

CERTIFICATION OF ENROLLMENT

SENATE BILL 5764

Chapter 55, Laws of 2019

66th Legislature
2019 Regular Session

MEDICAL QUALITY ASSURANCE COMMISSION--RENAMING AS WASHINGTON MEDICAL
COMMISSION

EFFECTIVE DATE: July 28, 2019

Passed by the Senate March 7, 2019
Yeas 48 Nays 0

CYRUS HABIB

President of the Senate

Passed by the House April 4, 2019
Yeas 92 Nays 1

FRANK CHOPP

Speaker of the House of Representatives

Approved April 17, 2019 1:21 PM

JAY INSLEE

Governor of the State of Washington

CERTIFICATE

I, Brad Hendrickson, Secretary of the Senate of the State of Washington, do hereby certify that the attached is **SENATE BILL 5764** as passed by Senate and the House of Representatives on the dates hereon set forth.

BRAD HENDRICKSON

Secretary

FILED

April 18, 2019

**Secretary of State
State of Washington**

SENATE BILL 5764

Passed Legislature - 2019 Regular Session

State of Washington

66th Legislature

2019 Regular Session

By Senators Randall, Cleveland, Becker, Keiser, and Wilson, C.; by request of Washington State Medical Commission

Read first time 01/31/19. Referred to Committee on Health & Long Term Care.

1 AN ACT Relating to changing the name of the medical quality
2 assurance commission to the Washington medical commission; amending
3 RCW 18.50.115, 18.71.002, 18.71.010, 18.71.015, 18.71A.010,
4 18.71A.020, 18.130.040, 18.360.030, 69.41.030, 69.50.402, 69.51A.300,
5 70.41.200, 70.41.230, 70.230.080, 70.230.130, 70.230.140, 74.09.290,
6 and 74.42.230; and reenacting and amending RCW 69.45.010 and
7 69.50.101.

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

9 **Sec. 1.** RCW 18.50.115 and 2013 c 19 s 1 are each amended to read
10 as follows:

11 A midwife licensed under this chapter may obtain and administer
12 prophylactic ophthalmic medication, postpartum oxytocic, vitamin K,
13 Rho immune globulin (human), and local anesthetic and may administer
14 such other drugs or medications as prescribed by a physician. A
15 pharmacist who dispenses such drugs to a licensed midwife shall not
16 be liable for any adverse reactions caused by any method of use by
17 the midwife.

18 The secretary, after consultation with representatives of the
19 midwife advisory committee, the pharmacy quality assurance
20 commission, and the Washington medical ((quality—assurance))
21 commission, may adopt rules that authorize licensed midwives to

1 purchase and use legend drugs and devices in addition to the drugs
2 authorized in this chapter.

3 **Sec. 2.** RCW 18.71.002 and 1994 sp.s. c 9 s 301 are each amended
4 to read as follows:

5 It is the purpose of the (~~medical quality assurance~~) commission
6 to regulate the competency and quality of professional health care
7 providers under its jurisdiction by establishing, monitoring, and
8 enforcing qualifications for licensing, consistent standards of
9 practice, continuing competency mechanisms, and discipline. Rules,
10 policies, and procedures developed by the commission must promote the
11 delivery of quality health care to the residents of the state of
12 Washington.

13 **Sec. 3.** RCW 18.71.010 and 2018 c 211 s 1 are each amended to
14 read as follows:

15 The (~~following terms used in this chapter shall have the~~
16 ~~meanings set forth~~) definitions in this section apply throughout
17 this chapter unless the context clearly (~~indicates~~) requires
18 otherwise(~~÷~~).

19 (1) "Commission" means the Washington (~~state~~) medical (~~quality~~
20 ~~assurance~~) commission.

21 (2) "Emergency medical care" or "emergency medical service" has
22 the same meaning as in chapter 18.73 RCW.

23 (3) "Maintenance of certification" means the satisfactory
24 participation in a formal recertification program to maintain board
25 certification after initial certification from the American board of
26 medical specialties or other accrediting organization recognized by
27 the commission.

28 (4) "Resident physician" means an individual who has graduated
29 from a school of medicine which meets the requirements set forth in
30 RCW 18.71.055 and is serving a period of postgraduate clinical
31 medical training sponsored by a college or university in this state
32 or by a hospital accredited by this state. For purposes of this
33 chapter, the term (~~shall~~) includes individuals designated as intern
34 or medical fellow.

35 (5) "Secretary" means the secretary of health.

36 **Sec. 4.** RCW 18.71.015 and 2006 c 8 s 103 are each amended to
37 read as follows:

1 The Washington (~~state~~) medical (~~quality assurance~~) commission
2 is established, consisting of thirteen individuals licensed to
3 practice medicine in the state of Washington under this chapter, two
4 individuals who are licensed as physician assistants under chapter
5 18.71A RCW, and six individuals who are members of the public. At
6 least two of the public members shall not be from the health care
7 industry. Each congressional district now existing or hereafter
8 created in the state must be represented by at least one physician
9 member of the commission. The terms of office of members of the
10 commission are not affected by changes in congressional district
11 boundaries. Public members of the commission may not be a member of
12 any other health care licensing board or commission, or have a
13 fiduciary obligation to a facility rendering health services
14 regulated by the commission, or have a material or financial interest
15 in the rendering of health services regulated by the commission.

16 The members of the commission shall be appointed by the governor.
17 Members of the initial commission may be appointed to staggered terms
18 of one to four years, and thereafter all terms of appointment shall
19 be for four years. The governor shall consider such physician and
20 physician assistant members who are recommended for appointment by
21 the appropriate professional associations in the state. In appointing
22 the initial members of the commission, it is the intent of the
23 legislature that, to the extent possible, the existing members of the
24 board of medical examiners and medical disciplinary board repealed
25 under section 336, chapter 9, Laws of 1994 sp. sess. be appointed to
26 the commission. No member may serve more than two consecutive full
27 terms. Each member shall hold office until a successor is appointed.

28 Each member of the commission must be a citizen of the United
29 States, must be an actual resident of this state, and, if a
30 physician, must have been licensed to practice medicine in this state
31 for at least five years.

32 The commission shall meet as soon as practicable after
33 appointment and elect officers each year. Meetings shall be held at
34 least four times a year and at such place as the commission
35 determines and at such other times and places as the commission deems
36 necessary. A majority of the commission members appointed and serving
37 constitutes a quorum for the transaction of commission business.

38 The affirmative vote of a majority of a quorum of the commission
39 is required to carry any motion or resolution, to adopt any rule, or
40 to pass any measure. The commission may appoint panels consisting of

1 at least three members. A quorum for the transaction of any business
2 by a panel is a minimum of three members. A majority vote of a quorum
3 of the panel is required to transact business delegated to it by the
4 commission.

5 Each member of the commission shall be compensated in accordance
6 with RCW 43.03.265 and in addition thereto shall be reimbursed for
7 travel expenses incurred in carrying out the duties of the commission
8 in accordance with RCW 43.03.050 and 43.03.060. Any such expenses
9 shall be paid from funds appropriated to the department of health.

10 Whenever the governor is satisfied that a member of a commission
11 has been guilty of neglect of duty, misconduct, or malfeasance or
12 misfeasance in office, the governor shall file with the secretary of
13 state a statement of the causes for and the order of removal from
14 office, and the secretary shall forthwith send a certified copy of
15 the statement of causes and order of removal to the last known post
16 office address of the member.

17 Vacancies in the membership of the commission shall be filled for
18 the unexpired term by appointment by the governor.

19 The members of the commission are immune from suit in an action,
20 civil or criminal, based on its disciplinary proceedings or other
21 official acts performed in good faith as members of the commission.

22 Whenever the workload of the commission requires, the commission
23 may request that the secretary appoint pro tempore members of the
24 commission. When serving, pro tempore members of the commission have
25 all of the powers, duties, and immunities, and are entitled to all of
26 the emoluments, including travel expenses, of regularly appointed
27 members of the commission.

28 **Sec. 5.** RCW 18.71A.010 and 1994 sp.s. c 9 s 318 are each amended
29 to read as follows:

30 The definitions set forth in this section apply throughout this
31 chapter.

32 (1) "Physician assistant" means a person who is licensed by the
33 commission to practice medicine to a limited extent only under the
34 supervision of a physician as defined in chapter 18.71 RCW and who is
35 academically and clinically prepared to provide health care services
36 and perform diagnostic, therapeutic, preventative, and health
37 maintenance services.

38 (2) "Commission" means the Washington medical (~~quality~~
39 ~~assurance~~) commission.

1 (3) "Practice medicine" has the meaning defined in RCW 18.71.011.

2 (4) "Secretary" means the secretary of health or the secretary's
3 designee.

4 (5) "Department" means the department of health.

5 **Sec. 6.** RCW 18.71A.020 and 2015 c 252 s 9 are each amended to
6 read as follows:

7 (1) The commission shall adopt rules fixing the qualifications
8 and the educational and training requirements for licensure as a
9 physician assistant or for those enrolled in any physician assistant
10 training program. The requirements shall include completion of an
11 accredited physician assistant training program approved by the
12 commission and within one year successfully take and pass an
13 examination approved by the commission, if the examination tests
14 subjects substantially equivalent to the curriculum of an accredited
15 physician assistant training program. An interim permit may be
16 granted by the department of health for one year provided the
17 applicant meets all other requirements. Physician assistants licensed
18 by the board of medical examiners, or the (~~medical—quality~~
19 ~~assurance~~) commission as of July 1, 1999, shall continue to be
20 licensed.

21 (2)(a) The commission shall adopt rules governing the extent to
22 which:

23 (i) Physician assistant students may practice medicine during
24 training; and

25 (ii) Physician assistants may practice after successful
26 completion of a physician assistant training course.

27 (b) Such rules shall provide:

28 (i) That the practice of a physician assistant shall be limited
29 to the performance of those services for which he or she is trained;
30 and

31 (ii) That each physician assistant shall practice medicine only
32 under the supervision and control of a physician licensed in this
33 state, but such supervision and control shall not be construed to
34 necessarily require the personal presence of the supervising
35 physician or physicians at the place where services are rendered.

36 (3) Applicants for licensure shall file an application with the
37 commission on a form prepared by the secretary with the approval of
38 the commission, detailing the education, training, and experience of
39 the physician assistant and such other information as the commission

1 may require. The application shall be accompanied by a fee determined
2 by the secretary as provided in RCW 43.70.250 and 43.70.280. A
3 surcharge of fifty dollars per year shall be charged on each license
4 renewal or issuance of a new license to be collected by the
5 department and deposited into the impaired physician account for
6 physician assistant participation in the impaired physician program.
7 Each applicant shall furnish proof satisfactory to the commission of
8 the following:

9 (a) That the applicant has completed an accredited physician
10 assistant program approved by the commission and is eligible to take
11 the examination approved by the commission;

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

13 (c) That the applicant is physically and mentally capable of
14 practicing medicine as a physician assistant with reasonable skill
15 and safety. The commission may require an applicant to submit to such
16 examination or examinations as it deems necessary to determine an
17 applicant's physical or mental capability, or both, to safely
18 practice as a physician assistant.

19 (4)(a) The commission may approve, deny, or take other
20 disciplinary action upon the application for license as provided in
21 the Uniform Disciplinary Act, chapter 18.130 RCW.

22 (b) The license shall be renewed as determined under RCW
23 43.70.250 and 43.70.280. The commission shall request licensees to
24 submit information about their current professional practice at the
25 time of license renewal and licensees must provide the information
26 requested. This information may include practice setting, medical
27 specialty, or other relevant data determined by the commission.

28 (c) The commission may authorize the use of alternative
29 supervisors who are licensed either under chapter 18.57 or 18.71 RCW.

30 (5) All funds in the impaired physician account shall be paid to
31 the contract entity within sixty days of deposit.

32 **Sec. 7.** RCW 18.130.040 and 2017 c 336 s 18 are each amended to
33 read as follows:

34 (1) This chapter applies only to the secretary and the boards and
35 commissions having jurisdiction in relation to the professions
36 licensed under the chapters specified in this section. This chapter
37 does not apply to any business or profession not licensed under the
38 chapters specified in this section.

1 (2) (a) The secretary has authority under this chapter in relation
2 to the following professions:

3 (i) Dispensing opticians licensed and designated apprentices
4 under chapter 18.34 RCW;

5 (ii) Midwives licensed under chapter 18.50 RCW;

6 (iii) Ocularists licensed under chapter 18.55 RCW;

7 (iv) Massage therapists and businesses licensed under chapter
8 18.108 RCW;

9 (v) Dental hygienists licensed under chapter 18.29 RCW;

10 (vi) East Asian medicine practitioners licensed under chapter
11 18.06 RCW;

12 (vii) Radiologic technologists certified and X-ray technicians
13 registered under chapter 18.84 RCW;

14 (viii) Respiratory care practitioners licensed under chapter
15 18.89 RCW;

16 (ix) Hypnotherapists and agency affiliated counselors registered
17 and advisors and counselors certified under chapter 18.19 RCW;

18 (x) Persons licensed as mental health counselors, mental health
19 counselor associates, marriage and family therapists, marriage and
20 family therapist associates, social workers, social work associates—
21 advanced, and social work associates—independent clinical under
22 chapter 18.225 RCW;

23 (xi) Persons registered as nursing pool operators under chapter
24 18.52C RCW;

25 (xii) Nursing assistants registered or certified or medication
26 assistants endorsed under chapter 18.88A RCW;

27 (xiii) Dietitians and nutritionists certified under chapter
28 18.138 RCW;

29 (xiv) Chemical dependency professionals and chemical dependency
30 professional trainees certified under chapter 18.205 RCW;

31 (xv) Sex offender treatment providers and certified affiliate sex
32 offender treatment providers certified under chapter 18.155 RCW;

33 (xvi) Persons licensed and certified under chapter 18.73 RCW or
34 RCW 18.71.205;

35 (xvii) Orthotists and prosthetists licensed under chapter 18.200
36 RCW;

37 (xviii) Surgical technologists registered under chapter 18.215
38 RCW;

39 (xix) Recreational therapists under chapter 18.230 RCW;

1 (xx) Animal massage therapists certified under chapter 18.240
2 RCW;

3 (xxi) Athletic trainers licensed under chapter 18.250 RCW;
4 (xxii) Home care aides certified under chapter 18.88B RCW;
5 (xxiii) Genetic counselors licensed under chapter 18.290 RCW;
6 (xxiv) Reflexologists certified under chapter 18.108 RCW;
7 (xxv) Medical assistants-certified, medical assistants-
8 hemodialysis technician, medical assistants-phlebotomist, forensic
9 phlebotomist, and medical assistants-registered certified and
10 registered under chapter 18.360 RCW; and

11 (xxvi) Behavior analysts, assistant behavior analysts, and
12 behavior technicians under chapter 18.380 RCW.

13 (b) The boards and commissions having authority under this
14 chapter are as follows:

15 (i) The podiatric medical board as established in chapter 18.22
16 RCW;

17 (ii) The chiropractic quality assurance commission as established
18 in chapter 18.25 RCW;

19 (iii) The dental quality assurance commission as established in
20 chapter 18.32 RCW governing licenses issued under chapter 18.32 RCW,
21 licenses and registrations issued under chapter 18.260 RCW, and
22 certifications issued under chapter 18.350 RCW;

23 (iv) The board of hearing and speech as established in chapter
24 18.35 RCW;

25 (v) The board of examiners for nursing home administrators as
26 established in chapter 18.52 RCW;

27 (vi) The optometry board as established in chapter 18.54 RCW
28 governing licenses issued under chapter 18.53 RCW;

29 (vii) The board of osteopathic medicine and surgery as
30 established in chapter 18.57 RCW governing licenses issued under
31 chapters 18.57 and 18.57A RCW;

32 (viii) The pharmacy quality assurance commission as established
33 in chapter 18.64 RCW governing licenses issued under chapters 18.64
34 and 18.64A RCW;

35 (ix) The Washington medical (~~quality assurance~~) commission as
36 established in chapter 18.71 RCW governing licenses and registrations
37 issued under chapters 18.71 and 18.71A RCW;

38 (x) The board of physical therapy as established in chapter 18.74
39 RCW;

1 (xi) The board of occupational therapy practice as established in
2 chapter 18.59 RCW;

3 (xii) The nursing care quality assurance commission as
4 established in chapter 18.79 RCW governing licenses and registrations
5 issued under that chapter;

6 (xiii) The examining board of psychology and its disciplinary
7 committee as established in chapter 18.83 RCW;

8 (xiv) The veterinary board of governors as established in chapter
9 18.92 RCW;

10 (xv) The board of naturopathy established in chapter 18.36A RCW;
11 and

12 (xvi) The board of denturists established in chapter 18.30 RCW.

13 (3) In addition to the authority to discipline license holders,
14 the disciplining authority has the authority to grant or deny
15 licenses. The disciplining authority may also grant a license subject
16 to conditions.

17 (4) All disciplining authorities shall adopt procedures to ensure
18 substantially consistent application of this chapter, the uniform
19 disciplinary act, among the disciplining authorities listed in
20 subsection (2) of this section.

21 **Sec. 8.** RCW 18.360.030 and 2017 c 336 s 16 are each amended to
22 read as follows:

23 (1) The secretary shall adopt rules specifying the minimum
24 qualifications for a medical assistant-certified, medical assistant-
25 hemodialysis technician, medical assistant-phlebotomist, and forensic
26 phlebotomist.

27 (a) The qualifications for a medical assistant-hemodialysis
28 technician must be equivalent to the qualifications for hemodialysis
29 technicians regulated pursuant to chapter 18.135 RCW as of January 1,
30 2012.

31 (b) The qualifications for a forensic phlebotomist must include
32 training consistent with the occupational safety and health
33 administration guidelines and must include between twenty and thirty
34 hours of work in a clinical setting with the completion of more than
35 one hundred successful venipunctures. The secretary may not require
36 more than forty hours of classroom training for initial training,
37 which may include online preclass homework.

38 (2) The secretary shall adopt rules that establish the minimum
39 requirements necessary for a health care practitioner, clinic, or

1 group practice to endorse a medical assistant as qualified to perform
2 the duties authorized by this chapter and be able to file an
3 attestation of that endorsement with the department.

4 (3) The Washington medical (~~(quality assurance)~~) commission, the
5 board of osteopathic medicine and surgery, the podiatric medical
6 board, the nursing care quality assurance commission, the board of
7 naturopathy, and the optometry board shall each review and identify
8 other specialty assistive personnel not included in this chapter and
9 the tasks they perform. The department of health shall compile the
10 information from each disciplining authority listed in this
11 subsection and submit the compiled information to the legislature no
12 later than December 15, 2012.

13 **Sec. 9.** RCW 69.41.030 and 2018 c 196 s 22 are each amended to
14 read as follows:

15 (1) It shall be unlawful for any person to sell, deliver, or
16 possess any legend drug except upon the order or prescription of a
17 physician under chapter 18.71 RCW, an osteopathic physician and
18 surgeon under chapter 18.57 RCW, an optometrist licensed under
19 chapter 18.53 RCW who is certified by the optometry board under RCW
20 18.53.010, a dentist under chapter 18.32 RCW, a podiatric physician
21 and surgeon under chapter 18.22 RCW, a veterinarian under chapter
22 18.92 RCW, a commissioned medical or dental officer in the United
23 States armed forces or public health service in the discharge of his
24 or her official duties, a duly licensed physician or dentist employed
25 by the veterans administration in the discharge of his or her
26 official duties, a registered nurse or advanced registered nurse
27 practitioner under chapter 18.79 RCW when authorized by the nursing
28 care quality assurance commission, a pharmacist licensed under
29 chapter 18.64 RCW to the extent permitted by drug therapy guidelines
30 or protocols established under RCW 18.64.011 and authorized by the
31 commission and approved by a practitioner authorized to prescribe
32 drugs, an osteopathic physician assistant under chapter 18.57A RCW
33 when authorized by the board of osteopathic medicine and surgery, a
34 physician assistant under chapter 18.71A RCW when authorized by the
35 Washington medical (~~(quality assurance)~~) commission, or any of the
36 following professionals in any province of Canada that shares a
37 common border with the state of Washington or in any state of the
38 United States: A physician licensed to practice medicine and surgery
39 or a physician licensed to practice osteopathic medicine and surgery,

1 a dentist licensed to practice dentistry, a podiatric physician and
2 surgeon licensed to practice podiatric medicine and surgery, a
3 licensed advanced registered nurse practitioner, a licensed physician
4 assistant, a licensed osteopathic physician assistant, or a
5 veterinarian licensed to practice veterinary medicine: PROVIDED,
6 HOWEVER, That the above provisions shall not apply to sale, delivery,
7 or possession by drug wholesalers or drug manufacturers, or their
8 agents or employees, or to any practitioner acting within the scope
9 of his or her license, or to a common or contract carrier or
10 warehouse operator, or any employee thereof, whose possession of any
11 legend drug is in the usual course of business or employment:
12 PROVIDED FURTHER, That nothing in this chapter or chapter 18.64 RCW
13 shall prevent a family planning clinic that is under contract with
14 the health care authority from selling, delivering, possessing, and
15 dispensing commercially prepackaged oral contraceptives prescribed by
16 authorized, licensed health care practitioners: PROVIDED FURTHER,
17 That nothing in this chapter prohibits possession or delivery of
18 legend drugs by an authorized collector or other person participating
19 in the operation of a drug take-back program authorized in chapter
20 69.48 RCW.

21 (2) (a) A violation of this section involving the sale, delivery,
22 or possession with intent to sell or deliver is a class B felony
23 punishable according to chapter 9A.20 RCW.

24 (b) A violation of this section involving possession is a
25 misdemeanor.

26 **Sec. 10.** RCW 69.45.010 and 2013 c 19 s 81 are each reenacted and
27 amended to read as follows:

28 The definitions in this section apply throughout this chapter.

29 (1) "Commission" means the pharmacy quality assurance commission.

30 (2) "Controlled substance" means a drug, substance, or immediate
31 precursor of such drug or substance, so designated under or pursuant
32 to chapter 69.50 RCW, the uniform controlled substances act.

33 (3) "Deliver" or "delivery" means the actual, constructive, or
34 attempted transfer from one person to another of a drug or device,
35 whether or not there is an agency relationship.

36 (4) "Department" means the department of health.

37 (5) "Dispense" means the interpretation of a prescription or
38 order for a drug, biological, or device and, pursuant to that
39 prescription or order, the proper selection, measuring, compounding,

1 labeling, or packaging necessary to prepare that prescription or
2 order for delivery.

3 (6) "Distribute" means to deliver, other than by administering or
4 dispensing, a legend drug.

5 (7) "Drug samples" means any federal food and drug administration
6 approved controlled substance, legend drug, or products requiring
7 prescriptions in this state, which is distributed at no charge to a
8 practitioner by a manufacturer or a manufacturer's representative,
9 exclusive of drugs under clinical investigations approved by the
10 federal food and drug administration.

11 (8) "Legend drug" means any drug that is required by state law or
12 by regulations of the commission to be dispensed on prescription only
13 or is restricted to use by practitioners only.

14 (9) "Manufacturer" means a person or other entity engaged in the
15 manufacture or distribution of drugs or devices, but does not include
16 a manufacturer's representative.

17 (10) "Manufacturer's representative" means an agent or employee
18 of a drug manufacturer who is authorized by the drug manufacturer to
19 possess drug samples for the purpose of distribution in this state to
20 appropriately authorized health care practitioners.

21 (11) "Person" means any individual, corporation, government or
22 governmental subdivision or agency, business trust, estate, trust,
23 partnership, association, or any other legal entity.

24 (12) "Practitioner" means a physician under chapter 18.71 RCW, an
25 osteopathic physician or an osteopathic physician and surgeon under
26 chapter 18.57 RCW, a dentist under chapter 18.32 RCW, a podiatric
27 physician and surgeon under chapter 18.22 RCW, a veterinarian under
28 chapter 18.92 RCW, a pharmacist under chapter 18.64 RCW, a
29 commissioned medical or dental officer in the United States armed
30 forces or the public health service in the discharge of his or her
31 official duties, a duly licensed physician or dentist employed by the
32 veterans administration in the discharge of his or her official
33 duties, a registered nurse or advanced registered nurse practitioner
34 under chapter 18.79 RCW when authorized to prescribe by the nursing
35 care quality assurance commission, an osteopathic physician assistant
36 under chapter 18.57A RCW when authorized by the board of osteopathic
37 medicine and surgery, or a physician assistant under chapter 18.71A
38 RCW when authorized by the Washington medical (~~(quality assurance)~~)
39 commission.

1 (13) "Reasonable cause" means a state of facts found to exist
2 that would warrant a reasonably intelligent and prudent person to
3 believe that a person has violated state or federal drug laws or
4 regulations.

5 (14) "Secretary" means the secretary of health or the secretary's
6 designee.

7 **Sec. 11.** RCW 69.50.101 and 2018 c 132 s 2 are each reenacted and
8 amended to read as follows:

9 The definitions in this section apply throughout this chapter
10 unless the context clearly requires otherwise.

11 (a) "Administer" means to apply a controlled substance, whether
12 by injection, inhalation, ingestion, or any other means, directly to
13 the body of a patient or research subject by:

14 (1) a practitioner authorized to prescribe (or, by the
15 practitioner's authorized agent); or

16 (2) the patient or research subject at the direction and in the
17 presence of the practitioner.

18 (b) "Agent" means an authorized person who acts on behalf of or
19 at the direction of a manufacturer, distributor, or dispenser. It
20 does not include a common or contract carrier, public
21 warehouseperson, or employee of the carrier or warehouseperson.

22 (c) "CBD concentration" has the meaning provided in RCW
23 69.51A.010.

24 (d) "CBD product" means any product containing or consisting of
25 cannabidiol.

26 (e) "Commission" means the pharmacy quality assurance commission.

27 (f) "Controlled substance" means a drug, substance, or immediate
28 precursor included in Schedules I through V as set forth in federal
29 or state laws, or federal or commission rules, but does not include
30 industrial hemp as defined in RCW 15.120.010.

31 (g) (1) "Controlled substance analog" means a substance the
32 chemical structure of which is substantially similar to the chemical
33 structure of a controlled substance in Schedule I or II and:

34 (i) that has a stimulant, depressant, or hallucinogenic effect on
35 the central nervous system substantially similar to the stimulant,
36 depressant, or hallucinogenic effect on the central nervous system of
37 a controlled substance included in Schedule I or II; or

38 (ii) with respect to a particular individual, that the individual
39 represents or intends to have a stimulant, depressant, or

1 hallucinogenic effect on the central nervous system substantially
2 similar to the stimulant, depressant, or hallucinogenic effect on the
3 central nervous system of a controlled substance included in Schedule
4 I or II.

5 (2) The term does not include:

6 (i) a controlled substance;

7 (ii) a substance for which there is an approved new drug
8 application;

9 (iii) a substance with respect to which an exemption is in effect
10 for investigational use by a particular person under Section 505 of
11 the federal food, drug, and cosmetic act, 21 U.S.C. Sec. 355, or
12 chapter 69.77 RCW to the extent conduct with respect to the substance
13 is pursuant to the exemption; or

14 (iv) any substance to the extent not intended for human
15 consumption before an exemption takes effect with respect to the
16 substance.

17 (h) "Deliver" or "delivery" means the actual or constructive
18 transfer from one person to another of a substance, whether or not
19 there is an agency relationship.

20 (i) "Department" means the department of health.

21 (j) "Designated provider" has the meaning provided in RCW
22 69.51A.010.

23 (k) "Dispense" means the interpretation of a prescription or
24 order for a controlled substance and, pursuant to that prescription
25 or order, the proper selection, measuring, compounding, labeling, or
26 packaging necessary to prepare that prescription or order for
27 delivery.

28 (l) "Dispenser" means a practitioner who dispenses.

29 (m) "Distribute" means to deliver other than by administering or
30 dispensing a controlled substance.

31 (n) "Distributor" means a person who distributes.

32 (o) "Drug" means (1) a controlled substance recognized as a drug
33 in the official United States pharmacopoeia/national formulary or the
34 official homeopathic pharmacopoeia of the United States, or any
35 supplement to them; (2) controlled substances intended for use in the
36 diagnosis, cure, mitigation, treatment, or prevention of disease in
37 individuals or animals; (3) controlled substances (other than food)
38 intended to affect the structure or any function of the body of
39 individuals or animals; and (4) controlled substances intended for
40 use as a component of any article specified in (1), (2), or (3) of

1 this subsection. The term does not include devices or their
2 components, parts, or accessories.

3 (p) "Drug enforcement administration" means the drug enforcement
4 administration in the United States Department of Justice, or its
5 successor agency.

6 (q) "Electronic communication of prescription information" means
7 the transmission of a prescription or refill authorization for a drug
8 of a practitioner using computer systems. The term does not include a
9 prescription or refill authorization verbally transmitted by
10 telephone nor a facsimile manually signed by the practitioner.

11 (r) "Immature plant or clone" means a plant or clone that has no
12 flowers, is less than twelve inches in height, and is less than
13 twelve inches in diameter.

14 (s) "Immediate precursor" means a substance:

15 (1) that the commission has found to be and by rule designates as
16 being the principal compound commonly used, or produced primarily for
17 use, in the manufacture of a controlled substance;

18 (2) that is an immediate chemical intermediary used or likely to
19 be used in the manufacture of a controlled substance; and

20 (3) the control of which is necessary to prevent, curtail, or
21 limit the manufacture of the controlled substance.

22 (t) "Isomer" means an optical isomer, but in subsection (ff)(5)
23 of this section, RCW 69.50.204(a) (12) and (34), and 69.50.206(b)(4),
24 the term includes any geometrical isomer; in RCW 69.50.204(a) (8) and
25 (42), and 69.50.210(c) the term includes any positional isomer; and
26 in RCW 69.50.204(a) (35), 69.50.204(c), and 69.50.208(a) the term
27 includes any positional or geometric isomer.

28 (u) "Lot" means a definite quantity of marijuana, marijuana
29 concentrates, useable marijuana, or marijuana-infused product
30 identified by a lot number, every portion or package of which is
31 uniform within recognized tolerances for the factors that appear in
32 the labeling.

33 (v) "Lot number" must identify the licensee by business or trade
34 name and Washington state unified business identifier number, and the
35 date of harvest or processing for each lot of marijuana, marijuana
36 concentrates, useable marijuana, or marijuana-infused product.

37 (w) "Manufacture" means the production, preparation, propagation,
38 compounding, conversion, or processing of a controlled substance,
39 either directly or indirectly or by extraction from substances of
40 natural origin, or independently by means of chemical synthesis, or

1 by a combination of extraction and chemical synthesis, and includes
2 any packaging or repackaging of the substance or labeling or
3 relabeling of its container. The term does not include the
4 preparation, compounding, packaging, repackaging, labeling, or
5 relabeling of a controlled substance:

6 (1) by a practitioner as an incident to the practitioner's
7 administering or dispensing of a controlled substance in the course
8 of the practitioner's professional practice; or

9 (2) by a practitioner, or by the practitioner's authorized agent
10 under the practitioner's supervision, for the purpose of, or as an
11 incident to, research, teaching, or chemical analysis and not for
12 sale.

13 (x) "Marijuana" or "marihuana" means all parts of the plant
14 *Cannabis*, whether growing or not, with a THC concentration greater
15 than 0.3 percent on a dry weight basis; the seeds thereof; the resin
16 extracted from any part of the plant; and every compound,
17 manufacture, salt, derivative, mixture, or preparation of the plant,
18 its seeds or resin. The term does not include:

19 (1) The mature stalks of the plant, fiber produced from the
20 stalks, oil or cake made from the seeds of the plant, any other
21 compound, manufacture, salt, derivative, mixture, or preparation of
22 the mature stalks (except the resin extracted therefrom), fiber, oil,
23 or cake, or the sterilized seed of the plant which is incapable of
24 germination; or

25 (2) Industrial hemp as defined in RCW 15.120.010.

26 (y) "Marijuana concentrates" means products consisting wholly or
27 in part of the resin extracted from any part of the plant *Cannabis*
28 and having a THC concentration greater than ten percent.

29 (z) "Marijuana processor" means a person licensed by the state
30 liquor and cannabis board to process marijuana into marijuana
31 concentrates, useable marijuana, and marijuana-infused products,
32 package and label marijuana concentrates, useable marijuana, and
33 marijuana-infused products for sale in retail outlets, and sell
34 marijuana concentrates, useable marijuana, and marijuana-infused
35 products at wholesale to marijuana retailers.

36 (aa) "Marijuana producer" means a person licensed by the state
37 liquor and cannabis board to produce and sell marijuana at wholesale
38 to marijuana processors and other marijuana producers.

1 (bb) "Marijuana products" means useable marijuana, marijuana
2 concentrates, and marijuana-infused products as defined in this
3 section.

4 (cc) "Marijuana researcher" means a person licensed by the state
5 liquor and cannabis board to produce, process, and possess marijuana
6 for the purposes of conducting research on marijuana and marijuana-
7 derived drug products.

8 (dd) "Marijuana retailer" means a person licensed by the state
9 liquor and cannabis board to sell marijuana concentrates, useable
10 marijuana, and marijuana-infused products in a retail outlet.

11 (ee) "Marijuana-infused products" means products that contain
12 marijuana or marijuana extracts, are intended for human use, are
13 derived from marijuana as defined in subsection (x) of this section,
14 and have a THC concentration no greater than ten percent. The term
15 "marijuana-infused products" does not include either useable
16 marijuana or marijuana concentrates.

17 (ff) "Narcotic drug" means any of the following, whether produced
18 directly or indirectly by extraction from substances of vegetable
19 origin, or independently by means of chemical synthesis, or by a
20 combination of extraction and chemical synthesis:

21 (1) Opium, opium derivative, and any derivative of opium or opium
22 derivative, including their salts, isomers, and salts of isomers,
23 whenever the existence of the salts, isomers, and salts of isomers is
24 possible within the specific chemical designation. The term does not
25 include the isoquinoline alkaloids of opium.

26 (2) Synthetic opiate and any derivative of synthetic opiate,
27 including their isomers, esters, ethers, salts, and salts of isomers,
28 esters, and ethers, whenever the existence of the isomers, esters,
29 ethers, and salts is possible within the specific chemical
30 designation.

31 (3) Poppy straw and concentrate of poppy straw.

32 (4) Coca leaves, except coca leaves and extracts of coca leaves
33 from which cocaine, ecgonine, and derivatives or ecgonine or their
34 salts have been removed.

35 (5) Cocaine, or any salt, isomer, or salt of isomer thereof.

36 (6) Cocaine base.

37 (7) Ecgonine, or any derivative, salt, isomer, or salt of isomer
38 thereof.

39 (8) Any compound, mixture, or preparation containing any quantity
40 of any substance referred to in subparagraphs (1) through (7).

1 (gg) "Opiate" means any substance having an addiction-forming or
2 addiction-sustaining liability similar to morphine or being capable
3 of conversion into a drug having addiction-forming or addiction-
4 sustaining liability. The term includes opium, substances derived
5 from opium (opium derivatives), and synthetic opiates. The term does
6 not include, unless specifically designated as controlled under RCW
7 69.50.201, the dextrorotatory isomer of 3-methoxy-n-methylmorphinan
8 and its salts (dextromethorphan). The term includes the racemic and
9 levorotatory forms of dextromethorphan.

10 (hh) "Opium poppy" means the plant of the species *Papaver*
11 *somniferum* L., except its seeds.

12 (ii) "Person" means individual, corporation, business trust,
13 estate, trust, partnership, association, joint venture, government,
14 governmental subdivision or agency, or any other legal or commercial
15 entity.

16 (jj) "Plant" has the meaning provided in RCW 69.51A.010.

17 (kk) "Poppy straw" means all parts, except the seeds, of the
18 opium poppy, after mowing.

19 (ll) "Practitioner" means:

20 (1) A physician under chapter 18.71 RCW; a physician assistant
21 under chapter 18.71A RCW; an osteopathic physician and surgeon under
22 chapter 18.57 RCW; an osteopathic physician assistant under chapter
23 18.57A RCW who is licensed under RCW 18.57A.020 subject to any
24 limitations in RCW 18.57A.040; an optometrist licensed under chapter
25 18.53 RCW who is certified by the optometry board under RCW 18.53.010
26 subject to any limitations in RCW 18.53.010; a dentist under chapter
27 18.32 RCW; a podiatric physician and surgeon under chapter 18.22 RCW;
28 a veterinarian under chapter 18.92 RCW; a registered nurse, advanced
29 registered nurse practitioner, or licensed practical nurse under
30 chapter 18.79 RCW; a naturopathic physician under chapter 18.36A RCW
31 who is licensed under RCW 18.36A.030 subject to any limitations in
32 RCW 18.36A.040; a pharmacist under chapter 18.64 RCW or a scientific
33 investigator under this chapter, licensed, registered or otherwise
34 permitted insofar as is consistent with those licensing laws to
35 distribute, dispense, conduct research with respect to or administer
36 a controlled substance in the course of their professional practice
37 or research in this state.

38 (2) A pharmacy, hospital or other institution licensed,
39 registered, or otherwise permitted to distribute, dispense, conduct

1 research with respect to or to administer a controlled substance in
2 the course of professional practice or research in this state.

3 (3) A physician licensed to practice medicine and surgery, a
4 physician licensed to practice osteopathic medicine and surgery, a
5 dentist licensed to practice dentistry, a podiatric physician and
6 surgeon licensed to practice podiatric medicine and surgery, a
7 licensed physician assistant or a licensed osteopathic physician
8 assistant specifically approved to prescribe controlled substances by
9 his or her state's medical (~~quality assurance~~) commission or
10 equivalent and his or her supervising physician, an advanced
11 registered nurse practitioner licensed to prescribe controlled
12 substances, or a veterinarian licensed to practice veterinary
13 medicine in any state of the United States.

14 (mm) "Prescription" means an order for controlled substances
15 issued by a practitioner duly authorized by law or rule in the state
16 of Washington to prescribe controlled substances within the scope of
17 his or her professional practice for a legitimate medical purpose.

18 (nn) "Production" includes the manufacturing, planting,
19 cultivating, growing, or harvesting of a controlled substance.

20 (oo) "Qualifying patient" has the meaning provided in RCW
21 69.51A.010.

22 (pp) "Recognition card" has the meaning provided in RCW
23 69.51A.010.

24 (qq) "Retail outlet" means a location licensed by the state
25 liquor and cannabis board for the retail sale of marijuana
26 concentrates, useable marijuana, and marijuana-infused products.

27 (rr) "Secretary" means the secretary of health or the secretary's
28 designee.

29 (ss) "State," unless the context otherwise requires, means a
30 state of the United States, the District of Columbia, the
31 Commonwealth of Puerto Rico, or a territory or insular possession
32 subject to the jurisdiction of the United States.

33 (tt) "THC concentration" means percent of delta-9
34 tetrahydrocannabinol content per dry weight of any part of the plant
35 *Cannabis*, or per volume or weight of marijuana product, or the
36 combined percent of delta-9 tetrahydrocannabinol and
37 tetrahydrocannabinolic acid in any part of the plant *Cannabis*
38 regardless of moisture content.

39 (uu) "Ultimate user" means an individual who lawfully possesses a
40 controlled substance for the individual's own use or for the use of a

1 member of the individual's household or for administering to an
2 animal owned by the individual or by a member of the individual's
3 household.

4 (vv) "Useable marijuana" means dried marijuana flowers. The term
5 "useable marijuana" does not include either marijuana-infused
6 products or marijuana concentrates.

7 **Sec. 12.** RCW 69.50.402 and 2016 c 150 s 1 are each amended to
8 read as follows:

9 (1) It is unlawful for any person:

10 (a) Who is subject to Article III to distribute or dispense a
11 controlled substance in violation of RCW 69.50.308;

12 (b) Who is a registrant, to manufacture a controlled substance
13 not authorized by his or her registration, or to distribute or
14 dispense a controlled substance not authorized by his or her
15 registration to another registrant or other authorized person;

16 (c) Who is a practitioner, to prescribe, order, dispense,
17 administer, supply, or give to any person:

18 (i) Any amphetamine, including its salts, optical isomers, and
19 salts of optical isomers classified as a schedule II controlled
20 substance by the commission pursuant to chapter 34.05 RCW; or

21 (ii) Any nonnarcotic stimulant classified as a schedule II
22 controlled substance and designated as a nonnarcotic stimulant by the
23 commission pursuant to chapter 34.05 RCW;

24 except for the treatment of narcolepsy, or for the treatment of
25 hyperkinesis, or for the treatment of drug-induced brain dysfunction,
26 or for the treatment of epilepsy, or for the differential diagnostic
27 psychiatric evaluation of depression, or for the treatment of
28 depression shown to be refractory to other therapeutic modalities, or
29 for the treatment of multiple sclerosis, or for the treatment of any
30 other disease states or conditions for which the United States food
31 and drug administration has approved an indication, or for the
32 clinical investigation of the effects of such drugs or compounds, in
33 which case an investigative protocol therefor shall have been
34 submitted to and reviewed and approved by the commission before the
35 investigation has been begun: PROVIDED, That the commission, in
36 consultation with the Washington medical (~~quality—assurance~~)
37 commission and the osteopathic disciplinary board, may establish by
38 rule, pursuant to chapter 34.05 RCW, disease states or conditions in
39 addition to those listed in this subsection for the treatment of

1 which Schedule II nonnarcotic stimulants may be prescribed, ordered,
2 dispensed, administered, supplied, or given to patients by
3 practitioners: AND PROVIDED, FURTHER, That investigations by the
4 commission of abuse of prescriptive authority by physicians, licensed
5 pursuant to chapter 18.71 RCW, pursuant to subsection (1)(c) of this
6 section shall be done in consultation with the Washington medical
7 (~~quality assurance~~) commission;

8 (d) To refuse or fail to make, keep or furnish any record,
9 notification, order form, statement, invoice, or information required
10 under this chapter;

11 (e) To refuse an entry into any premises for any inspection
12 authorized by this chapter; or

13 (f) Knowingly to keep or maintain any store, shop, warehouse,
14 dwelling, building, vehicle, boat, aircraft, or other structure or
15 place, which is resorted to by persons using controlled substances in
16 violation of this chapter for the purpose of using these substances,
17 or which is used for keeping or selling them in violation of this
18 chapter.

19 (2) Any person who violates this section is guilty of a class C
20 felony and upon conviction may be imprisoned for not more than two
21 years, fined not more than two thousand dollars, or both.

22 **Sec. 13.** RCW 69.51A.300 and 2015 c 70 s 38 are each amended to
23 read as follows:

24 The board of naturopathy, the board of osteopathic medicine and
25 surgery, the Washington medical (~~quality assurance~~) commission, and
26 the nursing care quality assurance commission shall develop and
27 approve continuing education programs related to the use of marijuana
28 for medical purposes for the health care providers that they each
29 regulate that are based upon practice guidelines that have been
30 adopted by each entity.

31 **Sec. 14.** RCW 70.41.200 and 2013 c 301 s 2 are each amended to
32 read as follows:

33 (1) Every hospital shall maintain a coordinated quality
34 improvement program for the improvement of the quality of health care
35 services rendered to patients and the identification and prevention
36 of medical malpractice. The program shall include at least the
37 following:

1 (a) The establishment of one or more quality improvement
2 committees with the responsibility to review the services rendered in
3 the hospital, both retrospectively and prospectively, in order to
4 improve the quality of medical care of patients and to prevent
5 medical malpractice. Different quality improvement committees may be
6 established as a part of a quality improvement program to review
7 different health care services. Such committees shall oversee and
8 coordinate the quality improvement and medical malpractice prevention
9 program and shall ensure that information gathered pursuant to the
10 program is used to review and to revise hospital policies and
11 procedures;

12 (b) A process, including a medical staff privileges sanction
13 procedure which must be conducted substantially in accordance with
14 medical staff bylaws and applicable rules, regulations, or policies
15 of the medical staff through which credentials, physical and mental
16 capacity, professional conduct, and competence in delivering health
17 care services are periodically reviewed as part of an evaluation of
18 staff privileges;

19 (c) A process for the periodic review of the credentials,
20 physical and mental capacity, professional conduct, and competence in
21 delivering health care services of all other health care providers
22 who are employed or associated with the hospital;

23 (d) A procedure for the prompt resolution of grievances by
24 patients or their representatives related to accidents, injuries,
25 treatment, and other events that may result in claims of medical
26 malpractice;

27 (e) The maintenance and continuous collection of information
28 concerning the hospital's experience with negative health care
29 outcomes and incidents injurious to patients including health care-
30 associated infections as defined in RCW 43.70.056, patient
31 grievances, professional liability premiums, settlements, awards,
32 costs incurred by the hospital for patient injury prevention, and
33 safety improvement activities;

34 (f) The maintenance of relevant and appropriate information
35 gathered pursuant to (a) through (e) of this subsection concerning
36 individual physicians within the physician's personnel or credential
37 file maintained by the hospital;

38 (g) Education programs dealing with quality improvement, patient
39 safety, medication errors, injury prevention, infection control,
40 staff responsibility to report professional misconduct, the legal

1 aspects of patient care, improved communication with patients, and
2 causes of malpractice claims for staff personnel engaged in patient
3 care activities; and

4 (h) Policies to ensure compliance with the reporting requirements
5 of this section.

6 (2) Any person who, in substantial good faith, provides
7 information to further the purposes of the quality improvement and
8 medical malpractice prevention program or who, in substantial good
9 faith, participates on the quality improvement committee shall not be
10 subject to an action for civil damages or other relief as a result of
11 such activity. Any person or entity participating in a coordinated
12 quality improvement program that, in substantial good faith, shares
13 information or documents with one or more other programs, committees,
14 or boards under subsection (8) of this section is not subject to an
15 action for civil damages or other relief as a result of the activity.
16 For the purposes of this section, sharing information is presumed to
17 be in substantial good faith. However, the presumption may be
18 rebutted upon a showing of clear, cogent, and convincing evidence
19 that the information shared was knowingly false or deliberately
20 misleading.

21 (3) Information and documents, including complaints and incident
22 reports, created specifically for, and collected and maintained by, a
23 quality improvement committee are not subject to review or
24 disclosure, except as provided in this section, or discovery or
25 introduction into evidence in any civil action, and no person who was
26 in attendance at a meeting of such committee or who participated in
27 the creation, collection, or maintenance of information or documents
28 specifically for the committee shall be permitted or required to
29 testify in any civil action as to the content of such proceedings or
30 the documents and information prepared specifically for the
31 committee. This subsection does not preclude: (a) In any civil
32 action, the discovery of the identity of persons involved in the
33 medical care that is the basis of the civil action whose involvement
34 was independent of any quality improvement activity; (b) in any civil
35 action, the testimony of any person concerning the facts which form
36 the basis for the institution of such proceedings of which the person
37 had personal knowledge acquired independently of such proceedings;
38 (c) in any civil action by a health care provider regarding the
39 restriction or revocation of that individual's clinical or staff
40 privileges, introduction into evidence information collected and

1 maintained by quality improvement committees regarding such health
2 care provider; (d) in any civil action, disclosure of the fact that
3 staff privileges were terminated or restricted, including the
4 specific restrictions imposed, if any and the reasons for the
5 restrictions; or (e) in any civil action, discovery and introduction
6 into evidence of the patient's medical records required by regulation
7 of the department of health to be made regarding the care and
8 treatment received.

9 (4) Each quality improvement committee shall, on at least a
10 semiannual basis, report to the governing board of the hospital in
11 which the committee is located. The report shall review the quality
12 improvement activities conducted by the committee, and any actions
13 taken as a result of those activities.

14 (5) The department of health shall adopt such rules as are deemed
15 appropriate to effectuate the purposes of this section.

16 (6) The Washington medical (~~(quality assurance)~~) commission or
17 the board of osteopathic medicine and surgery, as appropriate, may
18 review and audit the records of committee decisions in which a
19 physician's privileges are terminated or restricted. Each hospital
20 shall produce and make accessible to the commission or board the
21 appropriate records and otherwise facilitate the review and audit.
22 Information so gained shall not be subject to the discovery process
23 and confidentiality shall be respected as required by subsection (3)
24 of this section. Failure of a hospital to comply with this subsection
25 is punishable by a civil penalty not to exceed two hundred fifty
26 dollars.

27 (7) The department, the joint commission on accreditation of
28 health care organizations, and any other accrediting organization may
29 review and audit the records of a quality improvement committee or
30 peer review committee in connection with their inspection and review
31 of hospitals. Information so obtained shall not be subject to the
32 discovery process, and confidentiality shall be respected as required
33 by subsection (3) of this section. Each hospital shall produce and
34 make accessible to the department the appropriate records and
35 otherwise facilitate the review and audit.

36 (8) A coordinated quality improvement program may share
37 information and documents, including complaints and incident reports,
38 created specifically for, and collected and maintained by, a quality
39 improvement committee or a peer review committee under RCW 4.24.250
40 with one or more other coordinated quality improvement programs

1 maintained in accordance with this section or RCW 43.70.510, a
2 coordinated quality improvement committee maintained by an ambulatory
3 surgical facility under RCW 70.230.070, a quality assurance committee
4 maintained in accordance with RCW 18.20.390 or 74.42.640, or a peer
5 review committee under RCW 4.24.250, for the improvement of the
6 quality of health care services rendered to patients and the
7 identification and prevention of medical malpractice. The privacy
8 protections of chapter 70.02 RCW and the federal health insurance
9 portability and accountability act of 1996 and its implementing
10 regulations apply to the sharing of individually identifiable patient
11 information held by a coordinated quality improvement program. Any
12 rules necessary to implement this section shall meet the requirements
13 of applicable federal and state privacy laws. Information and
14 documents disclosed by one coordinated quality improvement program to
15 another coordinated quality improvement program or a peer review
16 committee under RCW 4.24.250 and any information and documents
17 created or maintained as a result of the sharing of information and
18 documents shall not be subject to the discovery process and
19 confidentiality shall be respected as required by subsection (3) of
20 this section, RCW 18.20.390 (6) and (8), 74.42.640 (7) and (9), and
21 4.24.250.

22 (9) A hospital that operates a nursing home as defined in RCW
23 18.51.010 may conduct quality improvement activities for both the
24 hospital and the nursing home through a quality improvement committee
25 under this section, and such activities shall be subject to the
26 provisions of subsections (2) through (8) of this section.

27 (10) Violation of this section shall not be considered negligence
28 per se.

29 **Sec. 15.** RCW 70.41.230 and 2016 c 68 s 6 are each amended to
30 read as follows:

31 (1) Except as provided in subsection (3) of this section, prior
32 to granting or renewing clinical privileges or association of any
33 physician or hiring a physician, a hospital or facility approved
34 pursuant to this chapter shall request from the physician and the
35 physician shall provide the following information:

36 (a) The name of any hospital or facility with or at which the
37 physician had or has any association, employment, privileges, or
38 practice during the prior five years: PROVIDED, That the hospital may
39 request additional information going back further than five years,

1 and the physician shall use his or her best efforts to comply with
2 such a request for additional information;

3 (b) Whether the physician has ever been or is in the process of
4 being denied, revoked, terminated, suspended, restricted, reduced,
5 limited, sanctioned, placed on probation, monitored, or not renewed
6 for any professional activity listed in (b)(i) through (x) of this
7 subsection, or has ever voluntarily or involuntarily relinquished,
8 withdrawn, or failed to proceed with an application for any
9 professional activity listed in (b)(i) through (x) of this subsection
10 in order to avoid an adverse action or to preclude an investigation
11 or while under investigation relating to professional competence or
12 conduct:

13 (i) License to practice any profession in any jurisdiction;

14 (ii) Other professional registration or certification in any
15 jurisdiction;

16 (iii) Specialty or subspecialty board certification;

17 (iv) Membership on any hospital medical staff;

18 (v) Clinical privileges at any facility, including hospitals,
19 ambulatory surgical centers, or skilled nursing facilities;

20 (vi) Medicare, medicaid, the food and drug administration, the
21 national institute of health (office of human research protection),
22 governmental, national, or international regulatory agency, or any
23 public program;

24 (vii) Professional society membership or fellowship;

25 (viii) Participation or membership in a health maintenance
26 organization, preferred provider organization, independent practice
27 association, physician-hospital organization, or other entity;

28 (ix) Academic appointment;

29 (x) Authority to prescribe controlled substances (drug
30 enforcement agency or other authority);

31 (c) Any pending professional medical misconduct proceedings or
32 any pending medical malpractice actions in this state or another
33 state, the substance of the allegations in the proceedings or
34 actions, and any additional information concerning the proceedings or
35 actions as the physician deems appropriate;

36 (d) The substance of the findings in the actions or proceedings
37 and any additional information concerning the actions or proceedings
38 as the physician deems appropriate;

1 (e) A waiver by the physician of any confidentiality provisions
2 concerning the information required to be provided to hospitals
3 pursuant to this subsection; and

4 (f) A verification by the physician that the information provided
5 by the physician is accurate and complete.

6 (2) Except as provided in subsection (3) of this section, prior
7 to granting privileges or association to any physician or hiring a
8 physician, a hospital or facility approved pursuant to this chapter
9 shall request from any hospital with or at which the physician had or
10 has privileges, was associated, or was employed, during the preceding
11 five years, the following information concerning the physician:

12 (a) Any pending professional medical misconduct proceedings or
13 any pending medical malpractice actions, in this state or another
14 state;

15 (b) Any judgment or settlement of a medical malpractice action
16 and any finding of professional misconduct in this state or another
17 state by a licensing or disciplinary board; and

18 (c) Any information required to be reported by hospitals pursuant
19 to RCW 18.71.0195.

20 (3) In lieu of the requirements of subsections (1) and (2) of
21 this section, when granting or renewing privileges or association of
22 any physician providing telemedicine or store and forward services,
23 an originating site hospital may rely on a distant site hospital's
24 decision to grant or renew clinical privileges or association of the
25 physician if the originating site hospital obtains reasonable
26 assurances, through a written agreement with the distant site
27 hospital, that all of the following provisions are met:

28 (a) The distant site hospital providing the telemedicine or store
29 and forward services is a medicare participating hospital;

30 (b) Any physician providing telemedicine or store and forward
31 services at the distant site hospital will be fully privileged to
32 provide such services by the distant site hospital;

33 (c) Any physician providing telemedicine or store and forward
34 services will hold and maintain a valid license to perform such
35 services issued or recognized by the state of Washington; and

36 (d) With respect to any distant site physician who holds current
37 privileges at the originating site hospital whose patients are
38 receiving the telemedicine or store and forward services, the
39 originating site hospital has evidence of an internal review of the
40 distant site physician's performance of these privileges and sends

1 the distant site hospital such performance information for use in the
2 periodic appraisal of the distant site physician. At a minimum, this
3 information must include all adverse events, as defined in RCW
4 70.56.010, that result from the telemedicine or store and forward
5 services provided by the distant site physician to the originating
6 site hospital's patients and all complaints the originating site
7 hospital has received about the distant site physician.

8 (4) The Washington medical (~~(quality assurance)~~) commission or
9 the board of osteopathic medicine and surgery shall be advised within
10 thirty days of the name of any physician denied staff privileges,
11 association, or employment on the basis of adverse findings under
12 subsection (1) of this section.

13 (5) A hospital or facility that receives a request for
14 information from another hospital or facility pursuant to subsections
15 (1) through (3) of this section shall provide such information
16 concerning the physician in question to the extent such information
17 is known to the hospital or facility receiving such a request,
18 including the reasons for suspension, termination, or curtailment of
19 employment or privileges at the hospital or facility. A hospital,
20 facility, or other person providing such information in good faith is
21 not liable in any civil action for the release of such information.

22 (6) Information and documents, including complaints and incident
23 reports, created specifically for, and collected, and maintained by a
24 quality improvement committee are not subject to discovery or
25 introduction into evidence in any civil action, and no person who was
26 in attendance at a meeting of such committee or who participated in
27 the creation, collection, or maintenance of information or documents
28 specifically for the committee shall be permitted or required to
29 testify in any civil action as to the content of such proceedings or
30 the documents and information prepared specifically for the
31 committee. This subsection does not preclude: (a) In any civil
32 action, the discovery of the identity of persons involved in the
33 medical care that is the basis of the civil action whose involvement
34 was independent of any quality improvement activity; (b) in any civil
35 action, the testimony of any person concerning the facts which form
36 the basis for the institution of such proceedings of which the person
37 had personal knowledge acquired independently of such proceedings;
38 (c) in any civil action by a health care provider regarding the
39 restriction or revocation of that individual's clinical or staff
40 privileges, introduction into evidence information collected and

1 maintained by quality improvement committees regarding such health
2 care provider; (d) in any civil action, disclosure of the fact that
3 staff privileges were terminated or restricted, including the
4 specific restrictions imposed, if any and the reasons for the
5 restrictions; or (e) in any civil action, discovery and introduction
6 into evidence of the patient's medical records required by regulation
7 of the department of health to be made regarding the care and
8 treatment received.

9 (7) Hospitals shall be granted access to information held by the
10 Washington medical ((~~quality assurance~~)) commission and the board of
11 osteopathic medicine and surgery pertinent to decisions of the
12 hospital regarding credentialing and recredentialing of
13 practitioners.

14 (8) Violation of this section shall not be considered negligence
15 per se.

16 **Sec. 16.** RCW 70.230.080 and 2013 c 301 s 4 are each amended to
17 read as follows:

18 (1) Every ambulatory surgical facility shall maintain a
19 coordinated quality improvement program for the improvement of the
20 quality of health care services rendered to patients and the
21 identification and prevention of medical malpractice. The program
22 shall include at least the following:

23 (a) The establishment of one or more quality improvement
24 committees with the responsibility to review the services rendered in
25 the ambulatory surgical facility, both retrospectively and
26 prospectively, in order to improve the quality of medical care of
27 patients and to prevent medical malpractice. Different quality
28 improvement committees may be established as a part of the quality
29 improvement program to review different health care services. Such
30 committees shall oversee and coordinate the quality improvement and
31 medical malpractice prevention program and shall ensure that
32 information gathered pursuant to the program is used to review and to
33 revise the policies and procedures of the ambulatory surgical
34 facility;

35 (b) A process, including a medical staff privileges sanction
36 procedure which must be conducted substantially in accordance with
37 medical staff bylaws and applicable rules, regulations, or policies
38 of the medical staff through which credentials, physical and mental
39 capacity, professional conduct, and competence in delivering health

1 care services are periodically reviewed as part of an evaluation of
2 staff privileges;

3 (c) The periodic review of the credentials, physical and mental
4 capacity, and competence in delivering health care services of all
5 persons who are employed or associated with the ambulatory surgical
6 facility;

7 (d) A procedure for the prompt resolution of grievances by
8 patients or their representatives related to accidents, injuries,
9 treatment, and other events that may result in claims of medical
10 malpractice;

11 (e) The maintenance and continuous collection of information
12 concerning the ambulatory surgical facility's experience with
13 negative health care outcomes and incidents injurious to patients,
14 patient grievances, professional liability premiums, settlements,
15 awards, costs incurred by the ambulatory surgical facility for
16 patient injury prevention, and safety improvement activities;

17 (f) The maintenance of relevant and appropriate information
18 gathered pursuant to (a) through (e) of this subsection concerning
19 individual practitioners within the practitioner's personnel or
20 credential file maintained by the ambulatory surgical facility;

21 (g) Education programs dealing with quality improvement, patient
22 safety, medication errors, injury prevention, staff responsibility to
23 report professional misconduct, the legal aspects of patient care,
24 improved communication with patients, and causes of malpractice
25 claims for staff personnel engaged in patient care activities; and

26 (h) Policies to ensure compliance with the reporting requirements
27 of this section.

28 (2) Any person who, in substantial good faith, provides
29 information to further the purposes of the quality improvement and
30 medical malpractice prevention program or who, in substantial good
31 faith, participates on the quality improvement committee is not
32 subject to an action for civil damages or other relief as a result of
33 such activity. Any person or entity participating in a coordinated
34 quality improvement program that, in substantial good faith, shares
35 information or documents with one or more other programs, committees,
36 or boards under subsection (8) of this section is not subject to an
37 action for civil damages or other relief as a result of the activity.
38 For the purposes of this section, sharing information is presumed to
39 be in substantial good faith. However, the presumption may be
40 rebutted upon a showing of clear, cogent, and convincing evidence

1 that the information shared was knowingly false or deliberately
2 misleading.

3 (3) Information and documents, including complaints and incident
4 reports, created specifically for, and collected and maintained by, a
5 quality improvement committee are not subject to review or
6 disclosure, except as provided in this section, or discovery or
7 introduction into evidence in any civil action, and no person who was
8 in attendance at a meeting of such committee or who participated in
9 the creation, collection, or maintenance of information or documents
10 specifically for the committee shall be permitted or required to
11 testify in any civil action as to the content of such proceedings or
12 the documents and information prepared specifically for the
13 committee. This subsection does not preclude: (a) In any civil
14 action, the discovery of the identity of persons involved in the
15 medical care that is the basis of the civil action whose involvement
16 was independent of any quality improvement activity; (b) in any civil
17 action, the testimony of any person concerning the facts which form
18 the basis for the institution of such proceedings of which the person
19 had personal knowledge acquired independently of such proceedings;
20 (c) in any civil action by a health care provider regarding the
21 restriction or revocation of that individual's clinical or staff
22 privileges, introduction into evidence of information collected and
23 maintained by quality improvement committees regarding such health
24 care provider; (d) in any civil action, disclosure of the fact that
25 staff privileges were terminated or restricted, including the
26 specific restrictions imposed, if any, and the reasons for the
27 restrictions; or (e) in any civil action, discovery and introduction
28 into evidence of the patient's medical records required by rule of
29 the department to be made regarding the care and treatment received.

30 (4) Each quality improvement committee shall, on at least a
31 semiannual basis, report to the management of the ambulatory surgical
32 facility, as identified in the facility's application, in which the
33 committee is located. The report shall review the quality improvement
34 activities conducted by the committee, and any actions taken as a
35 result of those activities.

36 (5) The department shall adopt such rules as are deemed
37 appropriate to effectuate the purposes of this section.

38 (6) The Washington medical (~~quality assurance~~) commission, the
39 board of osteopathic medicine and surgery, or the podiatric medical
40 board, as appropriate, may review and audit the records of committee

1 decisions in which a practitioner's privileges are terminated or
2 restricted. Each ambulatory surgical facility shall produce and make
3 accessible to the commission or board the appropriate records and
4 otherwise facilitate the review and audit. Information so gained is
5 not subject to the discovery process and confidentiality shall be
6 respected as required by subsection (3) of this section. Failure of
7 an ambulatory surgical facility to comply with this subsection is
8 punishable by a civil penalty not to exceed two hundred fifty
9 dollars.

10 (7) The department and any accrediting organization may review
11 and audit the records of a quality improvement committee or peer
12 review committee in connection with their inspection and review of
13 the ambulatory surgical facility. Information so obtained is not
14 subject to the discovery process, and confidentiality shall be
15 respected as required by subsection (3) of this section. Each
16 ambulatory surgical facility shall produce and make accessible to the
17 department the appropriate records and otherwise facilitate the
18 review and audit.

19 (8) A coordinated quality improvement program may share
20 information and documents, including complaints and incident reports,
21 created specifically for, and collected and maintained by, a quality
22 improvement committee or a peer review committee under RCW 4.24.250
23 with one or more other coordinated quality improvement programs
24 maintained in accordance with this section or RCW 43.70.510 or
25 70.41.200, a quality assurance committee maintained in accordance
26 with RCW 18.20.390 or 74.42.640, or a peer review committee under RCW
27 4.24.250, for the improvement of the quality of health care services
28 rendered to patients and the identification and prevention of medical
29 malpractice. The privacy protections of chapter 70.02 RCW and the
30 federal health insurance portability and accountability act of 1996
31 and its implementing regulations apply to the sharing of individually
32 identifiable patient information held by a coordinated quality
33 improvement program. Any rules necessary to implement this section
34 shall meet the requirements of applicable federal and state privacy
35 laws. Information and documents disclosed by one coordinated quality
36 improvement program to another coordinated quality improvement
37 program or a peer review committee under RCW 4.24.250 and any
38 information and documents created or maintained as a result of the
39 sharing of information and documents are not subject to the discovery
40 process and confidentiality shall be respected as required by

1 subsection (3) of this section, RCW 18.20.390 (6) and (8),
2 70.41.200(3), 74.42.640 (7) and (9), and 4.24.250.

3 (9) An ambulatory surgical facility that participates in a
4 coordinated quality improvement program under RCW 43.70.510 shall be
5 deemed to have met the requirements of this section.

6 (10) Violation of this section shall not be considered negligence
7 per se.

8 **Sec. 17.** RCW 70.230.130 and 2007 c 273 s 14 are each amended to
9 read as follows:

10 Each ambulatory surgical facility shall keep written records of
11 decisions to restrict or terminate privileges of practitioners.
12 Copies of such records shall be made available to the Washington
13 medical (~~quality assurance~~) commission, the board of osteopathic
14 medicine and surgery, or the podiatric medical board, within thirty
15 days of a request, and all information so gained remains confidential
16 in accordance with RCW 70.230.080 and 70.230.120 and is protected
17 from the discovery process. Failure of an ambulatory surgical
18 facility to comply with this section is punishable by a civil penalty
19 not to exceed two hundred fifty dollars.

20 **Sec. 18.** RCW 70.230.140 and 2013 c 301 s 5 are each amended to
21 read as follows:

22 (1) Prior to granting or renewing clinical privileges or
23 association of any practitioner or hiring a practitioner, an
24 ambulatory surgical facility approved pursuant to this chapter shall
25 request from the practitioner and the practitioner shall provide the
26 following information:

27 (a) The name of any hospital, ambulatory surgical facility, or
28 other facility with or at which the practitioner had or has any
29 association, employment, privileges, or practice during the prior
30 five years: PROVIDED, That the ambulatory surgical facility may
31 request additional information going back further than five years,
32 and the physician shall use his or her best efforts to comply with
33 such a request for additional information;

34 (b) Whether the physician has ever been or is in the process of
35 being denied, revoked, terminated, suspended, restricted, reduced,
36 limited, sanctioned, placed on probation, monitored, or not renewed
37 for any professional activity listed in (b)(i) through (x) of this
38 subsection, or has ever voluntarily or involuntarily relinquished,

1 withdrawn, or failed to proceed with an application for any
2 professional activity listed in (b)(i) through (x) of this subsection
3 in order to avoid an adverse action or to preclude an investigation
4 or while under investigation relating to professional competence or
5 conduct:

6 (i) License to practice any profession in any jurisdiction;

7 (ii) Other professional registration or certification in any
8 jurisdiction;

9 (iii) Specialty or subspecialty board certification;

10 (iv) Membership on any hospital medical staff;

11 (v) Clinical privileges at any facility, including hospitals,
12 ambulatory surgical centers, or skilled nursing facilities;

13 (vi) Medicare, medicaid, the food and drug administration, the
14 national institute of health (office of human research protection),
15 governmental, national, or international regulatory agency, or any
16 public program;

17 (vii) Professional society membership or fellowship;

18 (viii) Participation or membership in a health maintenance
19 organization, preferred provider organization, independent practice
20 association, physician-hospital organization, or other entity;

21 (ix) Academic appointment;

22 (x) Authority to prescribe controlled substances (drug
23 enforcement agency or other authority);

24 (c) Any pending professional medical misconduct proceedings or
25 any pending medical malpractice actions in this state or another
26 state, the substance of the allegations in the proceedings or
27 actions, and any additional information concerning the proceedings or
28 actions as the practitioner deems appropriate;

29 (d) The substance of the findings in the actions or proceedings
30 and any additional information concerning the actions or proceedings
31 as the practitioner deems appropriate;

32 (e) A waiver by the practitioner of any confidentiality
33 provisions concerning the information required to be provided to
34 ambulatory surgical facilities pursuant to this subsection; and

35 (f) A verification by the practitioner that the information
36 provided by the practitioner is accurate and complete.

37 (2) Prior to granting privileges or association to any
38 practitioner or hiring a practitioner, an ambulatory surgical
39 facility approved under this chapter shall request from any hospital
40 or ambulatory surgical facility with or at which the practitioner had

1 or has privileges, was associated, or was employed, during the
2 preceding five years, the following information concerning the
3 practitioner:

4 (a) Any pending professional medical misconduct proceedings or
5 any pending medical malpractice actions, in this state or another
6 state;

7 (b) Any judgment or settlement of a medical malpractice action
8 and any finding of professional misconduct in this state or another
9 state by a licensing or disciplinary board; and

10 (c) Any information required to be reported by hospitals or
11 ambulatory surgical facilities pursuant to RCW 18.130.070.

12 (3) The Washington medical (~~quality assurance~~) commission,
13 board of osteopathic medicine and surgery, podiatric medical board,
14 or dental quality assurance commission, as appropriate, shall be
15 advised within thirty days of the name of any practitioner denied
16 staff privileges, association, or employment on the basis of adverse
17 findings under subsection (1) of this section.

18 (4) A hospital, ambulatory surgical facility, or other facility
19 that receives a request for information from another hospital,
20 ambulatory surgical facility, or other facility pursuant to
21 subsections (1) and (2) of this section shall provide such
22 information concerning the physician in question to the extent such
23 information is known to the hospital, ambulatory surgical facility,
24 or other facility receiving such a request, including the reasons for
25 suspension, termination, or curtailment of employment or privileges
26 at the hospital, ambulatory surgical facility, or facility. A
27 hospital, ambulatory surgical facility, other facility, or other
28 person providing such information in good faith is not liable in any
29 civil action for the release of such information.

30 (5) Information and documents, including complaints and incident
31 reports, created specifically for, and collected and maintained by, a
32 quality improvement committee are not subject to discovery or
33 introduction into evidence in any civil action, and no person who was
34 in attendance at a meeting of such committee or who participated in
35 the creation, collection, or maintenance of information or documents
36 specifically for the committee shall be permitted or required to
37 testify in any civil action as to the content of such proceedings or
38 the documents and information prepared specifically for the
39 committee. This subsection does not preclude: (a) In any civil
40 action, the discovery of the identity of persons involved in the

1 medical care that is the basis of the civil action whose involvement
2 was independent of any quality improvement activity; (b) in any civil
3 action, the testimony of any person concerning the facts which form
4 the basis for the institution of such proceedings of which the person
5 had personal knowledge acquired independently of such proceedings;
6 (c) in any civil action by a health care provider regarding the
7 restriction or revocation of that individual's clinical or staff
8 privileges, introduction into evidence information collected and
9 maintained by quality improvement committees regarding such health
10 care provider; (d) in any civil action, disclosure of the fact that
11 staff privileges were terminated or restricted, including the
12 specific restrictions imposed, if any, and the reasons for the
13 restrictions; or (e) in any civil action, discovery and introduction
14 into evidence of the patient's medical records required by rule of
15 the department to be made regarding the care and treatment received.

16 (6) Ambulatory surgical facilities shall be granted access to
17 information held by the Washington medical (~~(quality assurance)~~)
18 commission, board of osteopathic medicine and surgery, or podiatric
19 medical board pertinent to decisions of the ambulatory surgical
20 facility regarding credentialing and recredentialing of
21 practitioners.

22 (7) Violation of this section shall not be considered negligence
23 per se.

24 **Sec. 19.** RCW 74.09.290 and 2018 c 201 s 7015 are each amended to
25 read as follows:

26 The secretary or director shall have the authority to:

27 (1) Conduct audits and investigations of providers of medical and
28 other services furnished pursuant to this chapter or other applicable
29 law, except that the Washington (~~(state)~~) medical (~~(quality
30 assurance)~~) commission shall generally serve in an advisory capacity
31 to the secretary or director in the conduct of audits or
32 investigations of physicians. Any overpayment discovered as a result
33 of an audit of a provider under this authority shall be offset by any
34 underpayments discovered in that same audit sample. In order to
35 determine the provider's actual, usual, customary, or prevailing
36 charges, the secretary or director may examine such random
37 representative records as necessary to show accounts billed and
38 accounts received except that in the conduct of such examinations,
39 patient names, other than public assistance applicants or recipients,

1 shall not be noted, copied, or otherwise made available to the
2 department or authority. In order to verify costs incurred by the
3 department or authority for treatment of public assistance applicants
4 or recipients, the secretary or director may examine patient records
5 or portions thereof in connection with services to such applicants or
6 recipients rendered by a health care provider, notwithstanding the
7 provisions of RCW 5.60.060, 18.53.200, 18.83.110, or any other
8 statute which may make or purport to make such records privileged or
9 confidential: PROVIDED, That no original patient records shall be
10 removed from the premises of the health care provider, and that the
11 disclosure of any records or information by the department or the
12 authority is prohibited and shall be punishable as a class C felony
13 according to chapter 9A.20 RCW, unless such disclosure is directly
14 connected to the official purpose for which the records or
15 information were obtained: PROVIDED FURTHER, That the disclosure of
16 patient information as required under this section shall not subject
17 any physician or other health services provider to any liability for
18 breach of any confidential relationship between the provider and the
19 patient, but no evidence resulting from such disclosure may be used
20 in any civil, administrative, or criminal proceeding against the
21 patient unless a waiver of the applicable evidentiary privilege is
22 obtained: PROVIDED FURTHER, That the secretary or director shall
23 destroy all copies of patient medical records in their possession
24 upon completion of the audit, investigation or proceedings;

25 (2) Approve or deny applications to participate as a provider of
26 services furnished pursuant to this chapter or other applicable law;

27 (3) Terminate or suspend eligibility to participate as a provider
28 of services furnished pursuant to this chapter or other applicable
29 law; and

30 (4) Adopt, promulgate, amend, and repeal administrative rules, in
31 accordance with the administrative procedure act, chapter 34.05 RCW,
32 to carry out the policies and purposes of this section and RCW
33 74.09.200 through 74.09.280.

34 **Sec. 20.** RCW 74.42.230 and 2016 c 148 s 9 are each amended to
35 read as follows:

36 (1) The resident's attending or staff physician or authorized
37 practitioner approved by the attending physician shall order all
38 medications for the resident. The order may be oral or written and
39 shall continue in effect until discontinued by a physician or other

1 authorized prescriber, unless the order is specifically limited by
2 time. An "authorized practitioner," as used in this section, is a
3 registered nurse under chapter 18.79 RCW when authorized by the
4 nursing care quality assurance commission, an osteopathic physician
5 assistant under chapter 18.57A RCW when authorized by the committee
6 of osteopathic examiners, a physician assistant under chapter 18.71A
7 RCW when authorized by the Washington medical (~~quality assurance~~)
8 commission, or a pharmacist under chapter 18.64 RCW when authorized
9 by the pharmacy quality assurance commission.

10 (2) An oral order shall be given only to a licensed nurse,
11 pharmacist, or another physician. The oral order shall be recorded
12 and physically or electronically signed immediately by the person
13 receiving the order. The attending physician shall sign the record of
14 the oral order in a manner consistent with good medical practice.

15 (3) A licensed nurse, pharmacist, or another physician receiving
16 and recording an oral order may, if so authorized by the physician or
17 authorized practitioner, communicate that order to a pharmacy on
18 behalf of the physician or authorized practitioner. The order may be
19 communicated verbally by telephone, by facsimile manually signed by
20 the person receiving the order pursuant to subsection (2) of this
21 section, or by electronic transmission pursuant to RCW 69.41.055. The
22 communication of a resident's order to a pharmacy by a licensed
23 nurse, pharmacist, or another physician acting at the prescriber's
24 direction has the same force and effect as if communicated directly
25 by the delegating physician or authorized practitioner. Nothing in
26 this provision limits the authority of a licensed nurse, pharmacist,
27 or physician to delegate to an authorized agent, including but not
28 limited to delegation of operation of a facsimile machine by
29 credentialed facility staff, to the extent consistent with his or her
30 professional license.

Passed by the Senate March 7, 2019.

Passed by the House April 4, 2019.

Approved by the Governor April 17, 2019.

Filed in Office of Secretary of State April 18, 2019.

--- END ---