

Report to the Legislature

2021-23 Uniform Disciplinary Act (UDA) Report

December 2023
RCW 18.130.310



Prepared by
Health Systems Quality Assurance



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Publication Number

631-108

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Executive Summary

[RCW 18.130.310](#) requires the Department of Health (department) to submit a biennial report to the legislature on health professions disciplinary proceedings during the biennium that includes data on complaints, investigations, adjudications, and manner of disposition; background check activities; attorney and investigator case distribution; and optional health profession board and commission supplemental reports.

This biennial report includes data for the 2021-2023 biennium.

Complaints, investigations, and adjudications

During the biennium, there were a total of 29,706 complaints.¹ The department completed investigations on 7,800, or 26 percent, of these complaints. The investigations resulted in disciplinary action on 6 percent of the complaints.

Background check activities

The department:

- Conducted background checks on 177,167 applicants
- Received WATCH reports (Washington State Patrol records of criminal convictions in Washington) on 3,266 applicants
- Denied a license or granted a license with conditions on 184 applicants based on a background check

Of the 3,266 applicants for which we received WATCH reports, only 1,576 (48%) disclosed the criminal history on their applications. As this data shows, background checks are key to identifying applicants who may not be able to practice safely based on criminal or disciplinary history.

Attorney and investigator case distribution

The number of cases for each investigator and staff attorney varies greatly due to several factors, including the nature and complexity of the complaint and complexity of the professions' regulations. Some cases require significant investigative and legal work. Because of this, numbers ranged from 1 to 360 cases per attorney and 1 to 265 investigations per investigator during the biennium.

¹ This number includes those carried over from the last biennium.

Background

Report

The Uniform Disciplinary Act (UDA) provides a legal and policy framework for the regulation and oversight of health care providers in Washington, including disciplinary activities. [RCW 18.130.310](#) requires the Department of Health (department) to submit a biennial report to the legislature on its proceedings during the biennium, including:

- The number of complaints made, investigated, and adjudicated and manner of disposition.
- Data on the department's background check activities conducted under [RCW 18.130.064](#) and the effectiveness of those activities in identifying potential license holders who may not be qualified to practice safely.
- A summary of the distribution of the number of cases assigned to each attorney and investigator for each profession, keeping the identities of the attorneys and investigators anonymous.
- May include recommendations for improving the disciplinary process, including proposed legislation.
- May include health professions board and commission supplemental reports that cover disciplinary activities, rulemaking and policy activities, and receipts and expenditures for the individual disciplining authority.

Disciplining authority

The department, along with the Washington Medical Commission (WMC), Washington State Board of Nursing (WABON),² and Chiropractic Quality Assurance Commission (CQAC) regulates about 521,000 health care providers in 85 different health professions.^{3,4} The secretary of health is the disciplining authority for 48 health professions, and boards and commissions are the authority for 36 professions. One board, the Board of Massage, has split authority with the department over its profession.⁵

² The Nursing Care Quality Assurance Commission was changed to the board of nursing in Chapter 123, Laws of 2023 .

³ This count considers dietitians/nutritionists and orthotists/prosthetists as single professions and does not include medical marijuana consultants who are regulated by the department but not under the UDA. Medical marijuana consultants are included in the data tables for informational purposes.

⁴ The Washington Medical Commission, Board of Nursing, and Chiropractic Quality Assurance Commission all have greater authority over their credentialing, investigative, and disciplinary functions.

⁵ The secretary of health has authority over licensing and discipline, while the board of massage approves massage schools and programs, oversees licensure examinations, establishes continuing education requirements, and determines substantially equivalent states.

There were several legislative changes to health profession credentials and boards and commissions over the last biennium. These were:

- Changes in the number of health professions the department credentials.
 - Removal of the osteopathic physician assistant credential and converting licensees to physician assistants. [Chapter 80, laws of 2020](#) moved all osteopathic physician assistants under the WMC upon renewal and all credentials were converted in the 2021-23 biennium.
 - Creation of a colon hydrotherapist license ([Chapter 179, laws of 2021](#)), which the department implemented on July 1, 2022, with 20 licenses issued to date.
 - Creation of a birth doula certification ([Chapter 217, laws of 2022](#)), which the department implemented on of October 1, 2023.⁶
- Changes to the makeup of boards and commissions [Chapter 240, Laws of 2022](#):
 - Modifying the number of members for the Dental Quality Assurance Commission, Board of Psychology, Veterinary Board of Governors, Board of Physical Therapy, Board of Massage, and the Board of Nursing Home Administrators. These changes were made to improve efficiency in disciplinary and other regulatory actions and broaden professional and public representation.
 - Changing all boards and commissions to Class 5 groups, which increases compensation for attending meetings or conducting board or commission business.

The UDA grants authority to the secretary of health, boards, and commissions to implement the law, including the development of rules to set professional standards for the profession. It also grants the department, boards, and commissions the authority to enforce laws that assure the public of the professional competence and conduct of the health care providers we regulate and ensure they can practice with reasonable skill and safety.⁵ See Appendix A for definitions of regulatory terms used in this report.

⁶In the 2023 session, seven new professions passed the legislature. Two have been fully implemented as required by the legislature, certified agency affiliated counselor and licensed agency affiliated counselor. Five are in the process of being implemented: music therapist, peer specialist, peer specialist trainee, behavioral health specialist, and dental therapist.

Complaints, Investigations, Adjudication, and Disposition

Complaints

Most disciplinary activity starts with a complaint from the public, practitioners, or facilities. The department, boards, and commissions may also open complaints based on media accounts or information from law enforcement.

Figure 1: Total complaints for the 2021-23 Biennium

Carried Over from FY19	New Complaints Filed	Total Complaints
4,677	25,029	29,706

Investigations

When the department, boards, or commissions receive a complaint regarding a healthcare provider, they review it to decide if the incident or event, if substantiated, would violate the law and if they have the legal authority to act. If these two conditions are not met, the file is closed below the threshold. If they determine the allegation might be a violation, and there is legal authority to act, an investigation is initiated.

Complaints can also include those for unlicensed practice. These are complaints that an unlicensed person is providing health care that requires a license to practice. The secretary is responsible for investigating these cases.

Figure 2: Investigations Completed during the 2021-23 Biennium

Licensed Investigations Completed	Unlicensed Investigations Completed	Total Investigations Completed
7,482	318	7,800

The department, boards, and commissions manage each case throughout the disciplinary process, working with investigators, staff attorneys, and the Office of the Attorney General to identify violations and evaluate evidence. If the evidence does not support the complaint, it is closed. If violations are found, the case is presented to a panel of members from the department, board, or commission for approval to act.

Disciplinary Actions

Informal Actions

Disciplinary action can be formal or informal, with informal actions taken in cases that involve minimal risk of patient harm. Informal action begins with a statement of allegations (SOA),

which sets forth the factual allegations against the healthcare professional and the potential violations of the UDA. A SOA is resolved through a stipulation to informal disposition (STID). A SOA and STID may be offered prior to serving a formal statement of charges if the case involves minimal risk of potential or actual patient harm and no pattern of violations.

If the license holder agrees to the STID, they do not admit unprofessional conduct but do agree to corrective action. Additional training is an example of corrective action.

Formal Actions

Formal disciplinary action begins with a statement of charges (SOC). The respondent must answer the charges in writing within 20 days or the board, commission, or department enters a default order.

An SOC is resolved through the adjudicative process, which can result in one of the following:

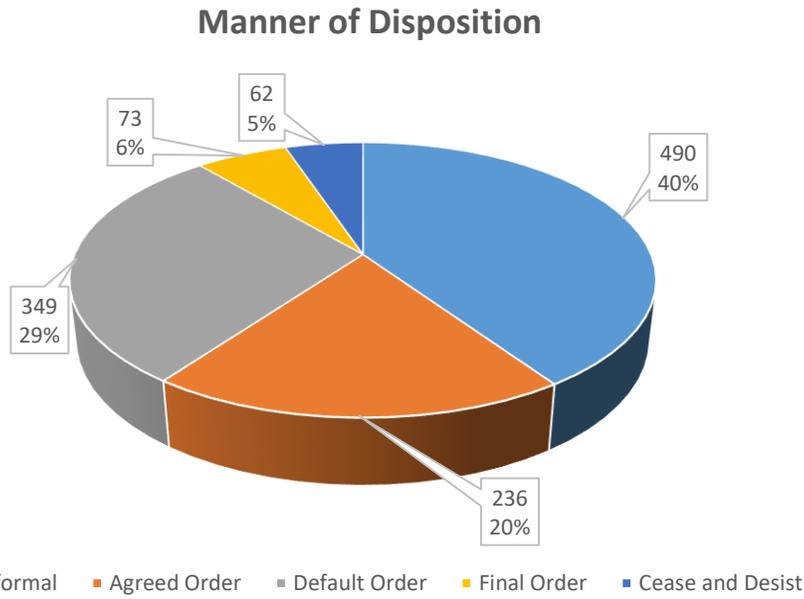
- Agreed order: A document agreed upon by the license holder (and their attorney if represented) and representatives from the department, which includes any sanctions or conditions regarding practice. The agreed order becomes final if the disciplining authority approves it. This is called a stipulated findings of facts, conclusion of law and agreed order.
- Final order: A document issued as a result of a formal hearing. This is called a findings of fact, conclusions of law, and final order.
- Default order: A final order issued when the disciplining authority has notified a license holder of allegations and the license holder failed to answer or participate in the adjudicative process.

In addition, the department can issue a cease and desist order for unlicensed practice of a health profession. This order requires the person to stop the unlicensed activity and may include a fine. Continued unlicensed practice may result in court enforcement of the cease and desist order or criminal prosecution.

The department, boards, and commissions took disciplinary action on 6 percent (1,661) of the total 29,706 complaints on all professions.⁷ See figure 3 on the next page for a breakdown of disciplinary actions by the manner of disposition.

⁷ Chart includes notices of decision, issued when the disciplining authority denies an application for licensure or grants the license with conditions based on disciplinary actions or criminal conviction activity identified. These are discussed in detail under Background Checks (page 14).

Figure 3 – Summary of Case Disposition – 2021-23 Biennium



The following tables include detailed data by profession.

- Table 1 - Numbers of complaints and investigations by profession
- Table 2 - Disciplinary actions for secretary professions
- Table 3 - Disciplinary actions for board and commission professions
- Table 4 - Manner of disposition by profession

Table 1: Licensee Counts, Complaints, and Investigations Completed by Profession – 2021-23 Biennium

Profession	Licensee Counts	Total Complaints*	Investigations (Licensed)	Investigations (Unlicensed)	Total Investigations
Acupuncture & Eastern Medicine Practitioner	1571	59	23	5	28
Advanced Emergency Medical Technician	344	2	0	0	0
Advanced Registered Nurse Practitioner	14011	1002	242	1	243
Animal Massage Practitioner	138	12	1	5	6
Athletic Trainer	851	9	3	0	3
Audiologist	528	13	5	0	5
Cardiovascular Invasive Specialist	375	4	1	0	1
Certified Behavior Technician	3802	82	26	1	27
Chiropractic X-Ray Technician	249	7	0	1	1
Chiropractor	2545	541	221	3	224
Colon Hydrotherapist	20	0	0	0	0
Counselor, Agency Affiliated	10680	728	224	3	227
Counselor, Certified	353	52	16	6	22
Counselor, Certified Advisor	1	0	0	0	0
Dental Anesthesia Assistant	263	0	0	0	0
Dental Assistant	17227	183	48	5	53
Dental Hygienist	6753	49	8	2	10
Dentist	7059	1786	619	6	625
Denturist	150	28	14	3	17
Dietitian/Nutritionist	2832	14	3	0	3
Dispensing Optician	944	18	1	0	1
Dispensing Optician Apprentice	1009	22	0	0	0
Emergency Medical Responder	248	1	0	0	0
Emergency Medical Technician	13441	117	39	1	40
Expanded Function Dental Auxiliary	389	5	4	0	4
Genetic Counselor	555	5	1	0	1
Hearing aid Specialist	330	14	8	0	8
Home Care Aide	24548	1711	267	4	271
Humane Society	30	1	0	0	0
Hypnotherapist	718	37	10	3	13
Licensed Assistant Behavior Analyst	206	15	8	0	8
Licensed Behavior Analyst	1218	45	21	1	22
Licensed Practical Nurse	11464	1071	260	5	265
Marriage and Family Therapist	2355	139	49	2	51
Marriage and Family Therapist Associate	725	57	28	0	28
Massage Therapist	11733	708	181	74	255
Medical Assistant	43028	670	170	14	184
Medication Assistant Endorsement	88	11	2	1	3
Medical Marijuana Consultant	473	4	0	0	0
Mental Health Counselor	10106	576	198	16	214
Mental Health Counselor Associate	2693	215	89	0	89
Midwife	219	57	34	3	37
Naturopathic Physician	1620	197	79	11	90
Nursing Assistant	74526	5543	545	7	552
Nursing Home Administrator	401	228	56	1	57

Profession	Licensee Counts	Total Complaints*	Investigations (Licensed)	Investigations (Unlicensed)	Total Investigations
Nursing Pool Operator	496	9	4	3	7
Nursing Technician	1342	12	3	0	3
Occupational Therapist	4362	42	14	1	15
Occupational Therapy Assistant	1210	28	4	0	4
Ocularist	10	0	0	0	0
Optometrist	1772	141	29	1	30
Orthotist/ Prosthetist	360	23	10	1	11
Osteopathic Physician	3901	593	167	4	171
Osteopathic Physician Assistant	0	14	2	0	2
Paramedic	3018	41	9	0	9
Pharmacies and Other Pharmaceutical Firms	5106	745	212	9	221
Pharmacist	11274	696	292	0	292
Pharmacist Intern	1345	53	34	0	34
Pharmacy Assistant	10009	188	55	1	56
Pharmacy Technician	9285	157	56	1	57
Physical Therapist	7840	164	31	6	37
Physical Therapist Assistant	2424	49	7	0	7
Physician	32392	3753	982	27	1009
Physician Assistant	5255	496	174	0	174
Podiatric Physician	393	113	30	0	30
Psychologist	3824	267	87	8	95
Radiological Technologist	7388	53	21	1	22
Radiologist Assistant	9	0	0	0	0
Recreational Therapist	139	2	2	0	2
Reflexologist	245	3	1	0	1
Registered Nurse	131261	4183	1112	35	1147
Respiratory Care Practitioner	3661	42	4	1	5
Retired Volunteer Medical Worker	9	0	0	0	0
Sex Offender Treatment Provider	101	27	6	0	6
Sex Offender Treatment Provider Affiliate	12	3	0	0	0
Social Worker Advanced	151	20	0	0	0
Social Worker Associate Advanced	391	15	4	0	4
Social Worker Assoc. Independent Clinical	2888	123	40	0	40
Social Worker Independent Clinical	6670	226	75	0	75
Speech Language Pathologist	3970	29	4	0	4
Speech Language Pathology Assistant	291	3	0	0	0
Substance Use Disorder Professional	3102	370	141	2	143
Substance Use Disorder Professional Trainee	1432	371	113	3	116
Surgical Technologist	3715	24	4	2	6
Veterinarian	4525	479	160	18	178
Veterinary Medication Clerk	2274	29	11	3	14
Veterinary Technician	2623	55	12	6	18
X-Ray Technician	1616	27	8	1	9
Totals**	554910	29706	7482	318	7800

*Includes Carry Over from FY21 and New Complaints.

**Includes credential holders participating in interstate compacts.

Table 2 – Disciplinary Actions – Secretary Professions – 2021-23 Biennium

Profession	Carry Over from FY21	Complaints Received	Total Complaints	Total Disciplinary Action	% of Secretary Disciplinary Action to Complaints	% of Secretary Disciplinary Actions
Acupuncture and Eastern Medicine Practitioner	4	55	59	4	7%	1%
Advanced Emergency Medical Technician	0	2	2	0	0%	0%
Animal Massage Practitioner	3	9	12	2	17%	0%
Athletic Trainer	0	9	9	0	0%	0%
Cardiovascular Invasive Specialist	0	4	4	0	0%	0%
Certified Behavior Technician	10	72	82	6	7%	1%
Colon Hydrotherapist	0	0	0	0	0%	0%
Counselor, Agency Affiliated	123	605	728	101	14%	13%
Counselor, Certified	11	41	52	3	6%	0%
Counselor, Certified Advisor	0	0	0	0	0%	0%
Dental Hygienist	6	43	49	1	2%	0%
Dietitian/Nutritionist	0	14	14	0	0%	0%
Dispensing Optician	0	18	18	0	0%	0%
Dispensing Optician Apprentice	5	17	22	13	59%	2%
Emergency Medical Responder	0	1	1	1	100%	0%
Emergency Medical Technician	24	93	117	11	9%	1%
Genetic Counselor	0	5	5	0	0%	0%
Health Care Assistant	0	2	2	0	0%	0%
Home Care Aide	148	1563	1711	82	5%	11%
Hypnotherapist	6	31	37	2	5%	0%
Licensed Assistant Behavior Analyst	2	13	15	1	7%	0%
Licensed Behavior Analyst	6	39	45	2	4%	0%
Marriage and Family Therapist	29	110	139	5	4%	1%
Marriage and Family Therapist Associate	7	50	57	2	4%	0%
Massage Therapist	135	573	708	76	11%	10%
Medical Assistant	93	577	670	70	10%	9%
Medication Assistant Endorsement	3	8	11	4	0%	1%
Medical Marijuana Consultant	0	4	4	0	0%	0%
Mental Health Counselor	116	460	576	33	6%	4%
Mental Health Counselor Associate	46	169	215	14	7%	2%
Midwife	3	54	57	1	2%	0%
Nursing Assistant	464	5079	5543	183	3%	24%
Nursing Pool Operator	3	6	9	1	11%	0%
Ocularist	0	0	0	0	0%	0%
Orthotist/ Prosthetist	6	17	23	0	0%	0%
Paramedic	12	29	41	6	15%	1%
Radiological Technologist	10	43	53	6	11%	1%
Radiologist Assistant	0	0	0	0	0%	0%
Recreational Therapist	0	2	2	0	0%	0%
Reflexologist	0	3	3	0	0%	0%
Respiratory Care Practitioner	7	35	42	4	10%	1%
Retired Volunteer Medical Worker	0	0	0	0	0%	0%

Profession	Carry Over from FY21	Complaints Received	Total Complaints	Total Disciplinary Action	% of Secretary Disciplinary Action to Complaints	% of Secretary Disciplinary Actions
Sex Offender Treatment Provider	6	21	27	2	7%	0%
Sex Offender Treatment Provider Affiliate	0	3	3	0	0%	0%
Social Worker Advanced	1	19	20	0	0%	0%
Social Worker Associate Advanced	1	14	15	1	7%	0%
Social Worker Associate Independent Clinical	15	108	123	4	3%	1%
Social Worker Independent Clinical	26	200	226	9	4%	1%
Substance Use Disorder Professional	73	297	370	19	5%	2%
Substance Use Disorder Professional Trainee	65	306	371	88	24%	11%
Surgical Technologist	6	18	24	6	25%	1%
X-Ray Technician	7	20	27	5	19%	1%
Totals	1482	10859	12341	768	6%	100%

*Includes notices of decision on applications and cease and desist orders for unlicensed practice.

Table 3 – Disciplinary Actions – Board and Commission Professions – 2021-23 Biennium

Profession	Carry Over from FY21	Complaints Received	Total Complaints	Total Disciplinary Action	% of B/C Disciplinary Action to Complaints	% of All B/C Disciplinary Action
Advanced Registered Nurse Practitioner	131	871	1002	26	3%	3%
Audiologist	2	11	13	1	8%	0%
Chiropractic X-Ray Technician	5	2	7	2	29%	0%
Chiropractor	194	347	541	33	6%	4%
Dental Anesthesia Assistant	0	0	0	0	0%	0%
Dental Assistant	38	145	183	21	11%	2%
Dentist	355	1431	1786	110	6%	12%
Denturist	8	20	28	4	14%	0%
Expanded Function Dental Auxiliary	2	3	5	1	20%	0%
Hearing aid Specialist	7	7	14	3	21%	0%
Humane Society	1	0	1	0	0%	0%
Licensed Practical Nurse	204	867	1071	54	5%	6%
Naturopathic Physician	50	147	197	15	8%	2%
Nursing Home Administrator	24	204	228	1	0%	0%
Nursing Technician	3	9	12	1	8%	0%
Occupational Therapist	11	31	42	1	2%	0%
Occupational Therapy Assistant	5	23	28	3	11%	0%
Optometrist	14	127	141	5	4%	1%
Osteopathic Physician	98	495	593	12	2%	1%
Osteopathic Physician Assistant	4	10	14	1	0%	0%
Pharmacies and Other Pharmaceutical Firms	141	604	745	1	0%	0%
Pharmacist	145	551	696	21	3%	2%
Pharmacist Intern	16	37	53	24	45%	3%
Pharmacy Assistant	44	144	188	36	19%	4%
Pharmacy Technician	58	99	157	16	10%	2%
Physical Therapist	37	127	164	10	6%	1%
Physical Therapist Assistant	10	39	49	4	8%	0%
Physician	614	3139	3820	150	4%	17%
Physician Assistant	82	414	494	23	5%	3%
Podiatric Physician	49	64	113	2	2%	0%
Psychologist	51	216	267	22	8%	2%
Registered Nurse	654	3529	4183	233	6%	26%
Speech Language Pathologist	2	27	29	1	3%	0%
Speech Language Pathology Assistant	0	3	3	0	0%	0%
Veterinarian	119	360	480	49	10%	5%
Veterinary Medication Clerk	3	26	29	2	7%	0%
Veterinary Technician	14	41	55	5	9%	1%
Totals	3195	14170	17365	893	5%	100%

*Includes notices of decision on applications and cease and desist orders for unlicensed practice.

Table 4: Manner of Disposition – All Professions – 2021-23 Biennium

Profession	Informal Disposition	Agreed Order	Default Order	Final Order	Notice of Decision	Cease and Desist	Total
Acupuncture and Eastern Medicine Practitioner	1	0	2	0	0	1	4
Advanced Emergency Medical Technician	0	0	0	0	0	0	0
Advanced Registered Nurse Practitioner	5	8	9	2	1	1	26
Animal Massage Practitioner	0	0	0	0	0	2	2
Athletic Trainer	0	0	0	0	0	0	0
Audiologist	1	0	0	0	0	0	1
Cardiovascular Invasive Specialist	0	0	0	0	0	0	0
Certified Behavior Technician	1	0	2	0	3	0	6
Chiropractic X-Ray Technician	0	0	1	0	1	0	2
Chiropractor	14	9	5	5	0	0	33
Colon Hydrotherapist	0	0	0	0	0	0	0
Counselor, Agency Affiliated	15	10	9	2	65	0	101
Counselor, Certified	0	2	0	0	0	1	3
Counselor, Certified Advisor	0	0	0	0	0	0	0
Dental Anesthesia Assistant	0	0	0	0	0	0	0
Dental Assistant	6	0	4	0	11	0	21
Dental Hygienist	1	0	0	0	0	0	1
Dentist	80	22	3	3	1	1	110
Denturist	2	1	1	0	0	0	4
Dietitian/Nutritionist	0	0	0	0	0	0	0
Dispensing Optician	0	0	0	0	0	0	0
Dispensing Optician Apprentice	0	0	0	0	13	0	13
Emergency Medical Responder	0	0	0	0	1	0	1
Emergency Medical Technician	2	0	4	1	4	0	11
Expanded Function Dental Auxiliary	0	0	1	0	0	0	1
Genetic Counselor	0	0	0	0	0	0	0
Hearing aid Specialist	2	0	1	0	0	0	3
Home Care Aide	12	6	20	5	39	0	82
Humane Society	0	0	0	0	0	0	0
Hypnotherapist	0	0	0	0	1	1	2
Licensed Assistant Behavior Analyst	0	0	0	0	1	0	1
Licensed Behavior Analyst	1	0	0	0	1	0	2
Licensed Practical Nurse	12	12	19	1	9	1	54
Marriage and Family Therapist	2	1	0	0	2	0	5
Marriage and Family Therapist Associate	0	1	0	0	1	0	2
Massage Therapist	20	9	11	3	6	27	76
Medical Assistant	18	4	20	3	23	2	70
Medical Marijuana Consultant	0	0	0	0	0	0	0
Medication Assistant Endorsement	0	1	1	0	2	0	4
Mental Health Counselor	18	2	3	2	5	3	33
Mental Health Counselor Associate	5	0	4	0	5	0	14
Midwife	0	0	0	0	0	1	1
Naturopathic Physician	8	4	1	0	0	2	15
Nursing Assistant	29	35	72	8	39	0	183
Nursing Home Administrator	1	0	0	0	0	0	1

Profession	Informal Disposition	Agreed Order	Default Order	Final Order	Notice of Decision	Cease and Desist	Total
Nursing Pool Operator	0	0	0	0	0	1	1
Nursing Technician	0	0	1	0	0	0	1
Occupational Therapist	1	0	0	0	0	0	1
Occupational Therapy Assistant	1	0	0	0	2	0	3
Ocularist	0	0	0	0	0	0	0
Optometrist	3	2	0	0	0	0	5
Orthotist/ Prosthetist	0	0	0	0	0	0	0
Osteopathic Physician	7	4	0	0	1	0	12
Osteopathic Physician Assistant	1	0	0	0	0	0	1
Paramedic	5	0	0	1	0	0	6
Pharmacies and Other Pharmaceutical Firms	1	0	0	0	0	0	1
Pharmacist	9	10	2	0	0	0	21
Pharmacist Intern	0	1	0	1	22	0	24
Pharmacy Assistant	1	3	8	3	21	0	36
Pharmacy Technician	8	2	4	1	1	0	16
Physical Therapist	2	2	2	3	1	0	10
Physical Therapy Assistant	1	1	1	0	1	0	4
Physician	75	20	26	12	12	10	155
Physician Assistant	13	1	4	2	5	0	25
Podiatric Physician	1	1	0	0	0	0	2
Psychologist	9	5	1	3	3	1	22
Radiological Technologist	2	0	3	1	0	0	6
Radiologist Assistant	0	0	0	0	0	0	0
Recreational Therapist	0	0	0	0	0	0	0
Reflexologist	0	0	0	0	0	0	0
Registered Nurse	33	37	73	11	75	4	233
Respiratory Care Practitioner	0	0	2	0	2	0	4
Retired Volunteer Medical Worker	0	0	0	0	0	0	0
Sex Offender Treatment Provider	2	0	0	0	0	0	2
Sex Offender Treatment Provider Affiliate	0	0	0	0	0	0	0
Social Worker Advanced	0	0	0	0	0	0	0
Social Worker Associate Advanced	0	0	0	0	1	0	1
Social Worker Associate Independent Clinical	1	2	1	0	0	0	4
Social Worker Independent Clinical	5	1	2	0	1	0	9
Speech Language Pathologist	0	0	1	0	0	0	1
Speech Language Pathology Assistant	0	0	0	0	0	0	0
Substance Use Disorder Professional	7	5	6	0	1	0	19
Substance Use Disorder Professional Trainee	8	7	12	1	60	0	88
Surgical Technologist	0	2	1	0	3	0	6
Veterinarian	37	5	3	2	0	2	49
Veterinary Medication Clerk	0	0	0	0	2	0	2
Veterinary Technician	0	1	2	0	1	1	5
X-Ray Technician	1	0	1	1	2	0	5
Totals	490	236	349	73	451	62	1661

Background Checks

[RCW 18.130.310](#) requires the department to provide data on background check activities conducted under RCW 18.130.064 and the effectiveness of those activities in identifying potential license holders who may not be qualified to practice safely.

[RCW 18.130.064](#) authorizes the department to receive criminal history record information and non-conviction data for determining the eligibility of applicants for licensure or renewal, or to determine whether to proceed with an investigation of a complaint against a license holder. It requires the department to conduct a state background check through the Washington State Patrol on all new applicants and conduct an annual review of a representative sample of all license holders.

The statute allows the department to include a fingerprint-based check where the state patrol background check is inadequate, such as out-of-state applicants or applicants with a criminal record in Washington.

Types of Background Checks

The department works with three databases to obtain criminal and disciplinary data on applicants. For all new applications, the background check process involves checking two separate databases:

- Washington Access to Criminal History (WATCH) database operated by the Washington State Patrol (WSP). It provides records of criminal convictions in the state of Washington.
- The National Practitioner Data Bank (NPDB) is administered by the U.S. Department of Health and Human Services to obtain disciplinary data from other states on all applicants. This national databank contains disciplinary information, including adverse actions, about health professionals.

For out-of-state applicants or applicants with a criminal history, the process includes an FBI fingerprint-based national background check through the FBI and WSP.

The FBI fingerprint process can be lengthy, especially when prints are unreadable and need to be re-collected. As a result, the department, boards, and commissions may grant temporary practice permits to applicants who satisfy all licensing requirements but are still awaiting FBI results to help improve access to care by avoiding delays. The temporary practice permit expires if criminal history is identified, and a notice of decision (NOD) is issued (see next page for more information on NODs).

Figure 4: DOH Background Check Activity Summary – 2019-21 Biennium

Total Applicants	177,149
Applicants with returned background reports ⁸	3,265
Cases opened on applicants with returned background reports	403
Applicants who disclosed criminal or disciplinary history (% of cases)	1,576 (48%)
Applicants not disclosing criminal or disciplinary history (% of cases)	1,689 (52%)
Actions taken to restrict or deny a license application	184

Disciplinary Action for Applicants

The department issues a NOD when the disciplining authority denies an application for licensure, or grants the license with conditions, pursuant to [RCW 18.130.055](#). Common application issues include discipline in another state or criminal conviction activity identified on an application or found in a background check. The notice has detailed instructions for the applicant, which explains what to do if they want to contest the decision. This includes notice of the right to request a hearing on the decision to prove they are qualified and can practice safely. The department issued 451 NODs during the 2021-23 biennium.

Effectiveness of Background Check Activities

As the above table demonstrates, half of the applicants with returned background check reports did not disclose their criminal history on the application. We are unsure how many of these omissions were intentional. However, had we not conducted background checks, we would not have identified this history, and the applicants may have been fully licensed without conditions. This demonstrates that background checks were effective in identifying 184 potential license holders who may not be qualified to practice safely, and we were able to deny a license or grant a license with conditions to protect the public.

Table 5 on the next page shows details of background check activity by profession.

Table 5: Background Reports – 2021-23 Biennium

Profession	Total Applicant Checks Made	WATCH Reports Produced	Cases Opened on Applicants	Self- Disclosed		% Disclosed	Actions Taken
				Yes	No		
Acupuncture and Eastern Medicine Practitioner	156	0	0	0	0	-	0
Advanced Emergency Medical Technician	93	1	1	1	0	100%	0
Advanced Registered Nurse Practitioner	4459	19	0	6	13	32%	0
Animal Massage Practitioner	42	0	0	0	0	-	0
Athletic Trainer	226	0	0	0	0	-	0
Audiologist	96	0	0	0	0	-	0
Cardiovascular Invasive Specialist	88	4	0	1	3	25%	0
Certified Behavior Technician	3556	60	7	22	38	37%	1
Chiropractic X-Ray Technician	184	4	1	1	3	25%	1
Chiropractor	230	3	0	2	1	67%	0
Colon Hydrotherapist	18	1	0	0	1	0%	0
Counselor, Agency Affiliated	6985	554	99	348	206	63%	50
Counselor, Certified	85	1	0	1	0	100%	0
Dental Anesthesia Assistant	88	5	0	2	3	40%	0
Dental Assistant	6961	137	19	44	93	32%	7
Dental Hygienist	797	13	1	7	6	54%	0
Dentist	1003	1	0	0	1	0%	0
Denturist	17	0	0	0	0	-	0
Dietitian/Nutritionist	732	3	0	1	2	33%	0
Dispensing Optician	78	5	1	2	3	40%	0
Dispensing Optician Apprentice	357	10	0	5	5	50%	0
Emergency Medical Responder	55	1	0	0	1	0%	0
Emergency Medical Technician	3680	75	2	39	36	52%	0
Expanded Function Dental Auxiliary	54	0	0	0	0	-	0
Genetic Counselor	254	0	1	0	0	-	0
Hearing aid Specialist	38	3	0	1	2	33%	0
Home Care Aide	6787	18	9	7	11	39%	3
Hypnotherapist	219	10	1	6	4	60%	0
Licensed Assistant Behavior Analyst	231	4	0	3	1	75%	0
Licensed Behavior Analyst	450	5	1	3	2	60%	1
Licensed Practical Nurse	2531	34	0	19	15	56%	0
Marriage and Family Therapist	437	5	0	4	1	80%	0
Marriage and Family Therapist Associate	468	8	0	5	3	63%	0
Massage Therapist	1207	40	9	17	23	43%	5
Medical Assistant	17159	526	40	188	338	36%	17
Medication Assistant Endorsement	46	2	0	1	1	50%	0
Medical Marijuana Consultant	335	32	1	0	32	0%	0
Mental Health Counselor	2056	28	5	21	7	75%	2
Mental Health Counselor Associate	1981	41	3	28	13	68%	2
Midwife	47	2	0	1	1	50%	0
Naturopathic Physician	195	0	0	0	0	-	0
Nursing Assistant	32699	670	51	216	454	32%	24

Profession	Total Applicant Checks Made	WATCH Reports Produced	Cases Opened on Applicants	Self-Disclosed		% Disclosed	Actions Taken
				Yes	No		
Nursing Home Administrator	93	2	0	1	1	50%	0
Nursing Technician	1947	33	2	13	20	39%	0
Occupational Therapist	872	5	3	5	0	100%	0
Occupational Therapy Assistant	227	2	3	0	2	0%	1
Ocularist	3	0	0	0	0	-	0
Optometrist	240	1	0	0	1	0%	0
Orthotist/ Prosthetist	55	0	0	0	0	-	0
Osteopathic Physician	1137	1	3	0	1	0%	0
Osteopathic Physician Assistant	0	0	0	0	0	-	0
Paramedic	547	10	0	5	5	50%	0
Pharmacist	1189	8	0	5	3	63%	0
Pharmacist Intern	743	5	2	3	2	60%	0
Pharmacy Assistant	6973	120	41	36	84	30%	13
Pharmacy Technician	1623	17	4	12	5	71%	0
Physical Therapist	1381	0	0	0	0	-	0
Physical Therapist Assistant	339	1	0	0	1	0%	0
Physician	5636	7	0	0	7	0%	0
Physician Assistant	1190	3	0	0	3	0%	0
Podiatric Physician	62	1	0	0	1	0%	0
Psychologist	883	0	1	0	0	-	0
Radiological Assistant	1	0	0	0	0	-	0
Radiological Technologist	1441	13	0	6	7	46%	0
Recreational Therapist	47	0	0	0	0	-	0
Reflexologist	32	1	0	1	0	100%	0
Registered Nurse	40697	144	9	74	70	51%	1
Respiratory Care Practitioner	1025	3	1	2	1	67%	1
Sex Offender Treatment Provider	12	1	0	1	0	100%	0
Sex Offender Treatment Provider Affiliate	2	0	0	0	0	-	0
Social Worker Advanced	38	1	1	1	0	100%	0
Social Worker Associate Advanced	328	12	1	7	5	58%	0
Social Worker Assoc. Independent Clinical	1625	54	3	41	13	76%	0
Social Worker Independent Clinical	1610	20	1	16	4	80%	0
Speech Language Pathologist	1267	5	0	2	3	40%	0
Speech Language Pathology Assistant	130	1	0	1	0	100%	0
Substance Use Disorder Professional	454	115	5	109	6	95%	1
Substance Use Disorder Professional Trainee	1092	258	66	196	62	76%	50
Surgical Technologist	1295	32	1	14	18	44%	0
Veterinarian	672	0	0	0	0	-	0
Veterinary Medication Clerk	1665	27	2	8	19	30%	2
Veterinary Technician	423	6	1	4	2	67%	1
X-Ray Technician	991	32	1	11	21	34%	1
Totals	177167	3266	403	1576	1690	48%	184

Case Distribution to Investigators and Staff Attorneys

[RCW 18.130.310](#) requires the department to “summarize the distribution of the number of cases assigned to each attorney and investigator for each profession.” The law also requires that the identities of staff attorneys and investigators remain anonymous.

The number of cases for each investigator and staff attorney varies greatly due to several factors that may impact the amount of investigative and legal resources for a case (and how work is distributed). These factors include:

- The nature and complexity of the complaint
- The complexity of the profession
- Availability of records and other information
- If there are companion cases with other professions
- How many months the staff worked during the biennium
- Involvement of other entities such as law enforcement

Tables 6 and 7 provide case distributions by staff attorney and investigator. Numbers ranged from 1 to 360 cases per attorney and 1 to 265 investigations per investigator. Breakdowns by profession are not included in this biennium’s report because we are evaluating our methods for producing this information accurately.

Please note on the following tables:

- To preserve anonymity, individual staff members are indicated by a number.
- The number of cases shown includes any case worked during the biennium.
- The number of cases shown differs from the number of cases received or closed since it includes cases at any point in the investigative or legal process.
- The number of months each staff member worked for the department during the 2017-19 biennium is indicated in the bottom row of each chart.

**Table 6: Distribution of Staff Attorney Caseload
2021-23 Biennium**

Staff Attorney	Months Worked in Biennium	Number of Cases
1	24	29
2	1	5
3	24	1
4	24	1
5	4	37
6	10	86
7	24	275
8	4	60
9	11	187
10	16	140
11	24	109
12	4	38
13	24	15
14	24	12
15	24	28
16	16	130
17	24	285
18	24	360
19	17	123
20	24	57
21	24	93
22	24	20
23	24	228
24	24	2
25	24	257
26	24	90
27	20	154
28	24	2
29	24	295
30	24	226
31	7	132
32	24	1
33	7	97
34	9	40
35	11	77
36	14	189
37	21	1
38	10	79
39	10	85
40	24	42
41	14	11

Table 7: Distribution of Investigator Caseload**2021-23 Biennium**

Investigator	Months Worked in Biennium	Number of Investigations
1	24	77
2	1	4
3	24	5
4	24	78
5	1	3
6	24	109
7	24	116
8	24	1
9	1	154
10	10	73
11	24	92
12	24	172
13	12	45
14	24	11
15	24	15
16	4	4
17	24	186
18	24	118
19	1	38
20	24	174
21	1	246
22	24	169
23	24	189
24	1	189
25	24	119
26	1	265
27	24	44
28	24	202
29	24	215
30	1	130
31	1	153
32	24	227
33	1	153
34	1	70
35	1	12
36	24	239
37	1	6
38	20	17
39	1	10
40	24	131
41	7	62
42	1	130

Investigator	Months Worked in Biennium	Number of Investigations
43	1	62
44	1	90
45	24	144
46	24	8
47	1	11
48	1	10
49	24	23
50	24	10
51	24	202
52	24	31
53	1	1
54	1	2
55	1	203
56	19	69
57	15	74
58	12	51
59	24	207
60	24	161
61	1	2
62	24	1
63	24	156
64	1	1
65	14	1
66	1	1
67	1	177
68	1	1
69	24	63
70	1	39
71	1	3
72	24	7
73	24	6
74	24	128
75	1	1
76	1	3
77	1	13
78	24	25
79	24	99
80	24	180
81	1	51
82	1	185
83	24	50
84	1	10
85	24	171
86	24	206
87	1	1

Investigator	Months Worked in Biennium	Number of Investigations
88	1	187
89	1	1
90	24	218
91	1	1
92	24	130
93	1	231
94	1	1
95	6	28
96	15	6
97	24	3
98	5	11
99	1	18
100	24	22
101	24	31
102	23	191
103	24	126
104	13	1
105	24	147
106	24	33
107	24	33
108	24	141
109	10	3
110	1	148
111	24	195
112	3	38
113	1	183
114	24	4
115	1	1

Appendices

Appendix A: Definitions is a glossary of terms used throughout this report, including clarifications and abbreviated versions of longer terms.

Appendix B: Licensee Counts by Professions details the number of licensees for each profession over the last seven fiscal years, as well as a compounded annual growth rate over four years whenever possible.

Appendix A: Definitions

Agreed Order: The document, formally called Stipulated Findings of Fact, Conclusions of Law, and Agreed order, is a negotiated settlement between the health care provider and representatives of the agency. It states the substantiated violations of law and the sanctions being placed on the health care provider’s credential. The health care provider agrees to the conditions in the order. The Agreed order is presented to the disciplinary authority and, if approved, becomes final. The order is reported to national data banks and the public through a press release.

Board or Commission: A board or commission is a part-time, statutory entity that has rulemaking authority, performs quasi-judicial functions, has responsibility for the administration or policy direction of a program, or performs regulatory or licensing functions with respect to a specific profession. See also Chapter 43.03 RCW.

Certification: This credential demonstrates that the professional has met certain qualifications. The regulatory authority – a board, commission, or the secretary of health – sets the qualifications. In some professions, someone who isn’t certified may perform the same tasks, but may not use “certified” in their title.

Default Orders: A Default order is issued when the credentialed health care provider is given notice, but either fails to answer the allegations or fails to participate in the adjudicative process as required by law.

Final Order: The document is formally called Findings of Fact, Conclusions of Law and Order. This document is issued after a formal hearing has been held. The hearing may be held before a health law judge representing the secretary as the decision-maker or before a panel of board or commission members, with a health law judge acting as the presiding officer. The document identifies the proven facts, violations of law, and the sanctions being placed on the health care provider’s credential. The health care provider has the right to ask for administrative review of an initial order. Final orders are subject to reconsideration of the decision or to appeal to a superior court. The order is reported to national data banks and released to the public through a press release.

License: This credential allows people to practice if they meet certain qualifications. Practicing without a license is illegal. Licensing regulates what practitioners are trained and authorized to do.

Notice of Decision (NOD): This document is issued pursuant to RCW 18.130.055, when the disciplining authority decides to deny an application for licensure or grant the license with conditions.

Registration: The state keeps an official register of the names and addresses of the people in each profession. This credential signifies the professional is on that register. If required, a description and the location of the service are included; however, registrations do not include training, examination, or continuing education requirements.

Informal Order - Stipulation to Informal Disposition: A Stipulation to Informal Disposition (STID) is an informal resolution. If the health care provider agrees to sign the STID, the provider does not admit to unprofessional conduct, but does agree to corrective action. STIDs are reported to national data banks, but because they are informal, they do not result in a press release.

Appendix B: Licensee Counts by Profession – 2021-23 Biennium

Profession	2013-15	2015-17	2017-19	2019-21	2021-23
Acupuncture and Eastern Medicine Practitioner	1,387	1,537	1,606	1560	1571
Advanced Emergency Medical Technician	362	367	364	350	344
Advanced Registered Nurse Practitioner	6,404	7,759	9,169	11,311	14011
Animal Massage Practitioner	59	81	108	112	138
Athletic Trainer	587	669	789	818	851
Audiologist	409	430	465	497	528
Cardiovascular Invasive Specialist	224	292	338	345	375
Certified Behavior Technician	-	-	2435	3491	3802
Chiropractic X-Ray Technician	209	218	206	198	249
Chiropractor	2,467	2,534	2,605	2598	2545
Colon Hydrotherapists	0	0	0	0	20
Counselor, Agency Affiliated	7,611	9,354	9092	9279	10680
Counselor, Certified	630	550	471	391	353
Counselor, Certified Advisor	3	3	2	2	1
Dental Anesthesia Assistant	117	174	215	240	263
Dental Assistant	13,692	14,510	15677	16522	17227
Dental Hygienist	6,056	6,332	6,526	6666	6753
Dentist	6,355	6,647	6738	6870	7059
Denturist	143	145	156	144	150
Dietitian/Nutritionist	1,733	2,065	2,329	2457	2832
Dispensing Optician	1,048	1,012	1006	982	944
Dispensing Optician Apprentice	966	1,051	1051	1001	1009
Emergency Medical Responder	394	371	342	348	248
Emergency Medical Technician	12,870	13,032	13304	14075	13441
Expanded Function Dental Auxiliary	212	240	286	359	389
Genetic Counselor	136	220	298	400	555
Hearing Aid Specialist	302	316	328	332	330
Home Care Aide	10,708	18,034	26,620	26653	24548
Humane Society	18	19	18	33	30
Hypnotherapist	788	749	744	697	718
Licensed Assistant Behavior Analyst	-	-	85	988	206
Licensed Behavior Analyst	-	-	733	154	1218
Licensed Practical Nurse	11,944	11,768	11558	11189	11464
Marriage and Family Therapist	1,486	1,603	1,824	2033	2355
Marriage and Family Therapist Associate	466	569	609	612	725
Massage Therapist	13,656	13,889	13824	12438	11733
Medical Assistant	31,291	35,612	38,688	40486	43028
Medical Marijuana Consultant	-	-	-	583	473
Mental Health Counselor	6,059	6,803	7646	8501	10106
Mental Health Counselor Associate	1,789	1,813	2,014	2305	2693
Midwife	161	175	182	199	219
Naturopathic Physician	1,231	1,398	1474	1571	1620
Nursing Assistant	76,056	76,173	75,231	73392	74526
Nursing Home Administrator	441	441	439	403	401

Nursing Pool Operator	158	189	284	307	496
Nursing Technician	396	488	558	690	1342
Occupational Therapist	3,271	3,565	3909	4022	4362
Occupational Therapy Assistant	956	1,090	1189	1194	1210
Ocularist	10	11	11	9	10
Optometrist	1,547	1,637	1676	1678	1772
Orthotist/ Prosthetist	330	334	350	355	360
Osteopathic Physician	1,769	2,194	2,624	3130	3901
Osteopathic Physician Assistant*	59	88	128	126	0
Paramedic	2,568	2,662	2760	3095	3018
Pharmacies and Other Pharmaceutical Firms	4,190	4,544	4,985	5108	5106
Pharmacist	9,627	10,232	10716	11046	11274
Pharmacist Intern	1,394	1,579	1777	1588	1345
Pharmacy Assistant	10,299	10,546	7,422	8049	10009
Pharmacy Technician	8,867	8,910	8748	8631	9285
Physical Therapist	6,188	6,795	7,507	7562	7840
Physical Therapist Assistant	1,971	2,271	2,455	2483	2424
Physician	27,692	29,532	30,450	31226	32392
Physician Assistant	3,018	3,587	4,091	4654	5255
Podiatric Physician	353	377	377	380	393
Psychologist	2,796	2,996	3,254	3995	3824
Radiological Technologist	6,200	6,415	6,685	6967	7388
Radiologist Assistant	8	8	9	8	9
Recreational Therapist	146	144	168	162	139
Registered Nurse	87,097	99,474	106,569	115007	131261
Reflexologist	248	255	260	245	245
Respiratory Care Practitioner	2,794	2,915	3,028	3186	3661
Retired Volunteer Medical Worker	4	2	1	9	9
Sex Offender Treatment Provider	99	97	97	97	101
Sex Offender Treatment Provider Affiliate	30	26	27	23	12
Social Worker Advanced	119	139	154	155	151
Social Worker Associate Advanced	201	210	247	328	391
Social Worker Associate Independent Clinical	1,346	1,632	1,952	2365	2888
Social Worker Independent Clinical	3,858	4,173	4,712	5373	6670
Speech Language Pathologist	2,508	2,835	3,249	3536	3970
Speech Language Pathology Assistant	209	230	242	254	291
Substance Use Disorder Professional	2,878	2,919	3,026	3,045	3102
Substance Use Disorder Professional Trainee	1,446	1,619	1804	1,588	1432
Surgical Technologist	2,980	3,062	3,141	3388	3715
Veterinarian	3,586	3,843	4,076	4273	4525
Veterinary Medication Clerk	825	1,086	1,347	1751	2274
Veterinary Technician	2,027	2,183	2,302	2434	2623
X-Ray Technician	1,580	1,509	1,563	1417	1616
Total	428,118	467,358	497,525	518,524	554,822

*The department no longer licenses osteopathic physician assistants under the Board of Osteopathic Medicine and Surgery. Chapter 80, laws of 2020 moved all physician assistants under the Washington Medical Commission upon renewal and this was fully enacted in the 2021-23 biennium. **Total doesn't match the licensee count in Table 1 because this table doesn't include the Medication Assistant Endorsement since it's not a separate credential (it's included in Table 1 because there were complaints during the biennium).

Board and Commission Supplemental Reports

[RCW 18.130.310\(2\)](#) allows health professions boards and commissions to prepare a biennial report to complement the UDA report. The reports may provide additional information about disciplinary activities, rulemaking and policy activities, and receipts and expenditures.

The following reports were prepared by the 17 boards and commissions with regulatory authority for health professions. The Board of Massage is a dual authority board, where certain licensing and/or examination functions are the authority of the board, while disciplinary authority resides with the department.

Reviewing the Disciplinary Graphs

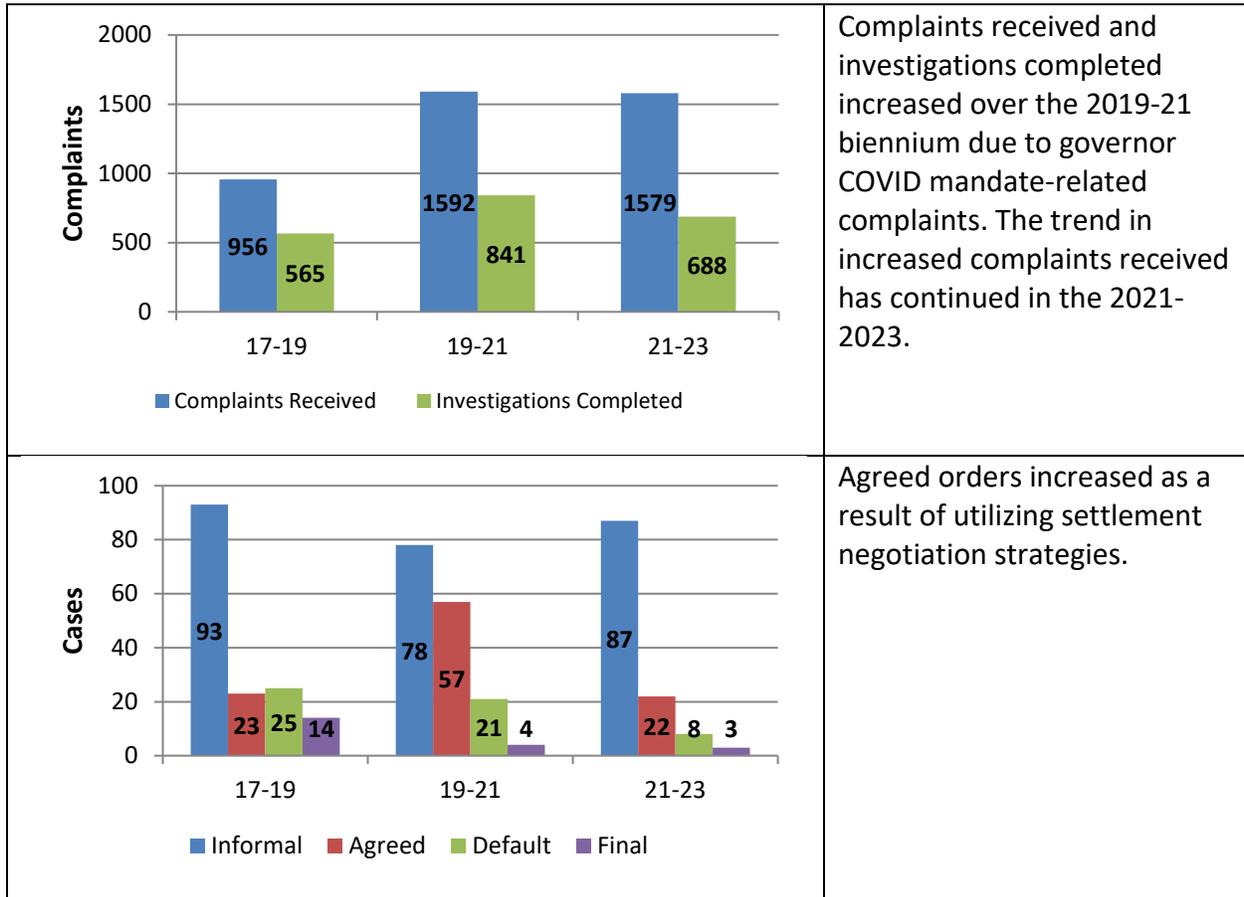
The report for each full authority board or commission includes two graphs:

- 1) The first summarizes the number of complaints received and investigations completed over the last three biennia.
- 2) The second depicts the types of disciplinary case outcomes for each board or commission over the past three biennia.

For a complete list of definitions, please see Appendix A.

Dental Quality Assurance Commission

The Dental Quality Assurance Commission (commission) protects the public by credentialing and disciplining dentists, expanded-function dental auxiliaries, dental assistants, and dental anesthesia assistants. The commission regulates the professions by developing rules, policies, and guidelines. The governor appoints 17 commission members: 12 dentists, 2 expanded function dental auxiliaries, and 3 public members. All serve four-year terms.



Rulemaking and Policy Activity

Legislation

The Washington State legislature passed:

- Engrossed Substitute Senate Bill 5229 in 2021 requiring health equity continuing education for health care professionals.
- Engrossed Substitute Senate Bill 5092 in 2021 granting \$50,000 for a task force to evaluate Dental Therapy.
- Senate Bill 5753 in 2022 increasing the number of commission members to seventeen members and stating three of the members must be public members.

- Senate Bill 5496 in 2022 updating terminology, definitions, and references for dentists in the dental health program and making clarifications to confidentiality protections for health professional monitoring programs.
- House Bill 1576 in 2023 facilitating a dentist and dental hygienist compact.
- Senate Bill 5113 in 2023 allowing faculty licensure for any institution of higher education in Washington state accredited by the commission on dental accreditation (CODA).
- Engrossed Substitute House Bill 1678 establishing the dental therapist profession.

The commission also reviewed multiple legislative bills, including:

- Senate Bill 5142 in 2021 and HB 1885 in 2022 – Establishing the profession of dental therapist and HB 1950 in 2022 – Protecting patients from unsafe dental practices.

Rules and Policies

The commission filed an interpretive statement clarifying the application requirements for moderate sedation with parenteral agents permits stated in WAC 246-817-760.

The commission is considering amendments to update general requirements for the administration of anesthetic agents for dental procedures in WAC 246-817-701 through 790. The commission is also considering 24 hour on-call availability after a complex dental procedure, on-site inspections for all dentists holding sedation permits, and creation of a pediatric sedation endorsement. The Dental Anesthesia Committee held open public meetings for interested parties to discuss rule modifications.

The commission is considering amendments to require health equity continuing education training in WAC 246-817-440 and WAC 246-817-445. The Dental Inclusion committee held open public meetings for interested parties to discuss rules modifications.

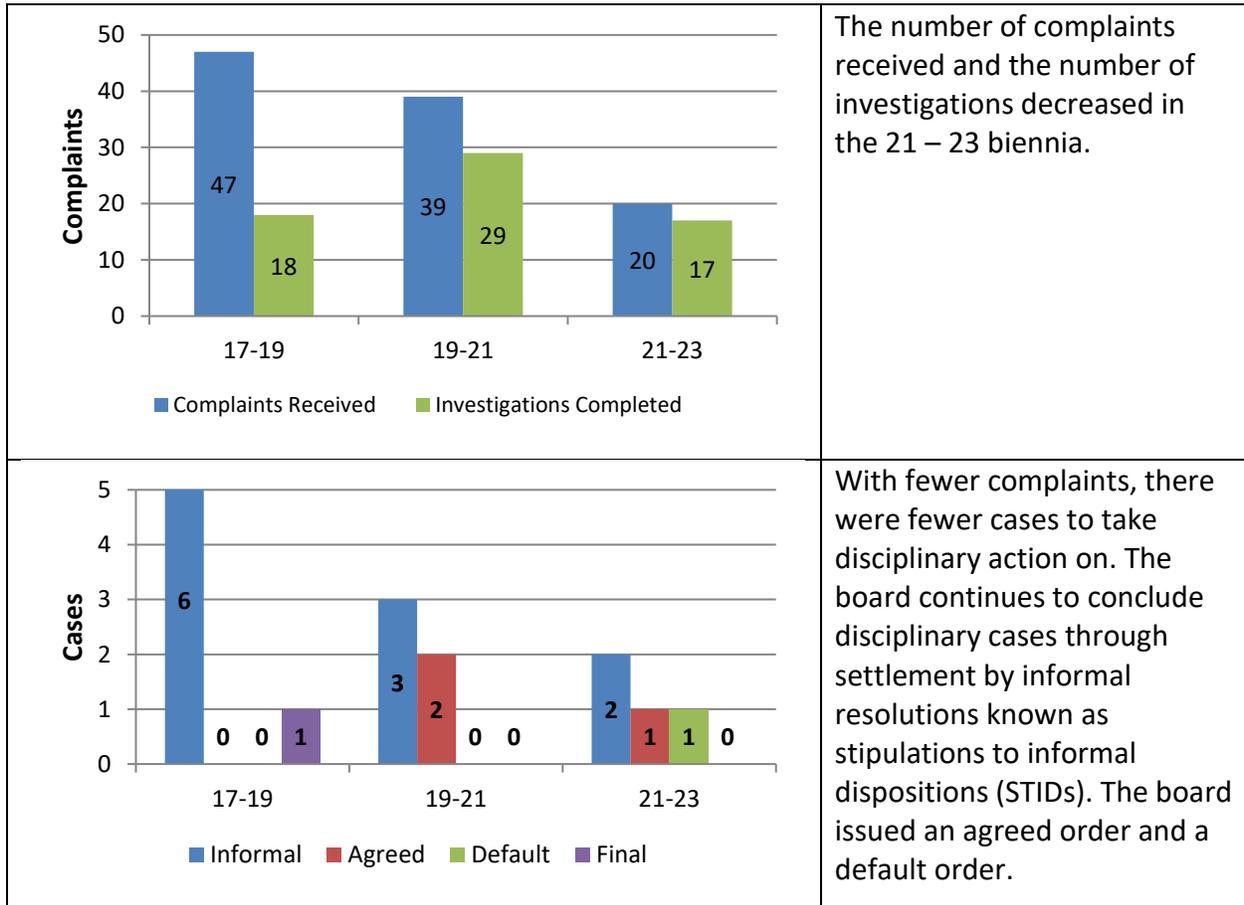
The commission is considering removing references about granting licenses to University of Washington faculty and replacing this with a reference to a faculty of any institution of higher education in Washington state accredited by the commission on dental accreditation (CODA) in WAC 246-817-150.

The commission completed and implemented the following rule amendments:

- Covid-19 screening delegation – WAC 246-817-580 – effective August 21, 2021
- Dental infection control standards – WAC 246-817-601 through new 246-817-660 – effective January 23, 2021
- Specialty representation – WAC 246-817-420 – effective July 3, 2021
- Examination content – WAC 246-817-120 – effective April 8, 2021
- Repeal of AIDS education and training – effective January 23, 2021
- Adjusted fee amounts for dentist, registered dental assistant, licensed expanded function dental auxiliary and certified dental anesthesia assistant – WAC 246-817-990 and WAC 246-817-99005 – effective June 1, 2023
- Dental health profession monitoring programs updates – WAC 246-817-801 through 246-817-830 – effective August 19, 2023

Board of Denturists

The Board of Denturists (board) protects the public by examining, credentialing, and disciplining Denturists. The board regulates the profession by developing rules, policies, and guidelines. The secretary appoints 7 board members: 4 denturists, 1 dentist, and 2 public members. Neither public member may be affiliated with a health care profession or facility. At least one of the public members must be over the age of 65 to represent the senior population.



Rulemaking and Policy Activity

Legislation

There was no legislation passed that affected the Denturist profession.

Rules and Policies

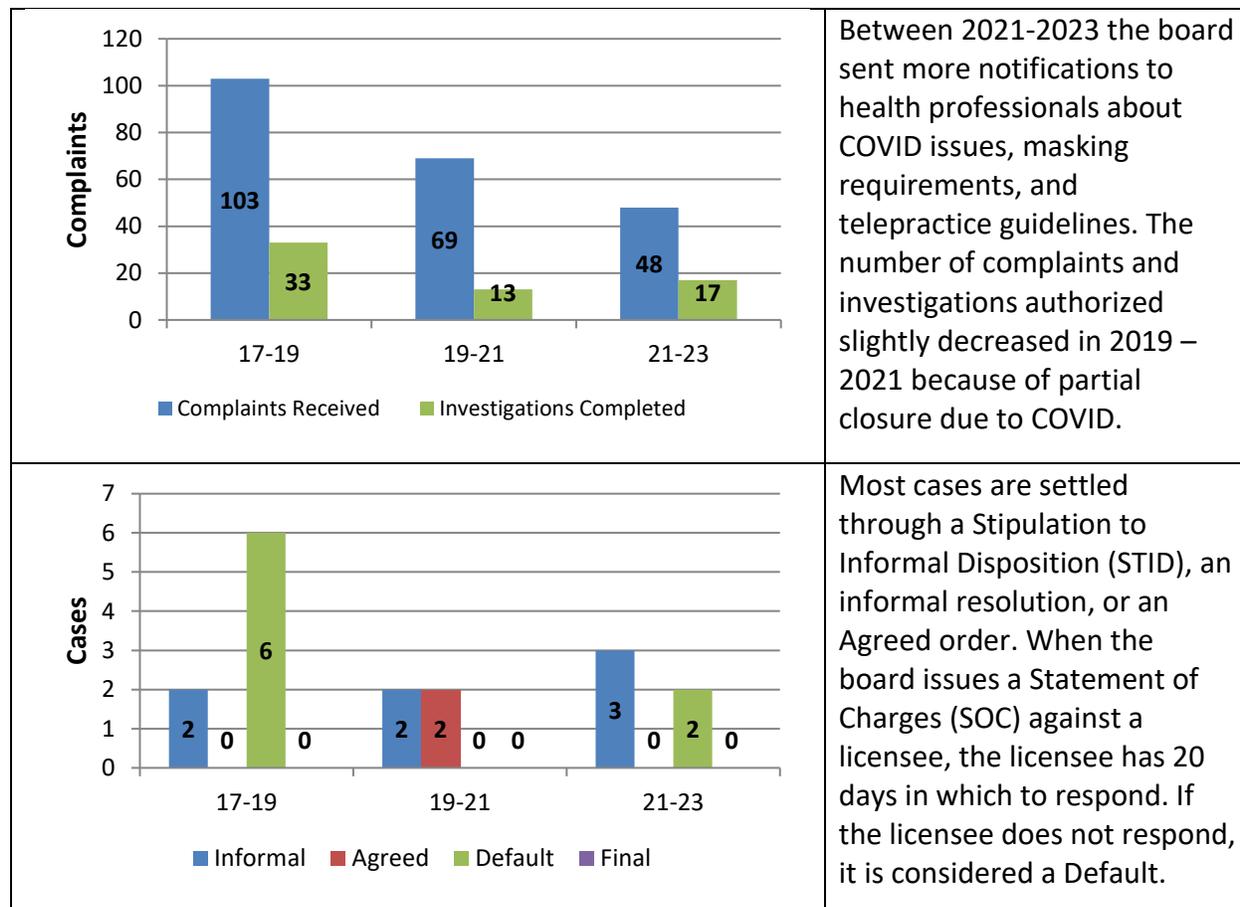
The board is in the process of permanent rulemaking to clarify the requirements and procedures a licensed denturist must follow to place a prefabricated implant abutment.

The board schedules two practical (clinical) exams a year. They revised their policy to require a minimum of four applicants instead of five, in order to take the practical exams. From July 1, 2021 through June 30, 2023, the board administered four practical exams. Beginning in March 2022, staff no longer administer a written exam. This exam is now administered online through a testing company. Staff schedules the candidate for the exam and then they are required to login to download the exam and complete it. The table below depicts a five-year exam summary based on a fiscal year.

Fiscal Year	# of applicants for written exam	# passing written exam	# of applicants for practical exam	# passing practical exam
2018	14	14	19	13
2019	10	10	13	8
2020	3	2	0	0
2021	4	4	17	11
2022	0	0	4	3

Board of Hearing and Speech

The Board of Hearing and Speech (board) protects the public by credentialing and disciplining hearing and speech professions. The board develops rules, policies, and guidelines that regulate the practice of audiologists, hearing aid specialists, speech-language pathologists, and speech-language pathology assistants. The governor appoints 11 board members to serve three-year terms. The board consists of 2 audiologists, 2 hearing aid specialists, 2 speech-language pathologists, 3 public members, 1 advisory medical physician, and 1 non-voting speech-language pathology assistant.



Rulemaking and Policy Activity

Legislation

HB 1001 (chapter 53, Laws of 2023) creates an interstate compact for audiologists and speech-language pathologists. This interstate compact is a formal agreement among states to licensed audiologists and speech-language pathologists with the purpose of improving public access to audiology and speech-language pathology services.

2SHB 1724 (chapter 425, Laws of 2023) requires that all disciplining authorities must waive education, training, experience, and exam requirements for applicants who have been

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credentialed in another state or states with substantially equivalent standards for at least two years immediately preceding their application with no interruption in licensure lasting longer than 90 days.

FDA rule (21 C.F.R. Parts 800, 801, 808, and 874 (2022)) establishes a new category of -over-the-counter (OTC) hearing aids, which will impact the sale, fitting, and dispensing of hearing aids by those licensed under chapter 246-828 WAC.

ESSB 5229 (chapter 276, Laws of 2021) establishes requirements for health professionals to complete health equity CE training and establishing minimum standards for health equity CE programs.

Rules and Policies

WAC 246-828-025, 246-828-075, 246-828-300 and 246-828-990. The board and the Department of Health (department) adopted rule amendments to clarify definitions, supervision of students requirements, and expired license requirements. The adopted rule amendments to WAC 246-828-990 establish fees for the hearing aid specialist practical examinations and amend verification and duplicate credential fees. CR 103 was filed on 06/15/2022.

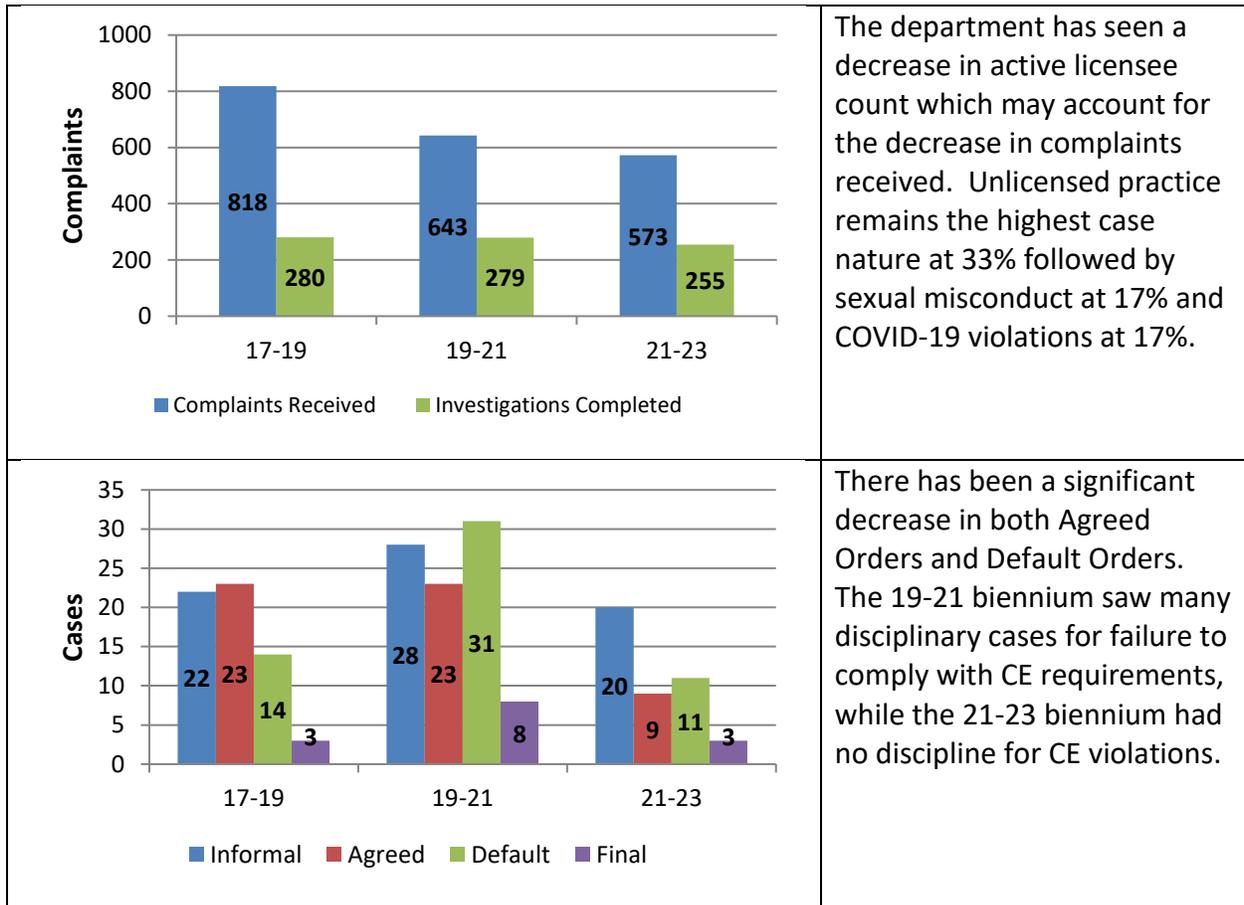
CR 102 proposed changes to health equity continuing education for audiologists, hearing aid specialists, speech-language pathologists and speech-language pathologist assistants WAC 246-828-510 and adding new WAC 246-828-505. The board is proposing amendments to WAC 246-828-510 to establish health equity continuing education (CE) requirements. Once CR 102 is filed the board will hold the rules hearing at their November 3rd board meeting.

CR 102 proposed changes to WAC 246-828-100 hearing instruments fitting and dispensing - Minimum standards of practice. The board is proposing amendments to align the rule with recent changes to the federal rule regarding OTC hearing aids. Once CR 102 is filed the board will hold the rules hearing at their November 3rd board meeting.

CR 101 WAC 246-828-991 (New), Audiology and Speech-Language Pathology Interstate Compact (ASLP-IC) fees and renewal cycle. The board is considering establishing a new section to the rule to implement House Bill 1001, which establishes the ASLP-IC. The bill creates an interstate compact to allow audiologists and speech-language pathologists licensed in Washington and other participating states to obtain a “practice privilege” to work in each of the participating states. CR 101 was filed on 08/14/23 and the board will hold the rules workshop at their November 3rd board meeting.

Board of Massage

The Board of Massage protects the public by regulating the competency and quality of licensed massage therapists. The governor appoints seven members for a term of four years each: five massage therapists; one public member; and one massage educator or massage school owner who is not required to be a licensed massage therapist.



Rulemaking and Policy Activity

Legislation

Legislation passed in 2022 increasing the number of board members from five to seven, amending board member requirements, increasing board member compensation, and redesignating it to a class 5 group.⁹

A legislative bill was introduced in the 2023 session for a massage therapy compact. The bill did not pass but may be introduced in a future legislative session.

⁹ [SSB 5753](#)

Rules and Policies

Rules to increase the hours of education and training for initial licensure became effective September 1, 2021.

In December 2022, the board opened their continuing education rule to implement ESSB 5229 regarding the inclusion of health equity as part of the profession's continuing education requirement.

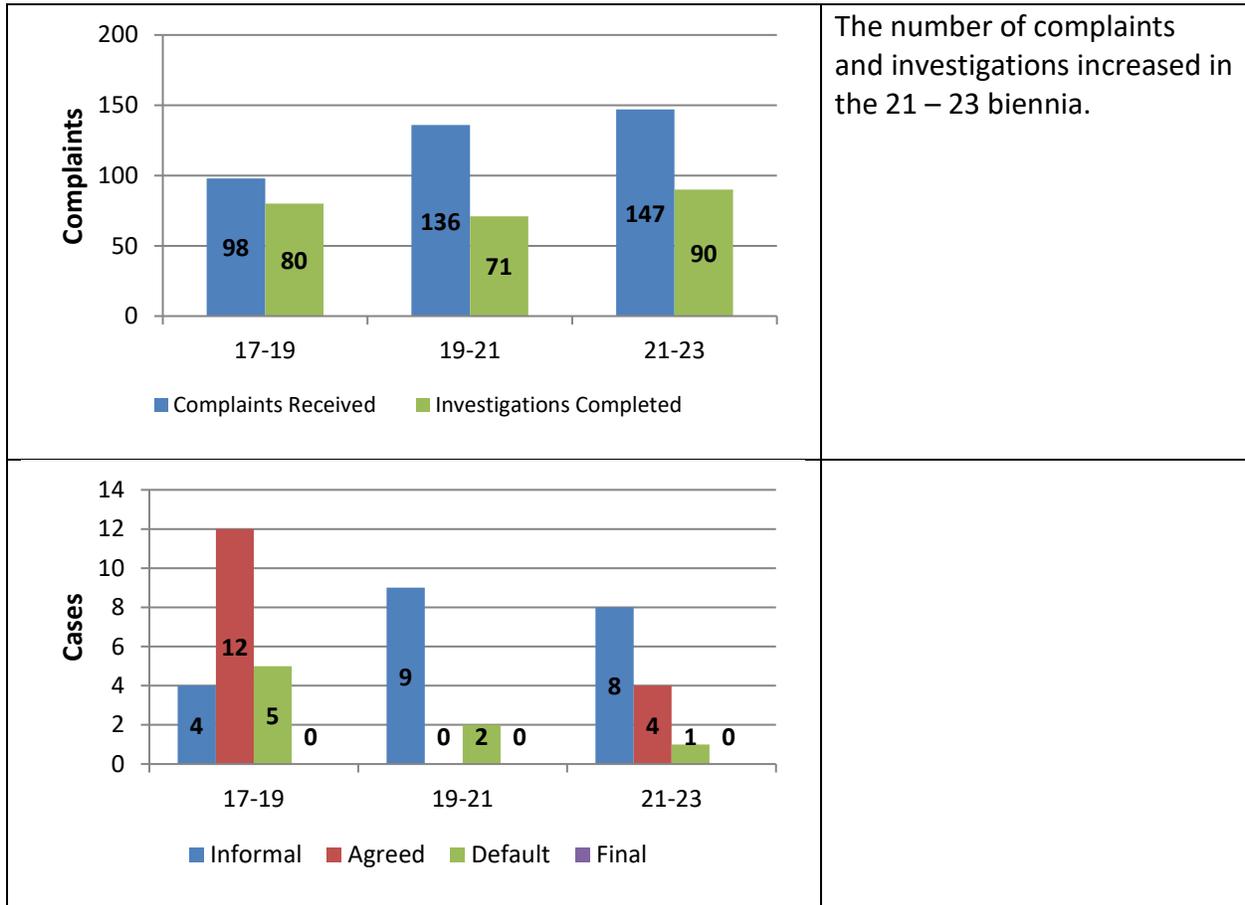
Rules addressing housekeeping revisions to five sections of the massage therapy chapter became effective March 10, 2023.

In March 2023, the board opened the licensing by endorsement for out of state applicants rule in response to two rules petitions.

In May 2023, the board opened the education and training rule to consider inclusion of parameters on online and virtual education and adding health equity awareness training to initial licensure requirements.

Board of Naturopathy

The Board of Naturopathy (board) protects the public’s health and safety and fosters the integrity of the naturopathic physician profession. This is accomplished through licensing, disciplinary action, rulemaking, and education. The governor appoints 7 board members: 6 naturopathic physicians and 1 public member. Neither public member may be affiliated with a health care profession or facility.



Rulemaking and Policy Activity

Legislation

None

Rules and Policies

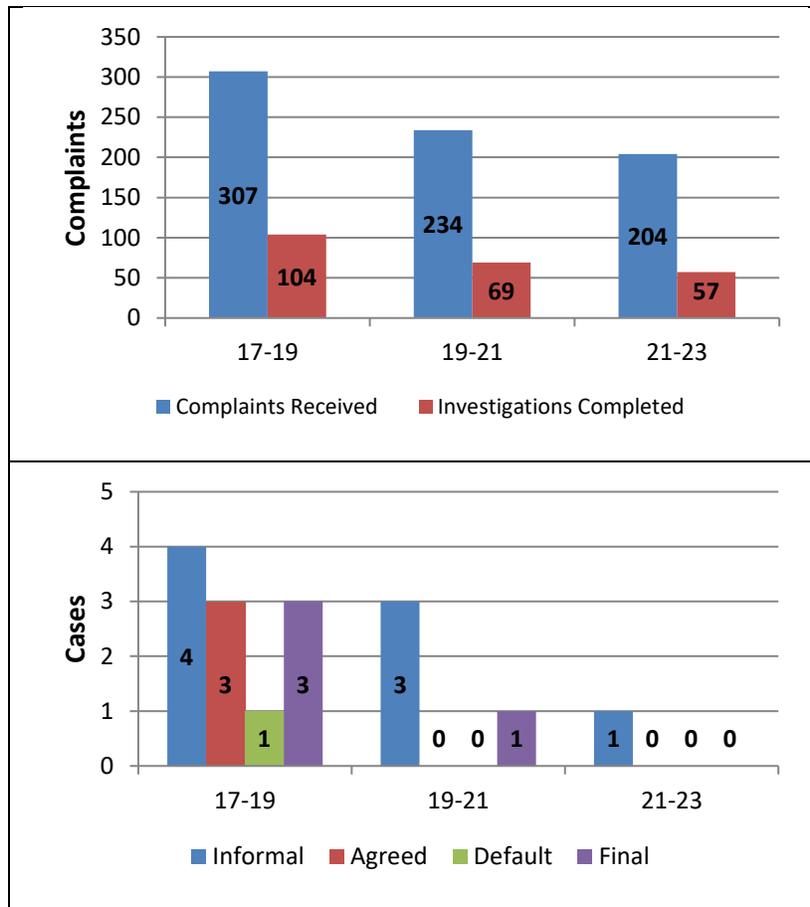
A CR-102 rule adoption hearing was held on 8/11/2023 proposing an amendment to WAC 246-836-210 Authority to Use, Prescribe, Dispense and Order and adding a new section, WAC 246-836-212 Botulinum toxin nonsurgical cosmetic procedures. Significant public comment and public testimony was received and adopted by the board. The CR-103 is currently undergoing review by the agency. Statutes authorizing the agency to adopt rules on this subject are defined in RCW 18.36A.160.

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A CR-101 was filed on 10/20/21 in response to ESSB 5229 (ESSB 5229), codified as RCW 43.70.613, which requires BCCs to adopt rules in support of continuing education in health equity for health care providers by 1/1/24.

Board of Nursing Home Administrators

The mission and purpose of the Board of Nursing Home Administrators is to protect the health of the people of Washington. The board does this through the proper licensing of nursing home administrators, and by enforcing the nursing home administrators practice act and other laws governing the professional behavior of its licensees. The board consists of 6 licensed nursing home administrators, 3 health care professionals and 2 public members, who all serve five-year terms.



Rulemaking and Policy Activity

Legislation

SB 5753 passed in 2022, increasing the size of the board and changing its composition. The board is now made up of 6 members who are nursing home administrators, 3 members who are health care professionals working in nursing homes or who are otherwise working in jobs related to long-term care, and 2 public members.

Rules and Policies

The board began to work on updating rules to address the following issues:

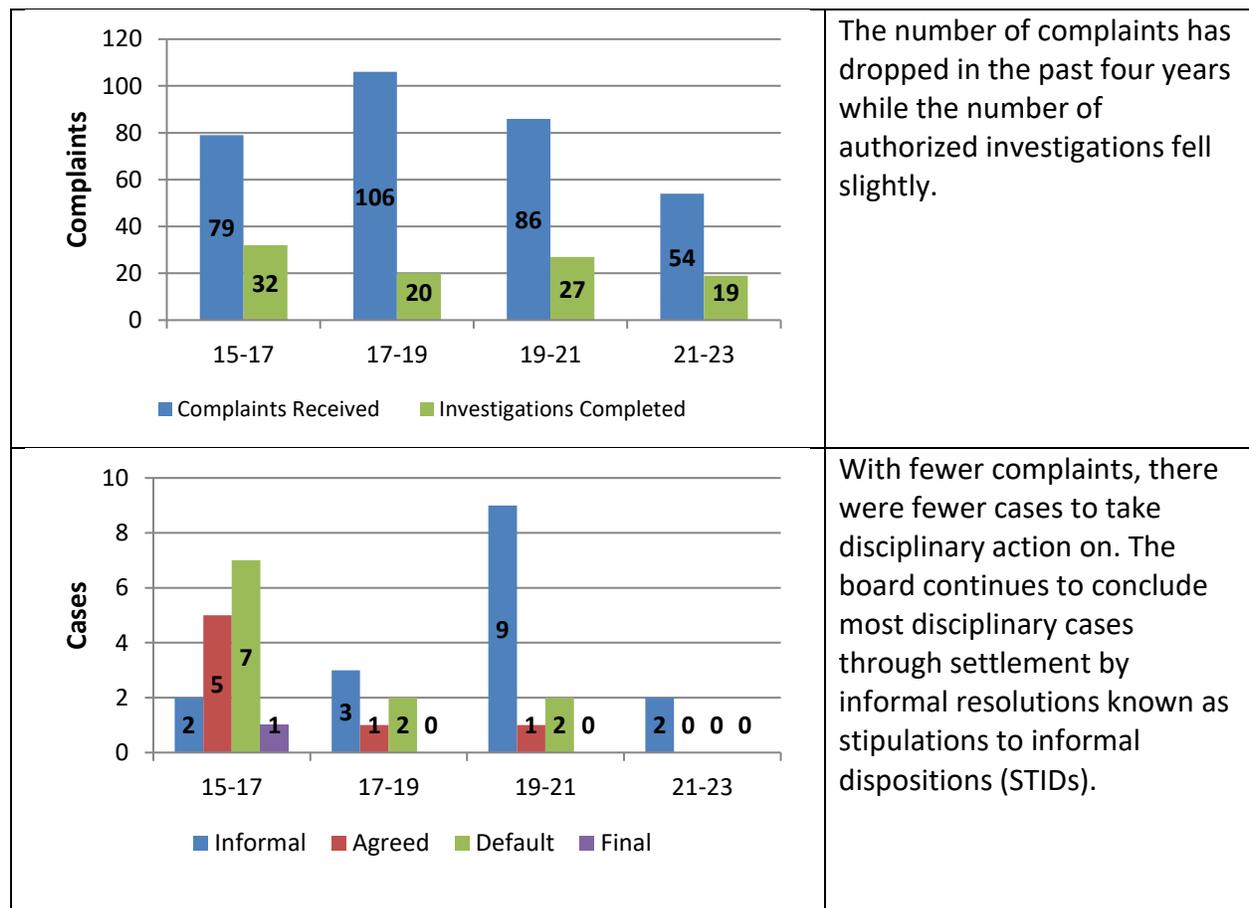
WASHINGTON STATE DEPARTMENT OF HEALTH

2021-23 UDA Report

- Clarify requirements for initial application for licensure and make changes to allow for easier access to licensure.
- Clarify and update the Administrator-in-Training requirements to allow applicants a better understanding of the requirements.
- Assure administrators who are reactivating a license have the necessary training relating to Washington laws and regulations.
- Implement ESSB 5229 to require health equity continuing education.
- Update requirements for temporary practice permits to allow more individuals to qualify and reduce processing time for this credential.
- Add a retired active status credential at a reduced cost which will allow practitioners to practice for 90 days per year and for limited times during emergency situations.

Board of Occupational Therapy Practice

The Occupational Therapy Practice Board protects the public’s health and safety and promotes the welfare of the state by regulating the competency and quality of professional health care providers under its jurisdiction. The board accomplishes this mandate through a variety of activities. The governor appoints 5 members: 3 occupational therapists, 1 occupational therapy assistant, and 1 public member. The professional members must have been in active practice in occupational therapy for at least five years immediately preceding their appointment. All members must be residents of Washington State.



Rulemaking and Policy Activity

Legislation

SB 5518 was passed and signed into law during the 2022 legislative session and enacted the occupational therapy licensure compact. The law required at least ten states to pass legislation to establish the compact. Washington was the 11th state to enact the compact and began participating on the compact commission to establish rules and create the data system.

RCW 43.70.613 directed the rule-making authority for each health profession licensed under Title 18 RCW subject to continuing education (CE) to adopt rules requiring a licensee to complete health equity CE training at least once every four years.

Rules and Policies

Fee and renewal requirement rules were adopted by the Department of Health per RCW 43.70.250 to implement the licensure compact established by SB 5518.

The board adopted the department model rules language in new section WAC 246-847-065 to implement Engrossed Substitute Senate Bill (ESSB) 5229 (chapter 276, Laws of 2021) requiring 2 hours of health equity CE every four years.

Board of Optometry

The Board of Optometry (board) protects the public by credentialing and disciplining optometrists. The board regulates the profession by developing rules, policies, and guidelines. The governor appoints 6 members (5 licensed optometrists and 1 public member) to serve three-year terms with the option of a consecutive three-year term.

<table border="1"> <caption>Complaints and Investigations Data</caption> <thead> <tr> <th>Biennium</th> <th>Complaints Received</th> <th>Investigations Completed</th> </tr> </thead> <tbody> <tr> <td>17-19</td> <td>70</td> <td>29</td> </tr> <tr> <td>19-21</td> <td>142</td> <td>32</td> </tr> <tr> <td>21-23</td> <td>127</td> <td>30</td> </tr> </tbody> </table>	Biennium	Complaints Received	Investigations Completed	17-19	70	29	19-21	142	32	21-23	127	30	<p>The board's complaints have been consistent with the number of complaints received within the last two bienniums, with a slight decline observed during the 2021-2023 biennium. The number of investigations completed slightly declined but the number of investigations remained reasonably consistent.</p>								
Biennium	Complaints Received	Investigations Completed																			
17-19	70	29																			
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<table border="1"> <caption>Cases by Disposition Type</caption> <thead> <tr> <th>Biennium</th> <th>Informal</th> <th>Agreed</th> <th>Default</th> <th>Final</th> </tr> </thead> <tbody> <tr> <td>17-19</td> <td>0</td> <td>0</td> <td>5</td> <td>0</td> </tr> <tr> <td>19-21</td> <td>3</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>21-23</td> <td>2</td> <td>2</td> <td>0</td> <td>0</td> </tr> </tbody> </table>	Biennium	Informal	Agreed	Default	Final	17-19	0	0	5	0	19-21	3	0	0	0	21-23	2	2	0	0	<p>The board has minimal hearings and cases are generally settled through Stipulation to Informal Disposition (STID) or through an agreed order. Overall, the board has an equal number of informal discipline and formal agreed orders. Since cases were settled outside of formal hearings, it led to no final orders.</p>
Biennium	Informal	Agreed	Default	Final																	
17-19	0	0	5	0																	
19-21	3	0	0	0																	
21-23	2	2	0	0																	

Rulemaking and Policy Activity

Legislation

In 2021, the legislature passed Senate Bill 5229, which requires optometrists and other health professionals to complete continuing education in health equity at least once every four years.

In 2022, the legislature passed Substitute Senate Bill 5496, which made amendments to update language and modernize terminology for physician health and health professional substance-use disorder monitoring programs. Amendments include terminology and definitions for currently accepted language and replacing "substance abuse" with "substance use disorder" based on SSB 5496.

In 2023, the legislature passed Substitute Senate Bill 5389, which expands the optometrist scope of practice to include certain advanced procedures and establishes requirements for a license endorsement.

Rules and Policies

The board adopted several new rules to include implementation of SSB 5229 (Chapter 276, Laws of 2021). By January 1, 2024, RCW 43.70.613(1) requires each health profession credentialed under RCW 18.130.040 with a CE requirement to adopt rules requiring completion of health equity CE training at least once every four years.

The board amended terminology and definitions to implement SSB 5496 (chapter 43, Laws of 2022) for substance use disorder and the health professional monitoring program for: WAC 246-851-440 Philosophy governing voluntary substance abuse monitoring programs; WAC 246-851-450 Definitions; WAC 246-851-460 Approval of substance abuse monitoring programs; and WAC 246-851-470 Participation in approved substance abuse monitoring program.

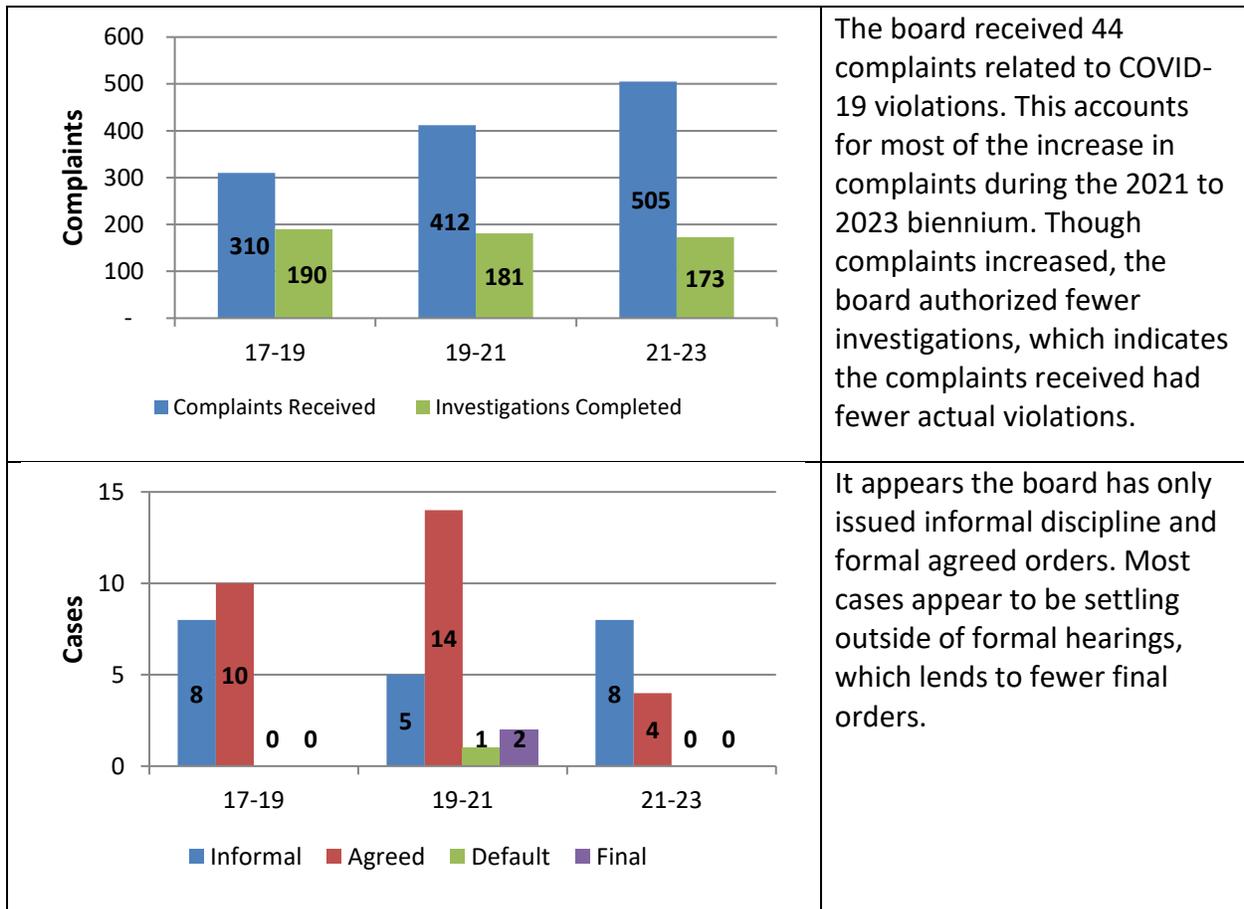
Amendments included terminology and definitions for currently accepted language and replacing "substance abuse" with "substance use disorder" based on SSB 5496.

The board adopted changes to WAC 246-851-090 and 246-851-125 through 246-851-230 related to continuing education requirements for licensed optometrists. Adopted amendments include additional online continuing education, new definitions, minimum and maximum CE hours by categories, reference to other required trainings, continuing education documentation requirements, state of emergency provision, listing national organizations, and clarifying self-study requirements.

Due to the coronavirus 2019 (COVID-19) pandemic, the board adopted a policy to allow unlimited online continuing education credits. This policy was published on May 18, 2020, as WSR 20-11-068. The board rescinded the policy statement OB 20-01.1 Continuing Education Requirements during the COVID-19 Response. The statement was originally filed on May 20, 2020, as WSR 20-11-068 and amended February 23, 2023, as WSR 23-06-036. During the declared COVID 19 emergency, the policy statement allowed licensees unrestricted use of remote study or self-directed study methods to accrue up to the required total 50 hours of continuing education every two years. After May 11, 2023, those requirements return to a maximum of 10 hours of remote study and a maximum of 25 hours of self-directed study continuing education may count towards the total 50 hours, as described in WAC 246-851-125 and 246-851-170.

Board of Osteopathic Medicine and Surgery

The Washington State Board of Osteopathic Medicine and Surgery protects the health of the people of Washington through the proper licensing of osteopathic physicians and osteopathic physician assistants. This is accomplished through the objective enforcement of the Osteopathic Medical Practice Act and other laws governing the professional behavior of its licensees. The board had regulatory authority over osteopathic physicians' assistants until July 2022, at which time regulation of this profession moved to the Washington Medical Commission. The board consists of 8 practicing osteopathic physicians, 1 practicing osteopathic physician assistant, and 2 public members, who all serve five-year terms.



Rulemaking and Policy Activity

Legislation

Substitute Senate Bill (SSB) 5496 (chapter 43, Laws of 2022) updated terminology, definitions, and references for osteopathic physicians in RCW 18.57.015. SSB 5496 also made clarifications to confidentiality protections in RCW 18.130.070 for health professional monitoring programs. The changes include removing the term "impaired" and replacing "substance abuse" with

"substance use disorder", currently accepted language for substance use disorders and related monitoring programs.

Rules

WAC 246-853-650, Safe and effective analgesia and anesthesia administration in office-based settings. The board adopted rule amendments to align the rules with Washington Medical Commission rules.

WAC 246-853-655, Administration of deep sedation and general anesthesia by osteopathic physicians in dental offices. The board added a new rule section to regulate the provision of anesthesia in a dental setting and align with the Washington Medical Commission rules.

WAC 246-853-661, Exclusions. The board adopted rule amendments to expand the types of facilities that are exempt from opioid prescribing rules, and to align with the Washington Medical Commission rules.

The board complied with Substitute House Bill (SHB) 2378 (Chapter 80, Laws of 2020) by repealing chapter 246-854 WAC Osteopathic physicians' assistants and chapter 246-855 WAC Osteopathic physicians' acupuncture assistants rules.

WAC 246-853-075, Health equity continuing education training requirements. The board is proposing adding a new section to establish health equity continuing education (CE) requirements to implement Engrossed Substitute Senate Bill (ESSB) 5229 (chapter 276, Laws of 2021).

WAC 246-853-290, 246-853-300, 246-853-310, 246-853-320, and 246-853-990. The board is considering amendments to update rules regarding health profession monitoring programs to update language changes made by Substitute Senate Bill (SSB) 5496 (chapter 43, Laws of 2022).

Policies

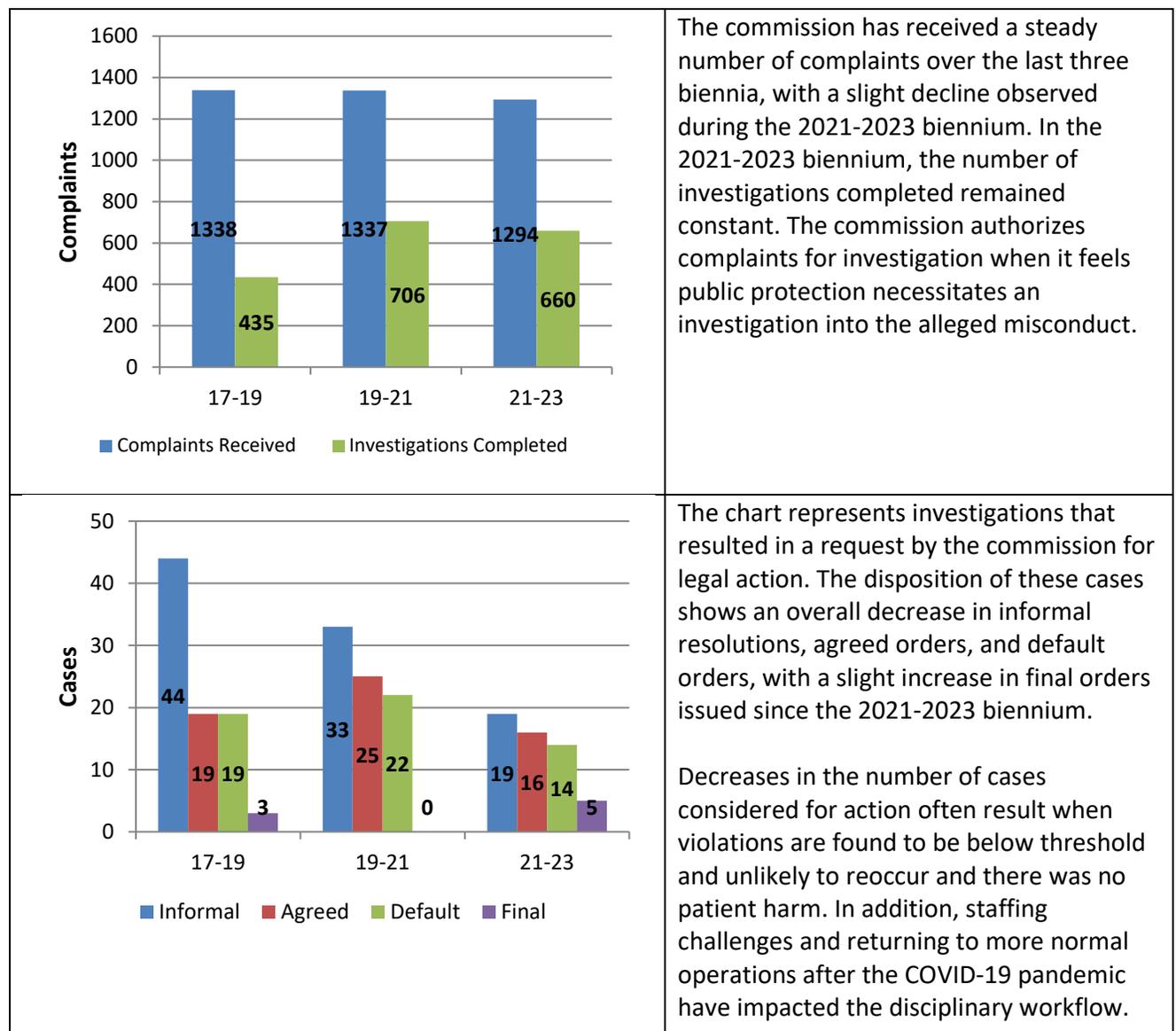
The board issued policy statement OP21-01 to establish appropriate delegation and ensure consistent processing of osteopathic physician exception applications.

The board issued policy statement OP22-01 to provide guidance to osteopathic physicians who use telemedicine to provide medical services to Washington patients. This policy specifies the conditions under which a license is needed to use telemedicine to treat a patient in Washington and delineates best practices when using telemedicine to ensure that patients receive safe and appropriate care.

Pharmacy Quality Assurance Commission

The Pharmacy Quality Assurance Commission (commission) protects public health, safety, and welfare through licensing, regulations, and discipline of pharmacists, pharmacy interns, pharmacy technicians, pharmacy assistants, and a variety of pharmaceutical firms. The commission regulates the profession by adopting rules to establish qualifications, competencies, and standards of practice for dispensing, distribution, delivery, wholesaling, and manufacturing of drugs and devices.

The practice of pharmacy is constantly evolving due to the use of new technology in the delivery of health care and lessons learned from the COVID-19 pandemic. The commission continues to evaluate its rules, policies, and guidance documents to ensure there is flexibility for innovation in pharmacy practice while protecting patient safety.



Rulemaking and Policy Activity

Legislation

2023

SB 5768 – Adds a new section to chapter 72.09 RCW to allow the Department of Corrections to “acquire, receive, possess, sell, resell, deliver, dispense, distribute, and engage in any activity constituting the practice of pharmacy or wholesale distribution with respect to abortion medications.” The stated purpose of the bill was to increase access to sexual and reproductive health care, including abortion care. Effective date: April 27, 2023.

2SHB 1009 – Creates occupational flexibility for military spouses, 34 to 50 percent of whom work in fields requiring a professional license. RCW 180.340.020 is amended to streamline the process by which licensing authorities may expedite the issuance of a license to a qualified applicant who is also a military spouse.

2022

SHB 1675 – Amends RCW 18.64.257 and 69.41.032 (addressing the prescription of legend drugs by dialysis programs) to include additional entities related to dialysis programs and treatment. These entities—dialysis device and/or dialysate manufacturers and wholesalers—are allowed to sell, deliver, possess, and/or dispense dialysis devices or commercially available dialysate directly to dialysis patients. Effective date: June 9, 2022.

SSB 5753 – Modifies membership and quorum requirements for 18 regulatory bodies including the commission. Section 15 of the bill grants the commission authority to designate a presiding officer—either the secretary or their designee—to conduct disciplinary proceedings under the commission’s jurisdiction in place of an administrative law judge. Section 17 of the bill adds a new section to chapter 18.64 RCW and grants the commission authority to appoint members of panels with at least three members. Minimum quorum for such panels is three. Effective date: June 9, 2022.

SSHB 1728 – Amends RCW 70.14.160 to change the composition of the insulin affordability workgroup and would create a new section pertaining to funding deadlines for that group. Effective date: June 9, 2022.

2021

SHB 1445 – Amends RCW 18.64.011 and aligns Washington state’s definition of compounding with FDA and USP definitions. Effective date: July 25, 2021.

ESSB 5229 – Requires the department to establish model rules for health equity continuing education standards for all professions licensed under Title 18 RCW. Boards and commissions licensing those professions must in turn develop their own rules for health equity continuing education standards. The applicable professions under the commission’s jurisdiction are pharmacists and pharmacy technicians. Effective date: July 25, 2021.

Rules

Accessible labeling standards

The commission received two rulemaking petitions in late 2021 and early 2022 pertaining to accessibility standards for prescription drug labels. The commission approved rulemaking to provide better means of access for patients with visual impairments and print disabilities, and for Limited English Proficient (LEP) patients. A CR-101 was filed in April 2022 to create new sections in chapter 246-945 WAC and was re-filed on June 12, 2023 to add further clarification on to whom the rules would apply. The proposed rules outline what dispensing facilities and dispensing practitioners must do to provide accessibility services to patients.

Health equity continuing education (CE) standards

A CR-102 rules package was filed by the commission on July 27, 2023 for the purpose of implementing Engrossed Substitute Senate Bill (ESSB) 5229 (chapter 276, Laws of 2021), pertaining to health equity CE standards. The commission proposed amending WAC 246-945-178 and 246-945-220 to adopt the department's health equity model rules and set minimum health equity CE requirements for pharmacists and pharmacy technicians. The commission anticipates this rule to be effective in early 2024.

Remote opioid use disorder (OUD) dispensing sites

The commission began rulemaking in 2020 to implement Substitute Senate Bill 6086 (chapter 244, Laws of 2020). The rule creates a new section in chapter 246-945 WAC for the purpose of increasing access to medications used for the treatment of opioid use disorder (OUD) or its symptoms. This is achieved by establishing minimum standards for pharmacies to apply for the oversight, stocking, and perpetual inventory maintenance of remote OUD dispensing sites. The commission anticipates this rule to be effective in early 2024.

Donation and reuse of unexpired prescription drugs

The commission adopted WACs 246-945-486 and 246-945-488 for the implementation of Substitute Senate Bill 6526 (Chapter 264, Laws of 2020), an act relating to the reuse and donation of unexpired prescription drugs. WAC 246-945-4864 permits the Department of Corrections pharmacy to accept returns and reuse noncontrolled prescription drugs in unit dose packages. WAC 246-945-488 allows pharmacies to accept and reuse donated prescription drugs and supplies in compliance with chapter 69.70 RCW. The rule also requires pharmacies to notify the commission of participation in the drug donation program. The rules went into effect on June 17, 2023 following the filing of the CR-103p rules package.

Over-the-counter (OTC) status for Narcan and other drugs

The commission filed a CR-103e emergency rules package on August 11 amending WAC 246-945-030 and creating a new section of rule in chapter 245-945 WAC. The rule was filed in response to a United States Food and Drug Administration (FDA) decision in March 2023 to approve the 4 mg nasal spray naloxone under the brand Narcan as an over-the-counter (OTC) drug. Narcan is an opioid antagonist indicated for the emergency treatment of known or suspected opioid overdose. The emergency rule will remain in place until the commission

completes expedited rulemaking to permanently classify Narcan as well as some other medications that the FDA has approved for distribution as an OTC product.

Policies

Guidance – Infection Control for Pharmacists During COVID-19 – December 3, 2020

Guidance – Access to Drugs Stored Outside of the Pharmacy – December 3, 2020

Guidance – Inspection Requirement for Modifications of Remodels – March 5, 2021

Policy – Regulatory Standards Applicable to Manufacturers and Wholesalers of Dialysis Devices and Legend Drugs for Home Dialysis – June 9, 2022 - There is currently ongoing rulemaking on this subject.

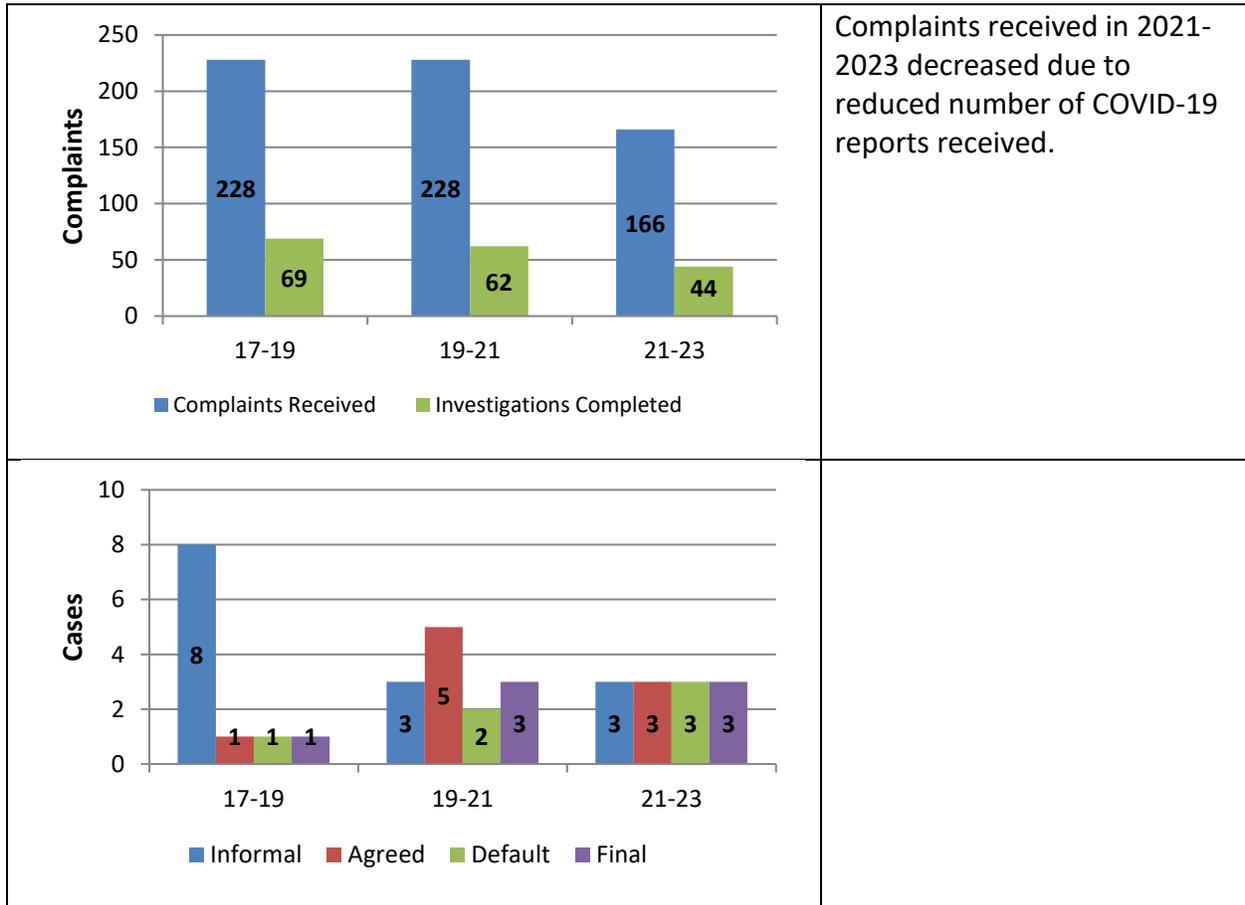
Policy – Delegation of Decision-making to Panels and Health Law Judges for Disciplinary Cases Involving Pharmaceutical Firms – June 9, 2022

Guidance – Guidelines for Investigating Misfill Cases – June 14, 2022

Guidance – Pharmacy Lockers for Filled Prescription Pick-up – September 2022

Board of Physical Therapy

The Board of Physical Therapy protects the public’s health and safety and promotes the welfare of the state by regulating the competency and quality of professional health care providers under its jurisdiction. The board accomplishes this through a variety of activities. The Board of Physical Therapy is made up of 7 governor-appointed members: 5 physical therapists, 1 physical therapist assistant, and 1 public member. The board typically meets every 8 weeks.



Legislation

In 2022, the Washington State Legislature passed a bill increasing professional board members on the Physical Therapy Board by 1.¹⁰

In 2023, the Washington State Legislature passed a bill allowing physical therapists to perform intramuscular needling upon meeting the training and education requirements and being issued an endorsement from the secretary.

¹⁰ [SSB 5753](#)

Rules and Policies

In 2019 the Federation of State Boards of Physical Therapy (FSBPT) discontinued certain continuing competency service products that were written into WAC 246-915-085 Continuing competency rules. In addition, responding to public and stakeholder questions on continuing competency requirements, the board conducted rulemaking to address the FSBPT changes and to provide clarity to some of the continuing education activities. Rulemaking was concluded in September 2021.

A petition was received in 2020 to change the requirement of passing the Test of English as a Foreign Language (TOEFL) exam in a single sitting to submitting accumulative passing scores over a two-year period. The board granted the petition and completed the rulemaking project in April 2022.

As a result of a fee study, the Department of Health (department) began rulemaking in coordination with the board to increase the initial licensing and renewal fees for physical therapists and physical therapist assistants. That rulemaking concluded in 2023 and the new fees went into effect June 2023.

The board conducts rulemaking as necessary to keep WAC 246-915A-101 up to date with the Physical Therapy Compact Commission rule changes. The most recent rulemaking update was completed in January 2023.

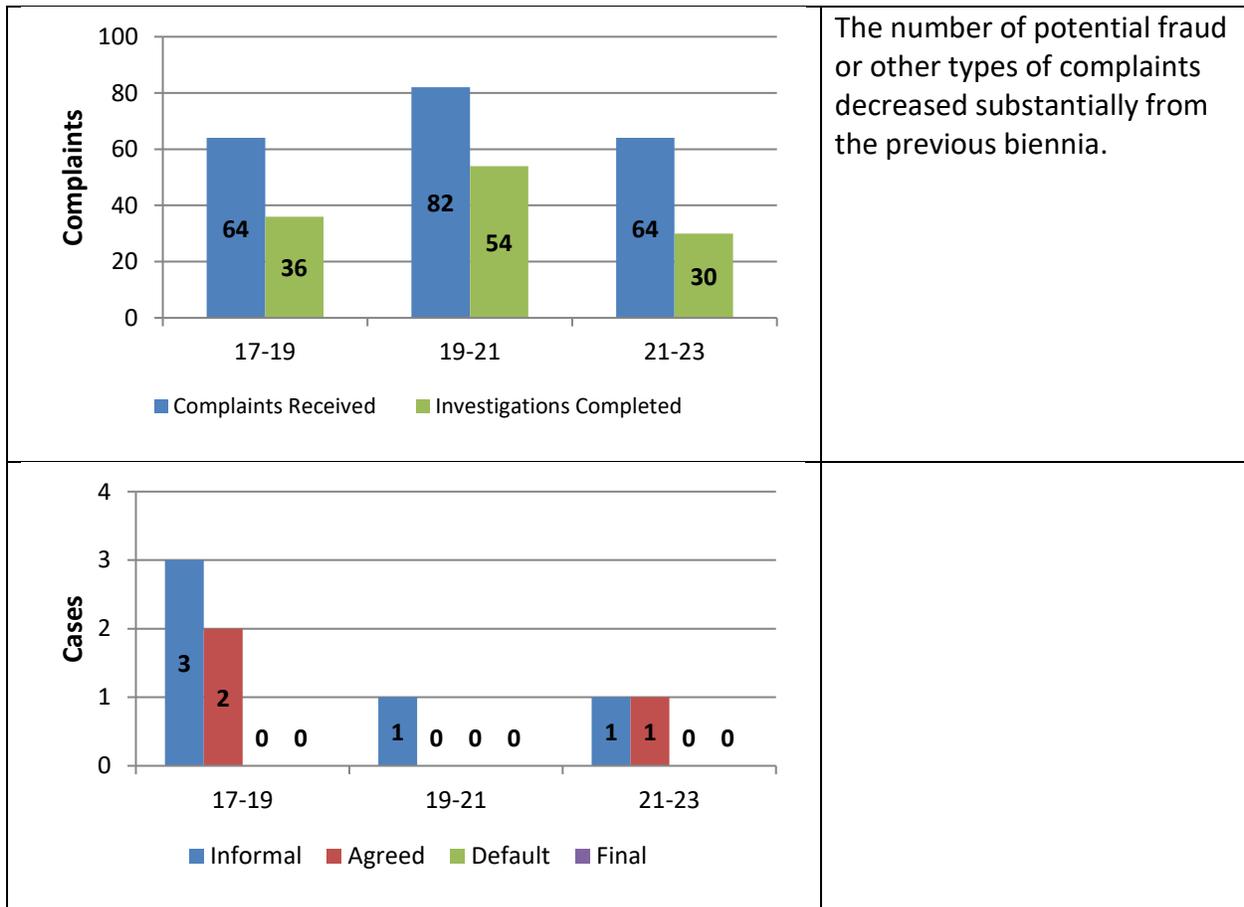
The board began rulemaking in WAC 246-915-120, foreign educated applicants, to consider updating the TOEFL scores to bring them into alignment with the Federation of State Board of Physical Therapy's recommendations. The board updated the passing TOEFL scores, updated the language so an applicant does not need to apply through the foreign educated pathway if their second or subsequent degree was earned from a CAPTE approved program, and made updates using standard rulemaking language. This rulemaking was completed in August 2023.

The board is proposing to adopt the department model rules by an amendment to WAC 246-915-085 to implement ESSB 5229. The proposed rule establishes minimum standards for licensed physical therapists and physical therapist assistants to complete two hours of health equity CE every two years. The proposed rule does not change total CE hours but requires two hours in health equity CE every two years which can be absorbed into the existing number of CE hours required. Rulemaking will be completed by January 2024.

In response to Second Substitute House Bill 1039 regarding intramuscular needling, which was passed during the 2023 legislative session, the board and department are considering rulemaking in chapter 246-915 WAC, Physical Therapists and Physical Therapist Assistants, to clarify statutory requirements for education and training and define an intramuscular needling endorsement. The board and department may consider associated training and education requirements, updating definitions, establishing a fee for the intramuscular needling endorsement, and creating a process to apply for the endorsement. This rules project was started in June 2023.

Podiatric Medical Board

The Podiatric Medical Board protects the public’s health and safety and promotes the welfare of the state by regulating the competency and quality of podiatric physicians and surgeons. This is accomplished by establishing and enforcing qualifications for licensure and standards of practice, and where appropriate, by disciplining and monitoring practitioners. Only individuals who meet and maintain prescribed standards of competence and conduct shall be allowed to engage in the practice of podiatry as defined and authorized by Chapter 18.22 RCW. The board consists of 5 practicing podiatric physicians and 2 public members, who all serve five-year terms and cannot serve more than two consecutive terms.



Rulemaking and Policy Activity

Rules and Policies

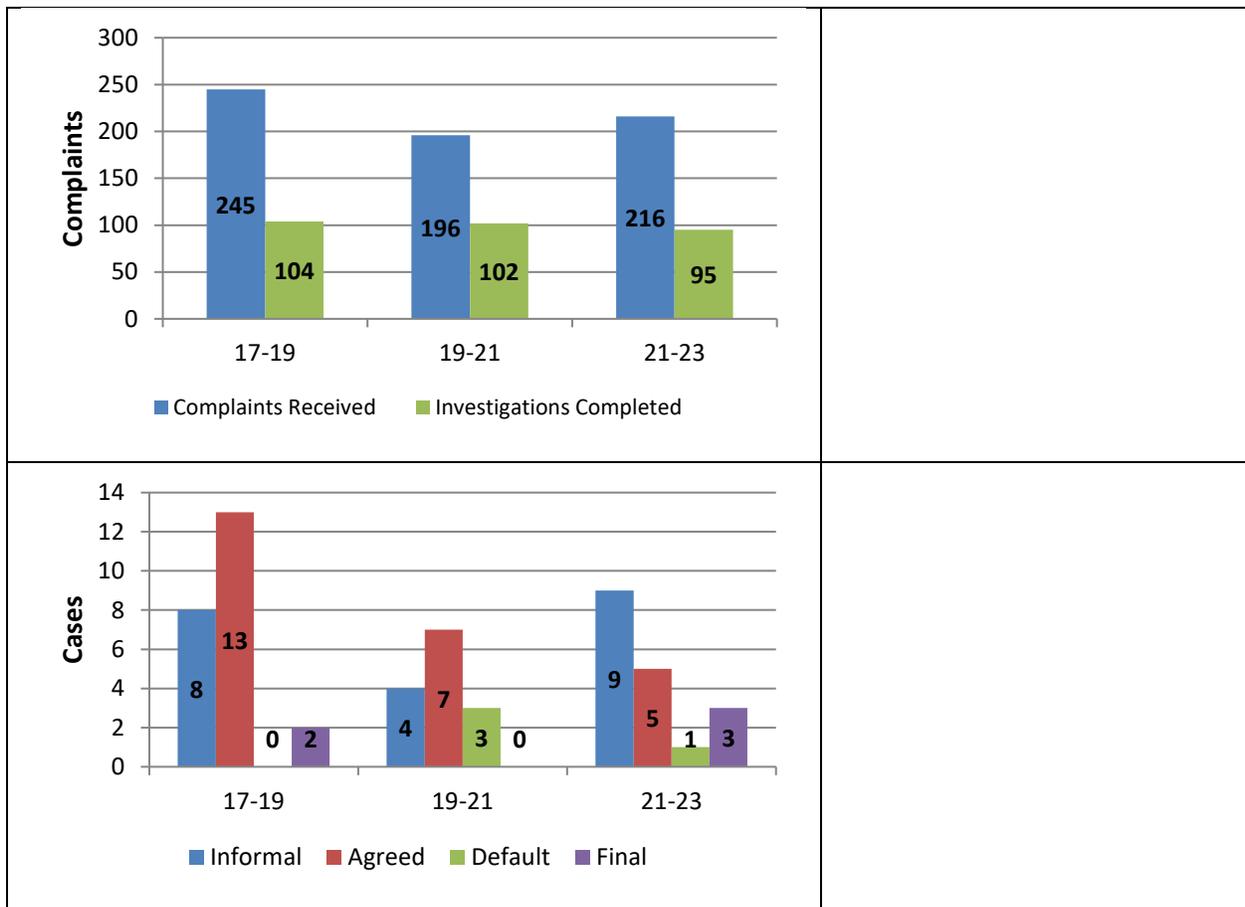
CR105 filed on 8/9/23, 5496 Health Professional Monitoring Program for Podiatric Physicians.

CR102 filed on 2/7/23 in response to ESSB 5229, clarifying health equity continuing education for Podiatric Physicians under subsection three (3). Podiatric physician and surgeons must

assure that they have taken a minimum of two (2) hours of health equity continuing medical education training every four years.

Examining Board of Psychology

The Examining Board of Psychology protects the public's health and safety and promotes the welfare of the state by regulating the competency and quality of professional healthcare providers in Washington. This mandate is accomplished through licensing and disciplining psychologists. The board also develops rules, policies, and guidelines regulating the practice of psychology. The governor appoints 9 board members to serve five-year terms. The board consists of 7 psychologists and 2 public members.



Rulemaking and Policy Activity

Legislation

During the 2023 session, the legislature passed 2SHB 1724 (chapter 425, Laws of 2023) (PDF) to increase the behavioral health workforce by amending professional requirements. This bill also creates new projects for the department to:

- Review licensing requirements for barriers, modify requirements in rule, and recommend changes to the legislature.

- The department must present initial recommendations to the legislature by November 1, 2023. Final recommendations are due November 1, 2024.
- The bill also changes requirements for probationary licenses, experience, and supervision, including removing requirements for probationary licensees to practice at a behavioral health agency.
- The bill also makes several changes that apply to all professions including:
 - Requiring disciplining authorities to waive education, training, experience, and exam requirements for applicants credentialed in another state with substantially equivalent standards. It also allows waiving requirements for applicants who have achieved national certification.
 - Granting the department authority to contract with third parties to review applications.

Rules and Policies

Licensing Requirements

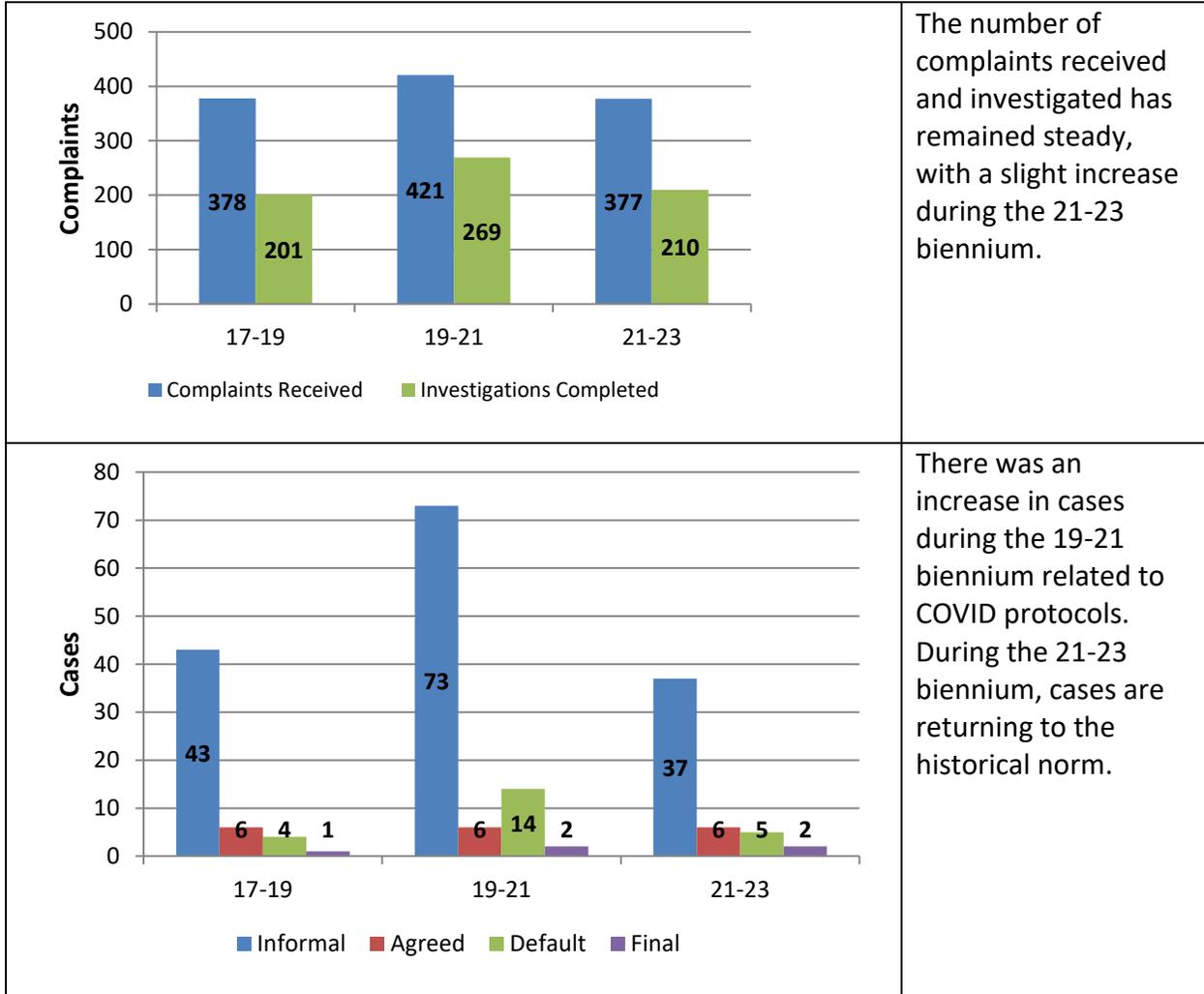
Due to the public comments received on issues beyond the scope of the original rulemaking surrounding licensing requirements, the board refiled the CR-101 on February 23, 2023, to open additional rule sections and consider additional topics. After the passing of SSHB 1724 (see below for more information) a temporary pause was placed on this rulemaking due to the overlapping topics. A notice will be sent via GovDelivery once work on this rulemaking is resumed.

Substitute Senate Bill 5229 (2022) – Health Equity Continuing Education

Plan to hold a virtual rules hearing October 13, 2023, on the proposed amendments to adopt the health equity model rules of two hours of health equity continuing education every three years. Additional changes are being proposed to improve clarity in the chapter and remove obsolete language, including provisions that allow the board to permit CE from another jurisdiction to fulfill Washington’s CE requirements and allow the board to waive CE requirements for a retired psychologist who wishes to maintain active licensure.

Veterinary Board of Governors

The Veterinary Board of Governors protects the public by credentialing and disciplining veterinarians, veterinary technicians, and veterinary medication clerks. The board regulates the professions by developing rules, policies, and guidelines. The governor appoints 7 members – 5 licensed veterinarians, 1 licensed veterinary technician, and 1 public member – to serve five-year terms.



Rulemaking and Policy Activity

Legislation

In 2020, the legislature passed Senate Bill 5004 amending RCW 18.92.260, which allows animal care and control agencies and nonprofit humane societies to provide additional veterinary services to low-income households. It required The Veterinary Board of Governors to establish annual reporting requirements demonstrating that animal care and control agencies and

nonprofit humane societies are serving only low-income households. The online reporting tool became active during the 21-23 biennium.

In 2021, the legislature passed Senate Bill 5229, which requires health professionals to complete continuing education in health equity at least once every four years. During the 21-23 biennium, the Veterinary Board of Governors adopted the model rules.

In 2022, the legislature passed Substitute Senate Bill 5496, which made amendments to update language and modernize terminology for physician health and health professional substance-use disorder monitoring programs. Amendments include terminology and definitions for currently accepted language and replacing "substance abuse" with "substance use disorder" based on SSB 5496. The Veterinary Board of Governors updated terminology.

Rules and Policies

During the COVID-19 pandemic, the Veterinary Board of Governors adopted a policy regarding the completion of continuing education requirements allowing veterinarians and vet techs an unrestricted number of hours of preprogrammed materials to meet the CE requirements. The declared state of emergency ended October 30, 2022, ending this emergency rule.

In response to the COVID-19 pandemic, the Veterinary Board of Governors chose not to strictly enforce WAC 246-933-200 (2) which requires the veterinary-client-patient relationship be established with a physical examination. As the declared state of emergency ended, the board is writing rules to update this language.

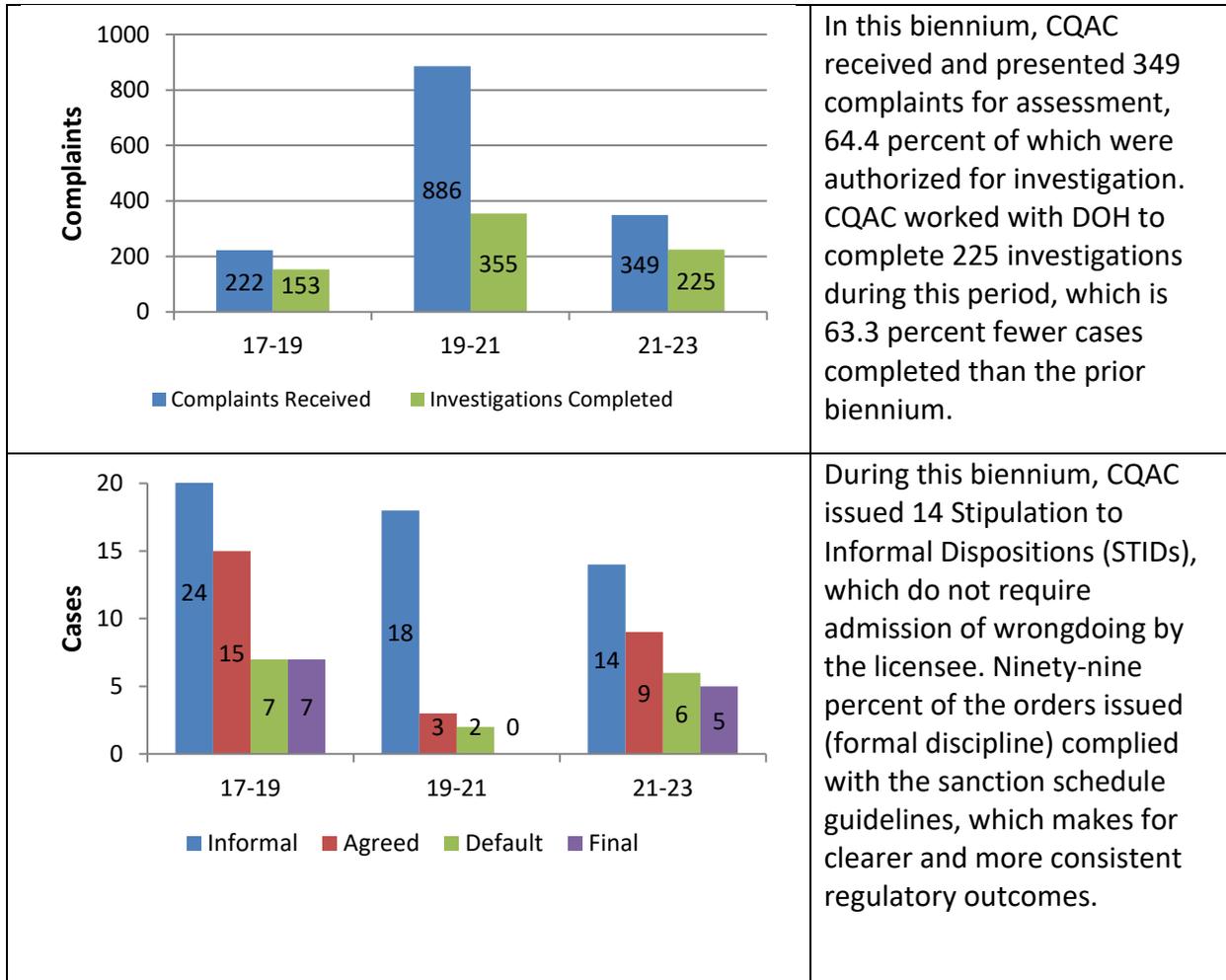
The Washington State Apprenticeship and Training Council (WSATC) approved a registered apprenticeship program at their October 2022 meeting. The Veterinary Board of Governors is clarifying their rules to include this training as an acceptable criterion of eligibility for examination as a veterinary technician.

Partner Commission Supplemental Reports

The Chiropractic Quality Assurance Commission, Washington State Board of Nursing, and Washington Medical Commission all have greater authority over their credentialing, investigative, and disciplinary functions. Their supplemental reports follow.

Chiropractic Quality Assurance Commission

The Chiropractic Quality Assurance Commission protects the public by credentialing and disciplining chiropractors and chiropractic x-ray technicians. The commission regulates the professions by developing rules, policies, and guidelines. CQAC is made up of 14 commission members (11 chiropractors and 3 public members) appointed by the governor. Chiropractic commission members must be licensed to practice in Washington for five years prior to appointment.



Legislation

2SHB 1009 Military Spouses -Professional Licensing and Employment – requires processes and procedures to expedite the issuance of a license for a military spouse, requires a temporary license for no less than 180 days, requires commission training on the culture of military spouses, the military spouse experience and issues related to military spouse career paths. The commission is currently working on rules to implement this bill.

Rules and Policies

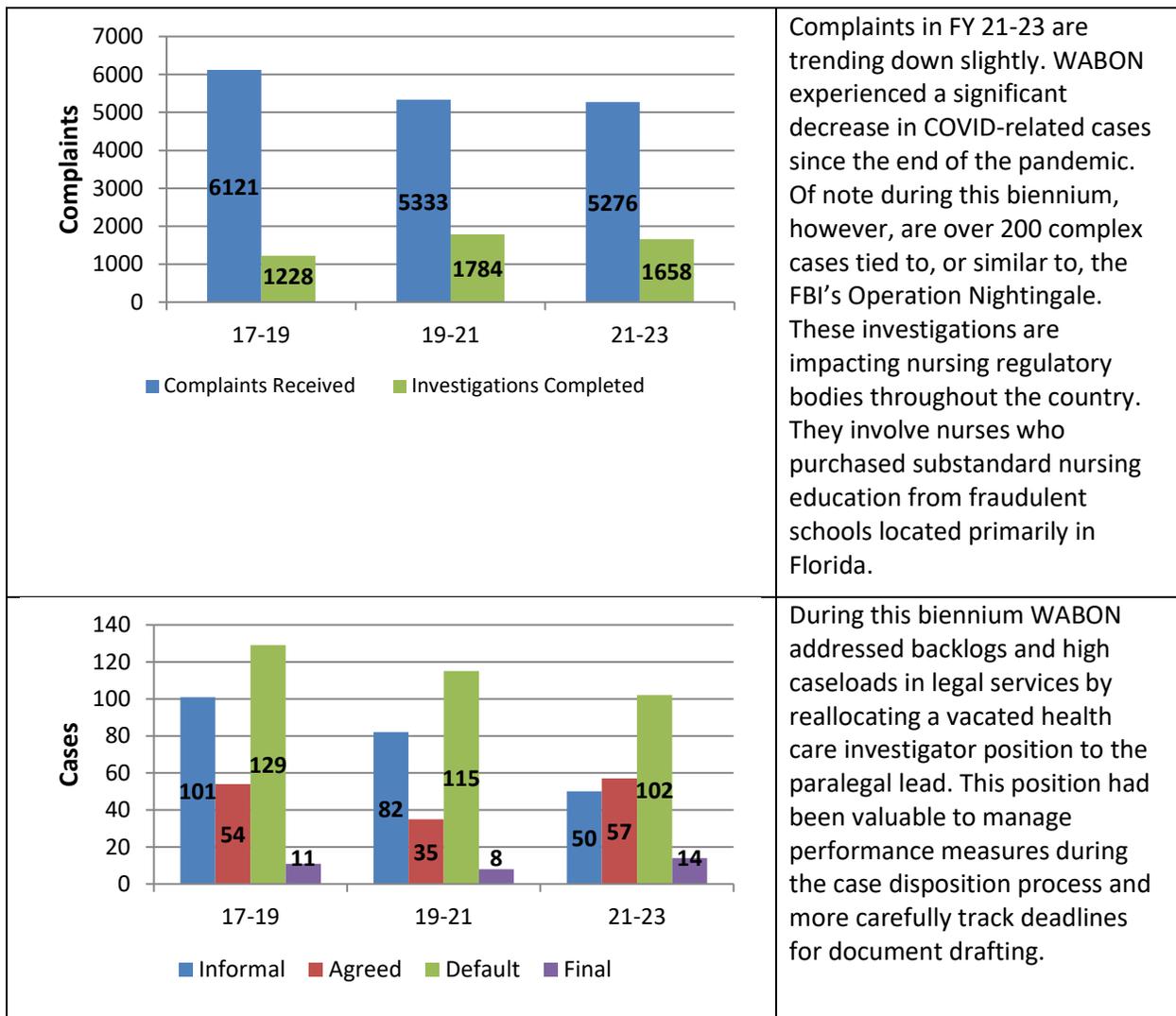
During the 2021-2023 Biennium, the Chiropractic Quality Assurance Commission continued to review and update the full chapter of chiropractic regulations in 246-808 WAC.

Of note were the commission updates to the professional boundaries and sexual misconduct rules for individuals under the authority of the commission. These rules removed any ambiguities and created clear and concise definitions and ensured the commission's definition of sexual misconduct is consistent with other professions.

The commission is in the process of establishing rules that would require chiropractors and chiropractic X-ray technicians to complete 2 hours of Health Equity Continuing Education training.

Washington State Board of Nursing (WABON)

The Washington State Board of Nursing (formerly Nursing Care Quality Assurance Commission) protects the public’s health and safety by regulating the competency and quality of licensed practical nurses, registered nurses, advanced registered nurse practitioners, and nursing technicians. The purpose of WABON includes establishing, monitoring, and enforcing licensing, consistent standards of practice, continuing competency mechanisms, and discipline. The governor appoints 15 board members to four-year terms: three licensed practical nurses, seven registered nurses, two advanced registered nurse practitioners, and three public members. These members represent nursing education, long term care, nurse administrators, staff nurses, and consumers of health care.



Washington Health Professional Services (WHPS) is a non-public program for nurses whose practice may be affected by substance use. Participation allows nurses to protect their licenses while receiving the help they need to recover from substance use disorder. WHPS protects the public by providing early intervention, referral to treatment, and structured monitoring services. Nurse monitoring has positive outcomes with success rates upwards of 70%. Most nurses in monitoring achieve long-term recovery and continue to practice in their profession.

WHPS Participants: License/Profession upon program entry	Nurses required to sign a WHPS contract due to discipline or action against their license	Nurses voluntarily entering the WHPS program	WHPS graduates/successful program completion	Total WHPS contracts signed/enrollment in biennium
Registered Nurse (RN)	310	50	121	360
Licensed Practical Nurse (LPN)	42	0	16	42
Advanced Registered Nurse Practitioner (ARNP)	16	0	5	16
Certified Registered Nurse Anesthetist (CRNP)	5	5	3	10
Nurse Technician (NT)	0	0	0	0

Nursing Education

WABON approves and reviews all nursing education programs in the state of Washington and out-of-state distance learning programs that have clinical practice experiences within Washington. This includes nursing assistant training programs, alternative nursing assistant training programs, refresher courses, professional vocational relationship courses, undergraduate and graduate nursing education programs.

The total number of nursing education programs (1067) includes:

In-state

7 LPN Programs
25 ADN Programs
13 BSN Programs
17 RNB
121 Post-BSN
4 refresher course programs
6 LPN to BSN
5 PVR
9 LPN to ADN

Out-of-state programs/tracks

4 ADN
2 LPN-BSN
10 BSN
25 RN to BSN
424 MSN Programs
191 DNP Programs
1 EdD Nursing Education Program
1 RN Refresher Program
1 LPN Refresher Program
8 NTECH Programs

In-state NA

153 Traditional Nursing Assistant (NA) programs
22 Home Care Aide to NA programs
10 Medication Assistant to NA programs
8 Medication Assistant-Certified training programs

Rulemaking and Policy Activity

While the legislature passed several bills that directly impact the nursing profession, the most significant is SSB 5499 enacting the Nurse Licensure Compact (NLC). Washington joins 40 states and territories in the NLC and was required to change the name to eliminate ‘commission’ from the title to avoid confusion with the Interstate Commission for the Nurse Licensure Compact. The former Nursing Care Quality Assurance Commission voted to change their name to the Washington State Board of Nursing (WABON). Within three months of the governor signing the bill, WABON initiated Phase 1 of the NLC, accepting nurses with multi-state licenses from other compact states. WABON will complete Phase 2 in early 2024 when we begin issuing multi-state licenses to Washington residents. The exact date is dependent on modification to the current licensing database to accommodate the new licensure protocols and completion of the rule-making process.

Legislation

Following are the 2021-2023 bills with implications for WABON.

Profession	WAC Sections	Purpose	Status
<p>Nursing Assistants</p> <p>Legislation</p> <p>ESHB 1120 effective 5/10/2021</p> <p>(Standard rulemaking)</p>	<p>Amendments to: Chapter 246-841 WAC (repealing) replacing with 246-841A in collaboration with DOH Secretary.</p> <p>Chapter 246-842 WAC (repealing)</p>	<p>1120-S.SL.pdf (wa.gov)</p> <p>Emergency operations impacting long-term services and supports</p>	<p>Rule hearing for CR-102 held on 8/30/2023. Board approved. Staff in process of filing CR-103</p> <p>Note: Filing combined CR-102 for these rules and NA Rules under Secretary Authority (See #2) in progress. Filing of CR-102 approved on March 10, 2023, WABON business meeting.</p>
<p>Registered Nurses, Licensed Practical Nurses, Advanced Registered Nurse Practitioners, Nurse Technicians</p> <p>Legislation</p>	<p>Amendments to: WAC 246-840-220 And other relevant continuing education rule sections in Chapter 246-840 WAC</p>	<p>5229-S.SL.pdf (wa.gov)</p> <p>Health Equity & Continuing Competency</p>	<p>CR-101</p> <p>WSR: 23-03-069</p> <p>Filed: 1/12/2023</p> <p>Filing CR-102 in process. Proposed rule language and filing of CR-102 approved by WABON at the July 13,</p>

<p>ESSB 5229 effective 7/25/2021</p> <p>(Standard rulemaking)</p>			<p>2023, WABON business meeting.</p>
<p>Registered Nurses, Advanced Registered Nurse Practitioners, Nursing Assistants</p> <p>Legislation</p> <p>SHB 1124</p> <p>Governor signed 3/11/22</p> <p>Effective 7/1/2022</p>	<p>Amendments to:</p> <p>WAC 246-840-010 WAC 246-840-700 WAC 246-840-910 WAC 246-840-920 WAC 246-840-930 WAC 246-840-940 WAC 246-840-950 WAC 246-840-960 WAC 246-840-970</p>	<p>1124-S.PL.pdf (wa.gov)</p> <p>Nurse Delegation of Glucose Monitoring, Glucose Testing, and Insulin Injections</p>	<p>CR-101</p> <p>WSR: 23-02-037</p> <p>Filed: 12/29/2022</p> <p>Filing CR-102 in process. Proposed rule language and filing of CR-102 approved by WABON at the July 14, 2023, WABON business meeting.</p>
<p>Registered Nurses, Licensed Practical Nurses, Advanced Registered Nurse Practitioners, Nurse Technicians</p> <p>Legislation</p> <p>HB 1009</p> <p>Governor signed 4/25/2023</p> <p>Effective 7/23/2023</p>	<p>Amendments to:</p> <p>WAC 264-840-095</p>	<p>1009-S2.SL.pdf (wa.gov)</p> <p>Military Spouses— Professional Licensing and Employment</p>	<p>CR-101</p> <p>WSR: 22-06-057</p> <p>Filed: 2/25/2022</p> <p>Filing CR-102 in process. Proposed rule language and filing of CR-102 approved by WABON at the May 12, 2023, WABON business meeting.</p>
<p>Registered Nurses, Licensed Practical Nurses, Advanced Registered Nurse Practitioners, Nurse Technicians</p> <p>Legislation</p> <p>SSB 5499</p> <p>Governor signed 4/20/2023</p>	<p>Amendments to:</p> <p>WAC 246-840-990</p>	<p>5499-S.SL.pdf (wa.gov)</p> <p>Concerning the multistate nurse licensure compact.</p>	<p>The board reviewed licensing fee options and agreed on a fee amount recommendation to the department on September 7, 2023.</p>

Effective 7/23/2023			
Registered Nurses, Licensed Practical Nurses, Advanced Registered Nurse Practitioners, Nurse Technicians Legislation E2SSB 5582 Governor signed 4/20/2023 Effective 7/23/2023	Amendments to: WAC 246-840-517 WAC 246-840-534 And other relevant rule sections in Chapter 246-840 WAC	5582-S2.SL.pdf (wa.gov) Reducing barriers and expanding educational opportunities to increase the supply of nurses in Washington.	Staff in process of scheduling and hosting rule workshops. Board approved CR-101 at the May 2023 business meeting.
Registered Nurses, Licensed Practical Nurses, Advanced Registered Nurse Practitioners, Nurse Technicians Legislation SHB 1255/RCW 18.79.440 Governor signed 4/20/2023 Effective 7/23/2023	Amendments to: WAC 246-840-750 through WAC 246-840-780 And potential new rule sections in Chapter 246-840 WAC.	1255-S.SL.pdf (wa.gov) Reducing stigma and incentivizing health care professionals to participate in a substance use disorder monitoring and treatment program.	Staff in process of scheduling and hosting rule workshops. Board approved CR-101 at the May 2023 business meeting.

Rules

Profession	WAC Sections	Purpose	Status
Nursing Assistants and NAC Training Program Standards	Amendments to: Chapter 246-841 WAC (repealing) replacing with 246-841A in collaboration with DOH Secretary.	Legislated work by WABON with key interested parties in 2018-2020 resulting in a final Long-Term Care Report to the Legislature (June 2021) confirmed the need for updating rules. The coronavirus disease	CR-102 WSR:23-15-091 Filed: 7/18/2023 Rule hearing for CR-102 was held on 8/30/2023. Board

	Chapter 246-842 WAC (repealing)	2019 (COVID-19) pandemic magnified the need and urgency for changes to eliminate barriers to career advancement for nursing assistants to help address the nursing assistant shortage in health care. WABON believes standardizing curriculum in training programs will also result in standardizing scope of practice across work settings.	approved. Staff in process of filing CR-103 Note: Filing combined CR-102 for these rules and NA Rules under Secretary Authority (See #2) in progress. Filing of CR-102 approved on March 10, 2023, WABON business meeting.
Nursing Temporary Practice Permits	Amendments to: WAC 264-840-095	Under WAC 246-840-095, the temporary practice permit is valid for 180 days or until the board issues a permanent Washington State license to the nurse. WAC 246-840-095 also allows for an additional 180-day extension of the temporary practice permit if the department has not received the fingerprint results during the initial 180-day period. The board intends to engage in rulemaking to shorten the length of a temporary practice permit and to align the internal WABON process with WAC language.	CR-101 WSR: 22-06-057 Filed: 2/25/2022 Filing CR-102 in process. Proposed rule language and filing of CR-102 approved by WABON at the May 12, 2023, WABON business meeting.
Blood Glucose Delegation	Amendments to: WAC 246-840-010 WAC 246-840-700 WAC 246-840-910	SHB 1124-S.PL.pdf (wa.gov) Nurse Delegation of Glucose Monitoring, Glucose	CR-101 WSR: 23-02-037 Filed: 12/29/2022

	<p>WAC 246-840-920 WAC 246-840-930 WAC 246-840-940 WAC 246-840-950 WAC 246-840-960 WAC 246-840-970</p>	<p>Testing, and Insulin Injections</p> <p>Identifies two areas that require WABON rulemaking:</p> <ul style="list-style-type: none"> •Expands the allowance for the RN to delegate glucose monitoring and testing beyond community-based and home settings to all settings where the NA-R/NA-C and HCAs work. •Removes from statute the timelines for RN supervision and evaluation of the delegated task of administering insulin and directs the board to determine the interval in rule. 	<p>Filing CR-102 in process. Proposed rule language and filing of CR-102 approved by WABON at the July 14, 2023, WABON business meeting.</p>
<p>Health Equity Continuing Education</p>	<p>Amendments to: WAC 246-840-220 And other relevant continuing education rule sections in Chapter 246-840 WAC</p>	<p>ESSB 5229-S.SL.pdf (wa.gov) Health Equity & Continuing Competency</p> <p>The law, effective 7/25/2021, in Section 2 requires rule-making authorities for each health profession to adopt rules requiring a licensee to complete 2 hours of health equity continuing education training every 4 years.</p>	<p>CR-101 WSR: 23-03-069 Filed: 1/12/2023</p> <p>Filing CR-102 in process. Proposed rule language and filing of CR-102 approved by WABON at the July 13, 2023, WABON business meeting.</p>
<p>Initial Out-of-State Exam and Endorsement Licensing</p>	<p>Amendments to: WAC 246-840-030 WAC 246-840-090 And other relevant rule sections in Chapter 246-840 WAC</p>	<p>Moving emergency rule language into permanent rule. Amending specific rule language to clarify licensure requirements for registered nursing</p>	<p>CR-101 WSR: 23-11-143 File: 5/24/2023</p> <p>Draft language presented at the August 15, 2023,</p>

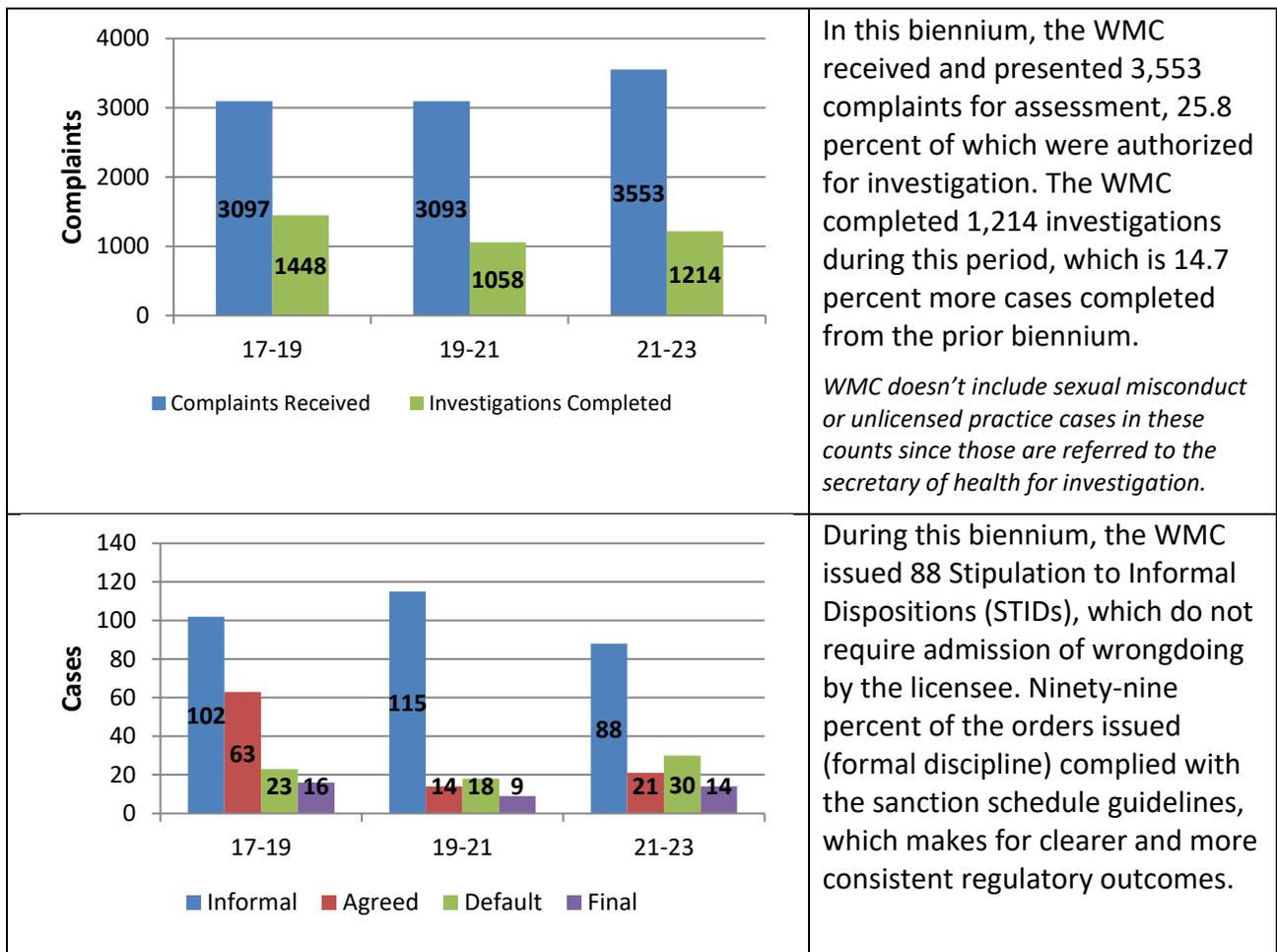
		(RN) and licensed practical nursing (LPN) applicants <u>applying for initial licensure via an out-of-state traditional nursing education program approved by another U.S. nursing board and applicants applying via interstate endorsement.</u>	Licensing Subcommittee meeting. Board reviewed draft language at the September 7, 2023, business meeting. Board approved CR-101 at the May 2023 business meeting.
Multistate License Fee	Amendments to: WAC 246-840-990	5499-S.SL.pdf (wa.gov) Concerning the multistate nurse licensure compact. Creating a fee and updating a surcharge for a multistate nursing license. WAC 246-840-990, Fees and renewal cycle. The Department of Health (department) in consultation with the Washington State Board of Nursing (board) must update an existing licensing surcharge amount in rule to comply with the new surcharge amount in law. The department and the board are also considering rulemaking to create a fee for a new multi-state license option for registered nurses (RNs) and licensed practical nurses (LPNs) residing in Washington State in keeping with Substitute Senate Bill (SSB) 5499 Multistate Nurse Licensure Compact	CR-101 WSR: 23-16-127 File: 8/1/2023 Board reviewed licensing fee options and decided on recommendation to the department. Board approved CR-101 at the May 2023 business meeting.

		(Chapter 123, Laws of 2023), effective July 23, 2023.	
Nursing Credential Opportunities	Amendments to: WAC 246-840-517 WAC 246-840-534 And other relevant rule sections in Chapter 246-840 WAC	5582-S2.SL.pdf (wa.gov) Reducing barriers and expanding educational opportunities to increase the supply of nurses in Washington. The Washington State Board of Nursing (board) is considering amendments to nursing education rules in response to Engrossed Second Substitute Senate Bill (E2SSB) 5582 (Chapter 126, Laws of 2023). The board is considering amending WAC 246-840-517, 246-840-534, and other related rule sections.	CR-101 WSR: 23-17-011 File: 8/4/2023 Board approved CR-101 at the May 2023 business meeting.
Substance Use Disorder Monitoring Program Participation	Amendments to: WAC 246-840-750 through WAC 246-840-780 And potential new rule sections in Chapter 246-840 WAC.	1255-S.SL.pdf (wa.gov) Reducing stigma and incentivizing health care professionals to participate in a substance use disorder monitoring and treatment program. The Washington State Board of Nursing (board) is considering amendments to current rule sections relating to the board's substance use disorder (SUD) monitoring	CR-101 WSR: 23-17-074 File: 8/14/2023 Board approved CR-101 at the May 2023 business meeting.

		<p>program in response to Substitute House Bill (SHB) 1255 Nursing — Substance Use Disorder Monitoring Program Participation (chapter 141, Laws of 2023). The board is also considering creating new rule sections to establish a stipend program as directed by SHB 1255.</p>	
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Washington Medical Commission

The Washington Medical Commission (WMC) promotes patient safety and enhances the integrity of the profession through licensing, discipline, rulemaking, and education. The governor appoints 21 commission members to four-year terms: 13 physicians, 2 physician assistants, and 6 public members to pursue work furthering the governor’s goal of healthy and safe communities. Complaints come from a variety of sources. These sources include: the public, mandatory medical malpractice reports from insurance companies, adverse action reports from medical societies, hospitals, medical service bureaus, professional standards review organizations, federal, state, and local agencies.



Rulemaking and Policy Activity

Rulemaking Activity

- Exempted patients admitted to long term acute care (LTAC) facilities, nursing homes, Residential Treatment Facilities (RTF), and Residential Habilitation Centers (RHC) from the opioid prescribing rules.

- Established a new license type: Limited Physician and Surgeon Clinical Experience License. This license is specifically for International Medical Graduates (IMG).
- In the process of establishing rules that would require MDs and PAs to complete 2 hours of Health Equity Continuing Education training.

Policies

- Discrimination in Health Care policy
- Informed Consent and Shared Decision-Making guidance document
- Physician Assistants Performing Disability Evaluations interpretive statement
- Telemedicine policy
- Terminating the Practitioner-Patient Relationship policy.

Legislation

- **1821 definition of established relationship for purposes of audio-only telemedicine** – WMC educated practitioners that the definition of "established relationship" for purposes of audio-only telemedicine was extended to three years for behavioral health services and two years for all other health care services. An established relationship exists if the person has had at least one appointment within the past year and make take place via audio-video technology.
- **1851 preserving a pregnant individual's ability to access abortion care** – WMC educated practitioners and the public that providers authorized to terminate a pregnancy were expanded to include a physician assistant.
- **5753 Increasing board and commission capacities** – WMC must ensure member composition includes two individuals who are Washington State licensed physician assistants. All professional members of the WMC must have been licensed to practice medicine in this state for at least five years.
- **1009 military spouse employment** – WMC assigns a coordinator to assist military spouse applicants, and reviews ways to expedite licensing and offers a temporary license for 180 days to spouses.
- **1340 health professions disciplining authorities** – WMC educated practitioners and the public that reproductive health care services or gender affirming treatment, or another state's laws prohibiting these services, do not constitute "unprofessional conduct" and may not serve as the only basis for professional discipline.
- **1469 health care services and gender-affirming treatment** - WMC educated practitioners and the public that this provides a legal shield for those seeking and providing protected health care services in Washington.
- **5179 death with dignity act** – WMC educated practitioners and the public about expansion of the Death with Dignity Act, which passed in 2008, this bill adds PAs to the authorized health care providers who may perform the duties of the act

- **5394 malpractice insurance requirements for International Medical Graduate IMG supervisors** – WMC holds ongoing meetings with licensing unit and provides written and online communications, to inform IMG stakeholders and IMG Workgroup members that the malpractice insurance requirement in the law has been removed.
- **5453 female genital mutilation (FGM)** – WMC educated practitioners and the public that FGM is now listed as a violation of the UDA and is listed under the requirement of notification for the definition of child ‘abuse or neglect’ that must be reported by a mandatory report.