

CERTIFICATION OF ENROLLMENT
ENGROSSED SUBSTITUTE HOUSE BILL 1960

52nd Legislature
1991 Regular Session

Passed by the House March 19, 1991
Yeas 98 Nays 0

**Speaker of the
House of Representatives**

Passed by the Senate April 12, 1991
Yeas 42 Nays 3

President of the Senate

Approved

Governor of the State of Washington

CERTIFICATE

I, Alan Thompson, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **ENGROSSED SUBSTITUTE HOUSE BILL 1960** as passed by the House of Representatives and the Senate on the dates hereon set forth.

Chief Clerk

FILED

Secretary of State
State of Washington

ENGROSSED SUBSTITUTE HOUSE BILL 1960

AS AMENDED BY THE SENATE

Passed Legislature - 1991 Regular Session

State of Washington 52nd Legislature 1991 Regular Session

By House Committee on Health Care (originally sponsored by Representatives Prentice, Paris, Day, Braddock, Cantwell, Edmondson, Franklin, Morris, Phillips, Pruitt, Basich, Leonard, Orr, Wood, R. Johnson, Heavey, Wineberry, May, D. Sommers, Beck and Dellwo).

Read first time March 4, 1991. Referred to Committee on Health Care.

1 AN ACT Relating to health professions regulation; amending RCW
2 18.130.010, 18.120.030, 18.150.020, 18.150.030, 18.150.040, 18.150.050,
3 18.150.060, 28B.20.500, 70.180.005, 18.130.180, 18.92.015, and
4 18.92.145; adding new sections to chapter 18.130 RCW; adding a new
5 section to chapter 70.180 RCW; adding a new section to chapter 18.53
6 RCW; adding a new section to chapter 18.35 RCW; adding a new section to
7 chapter 18.50 RCW; adding a new section to chapter 18.34 RCW; adding a
8 new section to chapter 18.92 RCW; adding new chapters to Title 28B RCW;
9 adding a new chapter to Title 70 RCW; creating new sections;
10 recodifying RCW 18.150.010, 18.150.020, 18.150.030, 18.150.040,
11 18.150.050, 18.150.060, 18.150.070, 18.150.900, and 18.150.910;
12 repealing RCW 18.150.080, 28B.102.010, 28B.102.020, 28B.102.030,
13 28B.102.040, 28B.102.045, 28B.102.050, 28B.102.060, 28B.102.070,
14 28B.102.900, 28B.102.905, 70.180.007, 70.180.010, 70.180.050,
15 70.180.060, 70.180.070, 70.180.080, 70.180.090, 70.180.100, and
16 70.180.910; prescribing penalties; and declaring an emergency.

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

2 PART 1

3 TEMPORARY PRACTICE PERMITS

4 CONTINUED HEALTH PROFESSIONAL COMPETENCY DEMONSTRATION PROJECTS

5 **Sec. 1.** RCW 18.130.010 and 1986 c 259 s 1 are each amended to read
6 as follows:

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

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

17 Further, the legislature declares that the addition of public
18 members on all health care boards can give both the state and the
19 public, which it has a statutory responsibility to protect, assurances
20 of accountability and confidence in the various practices of health
21 care.

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

24 If an individual licensed in another state, that has licensing
25 standards substantially equivalent to Washington, applies for a
26 license, the disciplining authority shall issue a temporary practice
27 permit authorizing the applicant to practice the profession pending
28 completion of documentation that the applicant meets the requirements

1 for a license and is also not subject to denial of a license or
2 issuance of a conditional license under this chapter. The temporary
3 permit may reflect statutory limitations on the scope of practice. The
4 permit shall be issued only upon the disciplining authority receiving
5 verification from the states in which the applicant is licensed that
6 the applicant is currently licensed and is not subject to charges or
7 disciplinary action for unprofessional conduct or impairment.
8 Notwithstanding RCW 34.05.422(3), the disciplining authority shall
9 establish, by rule, the duration of the temporary practice permits.
10 Failure to surrender the permit is a misdemeanor under RCW 9A.20.010
11 and shall be unprofessional conduct under this chapter. The issuance
12 of temporary permits is subject to the provisions of this chapter,
13 including summary suspensions.

14 NEW SECTION. **Sec. 3.** A new section is added to chapter 18.130 RCW
15 to read as follows:

16 The disciplinary authorities are authorized to develop and require
17 licensees' participation in continuing competency pilot projects for
18 the purpose of developing flexible, cost-efficient, effective, and
19 geographically accessible competency assurance methods. The secretary
20 shall establish criteria for development of pilot projects and shall
21 select the disciplinary authorities that will participate from among
22 the professions requesting participation. The department shall
23 administer the projects in mutual cooperation with the disciplinary
24 authority and shall allot and administer the budget for each pilot
25 project. The department shall report to the legislature in January of
26 each odd-numbered year concerning the progress and findings of the
27 projects and shall make recommendations on the expansion of continued
28 competency requirements to other licensed health professions.

1 Each disciplinary authority shall establish its pilot project in
2 rule and may support the projects from a surcharge on each of the
3 affected profession's license renewal in an amount established by the
4 secretary.

5 PART 2

6 STATE-WIDE HEALTH PERSONNEL RESOURCE PLAN

7 NEW SECTION. **Sec. 4.** INTENT. The legislature finds that
8 certain health care professional shortages exist and result in entire
9 communities or specific populations within communities not having
10 access to basic health care services.

11 The legislature further finds that the state currently does not
12 have a state-wide comprehensive and systematic policy for the purpose
13 of identifying shortages and designing and implementing activities to
14 address shortages.

15 The legislature declares that the establishment of higher
16 educational programming and other activities necessary to address
17 health professional shortages should be a state policy concern and that
18 a means to accomplish this should be established.

19 The legislature further declares that the development of state
20 policy on professional shortages should involve close coordination and
21 consultation between state government, institutions of higher education
22 that conduct health care research and train health care professionals,
23 health care service providers, consumers, and others.

24 The legislature further declares that the health care needs of the
25 people of this state should be the primary factor determining state
26 policymaking designed to address health professional shortages.

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

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

9 In preparing the state-wide plan the committee shall consult with
10 the training and education institutions affected by this chapter,
11 health care providers, employers of health care providers, insurers,
12 consumers of health care, and other appropriate entities.

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

19 The committee shall appoint subcommittees for the purpose of
20 assisting in the development of the institutional plans required under
21 this chapter. Such subcommittees shall at least include those
22 committee members that have statutory responsibility for planning,
23 coordination, or administration of the training and education
24 institutions for which the institutional plans are being developed. In
25 preparing the institutional plans for four-year institutes of higher
26 education, the subcommittee shall be composed of at least the higher
27 education coordinating board and the state's four-year higher education
28 institutions. The appointment of subcommittees to develop portions of
29 the state-wide plan shall not relinquish the committee's responsibility

1 for assuring overall coordination, integration, and consistency of the
2 state-wide plan.

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

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

11 (a)(i) Identification of the type, number, and location of the
12 health care professional work force necessary to meet health care needs
13 of the state.

14 (ii) A description and analysis of the composition and numbers of
15 the potential work force available for meeting health care service
16 needs of the population to be used for recruitment purposes. This
17 should include a description of the data, methodology, and process used
18 to make such determinations.

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

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

29 (d) A description of how innovative, cost-effective technologies
30 such as telecommunications can and will be used to provide higher

1 education, vocational-technical, continued competency, and skill
2 maintenance and enhancement education and training to placebound
3 students who need flexible programs and who are unable to attend
4 institutions for training.

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

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

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

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

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

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

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

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

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

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

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

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

20 (q) A description of criteria and standards that institutional
21 plans provided for in this section must address in order to meet the
22 requirements of the state-wide health personnel resource plan,
23 including funding requirements to implement the plans. The committee
24 shall also when practical identify specific outcome measures to measure
25 progress in meeting the requirements of this plan. The criteria and
26 standards shall be established in a manner as to provide flexibility to
27 the institutions in meeting state-wide plan requirements. The
28 committee shall establish required submission dates for the
29 institutional plans that permit inclusion of funding requests into the
30 institutions budget requests to the state.

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

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

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

17 (4) State agencies involved in the development and implementation
18 of the plan shall to the extent possible utilize existing personnel and
19 financial resources in the development and implementation of the state-
20 wide health personnel resource plan.

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

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

1 (7) Implementation of the state-wide plan shall begin by July 1,
2 1993.

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

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

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

22 The institutional plan shall be included with the institution's
23 biennial budget submission. The institution's budget shall identify
24 proposed spending to meet the requirements of the institutional plan.
25 Each vocational-technical institution, college, or university shall be
26 responsible for implementing its institutional plan.

27 PART 3

28 HEALTH PROFESSIONAL CREDENTIALING SUNRISE MODIFICATIONS

1 **Sec. 6.** RCW 18.120.030 and 1983 c 168 s 3 are each amended to read
2 as follows:

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

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

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

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

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

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

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

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

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

22 (i) Establish a code of ethics; or

23 (ii) Help resolve disputes between health practitioners and
24 consumers; and

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

27 (3) The alternatives considered:

28 (a) Regulation of business employers or practitioners rather than
29 employee practitioners;

1 (b) Regulation of the program or service rather than the individual
2 practitioners;

3 (c) Registration of all practitioners;

4 (d) Certification of all practitioners;

5 (e) Other alternatives;

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

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

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

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

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

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

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

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

1 (iii) The nature of the standards proposed for registration,
2 certification, or licensure as compared with the standards of other
3 jurisdictions;

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

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

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

22 (d) Assurance of the public that practitioners have maintained
23 their competence:

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

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

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

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

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

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

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

14 (6) The maintenance of standards:

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

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

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

21 (ii) The grounds for suspension or revocation of registration,
22 certification, or licensure;

23 (7) A description of the group proposed for regulation, including
24 a list of associations, organizations, and other groups representing
25 the practitioners in this state, an estimate of the number of
26 practitioners in each group, and whether the groups represent different
27 levels of practice; and

28 (8) The expected costs of regulation:

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

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

3 (c) The cost to the state and the members of the group proposed for
4 regulation for the required education, including projected tuition and
5 expenses and expected increases in training programs, staffing, and
6 enrollments at state training institutions.

7 PART 4
8 COMMUNITY-BASED RECRUITMENT AND RETENTION PROJECTS
9 STATE-WIDE RECRUITMENT AND RETENTION CLEARINGHOUSE

10 NEW SECTION. **Sec. 7.** DEFINITIONS. Unless the context clearly
11 requires otherwise, the definitions in this section apply throughout
12 this chapter.

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

14 (2) "Health care professional recruitment and retention strategic
15 plan" means a plan developed by the participant and includes
16 identification of health care personnel needs of the community, how
17 these professionals will be recruited and retained in the community
18 following recruitment.

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

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

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

27 (6) "Project" means the community-based retention and recruitment
28 project.

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

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

4 NEW SECTION. **Sec. 8.** STATE-WIDE RECRUITMENT AND RETENTION
5 CLEARINGHOUSE. The department, in consultation with appropriate
6 private and public entities, shall establish a health professional
7 recruitment and retention clearinghouse. The clearinghouse shall:

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

10 (2) Identify recruitment and retention program models having the
11 greatest success rates;

12 (3) Identify recruitment and retention program gaps;

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

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

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

20 (7) Identify needed recruitment and retention programming for state
21 institutions, county public health departments and districts, county
22 human service agencies, and other entities serving substantial numbers
23 of public pay and charity care patients, and may provide to these
24 entities when they have been selected as participants necessary
25 recruitment and retention assistance including:

26 (a) Assistance in establishing or enhancing recruitment of health
27 care professionals;

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

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

4 NEW SECTION. **Sec. 9.** DEPARTMENTAL DUTIES. (1) The department
5 shall establish up to three community-based recruitment and retention
6 project sites to provide financial and technical assistance to
7 participating communities. The goal of the project is to help assure
8 the availability of health care providers in rural areas of Washington
9 state.

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

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

17 (4) The secretary may apply for, receive, and accept gifts and
18 other payments, including property and service, from any governmental
19 or other public or private entity or person, and may make arrangements
20 as to the use of these receipts, including the undertaking of special
21 studies and other projects related to the delivery of health care in
22 rural areas.

23 (5) In designing and implementing the project the secretary shall
24 coordinate the project with the Washington rural health system project
25 as authorized under chapter 70.175 RCW to consolidate administrative
26 duties and reduce costs.

27 NEW SECTION. **Sec. 10.** RULES. The department shall adopt rules
28 consistent with this chapter to carry out the purpose of this chapter.

1 All rules shall be adopted in accordance with chapter 34.05 RCW. All
2 rules and procedures adopted by the department shall minimize paperwork
3 and compliance requirements for participants and should not be complex
4 in nature so as to serve as a barrier or disincentive for prospective
5 participants applying for the project.

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

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

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

26 (3) To assess and approve strategic plans developed by
27 participants, including an assessment of the technical and financial
28 feasibility of implementing the plan and whether adequate local support
29 for the plan is demonstrated;

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

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

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

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

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

18 (9) To report to the appropriate legislative committees and others
19 from time to time on the progress of the projects including the
20 identification of statutory and regulatory barriers to successful
21 completion of rural health care delivery goals and an ongoing
22 evaluation of the project.

23 NEW SECTION. **Sec. 12.** DUTIES AND RESPONSIBILITIES OF
24 PARTICIPATING COMMUNITIES. The duties and responsibilities of
25 participating communities shall include:

26 (1) To involve major health care providers, businesses, public
27 officials, and other community leaders in project design,
28 administration, and oversight;

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

5 (3) To coordinate and avoid duplication of public health and other
6 health care services;

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

8 (5) To write a health care professional recruitment and retention
9 strategic plan;

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

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

14 (8) To provide data and comply with other requirements of the
15 administrator that are intended to evaluate the effectiveness of the
16 projects;

17 (9) To assure that specific populations with unmet health care
18 needs have access to services.

19 NEW SECTION. **Sec. 13.** COOPERATION OF STATE AGENCIES. (1) The
20 secretary may call upon other agencies of the state to provide
21 available information to assist the secretary in meeting the
22 responsibilities under this chapter. This information shall be
23 supplied as promptly as circumstances permit.

24 (2) The secretary may call upon other state agencies including
25 institutions of higher education as authorized under Titles 28A and 28B
26 RCW to identify and coordinate the delivery of technical assistance
27 services to participants in meeting the responsibilities of this
28 chapter. The state agencies, vocational-technical institutions, and
29 institutions of higher education shall cooperate and provide technical

1 assistance to the secretary to the extent that current funding for
2 these entities permits.

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

14 (2) In providing a list of qualified consultants the secretary and
15 the state shall not be held responsible for assuring qualifications of
16 consultants and shall be held harmless for the actions of consultants.
17 Furthermore, the secretary and the state shall not be held liable for
18 the failure of participants to meet contractual obligations established
19 in connection with project participation.

20 PART 5
21 HEALTH PROFESSIONAL LOAN REPAYMENT AND SCHOLARSHIP PROGRAM

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

24 Unless the context clearly requires otherwise, the definitions in
25 this section apply throughout this chapter.

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

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

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

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

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

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

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

26 (8) "Credentialed health care profession" means a health care
27 profession regulated by a disciplining authority in the state of
28 Washington under RCW 18.130.040 or by the state board of pharmacy under
29 chapter 18.64 RCW and designated by the department in section 20 of
30 this act, or until June 1, 1992, as established in section 19 of this

1 act as a profession having shortages of credentialed health care
2 professionals in the state.

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

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

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

15 (12) "Participant" means a ((licensed)) credentialed health care
16 professional who has received a loan repayment award and has commenced
17 practice as a ((primary)) credentialed health care provider in a
18 designated health professional shortage area or an eligible student who
19 has received a scholarship under this program.

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

21 (4) "Health professional shortage areas" means those geographic
22 areas where health professionals are in short supply as a result of
23 geographic maldistribution and where vacancies exist in serious numbers
24 that jeopardize patient care and pose a threat to the public health and
25 safety. The department of health shall determine health professional
26 shortage areas in the state guided by federal standards of "health
27 manpower shortage areas," and "medically underserved areas," and
28 "medically underserved populations."

29 (+5)) (13) "Program" means the health professional loan repayment
30 and scholarship program.

1 (14) "Required service obligation" means an obligation by the
2 participant to provide health care services in a health professional
3 shortage area for a period to be established as provided for in this
4 chapter.

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

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

11 ~~((6) "Licensed health professional" means a person authorized in~~
12 ~~the state of Washington to practice medicine pursuant to chapter 18.57~~
13 ~~or 18.57A RCW or 18.71 or 18.71A RCW, to practice nursing pursuant to~~
14 ~~chapter 18.88 or 18.78 RCW, or to practice dentistry pursuant to~~
15 ~~chapter 18.32 RCW.)) (17) "Scholarship" means a loan that is forgiven~~
16 in whole or in part if the recipient renders health care services in a
17 health professional shortage area.

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

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

24 The health professional loan repayment and scholarship program is
25 established for ~~((licensed))~~ credentialed health professionals serving
26 in health professional shortage areas. The program shall be
27 administered by the higher education coordinating board. In
28 administrating this program, the board shall ~~((have the following~~
29 ~~duties))~~:

1 (1) (~~It shall~~) Select (licensed) credentialed health care
2 professionals to participate in the loan repayment portion of the loan
3 repayment and scholarship program and select eligible students to
4 participate in the scholarship portion of the loan repayment and
5 scholarship program;

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

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

10 (4) Publicize the program, particularly to maximize participation
11 among individuals in shortage areas and among populations expected to
12 experience the greatest growth in the work force; (and

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

15 (6) Develop criteria for a contract for service in lieu of the
16 service obligation where appropriate, that may be a combination of
17 service and payment.

18 NEW SECTION. Sec. 17. The department may provide technical
19 assistance to rural communities desiring to become sponsoring
20 communities for the purposes of identification of prospective students
21 for the program, assisting prospective students to apply to an eligible
22 education and training program, making formal agreements with
23 prospective students to provide credentialed health care services in
24 the community, forming agreements between rural communities in a
25 service area to share credentialed health care professionals, and
26 fulfilling any matching requirements.

27 **Sec. 18.** RCW 18.150.040 and 1989 1st ex.s. c 9 s 719 are each
28 amended to read as follows:

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

13 NEW SECTION. Sec. 19. ELIGIBLE CREDENTIALLED HEALTH PROFESSIONS
14 AND REQUIRED SERVICE OBLIGATIONS. Until June 1, 1992, the board, in
15 consultation with the department, shall:

16 (1) Establish loan repayments for persons authorized to practice
17 one of the following credentialed health care professions: Medicine
18 pursuant to chapter 18.57, 18.57A, 18.71 or 18.71A RCW, nursing
19 pursuant to chapter 18.78 or 18.88 RCW, or dentistry pursuant to
20 chapter 18.32 RCW. The amount of the loan repayment shall not exceed
21 fifteen thousand dollars per year for a maximum of five years per
22 individual. The required service obligation in a health professional
23 shortage area for loan repayment shall be three years;

24 (2) Establish a scholarship program for eligible students who have
25 been accepted into an eligible education or training program leading to
26 a credential in one of the following credentialed health care
27 professions: Nursing pursuant to chapter 18.78 or 18.88 RCW who
28 declare the intent to serve in a nurse shortage area as defined by the
29 department upon completion of an education or training program and

1 agree to a five-year service obligation. The amount of the scholarship
2 shall not exceed three thousand dollars per year for a maximum of five
3 years;

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

13 In determining scholarship awards for prospective physicians, the
14 selection criteria shall include requirements that recipients declare
15 an interest in serving in rural areas of the state of Washington.
16 Preference for scholarships shall be given to students who reside in a
17 rural physician shortage area or a nonshortage rural area of the state
18 prior to admission to the eligible education and training program in
19 medicine. Highest preference shall be given to students seeking
20 admission who are recommended by sponsoring communities and who declare
21 the intent of serving as a physician in a rural area. The board may
22 require the sponsoring community located in a nonshortage rural area to
23 financially contribute to the eligible expenses of a medical student if
24 the student will serve in the nonshortage rural area;

25 (4) Establish a scholarship program for eligible students who have
26 been accepted into an eligible education or training program leading to
27 a credential in one of the following credentialed health care
28 professions: Midwifery pursuant to chapter 18.50 RCW or advanced
29 registered nurse practitioner certified nurse midwifery under chapter
30 18.88 RCW who declare an intent to serve as a midwife in a midwifery

1 shortage area in the state of Washington, as defined by the department,
2 upon completion of the education program and agree to a five-year
3 service obligation and who may receive a scholarship of no more than
4 four thousand dollars per year for three years;

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

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

18 NEW SECTION. **Sec. 20.** ELIGIBLE CREDENTIALLED HEALTH PROFESSIONS.
19 After June 1, 1992, the department, in consultation with the board and
20 the department of social and health services, shall:

21 (1) Determine eligible credentialed health care professions for the
22 purposes of the loan repayment and scholarship program authorized by
23 this chapter. Eligibility shall be based upon an assessment that
24 determines that there is a shortage or insufficient availability of a
25 credentialed profession so as to jeopardize patient care and pose a
26 threat to the public health and safety. The department shall consider
27 the relative degree of shortages among professions when determining
28 eligibility. This determination shall be based upon health
29 professional shortage needs identified in the health personnel resource

1 plan authorized by section 5 of this act. The department may add or
2 remove professions from eligibility based upon the determination that
3 a profession is no longer in shortage as determined by the health
4 personnel resource plan. Should a profession no longer be eligible,
5 participants or eligible students who have received scholarships shall
6 be eligible to continue to receive scholarships or loan repayments
7 until they are no longer eligible or until their service obligation has
8 been completed;

9 (2) Determine health professional shortage areas for each of the
10 eligible credentialed health care professions.

11 NEW SECTION. **Sec. 21.** REQUIRED SERVICE OBLIGATIONS. After June
12 1, 1992, the board, in consultation with the department and the
13 department of social and health services, shall:

14 (1) Establish the annual award amount for each credentialed health
15 care profession which shall be based upon an assessment of reasonable
16 annual eligible expenses involved in training and education for each
17 credentialed health care profession. The annual award amount may be
18 established at a level less than annual eligible expenses. The annual
19 award amount shall not be more than fifteen thousand dollars per year.
20 The awards shall not be paid for more than a maximum of five years per
21 individual;

22 (2) Determine any scholarship awards for prospective physicians in
23 such a manner to require the recipients declare an interest in serving
24 in rural areas of the state of Washington. Preference for scholarships
25 shall be given to students who reside in a rural physician shortage
26 area or a nonshortage rural area of the state prior to admission to the
27 eligible education and training program in medicine. Highest
28 preference shall be given to students seeking admission who are
29 recommended by sponsoring communities and who declare the intent of

1 serving as a physician in a rural area. The board may require the
2 sponsoring community located in a nonshortage rural area to financially
3 contribute to the eligible expenses of a medical student if the student
4 will serve in the nonshortage rural area;

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

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

13 (5) Honor loan repayment and scholarship contract terms negotiated
14 between the board and participants prior to the effective date of this
15 section concerning loan repayment and scholarship award amounts and
16 service obligations authorized under chapter 18.150, 28B.104, or 70.180
17 RCW.

18 **Sec. 22.** RCW 18.150.050 and 1989 1st ex.s. c 9 s 720 are each
19 amended to read as follows:

20 (1) The board may grant loan repayment and scholarship awards to
21 eligible participants from the funds appropriated for this purpose, or
22 from any private or public funds given to the board for this purpose.
23 ~~((The amount of the loan repayment shall not exceed fifteen thousand
24 dollars per year for a maximum of five years. The board may establish
25 awards of less than fifteen thousand dollars per year based upon
26 reasonable levels of expenditures for each of the health professions
27 covered by this chapter.))~~ Participants ~~((in the conditional
28 scholarship program authorized by chapter 28B.104 RCW are ineligible to
29 receive assistance from the program authorized by this chapter))~~ are

1 ineligible to receive loan repayment if they have received a
2 scholarship from programs authorized under this chapter or chapter
3 28B.104 or 70.180 RCW or are ineligible to receive a scholarship if
4 they have received loan repayment authorized under this chapter or
5 chapter 18.150 RCW.

6 (2) Funds appropriated for the program, including reasonable
7 administrative costs, may be used by the board for the purposes of loan
8 repayments or scholarships. The board shall annually establish the
9 total amount of funding to be awarded for loan repayments and
10 scholarships and such allocations shall be established based upon the
11 best utilization of funding for that year and based upon the health
12 personnel resource plan authorized in section 5 of this act.

13 (3) One portion of the funding appropriated for the program shall
14 be used by the board as a recruitment incentive for communities
15 participating in the community-based recruitment and retention program
16 as authorized by sections 7 through 14 of this act; one portion of the
17 funding shall be used by the board as a recruitment incentive for
18 recruitment activities in state-operated institutions, county public
19 health departments and districts, county human service agencies,
20 federal and state contracted community health clinics, and other health
21 care facilities, such as rural hospitals that have been identified by
22 the department, as providing substantial amounts of charity care or
23 publicly subsidized health care; one portion of the funding shall be
24 used by the board for all other awards. The board shall determine the
25 amount of total funding to be distributed between the three portions.

26 NEW SECTION. Sec. 23. PARTICIPANT REQUIREMENT TO ACCEPT PAYMENT.
27 In providing health care services the participant shall not
28 discriminate against a person on the basis of the person's ability to
29 pay for such services or because payment for the health care services

1 provided to such persons will be made under the insurance program
2 established under part A or B of Title XVIII of the federal social
3 security act or under a state plan for medical assistance including
4 Title XIX of the federal social security act or under the state medical
5 assistance program authorized by chapter 74.09 RCW and agrees to accept
6 assignment under section 18.42(b)(3)(B)(ii) of the federal social
7 security act for all services for which payment may be made under part
8 B of Title XVIII of the federal social security act and enters into an
9 appropriate agreement with the department of social and health services
10 for medical assistance under Title XIX of the federal social security
11 act to provide services to individuals entitled to medical assistance
12 under the plan and enters into appropriate agreements with the
13 department of social and health services for medical care services
14 under chapter 74.09 RCW. Participants found by the board or the
15 department in violation of this section shall be declared ineligible
16 for receiving assistance under the program authorized by this chapter.

17 **Sec. 24.** RCW 18.150.060 and 1989 1st ex.s. c 9 s 721 are each
18 amended to read as follows:

19 Participants in the health professional loan repayment and
20 scholarship program who are awarded loan repayments shall receive
21 payment from the program for the purpose of repaying educational loans
22 secured while attending a program of health professional training which
23 led to (~~licensure as a licensed~~) a credential as a credentialed
24 health professional in the state of Washington.

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

28 (2) (~~In providing health care services the participant shall not~~
29 ~~discriminate against any person on the basis of the person's ability to~~

1 ~~pay for such services or because payment for the health care services~~
2 ~~provided to such persons will be made under the insurance program~~
3 ~~established under part A or B of Title XVIII of the federal social~~
4 ~~security act or under a state plan for medical assistance approved~~
5 ~~under Title XIX of the federal social security act and agrees to accept~~
6 ~~assignment under section 18.42(b)(3)(B)(ii) of such act for all~~
7 ~~services for which payment may be made under part B of Title XVIII and~~
8 ~~enters into an appropriate agreement with the department of social and~~
9 ~~health services for medical assistance under Title XIX to provide~~
10 ~~services to individuals entitled to medical assistance under the plan.~~
11 ~~Participants found by the board in violation of this section shall be~~
12 ~~declared ineligible for receiving assistance under the program~~
13 ~~authorized by this chapter.~~

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

17 ~~((4))~~ (3) Loans from both government and private sources may be
18 repaid by the program. Participants shall agree to allow the board
19 access to loan records and to acquire information from lenders
20 necessary to verify eligibility and to determine payments. Loans may
21 not be renegotiated with lenders to accelerate repayment.

22 ~~((5))~~ (4) Repayment of loans established pursuant to this program
23 shall begin no later than ninety days after the individual has become
24 a participant. Payments shall be made quarterly, or more frequently if
25 deemed appropriate by the board, to the participant until the loan is
26 repaid or the participant becomes ineligible due to discontinued
27 service in a health professional shortage area or after the ~~((fifth~~
28 ~~year of services))~~ required service obligation when eligibility
29 discontinues, whichever comes first.

1 (~~(6)~~) (5) Should the participant discontinue service in a health
2 professional shortage area payments against the loans of the
3 participants shall cease to be effective on the date that the
4 participant discontinues service.

5 (~~(7)~~) (6) Except for circumstances beyond their control,
6 participants who serve less than (~~three years~~) the required service
7 obligation shall be obligated to repay to the program an amount equal
8 to twice the total amount paid by the program on their behalf in
9 addition to any payments on the unsatisfied portion of the principal
10 and interest. The board shall determine the applicability of this
11 subsection.

12 (~~(8)~~) (7) The board is responsible for the collection of payments
13 made on behalf of participants from the participants who discontinue
14 service before (~~their three-year~~) completion of the required service
15 obligation. The board shall exercise due diligence in such collection,
16 maintaining all necessary records to ensure that the maximum amount of
17 payment made on behalf of the participant is recovered. Collection
18 under this section shall be pursued using the full extent of the law,
19 including wage garnishment if necessary.

20 (~~(9)~~) (8) The board shall not be held responsible for any
21 outstanding payments on principal and interest to any lenders once a
22 participant's eligibility expires.

23 NEW SECTION. Sec. 25. PARTICIPANT OBLIGATION--SCHOLARSHIPS. (1)
24 Participants in the health professional loan repayment and scholarship
25 program who are awarded scholarships incur an obligation to repay the
26 scholarship, with interest, unless they serve the required service
27 obligation in a health professional shortage area in the state of
28 Washington.

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

4 (3) The period for repayment shall coincide with the required
5 service obligation, with payments accruing quarterly commencing no
6 later than nine months from the date the participant completes or
7 discontinues the course of study or completes or discontinues the
8 required residency.

9 (4) The entire principal and interest of each payment shall be
10 forgiven for each payment period in which the participant serves in a
11 health professional shortage area until the entire repayment obligation
12 is satisfied or the borrower ceases to so serve. Should the
13 participant cease to serve in a health professional shortage area of
14 this state before the participant's repayment obligation is completed,
15 payments on the unsatisfied portion of the principal and interest shall
16 begin the next payment period and continue until the remainder of the
17 participant's repayment obligation is satisfied. Except for
18 circumstances beyond their control, participants who serve less than
19 the required service obligation shall be obliged to repay to the
20 program an amount equal to twice the total amount paid by the program
21 on their behalf.

22 (5) The board is responsible for collection of repayments made
23 under this section and shall exercise due diligence in such collection,
24 maintaining all necessary records to ensure that maximum repayments are
25 made. Collection and servicing of repayments under this section shall
26 be pursued using the full extent of the law, including wage garnishment
27 if necessary, and shall be performed by entities approved for such
28 servicing by the Washington student loan guaranty association or its
29 successor agency. The board is responsible to forgive all or parts of

1 such repayments under the criteria established in this section and
2 shall maintain all necessary records of forgiven payments.

3 (6) Receipts from the payment of principal or interest or any other
4 subsidies to which the board as administrator is entitled, which are
5 paid by or on behalf of participants under this section, shall be
6 deposited with the board and shall be used to cover the costs of
7 granting the scholarships, maintaining necessary records, and making
8 collections under subsection (5) of this section. The board shall
9 maintain accurate records of these costs, and all receipts beyond those
10 necessary to pay such costs shall be used to grant scholarships to
11 eligible students.

12 (7) Sponsoring communities who financially contribute to the
13 eligible financial expenses of eligible medical students may enter into
14 agreements with the student to require repayment should the student not
15 serve the required service obligation in the community as a primary
16 care physician. The board may develop criteria for the content of such
17 agreements with respect to reasonable provisions and obligations
18 between communities and eligible students.

19 (8) The board may make exceptions to the conditions for
20 participation and repayment obligations should circumstances beyond the
21 control of individual participants warrant such exceptions.

22 **Sec. 26.** RCW 28B.20.500 and 1990 c 271 s 9 are each amended to
23 read as follows:

24 The school of medicine at the University of Washington shall
25 develop and implement a policy to grant admission preference to
26 prospective medical students from rural areas of the state who agree to
27 serve for at least five years as primary care physicians in rural areas
28 of Washington after completion of their medical education and have
29 applied for and meet the qualifications of the program under ((RCW

1 70.180.050)) chapter 28B.-- RCW (codified pursuant to section 36 of
2 this act). Should the school of medicine be unable to fill any or all
3 of the admission openings due to a lack of applicants from rural areas
4 who meet minimum qualifications for study at the medical school, it may
5 admit students not eligible for preferential admission under this
6 section.

7 **Sec. 27.** RCW 70.180.005 and 1990 c 271 s 1 are each amended to
8 read as follows:

9 The legislature finds that a health care access problem exists in
10 rural areas of the state (~~due to a lack of practicing physicians,~~
11 ~~physician assistants, pharmacists, and advanced registered nurse~~
12 ~~practitioners. In addition, many of these~~) because rural health care
13 providers are unable to leave the community for short-term periods of
14 time to attend required continuing education training or for personal
15 matters because their absence would leave the community without
16 adequate medical care coverage. The lack of adequate medical coverage
17 in geographically remote rural communities constitutes a threat to the
18 health and safety of the people in those communities.

19 The legislature declares that it is in the public interest to
20 recruit and maintain a pool of physicians, physician assistants,
21 pharmacists, and advanced registered nurse practitioners willing and
22 able on short notice to practice in rural communities on a short-term
23 basis to meet the medical needs of the community.

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

1 (2) The health professional loan repayment and scholarship program
2 fund is created in custody of the state treasurer. All receipts from
3 the program shall be deposited into the fund. Only the higher
4 education coordinating board, or its designee, may authorize
5 expenditures from the fund. The fund is subject to allotment
6 procedures under chapter 43.88 RCW, but no appropriation is required
7 for expenditures.

8 NEW SECTION. **Sec. 29.** A new section is added to chapter 70.180
9 RCW to read as follows:

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

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

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

15 PART 6

16 CREDENTIALING BY ENDORSEMENT

17 NEW SECTION. **Sec. 30.** A new section is added to chapter 18.53 RCW
18 to read as follows:

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

24 NEW SECTION. **Sec. 31.** A new section is added to chapter 18.35 RCW
25 to read as follows:

1 CREDENTIALING BY ENDORSEMENT--HEARING AIDE DISPENSERS. An
2 applicant holding a credential in another state may be credentialed to
3 practice in this state without examination if the board determines that
4 the other state's credentialing standards are substantially equivalent
5 to the standards in this state.

6 NEW SECTION. **Sec. 32.** A new section is added to chapter 18.50 RCW
7 to read as follows:

8 CREDENTIALING BY ENDORSEMENT--MIDWIFERY. An applicant holding a
9 credential in another state may be credentialed to practice in this
10 state without examination if the secretary determines that the other
11 state's credentialing standards are substantially equivalent to the
12 standards in this state.

13 NEW SECTION. **Sec. 33.** A new section is added to chapter 18.34 RCW
14 to read as follows:

15 CREDENTIALING BY ENDORSEMENT--DISPENSING OPTICIANS. An applicant
16 holding a credential in another state may be credentialed to practice
17 in this state without examination if the secretary determines that the
18 other state's credentialing standards are substantially equivalent to
19 the standards in this state.

20 PART 7

21 NONTRADITIONAL TREATMENT

22 **Sec. 34.** RCW 18.130.180 and 1989 c 270 s 33 are each amended to
23 read as follows:

24 The following conduct, acts, or conditions constitute
25 unprofessional conduct for any license holder or applicant under the
26 jurisdiction of this chapter:

1 (1) The commission of any act involving moral turpitude,
2 dishonesty, or corruption relating to the practice of the person's
3 profession, whether the act constitutes a crime or not. If the act
4 constitutes a crime, conviction in a criminal proceeding is not a
5 condition precedent to disciplinary action. Upon such a conviction,
6 however, the judgment and sentence is conclusive evidence at the
7 ensuing disciplinary hearing of the guilt of the license holder or
8 applicant of the crime described in the indictment or information, and
9 of the person's violation of the statute on which it is based. For the
10 purposes of this section, conviction includes all instances in which a
11 plea of guilty or nolo contendere is the basis for the conviction and
12 all proceedings in which the sentence has been deferred or suspended.
13 Nothing in this section abrogates rights guaranteed under chapter 9.96A
14 RCW;

15 (2) Misrepresentation or concealment of a material fact in
16 obtaining a license or in reinstatement thereof;

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

18 (4) Incompetence, negligence, or malpractice which results in
19 injury to a patient or which creates an unreasonable risk that a
20 patient may be harmed. The use of a nontraditional treatment by itself
21 shall not constitute unprofessional conduct, provided that it does not
22 result in injury to a patient or create an unreasonable risk that a
23 patient may be harmed;

24 (5) Suspension, revocation, or restriction of the individual's
25 license to practice the profession by competent authority in any state,
26 federal, or foreign jurisdiction, a certified copy of the order,
27 stipulation, or agreement being conclusive evidence of the revocation,
28 suspension, or restriction;

29 (6) The possession, use, prescription for use, or distribution of
30 controlled substances or legend drugs in any way other than for

1 legitimate or therapeutic purposes, diversion of controlled substances
2 or legend drugs, the violation of any drug law, or prescribing
3 controlled substances for oneself;

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

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

9 (a) Not furnishing any papers or documents;

10 (b) Not furnishing in writing a full and complete explanation
11 covering the matter contained in the complaint filed with the
12 disciplining authority; or

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

16 (9) Failure to comply with an order issued by the disciplining
17 authority or an assurance of discontinuance entered into with the
18 disciplining authority;

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

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

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

24 (13) Misrepresentation or fraud in any aspect of the conduct of the
25 business or profession;

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

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

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

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

9 (18) The procuring, or aiding or abetting in procuring, a criminal
10 abortion;

11 (19) The offering, undertaking, or agreeing to cure or treat
12 disease by a secret method, procedure, treatment, or medicine, or the
13 treating, operating, or prescribing for any health condition by a
14 method, means, or procedure which the licensee refuses to divulge upon
15 demand of the disciplining authority;

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

18 (21) Violation of chapter 19.68 RCW;

19 (22) Interference with an investigation or disciplinary proceeding
20 by willful misrepresentation of facts before the disciplining authority
21 or its authorized representative, or by the use of threats or
22 harassment against any patient or witness to prevent them from
23 providing evidence in a disciplinary proceeding or any other legal
24 action;

25 (23) Current misuse of:

26 (a) Alcohol;

27 (b) Controlled substances; or

28 (c) Legend drugs;

29 (24) Abuse of a client or patient or sexual contact with a client
30 or patient.

PART 8

MISCELLANEOUS

NEW SECTION. **Sec. 35.**

The following acts or parts of acts are

each repealed:

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

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

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

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

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

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

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

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

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

(10) RCW 28B.102.900 and 1987 c 437 s 9;

(11) RCW 28B.102.905 and 1987 c 437 s 10;

(12) RCW 70.180.007 and 1990 c 271 s 5;

(13) RCW 70.180.010 and 1990 c 271 s 6;

(14) RCW 70.180.050 and 1990 c 271 s 7;

(15) RCW 70.180.060 and 1990 c 271 s 8;

(16) RCW 70.180.070 and 1990 c 271 s 10;

(17) RCW 70.180.080 and 1990 c 271 s 11;

(18) RCW 70.180.090 and 1990 c 271 s 12;

(19) RCW 70.180.100 and 1990 c 271 s 13; and

(20) RCW 70.180.910 and 1990 c 271 s 19.

NEW SECTION. **Sec. 36.**

RCW 18.150.010, 18.150.020, 18.150.030,

18.150.040, 18.150.050, 18.150.060, 18.150.070, 18.150.900, and

18.150.910 are each recodified as a new chapter in Title 28B RCW.

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

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

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

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

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

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

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

19 "Department" means the department of health.

20 "Secretary" means the secretary of ((health of the state of
21 Washington)) the department of health.

22 (~~"Animal technician" shall mean a person who has successfully~~
23 ~~completed an examination administered by the board and who has either~~
24 ~~successfully completed a post high school course approved by the board~~
25 ~~in the care and treatment of animals, or a person who has had five~~
26 ~~years practical experience acceptable to the board with a licensed~~
27 ~~veterinarian.))~~

1 NEW SECTION. **Sec. 41.** A new section is added to chapter 18.92 RCW
2 to read as follows:

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

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

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

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

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

16 (e) Provides other information and verification required by the
17 board.

18 (2) A veterinarian licensed to practice specialized veterinary
19 medicine shall not practice outside his or her licensed specialty
20 unless he or she meets licensing requirements established for
21 practicing veterinary medicine, surgery, and dentistry under RCW
22 18.92.070 and 18.92.100.

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

26 (4) The board may deny, revoke, suspend, or modify a license to
27 practice specialized veterinary medicine if the national specialty
28 board or college certifying the licensee denies, revokes, suspends,
29 modifies, withdraws, or otherwise limits the certification or if the
30 certification expires.

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

3 The secretary shall determine the fees, as provided in RCW
4 43.70.250, for the issuance, renewal, or administration of the
5 following licenses, certificates of registration, permits, duplicate
6 licenses, renewals, or examination:

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

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

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

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

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

16 NEW SECTION. **Sec. 43.** Section captions and part headings as
17 used in this act constitute no part of the law.

18 NEW SECTION. **Sec. 44.** This act is necessary for the immediate
19 preservation of the public peace, health, or safety, or support of the
20 state government and its existing public institutions, and shall take
21 effect immediately.

22 NEW SECTION. **Sec. 45.** If specific funding for the purposes of
23 sections 1 through 39 of this act, referencing this act by bill number,
24 is not provided by June 30, 1991, in the omnibus appropriations act,
25 sections 1 through 39 of this act shall be null and void.

1 NEW SECTION. **Sec. 46.** Nothing in sections 1 through 39 of this
2 act is intended to change the scope of practice of any health care
3 profession referred to in sections 1 through 39 of this act.