

1 1960-S.E AAS 4/12/91

2 **ESHB 1960** - S COMM AMD

3 By Committee on Health & Long-Term Care

4 Adopted as Amended 4/12/91 - Voice Vote

5 Strike everything after the enacting clause and insert the
6 following:

7 "PART 1

8 TEMPORARY PRACTICE PERMITS

9 CONTINUED HEALTH PROFESSIONAL COMPETENCY DEMONSTRATION PROJECTS"

10 "Sec. 1. RCW 18.130.010 and 1986 c 259 s 1 are each amended to
11 read as follows:

12 It is the intent of the legislature to strengthen and consolidate
13 disciplinary and licensure procedures for the licensed health and
14 health-related professions and businesses by providing a uniform
15 disciplinary act with standardized procedures for the licensure of
16 health care professionals and the enforcement of laws the purpose of
17 which is to assure the public of the adequacy of professional
18 competence and conduct in the healing arts.

19 It is also the intent of the legislature that all health and
20 health-related professions newly credentialed by the state come under
21 the uniform disciplinary act.

22 Further, the legislature declares that the addition of public
23 members on all health care boards can give both the state and the
24 public, which it has a statutory responsibility to protect, assurances
25 of accountability and confidence in the various practices of health
26 care."

1 "NEW SECTION. **Sec. 2.** A new section is added to chapter 18.130
2 RCW to read as follows:

3 If an individual licensed in another state, that has licensing
4 standards substantially equivalent to Washington, applies for a
5 license, the disciplining authority shall issue a temporary practice
6 permit authorizing the applicant to practice the profession pending
7 completion of documentation that the applicant meets the requirements
8 for a license and is also not subject to denial of a license or
9 issuance of a conditional license under this chapter. The temporary
10 permit may reflect statutory limitations on the scope of practice. The
11 permit shall be issued only upon the disciplining authority receiving
12 verification from the states in which the applicant is licensed that
13 the applicant is currently licensed and is not subject to charges or
14 disciplinary action for unprofessional conduct or impairment.
15 Notwithstanding RCW 34.05.422(3), the disciplining authority shall
16 establish, by rule, the duration of the temporary practice permits.
17 Failure to surrender the permit is a misdemeanor under RCW 9A.20.010
18 and shall be unprofessional conduct under this chapter. The issuance
19 of temporary permits is subject to the provisions of this chapter,
20 including summary suspensions."

21 "NEW SECTION. **Sec. 3.** A new section is added to chapter 18.130
22 RCW to read as follows:

23 The disciplinary authorities are authorized to develop and require
24 licensees' participation in continuing competency pilot projects for
25 the purpose of developing flexible, cost-efficient, effective, and
26 geographically accessible competency assurance methods. The secretary
27 shall establish criteria for development of pilot projects and shall
28 select the disciplinary authorities that will participate from among
29 the professions requesting participation. The department shall

1 administer the projects in mutual cooperation with the disciplinary
2 authority and shall allot and administer the budget for each pilot
3 project. The department shall report to the legislature in January of
4 each odd-numbered year concerning the progress and findings of the
5 projects and shall make recommendations on the expansion of continued
6 competency requirements to other licensed health professions.

7 Each disciplinary authority shall establish its pilot project in
8 rule and may support the projects from a surcharge on each of the
9 affected profession's license renewal in an amount established by the
10 secretary."

11 "PART 2

12 STATE-WIDE HEALTH PERSONNEL RESOURCE PLAN"

13 "NEW SECTION. **Sec. 4.** INTENT. The legislature finds that
14 certain health care professional shortages exist and result in entire
15 communities or specific populations within communities not having
16 access to basic health care services.

17 The legislature further finds that the state currently does not
18 have a state-wide comprehensive and systematic policy for the purpose
19 of identifying shortages and designing and implementing activities to
20 address shortages.

21 The legislature declares that the establishment of higher
22 educational programming and other activities necessary to address
23 health professional shortages should be a state policy concern and that
24 a means to accomplish this should be established.

25 The legislature further declares that the development of state
26 policy on professional shortages should involve close coordination and
27 consultation between state government, institutions of higher education

1 that conduct health care research and train health care professionals,
2 health care service providers, consumers, and others.

3 The legislature further declares that the health care needs of the
4 people of this state should be the primary factor determining state
5 policymaking designed to address health professional shortages."

6 "NEW SECTION. **Sec. 5.** STATE-WIDE HEALTH PERSONNEL RESOURCE PLAN.

7 (1) The higher education coordinating board, the state board for
8 community college education, the superintendent of public instruction,
9 the state department of health, and the state department of social and
10 health services, to be known for the purposes of this section as the
11 committee, shall establish a state-wide health personnel resource plan.
12 The governor shall appoint a lead agency from one of the agencies on
13 the committee.

14 In preparing the state-wide plan the committee shall consult with
15 the training and education institutions affected by this chapter,
16 health care providers, employers of health care providers, insurers,
17 consumers of health care, and other appropriate entities.

18 Should a successor agency or agencies be authorized or created by
19 the legislature with planning, coordination, or administrative
20 authority over vocational-technical schools, community colleges, or
21 four-year higher education institutions, the governor shall grant
22 membership on the committee to such agency or agencies and remove the
23 member or members it replaces.

24 The committee shall appoint subcommittees for the purpose of
25 assisting in the development of the institutional plans required under
26 this chapter. Such subcommittees shall at least include those
27 committee members that have statutory responsibility for planning,
28 coordination, or administration of the training and education
29 institutions for which the institutional plans are being developed. In

1 preparing the institutional plans for four-year institutes of higher
2 education, the subcommittee shall be composed of at least the higher
3 education coordinating board and the state's four-year higher education
4 institutions. The appointment of subcommittees to develop portions of
5 the state-wide plan shall not relinquish the committee's responsibility
6 for assuring overall coordination, integration, and consistency of the
7 state-wide plan.

8 In establishing and implementing the state-wide health personnel
9 resource plan the committee shall, to the extent possible, utilize
10 existing data and information, personnel, equipment, and facilities and
11 shall minimize travel and take such other steps necessary to reduce the
12 administrative costs associated with the preparation and implementation
13 of the plan.

14 (2) The state-wide health resource plan shall include at least the
15 following:

16 (a)(i) Identification of the type, number, and location of the
17 health care professional work force necessary to meet health care needs
18 of the state.

19 (ii) A description and analysis of the composition and numbers of
20 the potential work force available for meeting health care service
21 needs of the population to be used for recruitment purposes. This
22 should include a description of the data, methodology, and process used
23 to make such determinations.

24 (b) A centralized inventory of the numbers of student applications
25 to higher education and vocational-technical training and education
26 programs, yearly enrollments, yearly degrees awarded, and numbers on
27 waiting lists for all the state's publicly funded health care training
28 and education programs. The committee shall request similar
29 information for incorporation into the inventory from private higher
30 education and vocational-technical training and education programs.

1 (c) A description of state-wide and local specialized provider
2 training needs to meet the health care needs of target populations and
3 a plan to meet such needs in a cost-effective and accessible manner.

4 (d) A description of how innovative, cost-effective technologies
5 such as telecommunications can and will be used to provide higher
6 education, vocational-technical, continued competency, and skill
7 maintenance and enhancement education and training to placebound
8 students who need flexible programs and who are unable to attend
9 institutions for training.

10 (e) A strategy for assuring higher education and vocational-
11 technical educational and training programming is sensitive to the
12 changing work force such as reentry workers, women, minorities, and the
13 disabled.

14 (f) A strategy and coordinated state-wide policy developed by the
15 subcommittees authorized in subsection (1) of this section for
16 increasing the number of graduates intending to serve in shortage areas
17 after graduation, including such strategies as the establishment of
18 preferential admissions and designated enrollment slots.

19 (g) Guidelines and policies developed by the subcommittees
20 authorized in subsection (1) of this section for allowing academic
21 credit for on-the-job experience such as internships, volunteer
22 experience, apprenticeships, and community service programs.

23 (h) A strategy developed by the subcommittees authorized in
24 subsection (1) of this section for making required internships and
25 residency programs available that are geographically accessible and
26 sufficiently diverse to meet both general and specialized training
27 needs as identified in the plan when such programs are required.

28 (i) A description of the need for multiskilled health care
29 professionals and an implementation plan to restructure educational and
30 training programming to meet these needs.

1 (j) An analysis of the types and estimated numbers of health care
2 personnel that will need to be recruited from out-of-state to meet the
3 health professional needs not met by in-state trained personnel.

4 (k) An analysis of the need for educational articulation within the
5 various health care disciplines and a plan for addressing the need.

6 (l) An analysis of the training needs of those members of the long-
7 term care profession that are not regulated and that have no formal
8 training requirements. Programs to meet these needs should be
9 developed in a cost-effective and a state-wide accessible manner that
10 provide for the basic training needs of these individuals.

11 (m) A designation of the professions and geographic locations in
12 which loan repayment and scholarships should be available based upon
13 objective data-based forecasts of health professional shortages. A
14 description of the criteria used to select professions and geographic
15 locations shall be included. Designations of professions and
16 geographic locations may be amended by the department of health when
17 circumstances warrant as provided for in section 20 of this act.

18 (n) A description of needed changes in regulatory laws governing
19 the credentialing of health professionals.

20 (o) A description of linguistic and cultural training needs of
21 foreign-trained health care professionals to assure safe and effective
22 practice of their health care profession.

23 (p) A plan to implement the recommendations of the state-wide
24 nursing plan authorized by RCW 74.39.040.

25 (q) A description of criteria and standards that institutional
26 plans provided for in this section must address in order to meet the
27 requirements of the state-wide health personnel resource plan,
28 including funding requirements to implement the plans. The committee
29 shall also when practical identify specific outcome measures to measure
30 progress in meeting the requirements of this plan. The criteria and

1 standards shall be established in a manner as to provide flexibility to
2 the institutions in meeting state-wide plan requirements. The
3 committee shall establish required submission dates for the
4 institutional plans that permit inclusion of funding requests into the
5 institutions budget requests to the state.

6 (r) A description of how the higher education coordinating board,
7 state board for community college education, superintendent of public
8 instruction, department of health, and department of social and health
9 services coordinated in the creation and implementation of the state
10 plan including the areas of responsibility each agency shall assume.
11 The plan should also include a description of the steps taken to assure
12 participation by the groups that are to be consulted with.

13 (s) A description of the estimated fiscal requirements for
14 implementation of the state-wide health resource plan that include a
15 description of cost saving activities that reduce potential costs by
16 avoiding administrative duplication, coordinating programming
17 activities, and other such actions to control costs.

18 (3) The committee may call upon other agencies of the state to
19 provide available information to assist the committee in meeting the
20 responsibilities under this chapter. This information shall be
21 supplied as promptly as circumstances permit.

22 (4) State agencies involved in the development and implementation
23 of the plan shall to the extent possible utilize existing personnel and
24 financial resources in the development and implementation of the state-
25 wide health personnel resource plan.

26 (5) The state-wide health personnel resource plan shall be
27 submitted to the governor by July 1, 1992, and updated by July 1 of
28 each even-numbered year. The governor, no later than December 1 of
29 that year, shall approve, approve with modifications, or disapprove the
30 state-wide health resource plan.

1 (6) The approved state-wide health resource plan shall be submitted
2 to the senate and house of representatives committees on health care,
3 higher education, and ways and means or appropriations by December 1 of
4 each even-numbered year.

5 (7) Implementation of the state-wide plan shall begin by July 1,
6 1993.

7 (8) Notwithstanding subsections (5) and (7) of this section, the
8 committee shall prepare and submit to the higher education coordinating
9 board by June 1, 1992, the analysis necessary for the initial
10 implementation of the health professional loan repayment and
11 scholarship program created in chapter 28B... RCW (as codified pursuant
12 to section 36 of this act).

13 (9) Each publicly funded two-year and four-year institute of higher
14 education authorized under Title 28B RCW and vocational-technical
15 institution authorized under Title 28A RCW that offers health training
16 and education programs shall biennially prepare and submit an
17 institutional plan to the committee. The institutional plan shall
18 identify specific programming and activities of the institution that
19 meet the requirements of the state-wide health professional resource
20 plan.

21 The committee shall review and assess whether the institutional
22 plans meet the requirements of the state-wide health personnel resource
23 plan and shall prepare a report with its determination. The report
24 shall become part of the institutional plan and shall be submitted to
25 the governor and the legislature.

26 The institutional plan shall be included with the institution's
27 biennial budget submission. The institution's budget shall identify
28 proposed spending to meet the requirements of the institutional plan.
29 Each vocational-technical institution, college, or university shall be
30 responsible for implementing its institutional plan."

1 "PART 3

2 HEALTH PROFESSIONAL CREDENTIALING SUNRISE MODIFICATIONS"

3 "Sec. 6. RCW 18.120.030 and 1983 c 168 s 3 are each amended to
4 read as follows:

5 After July 24, 1983, if appropriate, applicant groups shall explain
6 each of the following factors to the extent requested by the
7 legislative committees of reference:

8 (1) A definition of the problem and why regulation is necessary:

9 (a) The nature of the potential harm to the public if the health
10 profession is not regulated, and the extent to which there is a threat
11 to public health and safety;

12 (b) The extent to which consumers need and will benefit from a
13 method of regulation identifying competent practitioners, indicating
14 typical employers, if any, of practitioners in the health profession;
15 and

16 (c) The extent of autonomy a practitioner has, as indicated by:

17 (i) The extent to which the health profession calls for independent
18 judgment and the extent of skill or experience required in making the
19 independent judgment; and

20 (ii) The extent to which practitioners are supervised;

21 (2) The efforts made to address the problem:

22 (a) Voluntary efforts, if any, by members of the health profession
23 to:

24 (i) Establish a code of ethics; or

25 (ii) Help resolve disputes between health practitioners and
26 consumers; and

27 (b) Recourse to and the extent of use of applicable law and whether
28 it could be strengthened to control the problem;

29 (3) The alternatives considered:

1 (a) Regulation of business employers or practitioners rather than
2 employee practitioners;

3 (b) Regulation of the program or service rather than the individual
4 practitioners;

5 (c) Registration of all practitioners;

6 (d) Certification of all practitioners;

7 (e) Other alternatives;

8 (f) Why the use of the alternatives specified in this subsection
9 would not be adequate to protect the public interest; and

10 (g) Why licensing would serve to protect the public interest;

11 (4) The benefit to the public if regulation is granted:

12 (a) The extent to which the incidence of specific problems present
13 in the unregulated health profession can reasonably be expected to be
14 reduced by regulation;

15 (b) Whether the public can identify qualified practitioners;

16 (c) The extent to which the public can be confident that qualified
17 practitioners are competent:

18 (i) Whether the proposed regulatory entity would be a board
19 composed of members of the profession and public members, or a state
20 agency, or both, and, if appropriate, their respective responsibilities
21 in administering the system of registration, certification, or
22 licensure, including the composition of the board and the number of
23 public members, if any; the powers and duties of the board or state
24 agency regarding examinations and for cause revocation, suspension, and
25 nonrenewal of registrations, certificates, or licenses; the
26 promulgation of rules and canons of ethics; the conduct of inspections;
27 the receipt of complaints and disciplinary action taken against
28 practitioners; and how fees would be levied and collected to cover the
29 expenses of administering and operating the regulatory system;

1 (ii) If there is a grandfather clause, whether such practitioners
2 will be required to meet the prerequisite qualifications established by
3 the regulatory entity at a later date;

4 (iii) The nature of the standards proposed for registration,
5 certification, or licensure as compared with the standards of other
6 jurisdictions;

7 (iv) Whether the regulatory entity would be authorized to enter
8 into reciprocity agreements with other jurisdictions; (~~and~~)

9 (v) The nature and duration of any training including, but not
10 limited to, whether the training includes a substantial amount of
11 supervised field experience; whether training programs exist in this
12 state; if there will be an experience requirement; whether the
13 experience must be acquired under a registered, certificated, or
14 licensed practitioner; whether there are alternative routes of entry or
15 methods of meeting the prerequisite qualifications; whether all
16 applicants will be required to pass an examination; and, if an
17 examination is required, by whom it will be developed and how the costs
18 of development will be met; and

19 (vi) What additional training programs are anticipated to be
20 necessary to assure training accessible state-wide; the anticipated
21 time required to establish the additional training programs; the types
22 of institutions capable of providing the training; a description of how
23 training programs will meet the needs of the expected work force,
24 including reentry workers, minorities, placebound students, and others;

25 (d) Assurance of the public that practitioners have maintained
26 their competence:

27 (i) Whether the registration, certification, or licensure will
28 carry an expiration date; and

1 (ii) Whether renewal will be based only upon payment of a fee, or
2 whether renewal will involve reexamination, peer review, or other
3 enforcement;

4 (5) The extent to which regulation might harm the public:

5 (a) The extent to which regulation will restrict entry into the
6 health profession:

7 (i) Whether the proposed standards are more restrictive than
8 necessary to insure safe and effective performance; and

9 (ii) Whether the proposed legislation requires registered,
10 certificated, or licensed practitioners in other jurisdictions who
11 migrate to this state to qualify in the same manner as state applicants
12 for registration, certification, and licensure when the other
13 jurisdiction has substantially equivalent requirements for
14 registration, certification, or licensure as those in this state; and

15 (b) Whether there are similar professions to that of the applicant
16 group which should be included in, or portions of the applicant group
17 which should be excluded from, the proposed legislation;

18 (6) The maintenance of standards:

19 (a) Whether effective quality assurance standards exist in the
20 health profession, such as legal requirements associated with specific
21 programs that define or enforce standards, or a code of ethics; and

22 (b) How the proposed legislation will assure quality:

23 (i) The extent to which a code of ethics, if any, will be adopted;
24 and

25 (ii) The grounds for suspension or revocation of registration,
26 certification, or licensure;

27 (7) A description of the group proposed for regulation, including
28 a list of associations, organizations, and other groups representing
29 the practitioners in this state, an estimate of the number of

1 practitioners in each group, and whether the groups represent different
2 levels of practice; and

3 (8) The expected costs of regulation:

4 (a) The impact registration, certification, or licensure will have
5 on the costs of the services to the public; (~~and~~)

6 (b) The cost to the state and to the general public of implementing
7 the proposed legislation; and

8 (c) The cost to the state and the members of the group proposed for
9 regulation for the required education, including projected tuition and
10 expenses and expected increases in training programs, staffing, and
11 enrollments at state training institutions."

12 "PART 4

13 COMMUNITY-BASED RECRUITMENT AND RETENTION PROJECTS

14 STATE-WIDE RECRUITMENT AND RETENTION CLEARINGHOUSE"

15 "NEW SECTION. **Sec. 7.** DEFINITIONS. Unless the context clearly
16 requires otherwise, the definitions in this section apply throughout
17 this chapter.

18 (1) "Department" means the department of health.

19 (2) "Health care professional recruitment and retention strategic
20 plan" means a plan developed by the participant and includes
21 identification of health care personnel needs of the community, how
22 these professionals will be recruited and retained in the community
23 following recruitment.

24 (3) "Institutions of higher education" means educational
25 institutions as defined in RCW 28B.10.016.

26 (4) "Local administrator" means an individual or organization
27 representing the participant who may enter into legal agreements on
28 behalf of the participant.

1 (5) "Participant" means communities, counties, and regions that
2 serve as a health care catchment area where the project site is
3 located.

4 (6) "Project" means the community-based retention and recruitment
5 project.

6 (7) "Project site" means a site selected to participate in the
7 project.

8 (8) "Secretary" means the secretary of health."

9 "NEW SECTION. **Sec. 8.** STATE-WIDE RECRUITMENT AND RETENTION
10 CLEARINGHOUSE. The department, in consultation with appropriate
11 private and public entities, shall establish a health professional
12 recruitment and retention clearinghouse. The clearinghouse shall:

13 (1) Inventory and classify the current public and private health
14 professional recruitment and retention efforts;

15 (2) Identify recruitment and retention program models having the
16 greatest success rates;

17 (3) Identify recruitment and retention program gaps;

18 (4) Work with existing recruitment and retention programs to better
19 coordinate state-wide activities and to make such services more widely
20 known and broadly available;

21 (5) Provide general information to communities, health care
22 facilities, and others about existing available programs;

23 (6) Work in cooperation with private and public entities to develop
24 new recruitment and retention programs;

25 (7) Identify needed recruitment and retention programming for state
26 institutions, county public health departments and districts, county
27 human service agencies, and other entities serving substantial numbers
28 of public pay and charity care patients, and may provide to these

1 entities when they have been selected as participants necessary
2 recruitment and retention assistance including:

3 (a) Assistance in establishing or enhancing recruitment of health
4 care professionals;

5 (b) Recruitment on behalf of sites unable to establish their own
6 recruitment program; and

7 (c) Assistance with retention activities when practitioners of the
8 health professional loan repayment and scholarship program authorized
9 by chapter 18.150 RCW are present in the practice setting."

10 "NEW SECTION. **Sec. 9.** DEPARTMENTAL DUTIES. (1) The department
11 shall establish up to three community-based recruitment and retention
12 project sites to provide financial and technical assistance to
13 participating communities. The goal of the project is to help assure
14 the availability of health care providers in rural areas of Washington
15 state.

16 (2) Administrative costs necessary to implement this project shall
17 be kept at a minimum to insure the maximum availability of funds for
18 participants.

19 (3) The secretary may contract with third parties for services
20 necessary to carry out activities to implement this chapter where this
21 will promote economy, avoid duplication of effort, and make the best
22 use of available expertise.

23 (4) The secretary may apply for, receive, and accept gifts and
24 other payments, including property and service, from any governmental
25 or other public or private entity or person, and may make arrangements
26 as to the use of these receipts, including the undertaking of special
27 studies and other projects related to the delivery of health care in
28 rural areas.

1 (5) In designing and implementing the project the secretary shall
2 coordinate the project with the Washington rural health system project
3 as authorized under chapter 70.175 RCW to consolidate administrative
4 duties and reduce costs."

5 "NEW SECTION. **Sec. 10.** RULES. The department shall adopt rules
6 consistent with this chapter to carry out the purpose of this chapter.
7 All rules shall be adopted in accordance with chapter 34.05 RCW. All
8 rules and procedures adopted by the department shall minimize paperwork
9 and compliance requirements for participants and should not be complex
10 in nature so as to serve as a barrier or disincentive for prospective
11 participants applying for the project."

12 "NEW SECTION. **Sec. 11.** SECRETARY'S POWERS AND DUTIES. The
13 secretary shall have the following powers and duties:

14 (1) To design the project application and selection process,
15 including a program to advertise the project to rural communities and
16 encourage prospective applicants to apply. Subject to funding, project
17 sites shall be selected that are eligible to receive funding. Funding
18 shall be used to hire consultants and perform other activities
19 necessary to meet participant requirements under this chapter. The
20 secretary shall require at least fifty percent matching funds or in-
21 kind contributions from participants. In considering selection of
22 participants eligible for seed grant funding, the secretary should
23 consider project sites where (a) existing access to health care is
24 severely inadequate, (b) recruitment and retention problems have been
25 chronic, (c) the community is in need of primary care practitioners, or
26 (d) the community has unmet health care needs for specific target
27 populations;

1 (2) To design acceptable health care professional recruitment and
2 retention strategic plans, and to serve as a general resource to
3 participants in the planning, administration, and evaluation of project
4 sites;

5 (3) To assess and approve strategic plans developed by
6 participants, including an assessment of the technical and financial
7 feasibility of implementing the plan and whether adequate local support
8 for the plan is demonstrated;

9 (4) To identify existing private and public resources that may
10 serve as eligible consultants, identify technical assistance resources
11 for communities in the project, create a register of public and private
12 technical resource services available, and provide the register to
13 participants. The secretary shall screen consultants to determine
14 their qualifications prior to including them on the register;

15 (5) To work with other state agencies, institutions of higher
16 education, and other public and private organizations to coordinate
17 technical assistance services for participants;

18 (6) To administer available funds for community use while
19 participating in the project and establish procedures to assure
20 accountability in the use of seed grant funds by participants;

21 (7) To define data and other minimum requirements for adequate
22 evaluation of projects and to develop and implement an overall
23 monitoring and evaluation mechanism for the projects;

24 (8) To act as facilitator for multiple applicants and entrants to
25 the project;

26 (9) To report to the appropriate legislative committees and others
27 from time to time on the progress of the projects including the
28 identification of statutory and regulatory barriers to successful
29 completion of rural health care delivery goals and an ongoing
30 evaluation of the project."

1 "NEW SECTION. Sec. 12. DUTIES AND RESPONSIBILITIES OF
2 PARTICIPATING COMMUNITIES. The duties and responsibilities of
3 participating communities shall include:

4 (1) To involve major health care providers, businesses, public
5 officials, and other community leaders in project design,
6 administration, and oversight;

7 (2) To identify an individual or organization to serve as the local
8 administrator of the project. The secretary may require the local
9 administrator to maintain acceptable accountability of seed grant
10 funding;

11 (3) To coordinate and avoid duplication of public health and other
12 health care services;

13 (4) To assess and analyze community health care professional needs;

14 (5) To write a health care professional recruitment and retention
15 strategic plan;

16 (6) To screen and contract with consultants for technical
17 assistance if the project site was selected to receive funding and
18 assistance is needed;

19 (7) To monitor and evaluate the project in an ongoing manner;

20 (8) To provide data and comply with other requirements of the
21 administrator that are intended to evaluate the effectiveness of the
22 projects;

23 (9) To assure that specific populations with unmet health care
24 needs have access to services."

25 "NEW SECTION. Sec. 13. COOPERATION OF STATE AGENCIES. (1) The
26 secretary may call upon other agencies of the state to provide
27 available information to assist the secretary in meeting the
28 responsibilities under this chapter. This information shall be
29 supplied as promptly as circumstances permit.

1 (2) The secretary may call upon other state agencies including
2 institutions of higher education as authorized under Titles 28A and 28B
3 RCW to identify and coordinate the delivery of technical assistance
4 services to participants in meeting the responsibilities of this
5 chapter. The state agencies, vocational-technical institutions, and
6 institutions of higher education shall cooperate and provide technical
7 assistance to the secretary to the extent that current funding for
8 these entities permits."

9 "NEW SECTION. **Sec. 14.** PARTICIPANTS AUTHORIZED TO CONTRACT--
10 PENALTY--SECRETARY AND STATE EXEMPT FROM LIABILITY. (1) Participants
11 are authorized to use funding granted to them by the secretary for the
12 purpose of contracting for technical assistance services. Participants
13 shall use only consultants identified by the secretary for consulting
14 services unless the participant can show that an alternative consultant
15 is qualified to provide technical assistance and is approved by the
16 secretary. Adequate records shall be kept by the participant showing
17 project site expenditures from grant moneys. Inappropriate use of
18 grant funding is a gross misdemeanor and shall incur the penalties
19 under chapter 9A.20 RCW.

20 (2) In providing a list of qualified consultants the secretary and
21 the state shall not be held responsible for assuring qualifications of
22 consultants and shall be held harmless for the actions of consultants.
23 Furthermore, the secretary and the state shall not be held liable for
24 the failure of participants to meet contractual obligations established
25 in connection with project participation."

26 "PART 5
27 HEALTH PROFESSIONAL LOAN REPAYMENT AND SCHOLARSHIP PROGRAM"

1 **"Sec. 15.** RCW 18.150.020 and 1989 1st ex.s. c 9 s 717 are each
2 amended to read as follows:

3 Unless the context clearly requires otherwise, the definitions in
4 this section apply throughout this chapter.

5 (1) "Board" means the higher education coordinating board.

6 (2) "Department" means the state department of health.

7 (3) "Eligible education and training programs" means education and
8 training programs approved by the department that lead to eligibility
9 for a credential as a credentialed health care professional.

10 (4) "Eligible expenses" means reasonable expenses associated with
11 the costs of acquiring an education such as tuition, books, equipment,
12 fees, room and board, and other expenses determined by the board.

13 (5) "Eligible student" means a student who has been accepted into
14 an eligible education or training program and has a declared intention
15 to serve in a health professional shortage area upon completion of the
16 education or training program.

17 (6) "Forgiven" or "to forgive" or "forgiveness" means to render
18 health care services in a health professional shortage area in the
19 state of Washington in lieu of monetary repayment.

20 (7) "Health professional shortage areas" means those areas where
21 credentialed health care professionals are in short supply as a result
22 of geographic maldistribution or as the result of a short supply of
23 credentialed health care professionals in specialty health care areas
24 and where vacancies exist in serious numbers that jeopardize patient
25 care and pose a threat to the public health and safety. The department
26 shall determine health professional shortage areas as provided for in
27 section 20 of this act, or until June 1, 1992, as provided for in
28 section 19 of this act. In making health professional shortage area
29 designations in the state the department may be guided by applicable

1 federal standards for "health manpower shortage areas," and "medically
2 underserved areas," and "medically underserved populations."

3 (8) "Credentialed health care profession" means a health care
4 profession regulated by a disciplining authority in the state of
5 Washington under RCW 18.130.040 or by the state board of pharmacy under
6 chapter 18.64 RCW and designated by the department in section 20 of
7 this act, or until June 1, 1992, as established in section 19 of this
8 act as a profession having shortages of credentialed health care
9 professionals in the state.

10 (9) "Credentialed health care professional" means a person
11 regulated by a disciplining authority in the state of Washington to
12 practice a health care profession under RCW 18.130.040 or by the state
13 board of pharmacy under chapter 18.64 RCW.

14 (10) "Loan repayment" means a loan that is paid in full or in part
15 if the participant renders health care services in a health
16 professional shortage area ((or medically under served areas)) as
17 defined by the department ((of health)).

18 ((+2)) (11) "Nonshortage rural area" means a nonurban area of the
19 state of Washington that has not been designated as a rural physician
20 shortage area. The department shall identify the nonshortage rural
21 areas of the state.

22 (12) "Participant" means a ((licensed)) credentialed health care
23 professional who has received a loan repayment award and has commenced
24 practice as a ((primary)) credentialed health care provider in a
25 designated health professional shortage area or an eligible student who
26 has received a scholarship under this program.

27 ((3) "Board" means the higher education coordinating board.

28 (4) "Health professional shortage areas" means those geographic
29 areas where health professionals are in short supply as a result of
30 geographic maldistribution and where vacancies exist in serious numbers

1 that jeopardize patient care and pose a threat to the public health and
2 safety. The department of health shall determine health professional
3 shortage areas in the state guided by federal standards of "health
4 manpower shortage areas," and "medically underserved areas," and
5 "medically underserved populations."

6 ~~(5))~~ (13) "Program" means the health professional loan repayment
7 and scholarship program.

8 (14) "Required service obligation" means an obligation by the
9 participant to provide health care services in a health professional
10 shortage area for a period to be established as provided for in this
11 chapter.

12 (15) "Rural physician shortage area" means rural geographic areas
13 where primary care physicians are in short supply as a result of
14 geographic maldistributions and where their limited numbers jeopardize
15 patient care and pose a threat to public health and safety. The
16 department shall designate rural physician shortage areas.

17 (16) "Satisfied" means paid-in-full.

18 ~~((6) "Licensed health professional" means a person authorized in~~
19 ~~the state of Washington to practice medicine pursuant to chapter 18.57~~
20 ~~or 18.57A RCW or 18.71 or 18.71A RCW, to practice nursing pursuant to~~
21 ~~chapter 18.88 or 18.78 RCW, or to practice dentistry pursuant to~~
22 ~~chapter 18.32 RCW.))~~ (17) "Scholarship" means a loan that is forgiven
23 in whole or in part if the recipient renders health care services in a
24 health professional shortage area.

25 (18) "Sponsoring community" means a rural hospital or hospitals as
26 authorized in chapter 70.41 RCW, a rural health care facility or
27 facilities as authorized in chapter 70.175 RCW, or a city or county
28 government or governments."

1 **"Sec. 16.** RCW 18.150.030 and 1989 1st ex.s. c 9 s 718 are each
2 amended to read as follows:

3 The health professional loan repayment and scholarship program is
4 established for (~~(licensed)~~) credentialed health professionals serving
5 in health professional shortage areas. The program shall be
6 administered by the higher education coordinating board. In
7 administering this program, the board shall (~~have the following~~
8 ~~duties~~):

9 (1) (~~It shall~~) Select (licensed) credentialed health care
10 professionals to participate in the loan repayment portion of the loan
11 repayment and scholarship program and select eligible students to
12 participate in the scholarship portion of the loan repayment and
13 scholarship program;

14 (2) (~~It shall~~) Adopt rules and develop guidelines to administer
15 the program;

16 (3) (~~It shall~~) Collect and manage repayments from participants
17 who do not meet their service obligations under this chapter;

18 (4) Publicize the program, particularly to maximize participation
19 among individuals in shortage areas and among populations expected to
20 experience the greatest growth in the work force; (~~and~~

21 ~~(4) It shall~~) (5) Solicit and accept grants and donations from
22 public and private sources for the program; and

23 (6) Develop criteria for a contract for service in lieu of the
24 service obligation where appropriate, that may be a combination of
25 service and payment."

26 "NEW SECTION. **Sec. 17.** The department may provide technical
27 assistance to rural communities desiring to become sponsoring
28 communities for the purposes of identification of prospective students
29 for the program, assisting prospective students to apply to an eligible

1 education and training program, making formal agreements with
2 prospective students to provide credentialed health care services in
3 the community, forming agreements between rural communities in a
4 service area to share credentialed health care professionals, and
5 fulfilling any matching requirements."

6 "Sec. 18. RCW 18.150.040 and 1989 1st ex.s. c 9 s 719 are each
7 amended to read as follows:

8 The board shall establish a planning committee to assist it in
9 developing criteria for the selection of participants. The board
10 shall(~~(, at a minimum,)~~) include on the planning committee(~~(:~~
11 ~~Representatives from rural hospitals; public health districts or~~
12 ~~departments; community and migrant clinics; and private providers)~~)
13 representatives of the department, the department of social and health
14 services, appropriate representatives from health care facilities,
15 provider groups, consumers, the state board of community college
16 education, the superintendent of public instruction, and other
17 appropriate public and private agencies and organizations. The
18 criteria may require that some of the participants meet the definition
19 of "needy student" under RCW 28B.10.802."

20 "NEW SECTION. Sec. 19. ELIGIBLE CREDENTIALLED HEALTH PROFESSIONS
21 AND REQUIRED SERVICE OBLIGATIONS. Until June 1, 1992, the board, in
22 consultation with the department, shall:

23 (1) Establish loan repayments for persons authorized to practice
24 one of the following credentialed health care professions: Medicine
25 pursuant to chapter 18.57, 18.57A, 18.71 or 18.71A RCW, nursing
26 pursuant to chapter 18.78 or 18.88 RCW, or dentistry pursuant to
27 chapter 18.32 RCW. The amount of the loan repayment shall not exceed
28 fifteen thousand dollars per year for a maximum of five years per

1 individual. The required service obligation in a health professional
2 shortage area for loan repayment shall be three years;

3 (2) Establish a scholarship program for eligible students who have
4 been accepted into an eligible education or training program leading to
5 a credential in one of the following credentialed health care
6 professions: Nursing pursuant to chapter 18.78 or 18.88 RCW who
7 declare the intent to serve in a nurse shortage area as defined by the
8 department upon completion of an education or training program and
9 agree to a five-year service obligation. The amount of the scholarship
10 shall not exceed three thousand dollars per year for a maximum of five
11 years;

12 (3) Establish a scholarship program for eligible students who have
13 been accepted into an eligible education or training program leading to
14 a credential in one of the following credentialed health care
15 professions: Medicine pursuant to chapter 18.57 or 18.71 RCW who
16 declare an intent to serve as a primary care physician in a rural area
17 in the state of Washington upon completion of the education program and
18 agree to a five-year service obligation and who may receive a
19 scholarship of no more than fifteen thousand dollars per year for five
20 years.

21 In determining scholarship awards for prospective physicians, the
22 selection criteria shall include requirements that recipients declare
23 an interest in serving in rural areas of the state of Washington.
24 Preference for scholarships shall be given to students who reside in a
25 rural physician shortage area or a nonshortage rural area of the state
26 prior to admission to the eligible education and training program in
27 medicine. Highest preference shall be given to students seeking
28 admission who are recommended by sponsoring communities and who declare
29 the intent of serving as a physician in a rural area. The board may
30 require the sponsoring community located in a nonshortage rural area to

1 financially contribute to the eligible expenses of a medical student if
2 the student will serve in the nonshortage rural area;

3 (4) Establish a scholarship program for eligible students who have
4 been accepted into an eligible education or training program leading to
5 a credential in one of the following credentialed health care
6 professions: Midwifery pursuant to chapter 18.50 RCW or advanced
7 registered nurse practitioner certified nurse midwifery under chapter
8 18.88 RCW who declare an intent to serve as a midwife in a midwifery
9 shortage area in the state of Washington, as defined by the department,
10 upon completion of the education program and agree to a five-year
11 service obligation and who may receive a scholarship of no more than
12 four thousand dollars per year for three years;

13 (5) Establish a scholarship program for eligible students who have
14 been accepted into an eligible education or training program leading to
15 a credential in the following credentialed health care profession:
16 Pharmacy pursuant to chapter 18.64 RCW who declare an intent to serve
17 as a pharmacist in a pharmacy shortage area in the state of Washington,
18 as defined by the department, upon completion of the education program
19 and agree to a five-year service obligation and who may receive a
20 scholarship of no more than four thousand dollars per year for three
21 years;

22 (6) Honor loan repayment and scholarship contract terms negotiated
23 between the board and participants prior to the effective date of this
24 act concerning loan repayment and scholarship award amounts and service
25 obligations authorized under chapter 18.150, 28B.104, or 70.180 RCW."

26 "NEW SECTION. Sec. 20. ELIGIBLE CREDENTIALLED HEALTH PROFESSIONS.
27 After June 1, 1992, the department, in consultation with the board and
28 the department of social and health services, shall:

1 (1) Determine eligible credentialed health care professions for the
2 purposes of the loan repayment and scholarship program authorized by
3 this chapter. Eligibility shall be based upon an assessment that
4 determines that there is a shortage or insufficient availability of a
5 credentialed profession so as to jeopardize patient care and pose a
6 threat to the public health and safety. The department shall consider
7 the relative degree of shortages among professions when determining
8 eligibility. This determination shall be based upon health
9 professional shortage needs identified in the health personnel resource
10 plan authorized by section 5 of this act. The department may add or
11 remove professions from eligibility based upon the determination that
12 a profession is no longer in shortage as determined by the health
13 personnel resource plan. Should a profession no longer be eligible,
14 participants or eligible students who have received scholarships shall
15 be eligible to continue to receive scholarships or loan repayments
16 until they are no longer eligible or until their service obligation has
17 been completed;

18 (2) Determine health professional shortage areas for each of the
19 eligible credentialed health care professions."

20 "NEW SECTION. Sec. 21. REQUIRED SERVICE OBLIGATIONS. After June
21 1, 1992, the board, in consultation with the department and the
22 department of social and health services, shall:

23 (1) Establish the annual award amount for each credentialed health
24 care profession which shall be based upon an assessment of reasonable
25 annual eligible expenses involved in training and education for each
26 credentialed health care profession. The annual award amount may be
27 established at a level less than annual eligible expenses. The annual
28 award amount shall not be more than fifteen thousand dollars per year.

1 The awards shall not be paid for more than a maximum of five years per
2 individual;

3 (2) Determine any scholarship awards for prospective physicians in
4 such a manner to require the recipients declare an interest in serving
5 in rural areas of the state of Washington. Preference for scholarships
6 shall be given to students who reside in a rural physician shortage
7 area or a nonshortage rural area of the state prior to admission to the
8 eligible education and training program in medicine. Highest
9 preference shall be given to students seeking admission who are
10 recommended by sponsoring communities and who declare the intent of
11 serving as a physician in a rural area. The board may require the
12 sponsoring community located in a nonshortage rural area to financially
13 contribute to the eligible expenses of a medical student if the student
14 will serve in the nonshortage rural area;

15 (3) Establish the required service obligation for each credentialed
16 health care profession, which shall be no less than three years or no
17 more than five years. The required service obligation may be based
18 upon the amount of the scholarship or loan repayment award such that
19 higher awards involve longer service obligations on behalf of the
20 participant;

21 (4) Determine eligible education and training programs for purposes
22 of the scholarship portion of the program;

23 (5) Honor loan repayment and scholarship contract terms negotiated
24 between the board and participants prior to the effective date of this
25 section concerning loan repayment and scholarship award amounts and
26 service obligations authorized under chapter 18.150, 28B.104, or 70.180
27 RCW."

28 "Sec. 22. RCW 18.150.050 and 1989 1st ex.s. c 9 s 720 are each
29 amended to read as follows:

1 (1) The board may grant loan repayment and scholarship awards to
2 eligible participants from the funds appropriated for this purpose, or
3 from any private or public funds given to the board for this purpose.
4 ~~((The amount of the loan repayment shall not exceed fifteen thousand
5 dollars per year for a maximum of five years. The board may establish
6 awards of less than fifteen thousand dollars per year based upon
7 reasonable levels of expenditures for each of the health professions
8 covered by this chapter.))~~ Participants ~~((in the conditional
9 scholarship program authorized by chapter 28B.104 RCW are ineligible to
10 receive assistance from the program authorized by this chapter))~~ are
11 ineligible to receive loan repayment if they have received a
12 scholarship from programs authorized under this chapter or chapter
13 28B.104 or 70.180 RCW or are ineligible to receive a scholarship if
14 they have received loan repayment authorized under this chapter or
15 chapter 18.150 RCW.

16 (2) Funds appropriated for the program, including reasonable
17 administrative costs, may be used by the board for the purposes of loan
18 repayments or scholarships. The board shall annually establish the
19 total amount of funding to be awarded for loan repayments and
20 scholarships and such allocations shall be established based upon the
21 best utilization of funding for that year and based upon the health
22 personnel resource plan authorized in section 5 of this act.

23 (3) One portion of the funding appropriated for the program shall
24 be used by the board as a recruitment incentive for communities
25 participating in the community-based recruitment and retention program
26 as authorized by sections 7 through 14 of this act; one portion of the
27 funding shall be used by the board as a recruitment incentive for
28 recruitment activities in state-operated institutions, county public
29 health departments and districts, county human service agencies,
30 federal and state contracted community health clinics, and other health

1 care facilities, such as rural hospitals that have been identified by
2 the department, as providing substantial amounts of charity care or
3 publicly subsidized health care; one portion of the funding shall be
4 used by the board for all other awards. The board shall determine the
5 amount of total funding to be distributed between the three portions."

6 "NEW SECTION. Sec. 23. PARTICIPANT REQUIREMENT TO ACCEPT PAYMENT.

7 In providing health care services the participant shall not
8 discriminate against a person on the basis of the person's ability to
9 pay for such services or because payment for the health care services
10 provided to such persons will be made under the insurance program
11 established under part A or B of Title XVIII of the federal social
12 security act or under a state plan for medical assistance including
13 Title XIX of the federal social security act or under the state medical
14 assistance program authorized by chapter 74.09 RCW and agrees to accept
15 assignment under section 18.42(b)(3)(B)(ii) of the federal social
16 security act for all services for which payment may be made under part
17 B of Title XVIII of the federal social security act and enters into an
18 appropriate agreement with the department of social and health services
19 for medical assistance under Title XIX of the federal social security
20 act to provide services to individuals entitled to medical assistance
21 under the plan and enters into appropriate agreements with the
22 department of social and health services for medical care services
23 under chapter 74.09 RCW. Participants found by the board or the
24 department in violation of this section shall be declared ineligible
25 for receiving assistance under the program authorized by this chapter."

26 "Sec. 24. RCW 18.150.060 and 1989 1st ex.s. c 9 s 721 are each
27 amended to read as follows:

1 Participants in the health professional loan repayment and
2 scholarship program who are awarded loan repayments shall receive
3 payment from the program for the purpose of repaying educational loans
4 secured while attending a program of health professional training which
5 led to ~~((licensure as a licensed))~~ a credential as a credentialed
6 health professional in the state of Washington.

7 (1) Participants shall agree to ~~((serve at least three years))~~ meet
8 the required service obligation in a designated health professional
9 shortage area.

10 (2) ~~((In providing health care services the participant shall not~~
11 ~~discriminate against any person on the basis of the person's ability to~~
12 ~~pay for such services or because payment for the health care services~~
13 ~~provided to such persons will be made under the insurance program~~
14 ~~established under part A or B of Title XVIII of the federal social~~
15 ~~security act or under a state plan for medical assistance approved~~
16 ~~under Title XIX of the federal social security act and agrees to accept~~
17 ~~assignment under section 18.42(b)(3)(B)(ii) of such act for all~~
18 ~~services for which payment may be made under part B of Title XVIII and~~
19 ~~enters into an appropriate agreement with the department of social and~~
20 ~~health services for medical assistance under Title XIX to provide~~
21 ~~services to individuals entitled to medical assistance under the plan.~~
22 ~~Participants found by the board in violation of this section shall be~~
23 ~~declared ineligible for receiving assistance under the program~~
24 ~~authorized by this chapter.~~

25 ~~(3))~~ Repayment shall be limited to ~~((reasonable))~~ eligible
26 educational and living expenses as determined by the board and shall
27 include principal and interest.

28 ~~((4))~~ (3) Loans from both government and private sources may be
29 repaid by the program. Participants shall agree to allow the board
30 access to loan records and to acquire information from lenders

1 necessary to verify eligibility and to determine payments. Loans may
2 not be renegotiated with lenders to accelerate repayment.

3 ~~((+5))~~ (4) Repayment of loans established pursuant to this program
4 shall begin no later than ninety days after the individual has become
5 a participant. Payments shall be made quarterly, or more frequently if
6 deemed appropriate by the board, to the participant until the loan is
7 repaid or the participant becomes ineligible due to discontinued
8 service in a health professional shortage area or after the ~~((fifth
9 year of services))~~ required service obligation when eligibility
10 discontinues, whichever comes first.

11 ~~((+6))~~ (5) Should the participant discontinue service in a health
12 professional shortage area payments against the loans of the
13 participants shall cease to be effective on the date that the
14 participant discontinues service.

15 ~~((+7))~~ (6) Except for circumstances beyond their control,
16 participants who serve less than ~~((three years))~~ the required service
17 obligation shall be obligated to repay to the program an amount equal
18 to twice the total amount paid by the program on their behalf in
19 addition to any payments on the unsatisfied portion of the principal
20 and interest. The board shall determine the applicability of this
21 subsection.

22 ~~((+8))~~ (7) The board is responsible for the collection of payments
23 made on behalf of participants from the participants who discontinue
24 service before ~~((their three-year))~~ completion of the required service
25 obligation. The board shall exercise due diligence in such collection,
26 maintaining all necessary records to ensure that the maximum amount of
27 payment made on behalf of the participant is recovered. Collection
28 under this section shall be pursued using the full extent of the law,
29 including wage garnishment if necessary.

1 (~~(9)~~) (8) The board shall not be held responsible for any
2 outstanding payments on principal and interest to any lenders once a
3 participant's eligibility expires."

4 "NEW SECTION. Sec. 25. PARTICIPANT OBLIGATION--SCHOLARSHIPS. (1)
5 Participants in the health professional loan repayment and scholarship
6 program who are awarded scholarships incur an obligation to repay the
7 scholarship, with interest, unless they serve the required service
8 obligation in a health professional shortage area in the state of
9 Washington.

10 (2) The terms of the repayment, including deferral and rate of
11 interest, shall be consistent with the terms of the federal guaranteed
12 student loan program.

13 (3) The period for repayment shall coincide with the required
14 service obligation, with payments accruing quarterly commencing no
15 later than nine months from the date the participant completes or
16 discontinues the course of study or completes or discontinues the
17 required residency.

18 (4) The entire principal and interest of each payment shall be
19 forgiven for each payment period in which the participant serves in a
20 health professional shortage area until the entire repayment obligation
21 is satisfied or the borrower ceases to so serve. Should the
22 participant cease to serve in a health professional shortage area of
23 this state before the participant's repayment obligation is completed,
24 payments on the unsatisfied portion of the principal and interest shall
25 begin the next payment period and continue until the remainder of the
26 participant's repayment obligation is satisfied. Except for
27 circumstances beyond their control, participants who serve less than
28 the required service obligation shall be obliged to repay to the

1 program an amount equal to twice the total amount paid by the program
2 on their behalf.

3 (5) The board is responsible for collection of repayments made
4 under this section and shall exercise due diligence in such collection,
5 maintaining all necessary records to ensure that maximum repayments are
6 made. Collection and servicing of repayments under this section shall
7 be pursued using the full extent of the law, including wage garnishment
8 if necessary, and shall be performed by entities approved for such
9 servicing by the Washington student loan guaranty association or its
10 successor agency. The board is responsible to forgive all or parts of
11 such repayments under the criteria established in this section and
12 shall maintain all necessary records of forgiven payments.

13 (6) Receipts from the payment of principal or interest or any other
14 subsidies to which the board as administrator is entitled, which are
15 paid by or on behalf of participants under this section, shall be
16 deposited with the board and shall be used to cover the costs of
17 granting the scholarships, maintaining necessary records, and making
18 collections under subsection (5) of this section. The board shall
19 maintain accurate records of these costs, and all receipts beyond those
20 necessary to pay such costs shall be used to grant scholarships to
21 eligible students.

22 (7) Sponsoring communities who financially contribute to the
23 eligible financial expenses of eligible medical students may enter into
24 agreements with the student to require repayment should the student not
25 serve the required service obligation in the community as a primary
26 care physician. The board may develop criteria for the content of such
27 agreements with respect to reasonable provisions and obligations
28 between communities and eligible students.

1 (8) The board may make exceptions to the conditions for
2 participation and repayment obligations should circumstances beyond the
3 control of individual participants warrant such exceptions."

4 "Sec. 26. RCW 28B.20.500 and 1990 c 271 s 9 are each amended to
5 read as follows:

6 The school of medicine at the University of Washington shall
7 develop and implement a policy to grant admission preference to
8 prospective medical students from rural areas of the state who agree to
9 serve for at least five years as primary care physicians in rural areas
10 of Washington after completion of their medical education and have
11 applied for and meet the qualifications of the program under ((RCW
12 70.180.050)) chapter 28B.-- RCW (codified pursuant to section 36 of
13 this act). Should the school of medicine be unable to fill any or all
14 of the admission openings due to a lack of applicants from rural areas
15 who meet minimum qualifications for study at the medical school, it may
16 admit students not eligible for preferential admission under this
17 section."

18 "Sec. 27. RCW 70.180.005 and 1990 c 271 s 1 are each amended to
19 read as follows:

20 The legislature finds that a health care access problem exists in
21 rural areas of the state ((~~due to a lack of practicing physicians,~~
22 ~~physician assistants, pharmacists, and advanced registered nurse~~
23 ~~practitioners. In addition, many of these~~)) because rural health care
24 providers are unable to leave the community for short-term periods of
25 time to attend required continuing education training or for personal
26 matters because their absence would leave the community without
27 adequate medical care coverage. The lack of adequate medical coverage

1 in geographically remote rural communities constitutes a threat to the
2 health and safety of the people in those communities.

3 The legislature declares that it is in the public interest to
4 recruit and maintain a pool of physicians, physician assistants,
5 pharmacists, and advanced registered nurse practitioners willing and
6 able on short notice to practice in rural communities on a short-term
7 basis to meet the medical needs of the community."

8 "NEW SECTION. Sec. 28. DEDICATED ACCOUNT--TRUST FUND. (1) Any
9 funds appropriated by the legislature for the health professional loan
10 repayment and scholarship program or any other public or private funds
11 intended for loan repayments or scholarships under this program shall
12 be placed in the account created by this section.

13 (2) The health professional loan repayment and scholarship program
14 fund is created in custody of the state treasurer. All receipts from
15 the program shall be deposited into the fund. Only the higher
16 education coordinating board, or its designee, may authorize
17 expenditures from the fund. The fund is subject to allotment
18 procedures under chapter 43.88 RCW, but no appropriation is required
19 for expenditures."

20 "NEW SECTION. Sec. 29. A new section is added to chapter 70.180
21 RCW to read as follows:

22 DEFINITIONS. Unless the context clearly requires otherwise, the
23 definitions in this section apply throughout this chapter.

24 (1) "Department" means the department of health.

25 (2) "Rural areas" means a rural area in the state of Washington as
26 identified by the department."

1 "PART 6

2 CREDENTIALING BY ENDORSEMENT"

3 "NEW SECTION. **Sec. 30.** A new section is added to chapter 18.53
4 RCW to read as follows:

5 CREDENTIALING BY ENDORSEMENT--OPTOMETRY. An applicant holding a
6 credential in another state may be credentialed to practice in this
7 state without examination if the board determines that the other
8 state's credentialing standards are substantially equivalent to the
9 standards in this state."

10 "NEW SECTION. **Sec. 31.** A new section is added to chapter 18.35
11 RCW to read as follows:

12 CREDENTIALING BY ENDORSEMENT--HEARING AIDE DISPENSERS. An
13 applicant holding a credential in another state may be credentialed to
14 practice in this state without examination if the board determines that
15 the other state's credentialing standards are substantially equivalent
16 to the standards in this state."

17 "NEW SECTION. **Sec. 32.** A new section is added to chapter 18.50
18 RCW to read as follows:

19 CREDENTIALING BY ENDORSEMENT--MIDWIFERY. An applicant holding a
20 credential in another state may be credentialed to practice in this
21 state without examination if the secretary determines that the other
22 state's credentialing standards are substantially equivalent to the
23 standards in this state."

24 "NEW SECTION. **Sec. 33.** A new section is added to chapter 18.34
25 RCW to read as follows:

1 (3) All advertising which is false, fraudulent, or misleading;

2 (4) Incompetence, negligence, or malpractice which results in
3 injury to a patient or which creates an unreasonable risk that a
4 patient may be harmed. The use of a nontraditional treatment by itself
5 shall not constitute unprofessional conduct, provided that it does not
6 result in injury to a patient or create an unreasonable risk that a
7 patient may be harmed;

8 (5) Suspension, revocation, or restriction of the individual's
9 license to practice the profession by competent authority in any state,
10 federal, or foreign jurisdiction, a certified copy of the order,
11 stipulation, or agreement being conclusive evidence of the revocation,
12 suspension, or restriction;

13 (6) The possession, use, prescription for use, or distribution of
14 controlled substances or legend drugs in any way other than for
15 legitimate or therapeutic purposes, diversion of controlled substances
16 or legend drugs, the violation of any drug law, or prescribing
17 controlled substances for oneself;

18 (7) Violation of any state or federal statute or administrative
19 rule regulating the profession in question, including any statute or
20 rule defining or establishing standards of patient care or professional
21 conduct or practice;

22 (8) Failure to cooperate with the disciplining authority by:

23 (a) Not furnishing any papers or documents;

24 (b) Not furnishing in writing a full and complete explanation
25 covering the matter contained in the complaint filed with the
26 disciplining authority; or

27 (c) Not responding to subpoenas issued by the disciplining
28 authority, whether or not the recipient of the subpoena is the accused
29 in the proceeding;

1 (9) Failure to comply with an order issued by the disciplining
2 authority or an assurance of discontinuance entered into with the
3 disciplining authority;

4 (10) Aiding or abetting an unlicensed person to practice when a
5 license is required;

6 (11) Violations of rules established by any health agency;

7 (12) Practice beyond the scope of practice as defined by law or
8 rule;

9 (13) Misrepresentation or fraud in any aspect of the conduct of the
10 business or profession;

11 (14) Failure to adequately supervise auxiliary staff to the extent
12 that the consumer's health or safety is at risk;

13 (15) Engaging in a profession involving contact with the public
14 while suffering from a contagious or infectious disease involving
15 serious risk to public health;

16 (16) Promotion for personal gain of any unnecessary or
17 inefficacious drug, device, treatment, procedure, or service;

18 (17) Conviction of any gross misdemeanor or felony relating to the
19 practice of the person's profession. For the purposes of this
20 subsection, conviction includes all instances in which a plea of guilty
21 or nolo contendere is the basis for conviction and all proceedings in
22 which the sentence has been deferred or suspended. Nothing in this
23 section abrogates rights guaranteed under chapter 9.96A RCW;

24 (18) The procuring, or aiding or abetting in procuring, a criminal
25 abortion;

26 (19) The offering, undertaking, or agreeing to cure or treat
27 disease by a secret method, procedure, treatment, or medicine, or the
28 treating, operating, or prescribing for any health condition by a
29 method, means, or procedure which the licensee refuses to divulge upon
30 demand of the disciplining authority;

1 (20) The willful betrayal of a practitioner-patient privilege as
2 recognized by law;

3 (21) Violation of chapter 19.68 RCW;

4 (22) Interference with an investigation or disciplinary proceeding
5 by willful misrepresentation of facts before the disciplining authority
6 or its authorized representative, or by the use of threats or
7 harassment against any patient or witness to prevent them from
8 providing evidence in a disciplinary proceeding or any other legal
9 action;

10 (23) Current misuse of:

11 (a) Alcohol;

12 (b) Controlled substances; or

13 (c) Legend drugs;

14 (24) Abuse of a client or patient or sexual contact with a client
15 or patient."

16 "PART 8
17 MISCELLANEOUS"

18 "NEW SECTION. **Sec. 35.** The following acts or parts of acts are
19 each repealed:

20 (1) RCW 18.150.080 and 1989 1st ex.s. c 9 s 723;

21 (2) RCW 28B.102.010 and 1987 c 437 s 1;

22 (3) RCW 28B.102.020 and 1987 c 437 s 2;

23 (4) RCW 28B.102.030 and 1987 c 437 s 3;

24 (5) RCW 28B.102.040 and 1987 c 437 s 4;

25 (6) RCW 28B.102.045 and 1988 c 125 s 7;

26 (7) RCW 28B.102.050 and 1987 c 437 s 5;

27 (8) RCW 28B.102.060 and 1987 c 437 s 6;

28 (9) RCW 28B.102.070 and 1987 c 437 s 7;

1 (10) RCW 28B.102.900 and 1987 c 437 s 9;
2 (11) RCW 28B.102.905 and 1987 c 437 s 10;
3 (12) RCW 70.180.007 and 1990 c 271 s 5;
4 (13) RCW 70.180.010 and 1990 c 271 s 6;
5 (14) RCW 70.180.050 and 1990 c 271 s 7;
6 (15) RCW 70.180.060 and 1990 c 271 s 8;
7 (16) RCW 70.180.070 and 1990 c 271 s 10;
8 (17) RCW 70.180.080 and 1990 c 271 s 11;
9 (18) RCW 70.180.090 and 1990 c 271 s 12;
10 (19) RCW 70.180.100 and 1990 c 271 s 13; and
11 (20) RCW 70.180.910 and 1990 c 271 s 19."

12 "NEW SECTION. Sec. 36. RCW 18.150.010, 18.150.020, 18.150.030,
13 18.150.040, 18.150.050, 18.150.060, 18.150.070, 18.150.900, and
14 18.150.910 are each recodified as a new chapter in Title 28B RCW."

15 "NEW SECTION. Sec. 37. Sections 17, 19, 20, 21, 23, 25, and 28
16 of this act are each added to the new chapter in Title 28B RCW created
17 by section 36 of this act."

18 "NEW SECTION. Sec. 38. Sections 4 and 5 of this act shall
19 constitute a new chapter in Title 28B RCW."

20 "NEW SECTION. Sec. 39. Sections 7 through 14 of this act shall
21 constitute a new chapter in Title 70 RCW."

22 "**Sec. 40.** RCW 18.92.015 and 1991 c 3 s 238 are each amended to
23 read as follows:

24 (~~The term~~) Unless the context clearly requires otherwise, the
25 definitions in this section apply throughout this chapter.

1 "Animal technician" means a person who has successfully completed
2 an examination administered by the board and who has either
3 successfully completed a post high school course approved by the board
4 in the care and treatment of animals or had five years' practical
5 experience, acceptable to the board, with a licensed veterinarian.

6 "Board" (~~(used in this chapter shall)~~) means the Washington state
7 veterinary board of governors(~~(; and the term "secretary" shall)~~).

8 "Department" means the department of health.

9 "Secretary" means the secretary of ((health of the state of
10 Washington)) the department of health.

11 (~~("Animal technician" shall mean a person who has successfully~~
12 ~~completed an examination administered by the board and who has either~~
13 ~~successfully completed a post high school course approved by the board~~
14 ~~in the care and treatment of animals, or a person who has had five~~
15 ~~years practical experience acceptable to the board with a licensed~~
16 ~~veterinarian.))"~~

17 "NEW SECTION. Sec. 41. A new section is added to chapter 18.92
18 RCW to read as follows:

19 (1) The department may issue a license to practice specialized
20 veterinary medicine in this state to a veterinarian who:

21 (a) Submits an application on a form provided by the secretary for
22 a license in a specialty area recognized by the board by rule;

23 (b) Holds a current certification as a diplomate of a national
24 specialty board or college recognized by the board by rule in the
25 specialty area for which application is submitted;

26 (c) Is not subject to license investigation, suspension,
27 revocation, or other disciplinary action in any state, United States
28 territory, or province of Canada;

1 (d) Has successfully completed an examination established by the
2 board regarding this state's laws and rules regulating the practice of
3 veterinary medicine; and

4 (e) Provides other information and verification required by the
5 board.

6 (2) A veterinarian licensed to practice specialized veterinary
7 medicine shall not practice outside his or her licensed specialty
8 unless he or she meets licensing requirements established for
9 practicing veterinary medicine, surgery, and dentistry under RCW
10 18.92.070 and 18.92.100.

11 (3) The board shall determine by rule the limits of the practice of
12 veterinary medicine, surgery, and dentistry represented by a license to
13 practice specialized veterinary medicine.

14 (4) The board may deny, revoke, suspend, or modify a license to
15 practice specialized veterinary medicine if the national specialty
16 board or college certifying the licensee denies, revokes, suspends,
17 modifies, withdraws, or otherwise limits the certification or if the
18 certification expires."

19 "**Sec. 42.** RCW 18.92.145 and 1991 c 3 s 248 are each amended to
20 read as follows:

21 The secretary shall determine the fees, as provided in RCW 43.70.250,
22 for the issuance, renewal, or administration of the following licenses,
23 certificates of registration, permits, duplicate licenses, renewals, or
24 examination:

25 (1) For a license to practice veterinary medicine, surgery, and
26 dentistry issued upon an examination given by the examining board;

27 (2) For a license to practice veterinary medicine, surgery, and
28 dentistry issued upon the basis of a license issued in another state;

29 (3) For a certificate of registration as an animal technician;

1 (4) For a temporary permit to practice veterinary medicine,
2 surgery, and dentistry. The temporary permit fee shall be accompanied
3 by the full amount of the examination fee;

4 (5) For a license to practice specialized veterinary medicine."

5 "NEW SECTION. Sec. 43. Section captions and part headings as
6 used in this act constitute no part of the law."

7 "NEW SECTION. Sec. 44. This act is necessary for the immediate
8 preservation of the public peace, health, or safety, or support of the
9 state government and its existing public institutions, and shall take
10 effect immediately."

11 "NEW SECTION. Sec. 45. If specific funding for the purposes of
12 sections 1 through 39 of this act, referencing this act by bill number,
13 is not provided by June 30, 1991, in the omnibus appropriations act,
14 sections 1 through 39 of this act shall be null and void."

15 "NEW SECTION. Sec. 46. Nothing in sections 1 through 39 of this
16 act is intended to change the scope of practice of any health care
17 profession referred to in sections 1 through 39 of this act."

1 **ESHB 1960** - S COMM AMD

2 By Committee on Health & Long-Term Care

3 Adopted as Amended 4/12/91 - Voice Vote

4 On page 1, line 1 of the title, after "regulation;" strike the
5 remainder of the title, and insert "amending RCW 18.130.010,
6 18.120.030, 18.150.020, 18.150.030, 18.150.040, 18.150.050, 18.150.060,
7 28B.20.500, 70.180.005, 18.130.180, 18.92.015, and 18.92.145; adding
8 new sections to chapter 18.130 RCW; adding a new section to chapter
9 70.180 RCW; adding a new section to chapter 18.53 RCW; adding a new
10 section to chapter 18.35 RCW; adding a new section to chapter 18.50
11 RCW; adding a new section to chapter 18.34 RCW; adding a new section to
12 chapter 18.92 RCW; adding new chapters to Title 28B RCW; adding a new
13 chapter to Title 70 RCW; creating new sections; recodifying RCW
14 18.150.010, 18.150.020, 18.150.030, 18.150.040, 18.150.050, 18.150.060,
15 18.150.070, 18.150.080, 18.150.900, and 18.150.910; repealing RCW
16 18.150.080, 28B.102.010, 28B.102.020, 28B.102.030, 28B.102.040,
17 28B.102.045, 28B.102.050, 28B.102.060, 28B.102.070, 28B.102.900,
18 28B.102.905, 70.180.007, 70.180.010, 70.180.050, 70.180.060,
19 70.180.070, 70.180.080, 70.180.090, 70.180.100, and 70.180.910;
20 prescribing penalties; and declaring an emergency."