

CERTIFICATION OF ENROLLMENT

HOUSE BILL 2432

Chapter 42, Laws of 2016

64th Legislature
2016 Regular Session

SUBSTANCE ABUSE MONITORING PROGRAMS--OSTEOPATHY AND VETERINARY
PROFESSIONS

EFFECTIVE DATE: 6/9/2016

Passed by the House February 12, 2016
Yeas 94 Nays 2

FRANK CHOPP

Speaker of the House of Representatives

Passed by the Senate March 2, 2016
Yeas 46 Nays 2

BRAD OWEN

President of the Senate

Approved March 29, 2016 3:44 PM

JAY INSLEE

Governor of the State of Washington

CERTIFICATE

I, Barbara Baker, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **HOUSE BILL 2432** as passed by House of Representatives and the Senate on the dates hereon set forth.

BARBARA BAKER

Chief Clerk

FILED

March 30, 2016

**Secretary of State
State of Washington**

HOUSE BILL 2432

Passed Legislature - 2016 Regular Session

State of Washington

64th Legislature

2016 Regular Session

By Representatives Riccelli, Harris, Cody, Caldier, and Tarleton

Read first time 01/13/16. Referred to Committee on Health Care & Wellness.

1 AN ACT Relating to substance abuse monitoring for licensed
2 veterinarians, osteopathic physicians and surgeons, and osteopathic
3 physician assistants; amending RCW 18.57A.020 and 18.92.047; and
4 adding a new section to chapter 18.57 RCW.

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

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

8 (1) To implement an impaired osteopathic practitioner program as
9 authorized by RCW 18.130.175, the board shall enter into a contract
10 with a voluntary substance abuse monitoring program. The impaired
11 osteopathic practitioner program may include any or all of the
12 following:

13 (a) Contracting with providers of treatment programs;

14 (b) Receiving and evaluating reports of suspected impairment from
15 any source;

16 (c) Intervening in cases of verified impairment;

17 (d) Referring impaired osteopathic practitioners to treatment
18 programs;

19 (e) Monitoring the treatment and rehabilitation of impaired
20 osteopathic practitioners including those ordered by the board;

1 (f) Providing education, prevention of impairment, posttreatment
2 monitoring, and support of rehabilitated impaired osteopathic
3 practitioners; and

4 (g) Performing other related activities as determined by the
5 board.

6 (2) A contract entered into under subsection (1) of this section
7 shall be financed by a surcharge of fifty dollars on each license
8 issuance or renewal to be collected by the department from every
9 osteopathic practitioner licensed under this chapter. These moneys
10 shall be placed in the health professions account to be used solely
11 for the implementation of the impaired osteopathic practitioner
12 program.

13 **Sec. 2.** RCW 18.57A.020 and 2015 c 252 s 11 are each amended to
14 read as follows:

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

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

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

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

33 (b) Such rules shall provide:

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

37 (ii) That each osteopathic physician assistant shall practice
38 osteopathic medicine only under the supervision and control of an
39 osteopathic physician licensed in this state, but such supervision

1 and control shall not be construed to necessarily require the
2 personal presence of the supervising physicians at the place where
3 services are rendered. The board may authorize the use of alternative
4 supervisors who are licensed either under chapter 18.57 or 18.71 RCW.

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

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

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

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

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

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

36 **Sec. 3.** RCW 18.92.047 and 1991 c 3 s 241 are each amended to
37 read as follows:

38 (1) To implement an impaired veterinarian program as authorized
39 by RCW 18.130.175, the veterinary board of governors shall enter into

1 a contract with a voluntary substance abuse monitoring program. The
2 impaired veterinarian program may include any or all of the
3 following:

4 (a) Contracting with providers of treatment programs;

5 (b) Receiving and evaluating reports of suspected impairment from
6 any source;

7 (c) Intervening in cases of verified impairment;

8 (d) Referring impaired veterinarians to treatment programs;

9 (e) Monitoring the treatment and rehabilitation of impaired
10 veterinarians including those ordered by the board;

11 (f) Providing education, prevention of impairment, posttreatment
12 monitoring, and support of rehabilitated impaired veterinarians; and

13 (g) Performing other related activities as determined by the
14 board.

15 (2) A contract entered into under subsection (1) of this section
16 shall be financed by a surcharge of ((~~up to~~)) twenty-five dollars on
17 each license issuance or renewal of a new license to be collected by
18 the department of health from every veterinarian licensed under
19 chapter 18.92 RCW. These moneys shall be placed in the health
20 professions account to be used solely for the implementation of the
21 impaired veterinarian program.

Passed by the House February 12, 2016.

Passed by the Senate March 2, 2016.

Approved by the Governor March 29, 2016.

Filed in Office of Secretary of State March 30, 2016.

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