials of the qualified attendant at the birth of either: A licensed midwife, a CPM preceptor, a certified nurse midwife, or a practitioner licensed by their state or jurisdiction to provide maternity care. The applicant shall submit to the department the name and contact information of each signatory, if available. The department may approve exceptions to the required documentation in this subsection.

(b) The applicant shall submit to the department documentation of prenatal care examinations of (~~fifty women~~) 50 individuals and early postpartum care examinations of (~~fifty women~~) 50 individuals. The same (~~women~~) individuals need not be seen for both examinations.

(i) No less than (~~fifteen women~~) 15 individuals must be cared for in the prenatal and postpartum periods while enrolled in the school from which the student graduates.

(ii) Documentation must include at least the date, client identifier, and the signature or initials of the qualified attendant at the care examination of either: A licensed midwife, a CPM preceptor, a certified nurse midwife, or a practitioner licensed by their state or jurisdiction to provide maternity care. The applicant must submit to the department the name and contact information of each signatory, if available. The department may approve exceptions to the required documentation in this subsection.

(4) The applicant shall demonstrate competency in the use and administration of legend drugs and devices described in WAC 246-834-250. The applicant shall submit documentation of competency to the department on a department supplied form. A licensed health care professional who, within his or her scope of practice, is qualified in the use and administration of legend drugs and devices described in RCW 18.50.115 and WAC 246-834-250 must sign the form.

AMENDATORY SECTION (Amending WSR 22-13-079, filed 6/10/22, effective 7/11/22)

WAC 246-834-160 Student midwife permit. (1) A student midwife permit may be issued to any individual who has:

(a) Successfully completed an accredited midwifery program as specified in WAC (~~(246-834-135)~~) 246-834-020, or is foreign trained as specified in WAC 246-834-065(1);

(b) Obtained a minimum period of midwifery training of at least three academic years as required by WAC (~~(246-834-140)~~) 246-834-030;

(c) Met the minimum education requirements required in WAC (~~(246-834-140)~~) 246-834-030 (2) (a) and (b);

(d) Documentation of undertaking the care of not less than 50 ((women)) individuals in each of the prenatal, intrapartum and early postpartum periods as required by RCW 18.50.040 (2)(c);

(e) Satisfactorily completed the NARM examination required by WAC 246-834-050; and

(f) Filed a completed application for student midwife permit under WAC 246-834-060 and accompanied by a nonrefundable fee as specified in WAC 246-834-990.

(2) The student midwife permit authorizes the ((individuals)) student to practice and observe ((women)) individuals in the intrapartum period under the supervision of a licensed midwife under 18.50 RCW, an allopathic physician under chapter 18.71 RCW, an osteopathic physician under chapter 18.57 RCW or certified nurse midwife under chapter 18.79 RCW.

(3) Once all application requirements including clinical components are completed the applicant may be eligible to sit for the Washington state licensure examination as required in WAC 246-834-050.

NEW SECTION

WAC 246-834-165 Application requirements for a licensed midwife seeking a limited prescriptive license extension, a license extension for medical devices, or a license extension for implants. (1) A licensed midwife seeking a limited prescriptive license extension shall:

(a) Submit evidence of completion of 15 additional obstetrical pharmacology didactic training hours. The additional hours must include the prescription classifications listed in WAC 246-834-250(4) and provide skills and knowledge beyond entry-level skills or knowledge in antibiotics and contraceptives; and

(b) Submit evidence of completion of additional training on family planning and treating common, low risk prenatal and postpartum conditions. Such training must be either:

(i) A clinical experience of at least 20 cases reviewed in consultation with a licensed health care professional who, within their scope of practice, is qualified to use and administer legend drugs and devices described in RCW 18.50.115 and WAC 246-834-250. The licensed health care professional must attest to the applicant's knowledge and skills by signing a form provided by the department; or

(ii) A clinical training course or courses approved by the department.

(2) A licensed midwife seeking the license extension for medical devices or the license extension for implants shall:

(a) Submit completion of the requirements in subsection (1) of this section;

(b) Submit evidence of completion of training as required by the medical device manufacturers, or an equivalent. The training must include at least three simulated medical device insertions under direct supervision;

(c) Submit evidence of completion of training as required by the implant device manufacturers, or an equivalent. The training must include at least three simulated removals under direct supervision; and

(d) Submit evidence of completion of additional training on medical devices or implants, or both that includes:

(i) A clinical experience of four inserted medical devices and one medical device removal under direct supervision;

(ii) A clinical experience of one inserted implant and three implant removals under direct supervision;

(e) The clinical experience in (d) of this subsection must be supervised by a licensed health care professional who, within their scope of practice, is qualified to administer medical devices and implants and has at least two years of experience. The health care professional must attest to the applicant's knowledge and skills by signing a form provided by the department.

(f) A licensed midwife may pursue all three license extensions. The training on prescriptive, medical devices, and implants in subsections (1) and (2) must be completed within five years from the date of application.

(3) The license extensions referenced in this section do not apply to newborn care.

AMENDATORY SECTION (Amending WSR 22-13-079, filed 6/10/22, effective 7/11/22)

WAC 246-834-250 Legend drugs and devices. A licensed midwife shall have a procedure, policy or guideline for the use of each legend drug and device. A midwife may not administer or prescribe a legend drug or use a legend device for which they are not qualified by education, training, and experience.

(1) A licensed midwife may purchase and use legend drugs and devices as follows:

(a) Dopplers, syringes, needles, phlebotomy equipment, sutures, urinary catheters, intravenous equipment, amnihooks, airway suction devices, electronic fetal monitors, jada system, tocodynamometer monitors, oxygen and associated equipment, glucose monitoring systems and testing strips, neonatal pulse oximetry equipment, hearing screening equipment, centrifuges, and nasopharyngeal or nasal swabs for appropriate testing;

(b) Nitrous oxide as an analgesic, self-administered inhalant in a 50 percent blend with oxygen, and associated equipment, including a scavenging system;

(c) Ultrasound machine used in the real time ultrasound of pregnant uterus for the confirmation of viability, first trimester dating, third trimester presentation, placental location, and amniotic fluid assessment; and

(d) Neonatal and adult resuscitation equipment and medication, including airway devices and epinephrine for neonates.

(2) Pharmacies may issue (~~breast~~) the following as ordered by a licensed midwife: Lactation pumps, compression stockings and belts, maternity belts, diaphragms and cervical caps, glucometers and testing strips, iron supplements, prenatal vitamins, and recommended vaccines as specified in subsection (3)(e) through (j) of this section (~~ordered by licensed midwives~~).

(3) In addition to prophylactic ophthalmic medication, postpartum oxytocic, vitamin K, Rho (D) immune globulin, and local anesthetic medications as listed in RCW 18.50.115, licensed midwives may obtain and administer the following medications:

- (a) Intravenous fluids limited to Lactated Ringers, ((5%)) five percent Dextrose with Lactated Ringers, and 0.9% sodium chloride;
- (b) Sterile water for intradermal injections for pain relief;
- (c) Magnesium sulfate for prevention or treatment of ((maternal)) peripartum seizures pending transport;
- (d) Epinephrine for use in ((maternal)) peripartum anaphylaxis and resuscitation and neonatal resuscitation, pending transport;
- (e) Measles, Mumps, and Rubella (MMR) vaccine to nonimmune postpartum ((women)) individuals;
- (f) Tetanus, diphtheria, acellular pertussis (Tdap) vaccine for use in pregnancy;
- (g) Hepatitis B (HBV) birth dose for any newborn administration;
- (h) HBIG and HBV for any neonates born to a hepatitis ((B+ moth-ers)) B positive gestational parent;
- (i) Influenza vaccine ((for use in pregnancy));
- (j) Any vaccines recommended by the Centers for Disease Control and Prevention (CDC) advisory committee on immunization practices for ((pregnant or postpartum people or)) infants in the first two weeks after birth ((, as it existed on the effective date of this section)) or pregnant or postpartum people;
- (k) Terbutaline to temporarily decrease contractions pending emergent ((intrapartal)) intrapartum transport;
- (l) Antibiotics for intrapartum prophylaxis of Group B ((beta-he-molytic)) Streptococcus (GBS) per current CDC guidelines; ((and))
- (m) Antihemorrhagic drugs to ((control)) treat postpartum hemorrhage including, but not limited to, intravenous tranexamic acid, oxytocins, misoprostol, methylergonovine maleate (oral or intramuscular), and prostaglandin F2 alpha; and
- (n) Nifedipine for indication of preterm labor.

(4) A licensed midwife with a limited prescriptive license extension may prescribe, obtain, and administer the items in subsections (1) through (3) of this section, and the following medications and therapies for the prevention and treatment of outpatient conditions that do not constitute a significant deviation from normal per RCW 18.50.010 during pregnancy or postpartum based on current evidence and practice:

- (a) Antibiotics;
- (b) Antiemetics;
- (c) Antivirals;
- (d) Antifungals;
- (e) Low-potency topical steroids;
- (f) Antipruritic medications and therapies;
- (g) Other medications and therapies including, but not limited
to:
- (i) Galactagogues;
- (ii) Topical analgesia for anal, vulvar, and perineal pain;
- (iii) Preterm labor preventatives;
- (iv) Stool softeners;
- (v) Vitamins and minerals for preventing and treating deficien-
cies;
- (vi) Over-the-counter medications as needed;
- (vii) Nonopioid medication for therapeutic rest;
- (viii) Medications for SAB prevention and completion;
- (ix) Smoking cessation;
- (x) Prescription referrals for IV iron infusions; and
- (h) Hormonal and nonhormonal family planning methods.

(5) Pursuant to RCW 18.50.010, a licensed midwife with a license extension that includes medical devices or implants, or both may prescribe, obtain, and administer hormonal and nonhormonal family planning method devices including, but not limited to, copper or other nonhormonal intrauterine devices (IUD), IUDs with levonorgestrel or other progestin, implants or as consistent with current evidence and practice so long as they have a license extension to perform the task.

(6) The client's records must contain documentation of all medications and devices prescribed, ordered, and administered.

AMENDATORY SECTION (Amending WSR 17-15-024, filed 7/7/17, effective 8/7/17)

WAC 246-834-255 Elements of care for the newborn. The customary scope of care of a newborn up to two weeks of age by a licensed midwife includes, but is not limited to, clinical assessment, treatment, education, support and referral as described in this section. Newborn care shall not go beyond the scope of the midwife's education, training and experience.

(1) Immediate newborn care includes, but is not limited to:

(a) Appearance, pulse, grimace, activity and respiration (APGAR) assessment;

(b) Stabilization and monitoring of the newborn for a minimum of two hours postpartum;

(c) Early initiation and facilitation of ~~((breast or bottle))~~ infant feeding;

(d) Complete physical examination;

(e) Education for parents regarding care and monitoring of the normal newborn; and

(f) Physician consultation, referral and/or transfer of care in the event of significant deviations from normal.

(2) Other support may include:

(a) Neonatal resuscitation; and

(b) Legend drugs and devices allowed in RCW 18.50.115 and WAC 246-834-250.

(3) Subsequent care may include, but is not limited to:

(a) Evaluating the newborn for well-being such as jaundice, weight loss, and adequate feeding and elimination patterns;

(b) Newborn metabolic screening per RCW 70.83.020;

(c) Critical congenital heart disease screening per RCW 70.83.090;

(d) Lactation care and services; and

(e) Consultation ~~((and/or))~~ and possible referral to pediatric care for any significant deviation from normal.

AMENDATORY SECTION (Amending WSR 15-24-092, filed 11/30/15, effective 12/31/15)

WAC 246-834-345 License renewal. A licensed midwife must renew their license every year on ~~((his or her))~~ the individual's birthday.

To renew a license, a licensed midwife shall comply with the requirements in:

- (1) RCW 18.50.102 License renewal;
- (2) RCW 18.50.108 Written plan for consultation, emergency transfer, and transport;
- (3) WAC 246-12-030 How to renew a credential;
- (4) WAC 246-834-355 Continuing education;
- (5) WAC 246-834-360 Quality improvement program;
- (6) WAC 246-834-370 Data submission; and
- (7) WAC 246-834-990 Midwifery fees and renewal cycle.

AMENDATORY SECTION (Amending WSR 15-24-092, filed 11/30/15, effective 12/31/15)

WAC 246-834-355 Continuing education. (1) A licensed midwife shall complete (~~(thirty)~~) 30 hours of continuing education (CE) every three years and must comply with (~~(chapter 246-12 WAC, Part 7)~~) WAC 246-12-170 through 246-12-240. CE course work must contribute to the professional knowledge and development of the licensed midwife.

(a) A minimum of (~~(twenty-five)~~) 25 hours must be directly related to the clinical practice of midwifery. A licensed midwife who has a license extension shall complete a minimum of three hours of CE relevant to the license extension or extensions they hold as part of the 25-hour requirement.

(b) In addition to the 25 hours of clinical practice CE in (a) of this subsection, a licensed midwife shall complete two hours of health equity CE every four years per chapter 43.70 RCW and in compliance with WAC 246-12-800 through 246-12-830.

(c) Any remaining hours may be in professional development activities that enhance the practice of the licensed midwife.

(2) A licensed midwife shall obtain CE hours through one or more of the categories listed below. Documentation for all activities must include licensee's name, date of activity, and number of hours. Additional specific documentation is defined below:

(a) Acceptable CE course work. A minimum of (~~(ten)~~) 10 hours is required per reporting period in acceptable CE course work. For the purposes of this section, acceptable CE course work means courses offered or authorized by industry recognized local, state, private, national and international organizations, agencies or institutions of higher learning. The department will not authorize or approve specific CE courses. The required documentation for this category is a certificate or documentation of attendance.

(b) Course work or classes offered by an accredited college or university. The course work must provide skills and knowledge beyond entry-level skills. The required documentation for this category is a transcript or documentation of attendance. A maximum of (~~(ten)~~) 10 hours is allowed per reporting period for this category.

(c) Research, writing, or teaching. The required documentation for this category is a two-page synopsis for each activity written by the licensee. A maximum of (~~(fifteen)~~) 15 hours is allowed per reporting period for this category.

(d) Documented self-study or life experience. The required documentation for this category is a two-page synopsis of each activity

written by the licensee. A maximum of five hours is allowed per reporting period for this category.

(e) Serving on a professional board, committee, disciplinary panel, or association. The required documentation for this category is a letter or other documentation from the organization. A maximum of five hours is allowed per reporting period for this category.

(f) Professional manuscript review. The required documentation for this category is a letter from the publishing organization verifying review of the manuscript. A maximum of ~~((ten))~~ 10 hours is allowed per reporting period for this category.

(g) Professional conference or workshop. The required documentation for this category is a certificate or documentation of attendance. A maximum of ~~((ten))~~ 10 hours is allowed per reporting period for this category.

(3) Continuing education credit will not be given for the following:

(a) A cardiopulmonary resuscitation course;

(b) A neonatal resuscitation course; or

(c) Participation in data submission on perinatal outcomes.

(4) ~~((Verification of))~~ The department may verify completion of continuing competency hours ~~((will begin on January 1, 2019))~~.

AMENDATORY SECTION (Amending WSR 15-24-092, filed 11/30/15, effective 12/31/15)

WAC 246-834-360 Quality improvement program. (1) As a condition of renewing a license, a licensed midwife shall:

(a) Participate in a Washington state coordinated quality improvement program peer review process that complies with the requirements in RCW 43.70.510.

(b) Attest every two years that the midwife has completed peer review for a minimum of five of the midwife's clinical cases over the course of those two years.

(2) A midwife may be excused from or granted an extension of participation in a peer review process due to illness or other extenuating circumstances. The department, upon request, will determine if the requirements may be waived or if an extension may be granted.

(3) For auditing purposes, written confirmation of participation in a peer review process from the approved coordinated quality improvement program shall suffice. The midwife must keep ~~((her/his))~~ their participation records; records must not be sent to the department.

(4) Verification of completion of participation in a peer review process will begin on January 1, 2018.

AMENDATORY SECTION (Amending WSR 22-13-079, filed 6/10/22, effective 7/11/22)

WAC 246-834-370 Data submission. (1) As a condition of renewing a license, a licensed midwife shall report data on all courses of care for every ~~((mother))~~ gestational parent and newborn under the midwi-

fe's care to a national or state research organization approved by the department. If the ~~((mother))~~ gestational parent declines to participate in the collection of data, the midwife shall follow the protocol of the approved national or state research organization.

(2) The licensed midwife shall verify compliance by submitting an attestation to the department annually with the license renewal. For good cause, the secretary may waive reporting requirements.

(3) For auditing purposes, written confirmation of full participation in data collection from the approved state or national research organization shall suffice.

(4) The midwife must keep ~~((her/his))~~ their data and participation records; data and participation records will not be submitted directly to the department.

AMENDATORY SECTION (Amending WSR 19-15-005, filed 7/5/19, effective 8/5/19)

WAC 246-834-400 Expired license. A midwife licensed under this chapter may reinstate an expired license or license extension.

(1) If a midwife's license ~~((under this chapter))~~ has been expired for less than three years, ~~((to reinstate the license))~~ the practitioner shall meet the requirements of ~~((chapter 246-12 WAC, Part 2))~~ WAC 246-12-040.

(2) If a midwife's license ~~((under this chapter))~~ has expired and the practitioner has been engaged in the active practice of midwifery in another United States jurisdiction or territory, or other location approved by the department, ~~((to reinstate the license))~~ the practitioner shall:

(a) Submit verification of active practice; and

(b) Meet the requirements of ~~((chapter 246-12 WAC, Part 2))~~ WAC 246-12-040.

(3) If a midwife's license ~~((under this chapter))~~ has been expired for three years or more but less than five years at time of application, and the practitioner has not been actively engaged in midwifery, the practitioner shall:

(a) Work as a birth assistant under the supervision of a department-approved preceptor for a minimum of ~~((ten))~~ 10 births; and

(b) Meet the requirements of ~~((chapter 246-12 WAC, Part 2))~~ WAC 246-12-040.

(4) If a midwife's license ~~((under this chapter))~~ has been expired for more than five years at time of application, and the practitioner has not been actively engaged in midwifery, the practitioner shall:

(a) Work as a birth assistant under the supervision of a department-approved preceptor for a minimum of ~~((fifteen))~~ 15 births;

(b) Retake and successfully pass the Washington state licensing examination; and

(c) Meet the requirements of ~~((chapter 246-12 WAC, Part 2))~~ WAC 246-12-040.

(5) A proposed preceptor shall:

(a) Hold an active license without restriction, current discipline, or conditions as a midwife under chapter 18.50 RCW, a certified nurse midwife under chapter 18.79 RCW, an allopathic physician under

chapter 18.71 RCW, or an osteopathic physician under chapter 18.57 RCW;

(b) Have actively practiced at least three consecutive years or attended at least ~~((one hundred fifty))~~ 150 births; and

(c) Have demonstrated ability and skill to provide safe, quality care.

(6) If a midwife's license extension has expired and the practitioner has been engaged in the active practice of midwifery prescriptive or medical devices and implant practice in another United States jurisdiction or territory, or other location approved by the department, the practitioner shall:

(a) Submit verification of active practice of prescriptive, devices, or implant practices; and

(b) Meet the requirements of WAC 246-12-040.

(7) A licensed midwife with an expired license extension for less than five years at the time of reactivation and has not been actively practicing in midwifery prescriptive, medical devices, and implants practice, the individual may submit their records for their initial training as required in WAC 246-834-165 and meet the requirements in WAC 246-12-040.

(8) A licensed midwife with an expired license extension for five years or more at the time of reactivation, and has not been actively engaged in midwifery prescriptive or medical devices and implant practice, the practitioner shall retake the required training in WAC 246-834-165.

AMENDATORY SECTION (Amending WSR 19-15-005, filed 7/5/19, effective 8/5/19)

WAC 246-834-450 Inactive license. (1) A licensed midwife may obtain an inactive license by meeting the requirements of ~~((chapter 246-12 WAC, Part 4))~~ WAC 246-12-090.

(2) An inactive license must be renewed every year on the midwife's birthday according to WAC 246-12-100 and by paying the fee required under WAC 246-834-990.

(3) A midwife with an inactive license may return to active status.

(a) A midwife with an inactive license for three years or less who wishes to return to active status must meet the requirements of ~~((chapter 246-12 WAC, Part 4))~~ WAC 246-12-110.

(b) A midwife with an inactive license for more than three years, who has been in active practice in another United States jurisdiction or territory or other location approved by the department and wishes to return to active status ~~((must))~~ shall:

(i) Submit verification of active practice; and

(ii) Meet the requirements of ~~((chapter 246-12 WAC, Part 4))~~ WAC 246-12-110.

(c) A midwife with an inactive license for more than three years but less than five, who has not been in active practice and wishes to return to active status must:

(i) Work as a birth assistant under the supervision of a department-approved preceptor for a minimum of ~~((ten))~~ 10 births; and

(ii) Meet the requirements of ~~((chapter 246-12 WAC, Part 4))~~ WAC 246-12-110.

(d) A midwife with an inactive license for more than five years who has not been in active practice and wishes to return to active status (~~must~~) shall:

(i) Work as a birth assistant under the supervision of a department-approved preceptor for a minimum of (~~fifteen~~) 15 births;

(ii) Retake and successfully pass the Washington state licensing examination; and

(iii) Meet the requirements of (~~chapter 246-12 WAC, Part 4~~) WAC 246-12-110.

(4) A proposed preceptor shall:

(a) Hold an active license without restriction, current discipline, or conditions as a midwife under chapter 18.50 RCW, a certified nurse midwife under chapter 18.79 RCW, an allopathic physician under chapter 18.71 RCW, or an osteopathic physician under chapter 18.57 RCW;

(b) Have actively practiced at least three consecutive years or attended at least (~~one hundred fifty~~) 150 births; and

(c) Have demonstrated ability and skill to provide safe, quality care.

(5) A licensed midwife with an inactive license extension who has been engaged in the active practice of midwifery prescriptive or medical devices and implant practice in another United States jurisdiction or territory, or other location approved by the department, and wishes to return to active practice shall:

(a) Submit verification of active practice of prescriptive, devices, or implant practices; and

(b) Meet the requirements of WAC 246-12-110.

(6) A licensed midwife with an inactive license extension for less than five years at the time of reactivation, and has not been actively practicing in midwifery prescriptive, medical devices, and implants practice, the individual may submit their records for their initial training as required in WAC 246-834-165 and meet the requirements in WAC 246-12-040.

(7) A licensed midwife with an inactive license extension for five years or more at the time of reactivation, and who has not been actively engaged in midwifery prescriptive or medical devices and implant practice, shall retake the required training in WAC 246-834-165.

NEW SECTION

The following sections of the Washington Administrative Code are decodified and recodified as follows:

Old WAC Number	New WAC Number
246-834-080	246-834-055
246-834-135	246-834-020
246-834-140	246-834-030



Pharmacy Quality Assurance Commission

Policy Statement

Revised – 10/18/11

<i>Title:</i>	Regulatory Standards Applicable to Remote Dispensing Sites
<i>References:</i>	Substitute Senate Bill 6086, Opioid Use Disorder Medications – Remote Dispensing Sites (chapter 244, Laws of 2020) and WAC 246-945-455, Drugs Stored Outside of the Pharmacy
<i>Contact:</i>	Lauren Lyles, Executive Director, Pharmacy Quality Assurance Commission
<i>Phone:</i>	360-236-4853
<i>Email:</i>	Lauren.Lyles@doh.wa.gov
<i>Effective Date:</i>	August 28, 2020 (reaffirmed)
<i>Supersedes:</i>	July 1, 2020
<i>Approved By:</i>	Tim Lynch, Pharmacy Quality Assurance Commission

This policy statement clarifies the regulatory standards applicable to remote dispensing sites registered by pharmacies under Opioid Use Disorder Medications – Remote Dispensing Sites, ch. 244, Laws of 2020 (SSB 6086). Specifically, the Pharmacy Quality Assurance Commission (commission) will expect remote dispensing sites to operate in a manner that complies with the requirements of SSB 6086 and WAC 246-945-455 (Drugs stored outside of the pharmacy) except for WAC 246-945-455(1)(e) and WAC 246-945-455(2).

In order to increase access to medications for vulnerable populations with opioid use disorder (OUD), the Legislature passed SSB 6086, which allows pharmacies to extend their pharmacy licenses to include remote dispensing sites. Effective July 1, 2020, pharmacies may register a remote dispensing site with the commission. Once registered, the pharmacy’s license is extended to include the remote dispensing site. SSB 6086 states a remote dispensing site is “where technology is used to dispense medications approved by the United States Food and Drug Administration (FDA) for the treatment of opioid use disorder.”

SSB 6086 requires the commission to adopt rules establishing minimum standards for remote dispensing sites. While the commission engages in rulemaking specific to remote dispensing sites, the commission has determined that:

1. Remote dispensing sites must comply with the minimum requirements in SSB 6086; and
2. Remote dispensing sites fall within, and should comply with, the commission’s rules contained in WAC 246-945-455 (Drug stored outside the pharmacy), except for WAC 246-945-455(1)(e) and WAC 246-945-455(2).

Remote dispensing sites registered by pharmacies under SSB 6086 will not be expected to comply with WAC 246-945-455(1)(e) because SSB 6086 does not require the remote dispensing site to be located within a premises that is otherwise licensed to possess and store drugs. Instead, SSB 6086 explicitly extends the pharmacy license to include drugs stored in registered remote dispensing sites regardless of whether the remote dispensing site is located within a premises that is otherwise licensed to possess and store drugs.

Remote dispensing sites registered by pharmacies under SSB 6086 will not be expected to comply with WAC 246-945-455(2) because this rule addresses regulatory requirements for pharmacies that are storing an emergency kit or supplemental dose kit in a nursing home or hospice program under RCW 18.64.560. Pharmacies who register a remote dispensing site do not fall within the purview of RCW 18.64.560.

This policy statement describes the commission's current approach to the implementation of SSB 6086 by describing the minimum statutory and rule requirements applicable to remote dispensing sites until the commission adopts rules specific to remote dispensing sites.

4.1. List and Label Request



List and Label Review Form

Requester: Institute of Brain Potential

Date SBAR Communication Prepared: November 20, 2023

Reviewer: Julia Katz

Situation: The Institute of Brain Potential is requesting a list of licensed pharmacists to advertise continuing education programs. Their application states they are accredited by the Accreditation Council for Pharmacy Education (ACPE), which is duly noted on the [ACPE website's](#) list of accredited continuing education providers. Attached to this SBAR are the following documents submitted by the requester:

Public Records Request

Attestation

Sample Material:

Brochure explaining the types of continuing education programs provided.

Assessment: The Public Records Act (RCW 42.56) allows the release of a list of applicants and licensees for commercial purposes to “professional associations or educational organizations recognized by” the respective professional licensing or examination board. RCW 42.56.070(8).

As a result, if the Department of Health (Department) receives a request for a list of pharmacists, pharmacy technicians, or pharmacy assistants, the Department will ask the Pharmacy Commission (Commission) whether the requester is recognized by the Commission as a “professional association” or “educational organization.”

Although not defined in law, the Department’s “Application for Approval to Receive Lists” defines a “professional association” and “educational organization” as:

Professional Association: A group of individuals or entities organized to represent the interests of a profession or professions, develop criteria or standards for competent practice, or advance causes seen as important to its members that will improve quality of care rendered to the public.

Educational Organization: An accredited or approved institution or entity which either prepares professions for initial licensure in a health care field or provides continuing education for health care professionals.

The Institute of Brain Potential has submitted a request to be recognized by the Commission as an “educational organization.” The Institute is an ACPE accredited continuing education provider and intends to use the list of pharmacists to advertise continuing education programs.

Recommendation: Based on the submitted material and assessment above, Commission staff recommend:

Recognizing the Requester as a Professional Association and/or Educational Organization

Not Recognizing the Requester as a Professional Association and/or Educational Organization

Application for Approval to Receive Lists

This is an application for approval to receive lists, not a request for lists. You may request lists after you are approved. Approval can take up to three months.

RCW 42.56.070(8) limits access to lists. Lists of credential holders may be released only to professional associations and educational organizations approved by the disciplining authority.

- A “professional association” is a group of individuals or entities organized to:
 - Represent the interests of a profession or professions;
 - Develop criteria or standards for competent practice; or
 - Advance causes seen as important to its members that will improve quality of care rendered to the public.
- An “educational organization” is an accredited or approved institution or entity which either
 - Prepares professionals for initial licensure in a health care field or
 - Provides continuing education for health care professionals.

We are a “professional association”

We are an “educational organization.”

ROBERT FERTIG
Primary Contact Name ↓

6509355421
Phone ↓

ROBERT@IBPCEU.COM
Email ↓

Additional Contact Names (Lists are only sent to approved individuals) ↓

WWW.IBPCEU.COM

Website URL ↓

INSTITUTE FOR BRAIN POTENTIAL
Professional Assoc. or Educational Organization ↓

77-0026830
Federal Tax ID or Uniform Business ID number ↓

245 W PACHECO BLVD SUITE C
Street Address ↓

LOS BANOS, CA 93635
City, State, Zip Code ↓

ADVERTISE CONTINUING EDUCATION PROGRAMS

1. How will the lists be used? ↓

Pharmacists

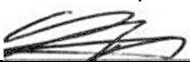
2. What profession(s) are you seeking approval for? ↓

Please attach information that demonstrates that you are a “professional association” or an “educational organization” and a sample of your proposed mailing materials.

Attach completed application to your recent list request using the public portal:

<https://www.doh.wa.gov/aboutus/publicrecords>

Alternate options: Email to: PDRC@DOH.WA.Gov Mail to: PDRC - PO Box 47865 - Olympia WA 98504-7865


Signature ↓

Date ↓

If you have questions, please call (360) 236-4836.

For Official Use Only

Authorizing Signature: _____

Approved: _____ Printed Name: _____

5-year one-time

Denied: _____ Title: _____ Date: _____

KITSAP, WA
KITSSAP GOLF AND COUNTRY CLUB
3885 NW Golf Club Hill Rd, 98312. (360) 377-0166

Monday, October 2

LACEY, WA
LACEY COMMUNITY CENTER
6729 Pacific Avenue SE, 98503. (360) 412-3191

Tuesday, October 3

BELLEVUE, WA
HOTEL 116, COAST HOTELS BELLEVUE
625 116th Avenue NE, 98004. (425) 455-9444

Wednesday, October 4

EVERETT, WA
ROYAL BANQUET AND CONFERENCE HALL
520 128th St, SW, Ste 8, 98204. (425) 956-4356

Thursday, October 5

BELLINGHAM, WA
FOUR POINTS BY SHERATON BELLINGHAM HOTEL AND CONFERENCE CENTER
714 Lakeway Dr, 98229. (360) 671-1011

Friday, October 6

CALMING AN OVERACTIVE BRAIN

LIVE SEMINAR (✓ONE)

- Kitsap, Oct 2
- Lacey, Oct 3
- Bellevue, Oct 4
- Everett, Oct 5
- Bellingham, Oct 6

UNABLE TO ATTEND?

PURCHASE RECORDINGS WITH HOME STUDY CE CREDIT (✓ONE)

- CDs
- DVDs
- Online

Name (PLEASE PRINT) _____

Home Address _____

City/State _____ Zip _____

Work Phone (____) _____ Home Phone (____) _____

Email _____

Profession(s) _____

TUITION

- \$89 Individual Rate
- \$84 Group Rate (3 or More Persons Registering Together)
- \$99 On-Site Registration (if space is available)
- \$84 Recordings with Home Study CE Credit
- \$29 \$20 *Training Your Brain To Adopt Healthful Habits* (2019) (296 pages) – a text that helps reduce stress related mental habits. Preorder the book to receive it onsite at this discounted rate.

FOUR WAYS TO REGISTER

1. Internet: www.ibpceu.com
2. Mail: PO Box 2238, Los Banos, CA 93635 (make check payable to IBP)
3. Fax: (877) 517-5222
4. Phone: (866) 652-7414 (open 24 hours a day, 7 days a week)

Purchase orders are accepted. IBP tax identification number: 77-0026830

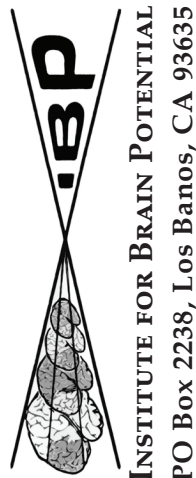
All major credit cards are accepted:

Card # _____ Exp Date _____ / _____

Signature _____



PLEASE POST



CALMING AN OVERACTIVE BRAIN

KITSAP: Monday, October 2

LACEY: Tuesday, October 3

BELLEVUE: Wednesday, October 4

EVERETT: Thursday, October 5

BELLINGHAM: Friday, October 6

- Topics Include:**
- Chronic Stress
 - Calming the Stress Response
 - Realistic Worry and Generalized Anxiety

A New 6-Hour Program, Fall, 2023: \$89



CALMING AN OVERACTIVE BRAIN

A 6-Hour Program for Health Professionals

LIVE SEMINARS

Schedule: Check-in: 8:15–9 AM, program starts: 9 AM, lunch (on own): 11:30 AM, Q & A and discussion with instructor: 12-12:30 PM, lecture resumes: 12:30 PM, adjournment: 4 PM. Some programs sell out. Please register early.

Group Registration: The discount is for three or more guests enrolling together prior to the seminar date. Please complete a separate registration form for each person.

Transfers: You or members of your group can attend on different dates if there is space.

Parking: Complimentary parking is available unless indicated in the brochure.

Unable to Attend? You have three options: 1) Transfer to an alternate location, space permitting, 2) Receive a full-value voucher for any live or recorded lecture for up to a year, or 3) Request a full refund minus a \$15 fee. Refund requests should be made in writing or by e-mail at refund@ibpceu.com.

Rescheduling: In the unlikely event a seminar cannot be held (e.g., unforeseeable Covid restrictions), it will be rescheduled. No IBP seminar has ever been canceled as the result of low attendance.

Certificates and Confirmations: Certificates of completion are provided at the time of adjournment; successful completion includes full attendance and submission of the evaluation form. No partial credit is given. Confirmation notices are emailed or mailed.

RECORDED PROGRAMS

CDs and DVDs: Delivered to you within 5-7 workdays.

Online: Play or download on all devices. Need help? Call (866) 652-7414.

CE Credit: National/state boards approved CE is available for most health professions including nursing, psychology, social work, counseling, MFT, dental, and pharmacy. View CE approvals and additional information for this home study program at: http://www.ibpceu.com/info/overactive_brain.pdf

DEDICATED 24/7 CUSTOMER SERVICE

Call (888) 202-2938 or email info@ibpceu.com to inquire about course content or instructors, request disability accommodations, or submit a formal grievance. To register, call (866) 652-7414.

THE IBP EXPERIENCE

Since 1984, our non-profit organization (tax ID 77-0026830) has presented informative and practical seminars. IBP is the leading provider of accredited programs concerning the brain and behavioral sciences.

CALMING AN OVERACTIVE BRAIN



NURSES: Institute for Brain Potential (IBP) is accredited as a provider of nursing continuing professional development by the **American Nurses Credentialing Center's Commission on Accreditation**. This program provides 6 contact hours.



PSYCHOLOGISTS: Institute for Brain Potential is approved by the **American Psychological Association** to sponsor continuing education for psychologists. Institute for Brain Potential maintains responsibility for this program and its content. This program provides 6 CE credits.



COUNSELORS & MARRIAGE AND FAMILY THERAPISTS: Institute for Brain Potential has been approved by NBCC as an Approved Continuing Education Provider, ACEP No. 6342. Programs that do not qualify for NBCC credit are clearly identified. Institute for Brain Potential is solely responsible for all aspects of the programs. This program provides 6 clock hours of CE credit.



ACE SOCIAL WORKERS: Institute for Brain Potential, Provider Number: 1160, is approved as an ACE provider to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program. Regulatory boards are the final authority on courses accepted for continuing education credit. ACE provider approval period: 11/11/20-11/11/23. Social workers completing this course receive 6 clinical continuing education credits.



CHEMICAL DEPENDENCY PROFESSIONALS: This course has been approved by Institute for Brain Potential, as a NAADAC Approved Education Provider, for 6 CEs. NAADAC Provider #102949. Institute for Brain Potential is responsible for all aspects of its programming.



PHARMACISTS AND PHARMACY TECHNICIANS: Institute for Brain Potential is accredited by the **Accreditation Council for Pharmacy Education** as a provider of continuing pharmacy education. This knowledge-based activity provides 6 contact hours (0.6 CEUs). UANs: 0492-0000-22-053-L04-P and 0492-0000-22-053-L04-T

DENTAL PROFESSIONALS: This program provides 6 hours of continuing education credit.



PACE
ACADEMY of
GENERAL DENTISTRY
PROGRAM APPROVAL
FOR CONTINUING
EDUCATION

Institute for Brain Potential
Nationally Approved PACE Program Provider
for FAGD/MAGD credit.
Approval does not imply acceptance by any
regulatory authority or AGD endorsement.
12/01/18 to 11/30/24
Provider ID# 312413.
AGD Subject Code: 557.



APPROVED PROVIDER of
CONTINUING EDUCATION
by The American Occupational
Therapy Association, Inc.

OCCUPATIONAL THERAPISTS: Institute for Brain Potential is an American Occupational Therapy Association (AOTA) Approved Provider, #6050. The assignment of AOTA CEUs does not imply endorsement of specific course content, products, or clinical procedures by AOTA. This program provides 0.6 AOTA CEUs or 6 contact hours. Content Level: Intermediate. Content Focus: Domain of OT (Performance Skills), Occupational Therapy Process (Outcomes), and Professional Issues (Supervision).

NURSING HOME ADMINISTRATORS: Institute for Brain Potential is a *Certified Sponsor* of professional continuing education with the NAB and has approved this program for 6 clock hours under its sponsor agreement with NAB/NCERS. State licensure boards, however, have final authority on the acceptance of individual courses.

PHYSICAL THERAPISTS: This program is designed to be relevant to physical therapy. Participants will receive a certificate of completion for 6 contact hours. Institute for Brain Potential is approved as a provider of physical therapy continuing education by the **Physical Therapy Board of California (PTBC)**. This program has been approved by the **Texas Chapter of the American Physical Therapy Association (APTA)** for 6 contact hours of CE credit.

SPEECH-LANGUAGE PATHOLOGISTS: This program is designed to meet the educational needs of speech-language pathologists. Participants will receive a certificate for completing this 6-hour program. Institute for Brain Potential is approved as a CE provider by **CA Speech-Language Pathology & Audiology Board (SLPAB)** and **FL Board of Speech-Language Pathology and Audiology**.

MESSAGE THERAPISTS: Institute for Brain Potential is approved by NCBTMB as a CE Approved Provider, #450939-09. This course provides NCBTMB-approved 6 CE hours.

CASE MANAGERS: This program has been submitted to the **Commission for Case Manager Certification** for approval to provide board certified case managers with 6 CE contact hours.

PHYSICIAN ASSISTANTS: This educational activity provides 6 hours of Category 2 CME credits.

DIETITIANS: IBP is a Continuing Professional Education (CPE) Accredited Provider with the Commission on Dietetic Registration (CDR). Registered dietitians (RDs) and dietetic technicians, registered (DTRs) will receive 6 CPEUs for completion of this program. Continuing Professional Education Provider Accreditation does not constitute endorsement by CDR of a provider, program, or materials. Provider Number: BP001. CPE Level: I. Suggested Learning Codes: 4090, 5320, and 7020.

ALLIED HEALTH PROFESSIONS: Naturopathic Physicians, Veterinarians, Prosthetists, Orthotists, and Chiropractors receive a Certificate of Completion for this 6-hour program. Please contact your regulatory board to determine course approval.

EDUCATORS: Participants will receive a Certificate of Completion for 6 hours.

This program presents evidence-based and practical methods to reduce unwanted thoughts, facilitate wellbeing, and improve sleep in patients and health professionals working in medical, dental and psychological settings.

Participants completing this 6-hour seminar should be able to:

- 1. Describe how increasing predictability and control can protect the brain against the toxic effects of chronic stress.*
- 2. Outline how phobic and trauma-based thoughts can be desensitized.*
- 3. Describe how maladaptive thoughts linked to anxiety, anger or sadness can be reframed through Cognitive Behavioral Therapy.*
- 4. Discuss how to effectively manage cravings.*
- 5. Describe how to practice Mindfulness and Positive Psychology to produce present-centered, non-judgmental states that increase positive emotions, facilitate sleep and calm the overactive brain.*

Understanding the Overactive Brain

- **Chronic Stress:** how cortisol, an adrenal hormone, endangers short-term memory, increases anxiety, perpetuates PTSD, sustains depression, produces eating disorders, and undermines sleep.
- **Calming the Stress Response:** increasing predictability and control over stressful thoughts enables the prefrontal cortex to calm the limbic system and retrain the habit brain, the basal ganglia.
- **Fear-Based Memories:** the amygdala, fear, and insomnia.
- **Medical and Dental Phobias:** systematic desensitization and drugs that inhibit emotional memories, e.g., beta blockers.
- **PTSD:** traumatic memories including medical treatment produces arousal, and flashbacks, impairs sleep and causes people to avoid PTSD-related situations
- **Intrusive Memories and Flashbacks:** hippocampus and replay of traumatic memories; drugs that block unwanted memories.
- **Realistic Worry and Generalized Anxiety Disorder:** activation of the dorsal prefrontal cortex; GABA receptors the limbic system and habit brain; anxiolytics versus SRIs and related drugs.
- **Depression-Related Thoughts:** rumination and cognitions that one's problems are personal, pervasive and permanent; lowered mood, anhedonia, poor concentration, and impaired sleep.
- **Depressed Brain:** low serotonin, norepinephrine and dopamine impair prefrontal planning, motivation, and emotion regulation.
- **OCD Spectrum Disorders:** recurrent thoughts and behaviors of one's body or surroundings, the social brain and the habit brain.
- **Perfectionism:** obsession "I must strive to meet unrealistically high standards and am self-critical when I fail to do so."
- **Thoughts That Keep Us Awake:** memories and temporal and parietal cortices; present-centered thoughts and the limbic system; future-centered thoughts and the prefrontal cortex.
- **The Dark Side of Food Addictions:** carbohydrate-rich foods and serotonin; fatty foods and dopamine; sweets and opioid peptides.
- **Cravings:** addictions for comfort foods, caffeine, alcohol, and prescription and illicit drugs alter the circuits of the habit brain; in anticipation, bingeing, and withdrawal and negative emotions.

Brain-Based Therapies for Calming an Overactive Brain

- **Fear Conditioning and Extinction:** applying exposure-based therapies, e.g., systematic desensitization, flooding, virtual reality and EMDR; psychological therapies versus antidepressants.
- **Taming the Beast Within:** slow thinking engages the wisdom and thoughtful delay of the prefrontal cortex to deal with anger and disorders of impulse control.
- **Treating Thought Distortions with Cognitive Behavioral Therapy:** how anxiety, anger or sadness are resolved by re-interpreting old problems (reframing), arguing against strongly held beliefs (disputation) and testing assumptions.
- **Mental Approaches to Improving Sleep:** mental exercises that quiet prefrontal areas associated with recurrent emotions, unresolved social issues, planning and pain.
- **Reducing Cravings:** willpower is usually not enough but new habits can reduce immediate gratification and cravings, retrain addiction circuits and help make healthy behavior automatic.
- **Complementary Medicines and Pharmacotherapy:** why many health professionals use complementary medicines to treat anxiety, stress or depression with valerian, kava, SAMe and St. John's Wort; comparison with anxiolytics and antidepressants.
- **The Joyful Brain:** the neurobiology of happiness: understanding positive emotions that facilitate stress resilience, healthy forms of mood regulation, calm states of awareness, optimism and humor.
- **Acceptance and Commitment:** learning to accept in others flaws that are unlikely to change and moving on; overcoming the pathology of perfection by accepting our own limitations.
- **Mindfulness:** the calming effects of attending to the present and witnessing thoughts without judging them; using mindfulness to reduce pain, distress and stress.

ABOUT THE INSTRUCTOR

Bill Sieber, Ph.D., Clinical Professor in Psychiatry and Family Medicine at the University of California, San Diego, coordinates their Collaborative Care Program. With over 25 years of clinical, research, and teaching experience, Dr. Sieber is an expert in the behavioral management of disorders of anxiety and mood. He blends evidence-based research with practical strategies to directly enhance the wellbeing of health-professionals and to help calm their clients.

An outstanding and dedicated instructor, Dr. Sieber is recognized for excellent teaching at UCSD School of Medicine and for developing national training programs. Health professionals commend his clinical wisdom, wit, and warmth. In addition to Q &A in class, Dr. Sieber will answer your questions during the second half of the lunch break and by email after adjournment.

Commission SBAR Communication

Agenda Item/Title: Regulations on Telepharmacy and Remote Supervision

Date SBAR Communication Prepared: September 14, 2023

Reviewer: T. Nomi Peaks

Link to Action Plan:

Action Information Follow-up Discussion

Situation: At the Pharmacy Quality Assurance Commission (commission) business meeting on August 25, 2023, program staff members were tasked with facilitating a discussion at the October 2023 business meeting of WAC 246-945-315 and other relevant regulations related to telepharmacy and the remote supervision of multiple facilities by one pharmacist.

Background: For background, [WAC 246-945-315\(1\)](#) states, " All delegated pharmacy functions shall be performed under a pharmacist's immediate supervision. A pharmacist, as an adjunct to assist in the immediate supervision of the pharmacy ancillary personnel or intern, may employ technological means to communicate with or observe the pharmacy ancillary personnel or intern. A pharmacist shall make certain all applicable state and federal laws including, but not limited to, confidentiality, are fully observed when employing technological means of communication and observation. If technology is being used to provide immediate supervision of pharmacy ancillary personnel or intern such technology shall be sufficient to provide the personal assistance, direction and approval required to meet the standard of practice for the delegated tasks."

[WAC 246-945-001\(44\)](#) defines "immediate supervision." It means "supervision by a pharmacist who is immediately available at all times the delegated tasks are being performed; who is aware of delegated tasks being performed; and who provides personal assistance, direction and approval throughout the time the delegated tasks are being performed. Subsection (a) further clarifies that "immediately available" means "the pharmacist and pharmacy ancillary personnel or interns are on the same physical premises, or if not, technology is used to enable real time, two-way communications between the pharmacist and technician(s)."

[WAC 246-945-001\(44\)\(b\)](#) states, "A pharmacist, as an adjunct to assist in the immediate supervision of the pharmacy ancillary personnel or intern, may employ technological means to communicate with or observe the pharmacy ancillary personnel or intern. A pharmacist shall make certain all applicable state and federal laws including, but not limited to, confidentiality, are fully observed when employing technological means of communication and observation. If technology is being used to provide immediate supervision of pharmacy ancillary personnel or intern such technology shall be sufficient

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to provide the personal assistance, direction and approval required to meet the standard of practice for the delegated tasks.”

[WAC 246-945-430](#) discusses pharmacies storing, dispensing, and delivering drugs to patients without a pharmacist on-site. It reads,

(1) The following requirements apply to pharmacies storing, dispensing and delivering drugs to patients without a pharmacist on-site and are in addition to applicable state and federal laws applying to pharmacies.

(2) The pharmacy is required to have adequate visual surveillance of the full pharmacy and retain a high quality recording for a minimum of thirty calendar days.

(3) Access to a pharmacy by individuals must be limited, authorized, and regularly monitored.

(4) A visual and audio communication system used to counsel and interact with each patient or patient's caregiver, must be clear, secure, and HIPAA compliant.

(5) The responsible pharmacy manager, or designee, shall complete and retain, in accordance with WAC [246-945-005](#) a monthly in-person inspection of the pharmacy.

(6) A pharmacist must be capable of being on-site at the pharmacy within three hours if an emergency arises.

(7) The pharmacy must be closed to the public if any component of the surveillance or visual and audio communication system is malfunctioning, and remain closed until system corrections or repairs are completed or a pharmacist is on-site to oversee pharmacy operations.

Assessment/Recommendation: The commission's rules do not prohibit one pharmacist from remotely supervising multiple pharmacies. However, there are several questions that commission staff members recommend the commissioners consider during their discussion of this topic.

- What impact might one pharmacist's remote supervision of multiple pharmacies have on patient safety and public welfare?
- How might a remote pharmacist manage simultaneous emergencies at multiple pharmacies?
- What impact will a single pharmacist's remote supervision of multiple pharmacies have on each pharmacy's ancillary personnel utilization plan (AUP)?

Follow-up Action: Staff will take note of the commission's evaluation of these and any other pertinent discussion points and follow the commission's guidance regarding the best next steps.