

CERTIFICATION OF ENROLLMENT  
**ENGROSSED SUBSTITUTE SENATE BILL 5229**

67th Legislature  
2021 Regular Session

Passed by the Senate April 15, 2021  
Yeas 33 Nays 15

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**President of the Senate**

Passed by the House March 24, 2021  
Yeas 57 Nays 41

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**Speaker of the House of  
Representatives**

Approved

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**Governor of the State of Washington**

CERTIFICATE

I, Brad Hendrickson, Secretary of the Senate of the State of Washington, do hereby certify that the attached is **ENGROSSED SUBSTITUTE SENATE BILL 5229** as passed by the Senate and the House of Representatives on the dates hereon set forth.

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**Secretary**

FILED

**Secretary of State  
State of Washington**

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**ENGROSSED SUBSTITUTE SENATE BILL 5229**

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AS AMENDED BY THE HOUSE

Passed Legislature - 2021 Regular Session

**State of Washington**

**67th Legislature**

**2021 Regular Session**

**By** Senate Health & Long Term Care (originally sponsored by Senators Randall, Das, Keiser, Lovelett, Nobles, Wilson, C., Dhingra, Hasegawa, Kuderer, Nguyen, and Stanford)

READ FIRST TIME 02/08/21.

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

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

5 NEW SECTION. **Sec. 1.** The legislature finds that:

6 (1) Healthy Washingtonians contribute to the economic and social  
7 welfare of their families and communities, and access to health  
8 services and improved health outcomes allows all Washington families  
9 to enjoy productive and satisfying lives;

10 (2) The COVID-19 pandemic has further exposed that health  
11 outcomes are experienced differently by different people based on  
12 discrimination and bias by the health care system. Research shows  
13 that health care resources are distributed unevenly by intersectional  
14 categories including, but not limited to, race, gender, ability  
15 status, religion, sexual orientation, socioeconomic status, and  
16 geography; and

17 (3) These inequities have permeated health care delivery,  
18 deepening adverse outcomes for marginalized communities. This bill  
19 aims to equip health care workers with the skills to recognize and  
20 reduce these inequities in their daily work. In addition to their

1 individual impact, health care workers need the skills to address  
2 systemic racism and bias.

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

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

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

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

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

33 (c) The minimum standards must include instruction on skills to  
34 address the structural factors, such as bias, racism, and poverty,  
35 that manifest as health inequities. These skills include individual-  
36 level and system-level intervention, and self-reflection to assess  
37 how the licensee's social position can influence their relationship  
38 with patients and their communities. These skills enable a health  
39 care professional to care effectively for patients from diverse

1 cultures, groups, and communities, varying in race, ethnicity, gender  
2 identity, sexuality, religion, age, ability, socioeconomic status,  
3 and other categories of identity. The courses must assess the  
4 licensee's ability to apply health equity concepts into practice.  
5 Course topics may include, but are not limited to:

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

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

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

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

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

18 (vi) Structural competency training addressing five core  
19 competencies:

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

21 (B) Developing an extraclinical language of structure;

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

23 (D) Observing and imagining structural interventions; and

24 (E) Developing structural humility; and

25 (vii) Cultural safety training.

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

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

31 (a) "Rule-making authority" means the regulatory entities  
32 identified in RCW 18.130.040 and authorized to establish continuing  
33 education requirements for the health care professions governed by  
34 those regulatory entities.

35 (b) "Structural competency" means a shift in medical education  
36 away from pedagogic approaches to stigma and inequalities that  
37 emphasize cross-cultural understandings of individual patients,  
38 toward attention to forces that influence health outcomes at levels  
39 above individual interactions. Structural competency reviews existing  
40 structural approaches to stigma and health inequities developed

1 outside of medicine and proposes changes to United States medical  
2 education that will infuse clinical training with a structural focus.

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

19 **Sec. 3.** RCW 43.70.615 and 2006 c 237 s 2 are each amended to  
20 read as follows:

21 (1) For the purposes of this section, "multicultural health"  
22 means the provision of health care services with the knowledge and  
23 awareness of the causes and effects of the determinants of health  
24 that lead to disparities in health status between different genders  
25 and racial and ethnic populations and the practice skills necessary  
26 to respond appropriately.

27 (2) The department, in consultation with the disciplining  
28 authorities as defined in RCW 18.130.040, shall establish, within  
29 available department general funds, an ongoing multicultural health  
30 awareness and education program as an integral part of its health  
31 professions regulation. The purpose of the education program is to  
32 raise awareness and educate health care professionals regarding the  
33 knowledge, attitudes, and practice skills necessary to care for  
34 diverse populations to achieve a greater understanding of the  
35 relationship between culture and health. (~~The disciplining  
36 authorities having the authority to offer continuing education may  
37 provide training in the dynamics of providing culturally competent,  
38 multicultural health care to diverse populations.~~) Any such  
39 education shall be developed in collaboration with education programs

1 that train students in that health profession. (~~(A disciplining~~  
2 ~~authority may require that instructors of continuing education or~~  
3 ~~continuing competency programs integrate multicultural health into~~  
4 ~~their curricula when it is appropriate to the subject matter of the~~  
5 ~~instruction.)) No funds from the health professions account may be  
6 utilized to fund activities under this section unless the  
7 disciplining authority authorizes expenditures from its proportions  
8 of the account. (~~(A disciplining authority may defray costs by~~  
9 ~~authorizing a fee to be charged for participants or materials~~  
10 ~~relating to any sponsored program.))~~~~

11 (3) By July 1, 2008, each education program with a curriculum to  
12 train health professionals for employment in a profession  
13 credentialed by a disciplining authority under chapter 18.130 RCW  
14 shall integrate into the curriculum instruction in multicultural  
15 health as part of its basic education preparation curriculum. The  
16 department may not deny the application of any applicant for a  
17 credential to practice a health profession on the basis that the  
18 education or training program that the applicant successfully  
19 completed did not include integrated multicultural health curriculum  
20 as part of its basic instruction.

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