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**HOUSE BILL 2343**

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**State of Washington 64th Legislature 2016 Regular Session**

**By** Representatives Cody and Jinkins

AN ACT Relating to granting limited licenses to medical school graduates who are not participating in a residency program; amending RCW 18.71.095; adding new sections to chapter 18.57 RCW; adding new sections to chapter 18.71 RCW; creating a new section; and providing an effective date.

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

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

(1) The board may issue a limited associate osteopathic physician license to a person who:

(a) Is a resident of the state of Washington;

(b) Meets all of the requirements for licensure in RCW 18.57.020, except for completion of postgraduate medical training;

(c) Is not participating in a postgraduate medical training program;

(d) Has successfully completed step 1 and step 2 of the United States medical licensing examination, or equivalent examination approved by the board, prior to graduating from a medical school approved by the board;

(e) Graduated from a medical school approved by the board no more than two years prior to applying for licensure under this section; and

(f) Is not subject to discipline for unprofessional conduct or unlicensed practice under chapter 18.130 RCW.

(2) An associate osteopathic physician licensed under this section:

(a) Must, prior to practicing as an associate osteopathic physician, enter into a collaborative supervision arrangement under section 2 of this act with a supervising osteopathic physician licensed under this chapter;

(b) May provide only primary care services delegated by the supervising osteopathic physician pursuant to the collaborative supervision arrangement;

(c) May prescribe legend drugs and schedule III through V controlled substances pursuant to the collaborative supervision arrangement;

(d) Must, if authorized to prescribe schedule III through V controlled substances by the collaborative supervision arrangement, register with the United States drug enforcement administration as part of the drug enforcement administration's mid-level practitioner registry; and

(e) Must keep his or her license and collaborative supervision arrangement available for inspection at his or her primary place of business and wear a name tag identifying himself or herself as an associate osteopathic physician.

(3) The board shall specify the duration of the license and the maximum number of renewals, but in no case may a person be licensed as an associate osteopathic physician for more than four years total.

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

(1) A supervising osteopathic physician licensed under this chapter may enter into a written collaborative supervision arrangement with an associate osteopathic physician licensed under section 1 of this act. The collaborative supervision arrangement must:

(a) Delegate to the associate osteopathic physician the authority to provide primary care treatment or to prescribe, dispense, or administer legend drugs or schedule III through V controlled substances, if the treatment, prescription, dispensing, or administration is consistent with both the associate osteopathic physician's and the supervising osteopathic physician's skill, training, and competence;

(b) Indicate the settings in which the associate osteopathic physician may practice, subject to any applicable facility policies;

(c) Include the name, business address, email address, and telephone number of the supervising osteopathic physician and the name, business address, email address, and telephone number of the associate osteopathic physician;

(d) Include a statement by the supervising osteopathic physician that he or she will supervise the associate osteopathic physician in accordance with this chapter and any rules adopted by the board;

(e) Be signed by both the associate osteopathic physician and the supervising osteopathic physician; and

(f) Be filed with, and approved by, the board prior to the associate osteopathic physician providing services or prescribing, dispensing, or administering drugs.

(2) The associate osteopathic physician must notify the board of any changes to the collaborative supervision arrangement within ten days. Changes to the collaborative supervision arrangement are not effective until filed with, and approved by, the board.

(3) The board shall develop a model form for collaborative supervision arrangements entered into under this section.

(4) A supervising osteopathic physician is responsible at all times for the oversight of the activities of, and accepts responsibility for, the primary care services rendered by the associate osteopathic physician. In addition, the supervising osteopathic physician must:

(a) Be licensed in good standing under this chapter;

(b) Be identified on all prescriptions and orders issued by the associate osteopathic physician;

(c) Ensure that:

(i) The associate osteopathic physician's scope of practice is appropriate to the associate osteopathic physician's level of competence and listed in the collaborative supervision arrangement;

(ii) The relationship and access to the supervising osteopathic physician is defined; and

(iii) A process of evaluation of the associate osteopathic physician's performance is established; and

(d) Supervise no more than three associate osteopathic physicians.

(5) Supervision of an associate osteopathic physician must be continuous and the supervising osteopathic physician must be present at the location where services are rendered.

(6) The supervising osteopathic physician and associate osteopathic physician must designate backup physicians who agree to supervise the associate osteopathic physician during the absence of the supervising osteopathic physician. Any backup supervising osteopathic physicians designated under this subsection must meet the requirements of subsections (4) and (5) of this section.

(7) An associate osteopathic physician is the agent of his or her supervising osteopathic physician in the performance of all practice-related activities, including, but not limited to, the ordering of diagnostic, therapeutic, and other medical services.

(8) A patient care order generated by an associate osteopathic physician has the same medical, health, and legal force and effect as if the order was generated by the supervising osteopathic physician if the supervising osteopathic physician's name is identified in the order. The patient care order must be complied with and carried out as if the order had been issued by the supervising osteopathic physician.

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

No person may practice or represent himself or herself to be an associate osteopathic physician without first having a valid license to do so.

**Sec.**  RCW 18.71.095 and 2001 c 114 s 1 are each amended to read as follows:

(1) The commission may, without examination, issue a limited license to persons who possess the qualifications set forth herein:

((~~(1)~~)) (a) The commission may, upon the written request of the secretary of the department of social and health services or the secretary of corrections, issue a limited license to practice medicine in this state to persons who have been accepted for employment by the department of social and health services or the department of corrections as physicians; who are licensed to practice medicine in another state of the United States or in the country of Canada or any province or territory thereof; and who meet all of the qualifications for licensure set forth in RCW 18.71.050.

Such license shall permit the holder thereof to practice medicine only in connection with patients, residents, or inmates of the state institutions under the control and supervision of the secretary of the department of social and health services or the department of corrections.

((~~(2)~~)) (b) The commission may issue a limited license to practice medicine in this state to persons who have been accepted for employment by a county or city health department as physicians; who are licensed to practice medicine in another state of the United States or in the country of Canada or any province or territory thereof; and who meet all of the qualifications for licensure set forth in RCW 18.71.050.

Such license shall permit the holder thereof to practice medicine only in connection with his or her duties in employment with the city or county health department.

((~~(3)~~)) (c) Upon receipt of a completed application showing that the applicant meets all of the requirements for licensure set forth in RCW 18.71.050 except for completion of two years of postgraduate medical training, and that the applicant has been appointed as a resident physician in a program of postgraduate clinical training in this state approved by the commission, the commission may issue a limited license to a resident physician. Such license shall permit the resident physician to practice medicine only in connection with his or her duties as a resident physician and shall not authorize the physician to engage in any other form of practice. Each resident physician shall practice medicine only under the supervision and control of a physician licensed in this state, but such supervision and control shall not be construed to necessarily require the personal presence of the supervising physician at the place where services are rendered.

((~~(4)(a)~~)) (d)(i) Upon nomination by the dean of the school of medicine at the University of Washington or the chief executive officer of a hospital or other appropriate health care facility licensed in the state of Washington, the commission may issue a limited license to a physician applicant invited to serve as a teaching-research member of the institution's instructional staff if the sponsoring institution and the applicant give evidence that he or she has graduated from a recognized medical school and has been licensed or otherwise privileged to practice medicine at his or her location of origin. Such license shall permit the recipient to practice medicine only within the confines of the instructional program specified in the application and shall terminate whenever the holder ceases to be involved in that program, or at the end of one year, whichever is earlier. Upon request of the applicant and the institutional authority, the license may be renewed.

((~~(b)~~)) (ii) Upon nomination by the dean of the school of medicine of the University of Washington or the chief executive officer of any hospital or appropriate health care facility licensed in the state of Washington, the commission may issue a limited license to an applicant selected by the sponsoring institution to be enrolled in one of its designated departmental or divisional fellowship programs provided that the applicant shall have graduated from a recognized medical school and has been granted a license or other appropriate certificate to practice medicine in the location of the applicant's origin. Such license shall permit the holder only to practice medicine within the confines of the fellowship program to which he or she has been appointed and, upon the request of the applicant and the sponsoring institution, the license may be renewed by the commission for no more than a total of two years.

(e)(i) The commission may issue a limited associate physician license to a person who:

(A) Is a resident of the state of Washington;

(B) Meets all of the requirements for licensure in RCW 18.71.050, except for completion of two years of postgraduate medical training;

(C) Is not participating in a postgraduate medical training program;

(D) Has successfully completed step 1 and step 2 of the United States medical licensing examination, or equivalent examination approved by the commission, prior to graduating from a medical school approved by the commission;

(E) Graduated from a medical school approved by the commission no more than two years prior to applying for licensure under this subsection (1)(e); and

(F) Is not subject to discipline for unprofessional conduct or unlicensed practice under chapter 18.130 RCW.

(ii) An associate physician licensed under this subsection (1)(e):

(A) Must, prior to practicing as an associate physician, enter into a collaborative supervision arrangement under section 5 of this act with a supervising physician licensed under this chapter;

(B) May provide only primary care services delegated by the supervising physician pursuant to the collaborative supervision arrangement;

(C) May prescribe legend drugs and schedule III through V controlled substances pursuant to the collaborative supervision arrangement;

(D) Must, if authorized to prescribe schedule III through V controlled substances by the collaborative supervision arrangement, register with the United States drug enforcement administration as part of the drug enforcement administration's mid-level practitioner registry; and

(E) Must keep his or her license and collaborative supervision arrangement available for inspection at his or her primary place of business and wear a name tag identifying himself or herself as an associate physician.

(iii) The commission shall specify the duration of the license and the maximum number of renewals, but in no case may a person be licensed as an associate physician for more than four years total.

(2) All persons licensed under this section shall be subject to the jurisdiction of the commission to the same extent as other members of the medical profession, in accordance with this chapter and chapter 18.130 RCW.

(3) Persons applying for licensure and renewing licenses pursuant to this section shall comply with administrative procedures, administrative requirements, and fees determined as provided in RCW 43.70.250 and 43.70.280. Any person who obtains a limited license pursuant to this section may apply for licensure under this chapter, but shall submit a new application form and comply with all other licensing requirements of this chapter.

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

(1) A supervising physician licensed under this chapter may enter into a written collaborative supervision arrangement with an associate physician licensed under RCW 18.71.095(1)(e). The collaborative supervision arrangement must:

(a) Delegate to the associate physician the authority to provide primary care treatment or to prescribe, dispense, or administer legend drugs or schedule III through V controlled substances, if the treatment, prescription, dispensing, or administration is consistent with both the associate physician's and the supervising physician's skill, training, and competence;

(b) Indicate the settings in which the associate physician may practice, subject to any applicable facility policies;

(c) Include the name, business address, email address, and telephone number of the supervising physician and the name, business address, email address, and telephone number of the associate physician;

(d) Include a statement by the supervising physician that he or she will supervise the associate physician in accordance with this chapter and any rules adopted by the commission;

(e) Be signed by both the associate physician and the supervising physician; and

(f) Be filed with, and approved by, the commission prior to the associate physician providing services or prescribing, dispensing, or administering drugs.

(2) The associate physician must notify the commission of any changes to the collaborative supervision arrangement within ten days. Changes to the collaborative supervision arrangement are not effective until filed with, and approved by, the commission.

(3) The commission shall develop a model form for collaborative supervision arrangements entered into under this section.

(4) A supervising physician is responsible at all times for the oversight of the activities of, and accepts responsibility for, the primary care services rendered by the associate physician. In addition, the supervising physician must:

(a) Be licensed in good standing under this chapter;

(b) Be identified on all prescriptions and orders issued by the associate physician;

(c) Ensure that:

(i) The associate physician's scope of practice is appropriate to the associate physician's level of competence and listed in the collaborative supervision arrangement;

(ii) The relationship and access to the supervising physician is defined; and

(iii) A process of evaluation of the associate physician's performance is established; and

(d) Supervise no more than three associate physicians.

(5) Supervision of an associate physician must be continuous and the supervising physician must be present at the location where services are rendered.

(6) The supervising physician and associate physician must designate backup physicians who agree to supervise the associate physician during the absence of the supervising physician. Any backup supervising physicians designated under this subsection must meet the requirements of subsections (4) and (5) of this section.

(7) An associate physician is the agent of his or her supervising physician in the performance of all practice-related activities, including, but not limited to, the ordering of diagnostic, therapeutic, and other medical services.

(8) A patient care order generated by an associate physician has the same medical, health, and legal force and effect as if the order was generated by the supervising physician if the supervising physician's name is identified in the order. The patient care order must be complied with and carried out as if the order had been issued by the supervising physician.

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

No person may practice or represent himself or herself to be an associate physician without first having a valid license to do so.

NEW SECTION. **Sec.**  The medical quality assurance commission and the board of osteopathic medicine and surgery may adopt any rules necessary to implement this act.

NEW SECTION. **Sec.**  Sections 1 through 6 of this act take effect July 1, 2017.

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