Washington State Register

WSR 23-18-098 PROPOSED RULES DEPARTMENT OF HEALTH

(Podiatric Medical Board)
[Filed September 6, 2023, 11:57 a.m.]

Original Notice.

Preproposal statement of inquiry was filed as WSR 23-05-029. Title of Rule and Other Identifying Information: Health equity continuing education (CE) for WAC 246-922-300 and 246-922-310. The podiatric medical board (board) is proposing amendments to rule to establish health equity CE requirements to implement ESSB 5229.

Hearing Location(s): On October 19, 2023, at 9:00 a.m., via Zoom at https://us02web.zoom.us/webinar/register/WN_6e8bfZ88TQe0ms2mflkPNQ; or in person at 111 Israel Road S.E., Town Center 2, Room 153, Tumwater, WA 98501. Anyone wishing to preregister may do so at the following link https://us02web.zoom.us/webinar/register/WN_6e8bfZ88TQe0ms2mflkPNQ. After registering, you will receive a confirmation email containing information about joining the webinar.

Date of Intended Adoption: October 19, 2023.

Submit Written Comments to: Tommy Simpson III, Program Manager, Department of Health, P.O. Box 47852, Olympia, WA 98504-7852, email https://fortress.wa.gov/doh/policyreview, fax 360-236-2901, by October 9, 2023.

Assistance for Persons with Disabilities: Contact Tommy Simpson III, program manager, phone 360-236-4901, fax 360-236-2901, TTY 711, email Tommy.Simpson[@doh.wa.gov], by October 9, 2023.

Purpose of the Proposal and Its Anticipated Effects, Including

Purpose of the Proposal and Its Anticipated Effects, Including Any Changes in Existing Rules: RCW 43.70.613 (3)(b) directs the rule-making authority for each health profession licensed under Title 18 RCW that is subject to CE to adopt rules requiring a licensee to complete health equity CE training at least once every four years. The statute also directs the department of health (department) to create model rules establishing the minimum standards for health equity CE programs. The department filed model rules for health equity CE minimum standards on November 23, 2022, under WSR 22-23-167. Any rules developed for the board must meet or exceed the minimum standards in the model rules in WAC 246-12-800 through 246-12-830.

The board is proposing amendments to WAC 246-922-300 and 246-922-310 to implement ESSB 5229. The board is proposing adopting the health equity model rules, WAC 246-12-800 through 246-12-830, for podiatric physicians and surgeons to comply with RCW 43.70.613.

The proposed rule adds two hours of health equity education, as required in the model rules, to be completed as part of the current CE requirements every four years. The proposed rule does not change total CE hours but requires two hours in health equity CE every four years which is absorbed into the existing number of CE hours required. The health equity CE requirement is counted under existing, unspecified CE requirements for the profession.

The board is also clarifying WAC 246-922-300 (1) and (3) to reflect that a resident in an approved postgraduate residency training program is not required to participate in podiatric continuing medical education.

Reasons Supporting Proposal: The goal of health equity CE is to equip health care workers with the skills to recognize and reduce health inequities in their daily work. The content of health equity trainings include implicit bias trainings to identify strategies to

reduce bias during assessment and diagnosis in an effort to address structural factors, such as bias, racism, and poverty, that manifest as health inequities.

Two hours of training allows individuals to gain a foundation in health equity that can have an immediate positive impact on the professional's interaction with those receiving care. Health equity training enables health care professionals to care effectively for patients from diverse cultures, groups, and communities, varying race, ethnicity, gender identity, sexuality, religion, age, ability, socioeconomic status, and other categories of identity. The two hours of health equity CE credits may be earned as part of the health professional's existing CE requirements, therefore not requiring completion of additional CE hours.

Statutory Authority for Adoption: RCW 43.70.613, 18.22.015. Rule is not necessitated by federal law, federal or state court decision.

Name of Proponent: Podiatric medical board, governmental.

Name of Agency Personnel Responsible for Drafting, Implementation, and Enforcement: Tommy Simpson III, Program Manager, 111 Israel Road S.E., Tumwater, WA 98501, 360-236-4910.

A school district fiscal impact statement is not required under RCW 28A.305.135.

A cost-benefit analysis is required under RCW 34.05.328. A pre-liminary cost-benefit analysis may be obtained by contacting Tommy Simpson III, Department of Health, P.O. Box 47852-7852, Olympia, WA 98507, phone 360-236-4910, fax 360-236-2901, TTY 711, email Tommy.Simpson@doh.wa.gov.

This rule proposal, or portions of the proposal, is exempt from requirements of the Regulatory Fairness Act because the proposal:

Is exempt under RCW 19.85.025(4).

Scope of exemption for rule proposal: Is fully exempt.

September 1, 2023 U. James Chaney Executive Director Office of Health Professions

OTS-4872.1

AMENDATORY SECTION (Amending WSR 22-20-092, filed 10/4/22, effective 11/4/22)

WAC 246-922-300 Podiatric continuing medical education required.

- (1) The board requires a ((licensed)) podiatric physician and surgeon to participate in podiatric continuing medical education as a mechanism to maintain and enhance competence and stay informed of recent developments within podiatric medicine and related fields. A resident in an approved postgraduate residency training program is not required to participate in podiatric continuing medical education.
- (2) A podiatric physician and surgeon must complete 100 hours of continuing medical education every two years and comply with WAC 246-12-170 through 246-12-240 and WAC 246-922-310.

- (3) To satisfy the continuing medical education requirements identified in subsection (2) of this section, a podiatric physician and surgeon may:
- (a) ((Serve as a resident in an approved postgraduate residency training program; such individuals shall be credited 50 hours for each year of training completed during their continuing medical education cycle;
- (b))) Certify or recertify within the previous four years with a specialty board recognized by the Council on Podiatric Medical Education (CPME); or
- $((\frac{c}{c}))$ Meet the requirements for participation in a maintenance of certification program for a specialty board recognized by the CPME.
- (4) If a podiatric physician and surgeon uses subsection (3) of this section to comply with podiatric continuing medical education requirements, the podiatric physician and surgeon must assure that they have taken a minimum of two hours of health equity continuing medical education training every four years pursuant to WAC 246-922-310(4).

[Statutory Authority: RCW 18.22.015. WSR 22-20-092, § 246-922-300, filed 10/4/22, effective 11/4/22. Statutory Authority: RCW 18.22.005, 18.22.015, and 18.130.050. WSR 16-01-106, § 246-922-300, filed 12/16/15, effective 10/1/17. Statutory Authority: RCW 18.22.015. WSR 99-20-096, § 246-922-300, filed 10/5/99, effective 11/5/99. Statutory Authority: RCW 43.70.280. WSR 98-05-060, § 246-922-300, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.22.015. WSR 94-05-051, § 246-922-300, filed 2/10/94, effective 3/13/94; WSR 91-10-041 (Order 158B), § 246-922-300, filed 4/25/91, effective 5/26/91.]

<u>AMENDATORY SECTION</u> (Amending WSR 22-20-092, filed 10/4/22, effective 11/4/22)

- WAC 246-922-310 Categories of creditable podiatric continuing medical education activities. To meet the requirements of WAC 246-922-300, a podiatric physician and surgeon shall earn continuing medical education in the following board-approved categories; such activities may be obtained through in-person or remote attendance, or through interactive online or prerecorded courses:
- (1) Category 1 A minimum of 40 hours ((; however, all 100 credit hours may be earned in this category)). Category 1 activities include:
- (a) Scientific courses or seminars approved, offered, or sponsored by the American Podiatric Medical Association and its component societies and affiliated and related organizations;
- (b) Scientific courses or seminars offered or sponsored by entities such as the American College of Foot and Ankle Surgery, the American Medical Association, the American Osteopathic Association, the American Heart Association, the American Diabetes Association, or the American Physical Therapy Association when offering or sponsoring continuing medical education programs related to podiatric medicine; and
- (c) Scientific courses or seminars accredited by the Council on Podiatric Medical Education or the Accrediting Council for Continuing Medical Education.
- (2) Category 2 A maximum of 50 hours. Category 2 activities include courses or seminars related to health care delivery offered or sponsored by entities such as nonprofit organizations, other propriet-

ary organizations, and individuals when offering or sponsoring continuing medical education in health care delivery.

- (3) Category 3 A maximum of 60 hours. Category 3 credit hours and activities include:
- (a) Up to 30 hours through teaching, lecturing, and publishing in a peer-reviewed, scientific journal or textbook;
- (b) Up to 30 hours through online prerecorded or remote-attended study and programs not otherwise specified in subsection (1) or (2) of this section;
- (c) Up to 30 hours through self-study including, but not limited to, specialty board examination preparation, reading books, papers, and publications, participating in journal clubs, or viewing or attending exhibits; and
- (d) Up to 30 hours for participation in a health care institution or government agency:
 - (i) Peer-review committee;
- (ii) Staff committee for subjects including, but not limited to, quality of care, utilization review, credentialing, bylaws, and medical records;
- (iii) Surgical privilege credentialing to include proctoring activity; or
 - (iv) Serving as a board member on the podiatric medical board.
- (4) Category 4 As of January 1, 2024, a minimum of two hours of health equity continuing medical education training offered by entities listed in subsection (1) or (2) of this section or listed or offered by the department of health must be obtained every four years as follows:
- (a) The first training must be completed by the end of the first full continuing medical education reporting cycle after January 1, 2024, or by the end of the first full continuing medical education reporting cycle after initial licensure, whichever is later; and
- (b) Health equity continuing medical education training must meet the minimum standards under RCW 43.70.613 and WAC 246-12-800 through 246-12-830.
- (5) One contact hour is defined as a typical 50-minute classroom instructional session or its equivalent.
- $((\frac{5}{}))$) $\underline{(6)}$ The board will not give prior approval for any continuing medical education. The board will accept any continuing medical education that reasonably falls within these regulations and relies upon the integrity of each individual podiatric physician and surgeon to comply with these requirements.

[Statutory Authority: RCW 18.22.015. WSR 22-20-092, § 246-922-310, filed 10/4/22, effective 11/4/22. Statutory Authority: RCW 18.22.005, 18.22.015, and 18.130.050. WSR 16-01-106, § 246-922-310, filed 12/16/15, effective 10/1/17. Statutory Authority: RCW 18.22.015. WSR 99-20-096, § 246-922-310, filed 10/5/99, effective 11/5/99; WSR 94-05-051, § 246-922-310, filed 2/10/94, effective 3/13/94; WSR 91-10-041 (Order 158B), § 246-922-310, filed 4/25/91, effective 5/26/91.]