
SUBSTITUTE HOUSE BILL 1737

State of Washington 63rd Legislature 2013 Regular Session

By House Health Care & Wellness (originally sponsored by Representatives Morrell, Manweller, Clibborn, and Moeller)

READ FIRST TIME 02/22/13.

1 AN ACT Relating to supervision of physician assistants; amending
2 RCW 18.57A.030, 18.57A.040, 18.57A.080, and 18.71A.030; reenacting and
3 amending RCW 18.71A.040; adding a new section to chapter 18.57A RCW;
4 adding a new section to chapter 18.71A RCW; and creating new sections.

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

6 NEW SECTION. **Sec. 1.** A new section is added to chapter 18.57A RCW
7 to read as follows:

8 (1) No licensee may be utilized in a remote site without approval
9 by the board or its designee. A "remote site" is defined as a setting
10 physically separate from the sponsoring or supervising physician's
11 primary place for meeting patients or a setting where the physician is
12 present less than twenty-five percent of the practice time of the
13 licensee.

14 (2)(a) Approval by the commission or its designee may be granted to
15 utilize a licensee in a remote site if:

- 16 (i) There is a demonstrated need for the utilization;
17 (ii) Adequate provision for timely communication between the
18 primary or alternate physician and the licensee exists;

1 (iii) The responsible sponsoring or supervising physician spends at
2 least ten percent of the practice time of the licensee in the remote
3 site unless the sponsoring physician demonstrates that adequate
4 supervision is being maintained by an alternate method such as
5 telecommunication.

6 (b) The names of the sponsoring or supervising physician and the
7 licensee must be prominently displayed at the entrance to the clinic or
8 in the reception area.

9 (3) No physician assistant holding an interim permit may be
10 utilized in a remote site setting.

11 NEW SECTION. **Sec. 2.** A new section is added to chapter 18.71A RCW
12 to read as follows:

13 (1) No licensee may be utilized in a remote site without approval
14 by the commission or its designee. A "remote site" is defined as a
15 setting physically separate from the sponsoring or supervising
16 physician's primary place for meeting patients or a setting where the
17 physician is present less than twenty-five percent of the practice time
18 of the licensee.

19 (2)(a) Approval by the commission or its designee may be granted to
20 utilize a licensee in a remote site if:

21 (i) There is a demonstrated need for the utilization;

22 (ii) Adequate provision for timely communication between the
23 primary or alternate physician and the licensee exists;

24 (iii) The responsible sponsoring or supervising physician spends at
25 least ten percent of the practice time of the licensee in the remote
26 site unless the sponsoring physician demonstrates that adequate
27 supervision is being maintained by an alternate method such as
28 telecommunication.

29 (b) The names of the sponsoring or supervising physician and the
30 licensee must be prominently displayed at the entrance to the clinic or
31 in the reception area.

32 (3) No physician assistant holding an interim permit may be
33 utilized in a remote site setting.

34 **Sec. 3.** RCW 18.57A.030 and 1993 c 28 s 2 are each amended to read
35 as follows:

36 An osteopathic physician assistant as defined in this chapter may

1 practice osteopathic medicine in this state only with the approval of
2 the ((~~practice arrangement plan~~)) delegation agreement by the board and
3 only to the extent permitted by the board. An osteopathic physician
4 assistant who has received a license but who has not received board
5 approval of the ((~~practice arrangement plan~~)) delegation agreement
6 under RCW 18.57A.040 may not practice. An osteopathic physician
7 assistant shall be subject to discipline by the board under the
8 provisions of chapter 18.130 RCW.

9 **Sec. 4.** RCW 18.57A.040 and 1993 c 28 s 3 are each amended to read
10 as follows:

11 (1) No osteopathic physician assistant practicing in this state
12 shall be employed or supervised by an osteopathic physician or
13 physician group without the approval of the board.

14 (2) Prior to commencing practice, an osteopathic physician
15 assistant licensed in this state shall apply to the board for
16 permission to be employed or supervised by an osteopathic physician or
17 physician group. The ((~~practice arrangement plan~~)) delegation
18 agreement shall be jointly submitted by the osteopathic physician or
19 physician group and osteopathic physician assistant. The secretary may
20 charge a fee as provided in RCW 43.70.250 to recover the cost for the
21 plan review. The ((~~practice arrangement plan~~)) delegation agreement
22 shall delineate the manner and extent to which the physician assistant
23 would practice and be supervised. Whenever an osteopathic physician
24 assistant is practicing in a manner inconsistent with the approved
25 ((~~practice arrangement plan~~)) delegation agreement, the board may take
26 disciplinary action under chapter 18.130 RCW.

27 (3) An osteopathic physician may enter into delegation agreements
28 with five physician assistants, but may petition the board for a waiver
29 of this limit. However, no osteopathic physician may have under his or
30 her supervision more physician assistants than the osteopathic
31 physician can adequately supervise.

32 **Sec. 5.** RCW 18.57A.080 and 2007 c 264 s 2 are each amended to read
33 as follows:

34 An osteopathic physician((~~s~~)) assistant may sign and attest to any
35 certificates, cards, forms, or other required documentation that the
36 osteopathic physician((~~s~~)) assistant's supervising osteopathic

1 physician or osteopathic physician group may sign, provided that it is
2 within the osteopathic physician(~~(+s)~~) assistant's scope of practice
3 and is consistent with the terms of the osteopathic physician(~~(+s)~~)
4 assistant's (~~((practice arrangement plan))~~) delegation agreement as
5 required by this chapter.

6 **Sec. 6.** RCW 18.71A.030 and 1994 sp.s. c 9 s 320 are each amended
7 to read as follows:

8 A physician assistant may practice medicine in this state only with
9 the approval of the (~~((practice arrangement plan))~~) delegation agreement
10 by the commission and only to the extent permitted by the commission.
11 A physician assistant who has received a license but who has not
12 received commission approval of the (~~((practice arrangement plan))~~)
13 delegation agreement under RCW 18.71A.040 may not practice. A
14 physician assistant shall be subject to discipline under chapter 18.130
15 RCW.

16 **Sec. 7.** RCW 18.71A.040 and 1996 c 191 s 58 and 1996 c 191 s 40 are
17 each reenacted and amended to read as follows:

18 (1) No physician assistant practicing in this state shall be
19 employed or supervised by a physician or physician group without the
20 approval of the commission.

21 (2) Prior to commencing practice, a physician assistant licensed in
22 this state shall apply to the commission for permission to be employed
23 or supervised by a physician or physician group. The (~~((practice
24 arrangement plan))~~) delegation agreement shall be jointly submitted by
25 the physician or physician group and physician assistant.
26 Administrative procedures, administrative requirements, and fees shall
27 be established as provided in RCW 43.70.250 and 43.70.280. The
28 (~~((practice arrangement plan))~~) delegation agreement shall delineate the
29 manner and extent to which the physician assistant would practice and
30 be supervised. Whenever a physician assistant is practicing in a
31 manner inconsistent with the approved (~~((practice arrangement plan))~~)
32 delegation agreement, the commission may take disciplinary action under
33 chapter 18.130 RCW.

34 (3) A physician may enter into delegation agreements with five
35 physician assistants, but may petition the commission for a waiver of

1 this limit. However, no physician may have under his or her
2 supervision more physician assistants than the physician can adequately
3 supervise.

4 NEW SECTION. Sec. 8. The medical quality assurance commission and
5 board of osteopathic medicine and surgery, working in collaboration
6 with a statewide organization representing the interests of physician
7 assistants, shall adopt new rules modernizing the current rules
8 regulating physician assistants and report to the legislature by
9 December 31, 2014.

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