**1485-S2.E AMS HLTH S2830.1 - NOT FOR FLOOR USE**

**E2SHB 1485** - S COMM AMD

By Committee on Health Care

**ADOPTED 4/13/2015**

Strike everything after the enacting clause and insert the following:

"NEW SECTION. **Sec.**  It is the intent of the legislature to increase the number of family medicine physicians in shortage areas in the state by providing a fiscal incentive for hospitals and clinics to develop or expand residency programs in these areas. The legislature also intends to encourage family medicine residents to work in shortage areas by funding the health professional loan repayment and scholarship program.

NEW SECTION. **Sec.**  A new section is added to chapter 70.112 RCW to read as follows:

(1) Each family medicine residency program shall annually report the following information to the department of health:

(a) The location of the residency program and whether the program, or any portion of the program, is located in a health professional shortage area as defined in RCW 70.112.010;

(b) The number of residents in the program and the number who attended an in-state versus an out-of-state medical school; and

(c) The number of graduates of the residency program who work within health professional shortage areas.

(2) The department of health shall aggregate the information received under subsection (1) of this section and report it to the appropriate legislative committees of the house of representatives and the senate by November 1, 2016, and November 1st every even year thereafter. The report must also include information on how the geographic distribution of family residency programs changes over time and, if information on the number of residents in specialty areas is readily available, a comparison of the number of residents in family medicine versus specialty areas.

**Sec.**  RCW 70.112.010 and 2010 1st sp.s. c 7 s 41 are each reenacted and amended to read as follows:

The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

(1) "Advisory board" means the family medicine education advisory board created in section 6 of this act.

(2) "Affiliated" means established or developed in cooperation with the schools of medicine.

((~~(2) "Family practice unit" means the community facility or classroom used for training of ambulatory health skills within a residency training program.~~))

(3) "Health professional shortage areas" has the same definition as in RCW 28B.115.020.

(4) "Residency programs" ((~~mean[s]~~)) means community-based ((~~family practice~~)) residency educational programs in family medicine, either in existence or established under this chapter and that are certified by the accreditation council for graduate medical education or by the American osteopathic association.

((~~(4)~~)) (5) "Schools of medicine" means the University of Washington school of medicine located in Seattle, Washington; the Pacific Northwest University of Health Sciences located in Yakima, Washington; and any other such medical schools that are accredited by the liaison committee on medical education or the American osteopathic association's commission on osteopathic college accreditation, and that locate their entire four-year medical program in Washington.

**Sec.**  RCW 70.112.020 and 2012 c 117 s 426 are each amended to read as follows:

(1) There is established a statewide medical education system for the purpose of training resident physicians in family ((~~practice~~)) medicine.

(2) The deans of the schools of medicine shall be responsible for implementing the development and expansion of residency programs in cooperation with the medical profession, hospitals, and clinics located throughout the state. The ((~~chair of the department of family medicine in the~~)) schools of medicine shall ((~~determine where affiliated residency programs shall exist;~~)) support development of high quality, accredited, affiliated residency programs, giving consideration to communities in the state where the population, hospital facilities, number of physicians, and interest in medical education indicate the potential success of the residency program and prioritizing support for health professional shortage areas in the state.

(3) The medical education system shall provide financial support for residents in training for those programs which are affiliated with the schools of medicine and shall establish positions for appropriate faculty to staff these programs.

(4) The schools of medicine shall coordinate with the office of student financial assistance to notify prospective family medicine students and residents of their eligibility for the health professional loan repayment and scholarship program under chapter 28B.115 RCW.

(5) The number of programs shall be determined by the board and be in keeping with the needs of the state.

**Sec.**  RCW 70.112.060 and 1975 1st ex.s. c 108 s 6 are each amended to read as follows:

(1) The moneys appropriated for these statewide family medicine residency programs shall be in addition to all the income of the ((~~University of Washington and its~~)) schools of medicine and shall not be used to supplant funds for other programs under the administration of the schools of medicine.

(2) The allocation of state funds for the residency programs shall not exceed fifty percent of the total cost of the program.

(3) No more than twenty-five percent of the appropriation for each fiscal year for the affiliated programs shall be authorized for expenditures made in support of the faculty and staff of the schools of medicine who are associated with the affiliated residency programs and are located at the schools of medicine.

(4) No funds for the purposes of this chapter shall be used to subsidize the cost of care incurred by patients.

(5) No more than ten percent of the state funds appropriated for the purposes of this chapter may be used for administrative or overhead costs to administer the statewide family medicine residency programs.

(6) The family medicine residency network at the University of Washington shall, in collaboration with the schools of medicine, administer the state funds appropriated for the purposes of this chapter.

NEW SECTION. **Sec.**  A new section is added to chapter 70.112 RCW to read as follows:

(1) There is created a family medicine education advisory board, which must consist of the following eleven members:

(a) One member appointed by the dean of the school of medicine at the University of Washington school of medicine;

(b) One member appointed by the dean of the school of medicine at the Pacific Northwest University of Health Sciences;

(c) Two citizen members, one from west of the crest of the Cascade mountains and one from east of the crest of the Cascade mountains, to be appointed by the governor;

(d) One member appointed by the Washington state medical association;

(e) One member appointed by the Washington osteopathic medical association;

(f) One member appointed by the Washington state academy of family physicians;

(g) One hospital administrator representing those Washington hospitals with family medicine residency programs, appointed by the Washington state hospital association;

(h) One director representing the directors of community-based family medicine residency programs, appointed by the family medicine residency network;

(i) One member of the house of representatives appointed by the speaker of the house; and

(j) One member of the senate appointed by the president of the senate.

(2) The two members of the advisory board appointed by the deans of the schools of medicine shall serve as chairs of the advisory board.

(3) The cochairs of the advisory board, appointed by the deans of the schools of medicine, shall serve as permanent members of the advisory board without specified term limits. The deans of the schools of medicine have the authority to replace the chair representing their school. The deans of the schools of medicine shall appoint a new member in the event that the member representing their school vacates his or her position.

(4) Other members must be initially appointed as follows: Terms of the two public members must be two years; terms of the members appointed by the medical association and the hospital association must be three years; and the remaining members must be four years. Thereafter, terms for the nonpermanent members must be four years. Members may serve two consecutive terms. New appointments must be filled in the same manner as for original appointments. Vacancies must be filled for an unexpired term in the manner of the original appointment.

NEW SECTION. **Sec.**  A new section is added to chapter 70.112 RCW to read as follows:

The advisory board shall consider and provide recommendations on the selection of the areas within the state where affiliate residency programs could exist, the allocation of funds appropriated under this chapter, and the procedures for review and evaluation of the residency programs.

**Sec.**  RCW 18.71.080 and 2011 c 178 s 1 are each amended to read as follows:

(1)(a) Every person licensed to practice medicine in this state shall pay licensing fees and renew his or her license in accordance with administrative procedures and administrative requirements adopted as provided in RCW 43.70.250 and 43.70.280.

(b) The commission shall request licensees to submit information about their current professional practice at the time of license renewal and licensees must provide the information requested. This information may include practice setting, medical specialty, board certification, or other relevant data determined by the commission.

(c) A physician who resides and practices in Washington and obtains or renews a retired active license shall be exempt from licensing fees imposed under this section. The commission may establish rules governing mandatory continuing education requirements which shall be met by physicians applying for renewal of licenses. The rules shall provide that mandatory continuing education requirements may be met in part by physicians showing evidence of the completion of approved activities relating to professional liability risk management. The number of hours of continuing education for a physician holding a retired active license shall not exceed fifty hours per year.

(2) The office of crime victims advocacy shall supply the commission with information on methods of recognizing victims of human trafficking, what services are available for these victims, and where to report potential trafficking situations. The information supplied must be culturally sensitive and must include information relating to minor victims. The commission shall disseminate this information to licensees by: Providing the information on the commission's web site; including the information in newsletters; holding trainings at meetings attended by organization members; or another distribution method determined by the commission. The commission shall report to the office of crime victims advocacy on the method or methods it uses to distribute information under this subsection.

(3) The commission, in its sole discretion, may permit an applicant who has not renewed his or her license to be licensed without examination if it is satisfied that such applicant meets all the requirements for licensure in this state, and is competent to engage in the practice of medicine.

**Sec.**  RCW 18.71A.020 and 2011 c 178 s 2 are each amended to read as follows:

(1) The commission shall adopt rules fixing the qualifications and the educational and training requirements for licensure as a physician assistant or for those enrolled in any physician assistant training program. The requirements shall include completion of an accredited physician assistant training program approved by the commission and within one year successfully take and pass an examination approved by the commission, if the examination tests subjects substantially equivalent to the curriculum of an accredited physician assistant training program. An interim permit may be granted by the department of health for one year provided the applicant meets all other requirements. Physician assistants licensed by the board of medical examiners, or the medical quality assurance commission as of July 1, 1999, shall continue to be licensed.

(2)(a) The commission shall adopt rules governing the extent to which:

(i) Physician assistant students may practice medicine during training; and

(ii) Physician assistants may practice after successful completion of a physician assistant training course.

(b) Such rules shall provide:

(i) That the practice of a physician assistant shall be limited to the performance of those services for which he or she is trained; and

(ii) That each physician assistant shall practice medicine only under the supervision and control of a physician licensed in this state, but such supervision and control shall not be construed to necessarily require the personal presence of the supervising physician or physicians at the place where services are rendered.

(3) Applicants for licensure shall file an application with the commission on a form prepared by the secretary with the approval of the commission, detailing the education, training, and experience of the physician assistant and such other information as the commission may require. The application shall be accompanied by a fee determined by the secretary as provided in RCW 43.70.250 and 43.70.280. A surcharge of fifty dollars per year shall be charged on each license renewal or issuance of a new license to be collected by the department and deposited into the impaired physician account for physician assistant participation in the impaired physician program. Each applicant shall furnish proof satisfactory to the commission of the following:

(a) That the applicant has completed an accredited physician assistant program approved by the commission and is eligible to take the examination approved by the commission;

(b) That the applicant is of good moral character; and

(c) That the applicant is physically and mentally capable of practicing medicine as a physician assistant with reasonable skill and safety. The commission may require an applicant to submit to such examination or examinations as it deems necessary to determine an applicant's physical or mental capability, or both, to safely practice as a physician assistant.

(4)(a) The commission may approve, deny, or take other disciplinary action upon the application for license as provided in the Uniform Disciplinary Act, chapter 18.130 RCW.

(b) The license shall be renewed as determined under RCW 43.70.250 and 43.70.280. The commission shall request licensees to submit information about their current professional practice at the time of license renewal and licensees must provide the information requested. This information may include practice setting, medical specialty, or other relevant data determined by the commission.

(c) The commission may authorize the use of alternative supervisors who are licensed either under chapter 18.57 or 18.71 RCW.

(5) All funds in the impaired physician account shall be paid to the contract entity within sixty days of deposit.

**Sec.**  RCW 18.57.050 and 1996 c 191 s 36 are each amended to read as follows:

(1) The board may establish rules and regulations governing mandatory continuing education requirements which shall be met by physicians applying for renewal of licenses. Administrative procedures, administrative requirements, and fees for applications and renewals shall be established as provided in RCW 43.70.250 and 43.70.280. The board shall determine prerequisites for relicensing.

(2) The board must request licensees to submit information about their current professional practice at the time of license renewal and licensees must provide the information requested. This information may include practice setting, medical specialty, board certification, or other relevant data determined by the board.

**Sec.**  RCW 18.57A.020 and 1999 c 127 s 2 are each amended to read as follows:

(1) The board shall adopt rules fixing the qualifications and the educational and training requirements for licensure as an osteopathic physician assistant or for those enrolled in any physician assistant training program. The requirements shall include completion of an accredited physician assistant training program approved by the board and within one year successfully take and pass an examination approved by the board, providing such examination tests subjects substantially equivalent to the curriculum of an accredited physician assistant training program. An interim permit may be granted by the department of health for one year provided the applicant meets all other requirements. Physician assistants licensed by the board of osteopathic medicine as of July 1, 1999, shall continue to be licensed.

(2)(a) The board shall adopt rules governing the extent to which:

(i) Physician assistant students may practice medicine during training; and

(ii) Physician assistants may practice after successful completion of a training course.

(b) Such rules shall provide:

(i) That the practice of an osteopathic physician assistant shall be limited to the performance of those services for which he or she is trained; and

(ii) That each osteopathic physician assistant shall practice osteopathic medicine only under the supervision and control of an osteopathic physician licensed in this state, but such supervision and control shall not be construed to necessarily require the personal presence of the supervising physicians at the place where services are rendered. The board may authorize the use of alternative supervisors who are licensed either under chapter 18.57 or 18.71 RCW.

(3) Applicants for licensure shall file an application with the board on a form prepared by the secretary with the approval of the board, detailing the education, training, and experience of the physician assistant and such other information as the board may require. The application shall be accompanied by a fee determined by the secretary as provided in RCW 43.70.250 and 43.70.280. A surcharge of twenty-five dollars per year may be charged on each license renewal or issuance of a new license to be collected by the department of health for physician assistant participation in an impaired practitioner program. Each applicant shall furnish proof satisfactory to the board of the following:

(a) That the applicant has completed an accredited physician assistant program approved by the board and is eligible to take the examination approved by the board;

(b) That the applicant is of good moral character; and

(c) That the applicant is physically and mentally capable of practicing osteopathic medicine as an osteopathic physician assistant with reasonable skill and safety. The board may require any applicant to submit to such examination or examinations as it deems necessary to determine an applicant's physical and/or mental capability to safely practice as an osteopathic physician assistant.

(4) The board may approve, deny, or take other disciplinary action upon the application for a license as provided in the uniform disciplinary act, chapter 18.130 RCW. The license shall be renewed as determined under RCW 43.70.250 and 43.70.280.

(5) The board must request licensees to submit information about their current professional practice at the time of license renewal and licensees must provide the information requested. This information may include practice setting, medical specialty, board certification, or other relevant data determined by the board."

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**ADOPTED 4/13/2015**

On page 1, line 2 of the title, after "areas;" strike the remainder of the title and insert "amending RCW 70.112.020, 70.112.060, 18.71.080, 18.71A.020, 18.57.050, and 18.57A.020; reenacting and amending RCW 70.112.010; adding new sections to chapter 70.112 RCW; and creating a new section."

EFFECT: Requires physicians to provide demographic information when submitting their personal information to the Department of Health for licensure.

Directs the UW family medicine residency network to administer state funding for the family medicine residency program in collaboration with the schools of medicine.