

SB 5629 - S AMD 547
By Senator Conway

ADOPTED 02/13/2024

1 Strike everything after the enacting clause and insert the
2 following:

3 "NEW SECTION. **Sec. 1.** A new section is added to chapter 70.54
4 RCW to read as follows:

5 (1) Except as provided in subsection (2) of this section, an
6 adult patient who receives primary care services from a health care
7 clinic where primary care services are provided shall be offered a
8 hepatitis B screening test and a hepatitis C screening test during an
9 annual physical examination or wellness visit based on the latest
10 screening indications recommended by the federal centers for disease
11 control and prevention. A health care clinic where primary care
12 services are provided may comply with this subsection by:

13 (a) Offering patients that meet the recommended screening
14 indications a hepatitis B screening test and a hepatitis C screening
15 test during an annual physical examination or wellness visit;

16 (b) Incorporating a prompt for hepatitis B screening tests and
17 hepatitis C screening tests for the recommended populations into the
18 health care clinic's electronic health record system; or

19 (c) Sending routine mailers or electronic communications to the
20 health care clinic's primary care patients that meet the recommended
21 screening indications informing patients of the availability and
22 importance of hepatitis B screening tests and hepatitis C screening
23 tests.

24 (2) A hepatitis B screening test and a hepatitis C screening test
25 are not required to be offered by the health care clinic if:

26 (a) The patient is being treated for a life-threatening
27 emergency;

28 (b) The patient has previously been offered or has been the
29 subject of a hepatitis B screening test or a hepatitis C screening
30 test, unless a health care provider within the health care clinic
31 determines that one or both of the screening tests should be offered
32 again; or

1 (c) The patient lacks capacity to consent to a hepatitis B
2 screening test or a hepatitis C screening test, or both.

3 (3) (a) If the patient accepts the offer of the hepatitis B
4 screening test and the test is hepatitis B surface antigen positive,
5 the health care provider within the health care clinic shall offer
6 the patient follow-up health care or refer the patient to another
7 health care provider who can provide follow-up health care.

8 (b) If a patient accepts the offer of the hepatitis C screening
9 test and the test is positive, the health care provider within the
10 health care clinic shall offer the patient follow-up health care or
11 refer the patient to another health care provider who can provide
12 follow-up health care. The follow-up health care shall include a
13 hepatitis C diagnostic test.

14 (4) The offering of a hepatitis B screening test and a hepatitis
15 C screening test under this section must be culturally and
16 linguistically appropriate.

17 (5) This section does not affect the scope of practice of any
18 health care provider or diminish any authority or legal or
19 professional obligation of any health care provider to offer a
20 hepatitis B screening test, hepatitis C screening test, or both, or a
21 hepatitis C diagnostic test, or to provide services or care for the
22 patient of a hepatitis B screening test, hepatitis C screening test,
23 or both, or a hepatitis C diagnostic test.

24 (6) A health care provider or health care clinic where primary
25 care services are provided that fails to comply with the requirements
26 of this section shall not be subject to any actions related to their
27 licensure or certification, or to any civil or criminal liability,
28 because of the health care clinic's failure to comply with the
29 requirements of this section.

30 (7) The department may adopt rules necessary to implement this
31 section and any additional rules involving the offering of screening
32 tests and treatment requirements for hepatitis B and hepatitis C and
33 the training for health care clinics and health care providers.

34 (8) For purposes of this section:

35 (a) "Follow-up health care" includes providing medical management
36 and antiviral treatment for chronic hepatitis B or hepatitis C
37 according to the latest national clinical practice guidelines
38 recommended by the American association for the study of liver
39 diseases.

1 (b) "Health care clinic where primary care services are provided"
2 means an unlicensed health care clinic and any other health care
3 setting where primary care services are provided.

4 (c) "Hepatitis B screening test" includes any laboratory test or
5 tests that detect the presence of hepatitis B surface antigen and
6 provides confirmation of whether the patient has a chronic hepatitis
7 B infection.

8 (d) "Hepatitis C diagnostic test" includes any laboratory test or
9 tests that detect the presence of the hepatitis C virus in the blood
10 and provides confirmation of whether the patient has an active
11 hepatitis C virus infection.

12 (e) "Hepatitis C screening test" includes any laboratory
13 screening test or tests that detect the presence of hepatitis C virus
14 antibodies in the blood and provides confirmation of whether the
15 patient has ever been infected with the hepatitis C virus.

16 NEW SECTION. **Sec. 2.** A new section is added to chapter 43.70
17 RCW to read as follows:

18 (1) By September 1, 2025, and subject to the availability of
19 amounts appropriated for this specific purpose, the department shall
20 design a hepatitis B and a hepatitis C awareness campaign for the
21 public and primary care providers. The department shall collaborate
22 with health care providers and community-based organizations that
23 serve high risk patients and patient groups that historically have
24 lacked health care coverage or access to consistent primary care
25 services.

26 (2) The awareness campaign must focus on increasing awareness of
27 the prevalence of hepatitis B and hepatitis C, the potential
28 treatments and cures for hepatitis B and hepatitis C, and aim to
29 reduce the stigmas surrounding hepatitis B and hepatitis C.

30 (3) This section expires December 31, 2027.

31 **Sec. 3.** RCW 43.70.613 and 2021 c 276 s 2 are each amended to
32 read as follows:

33 (1) By January 1, 2024, the rule-making authority for each health
34 profession licensed under Title 18 RCW subject to continuing
35 education requirements must adopt rules requiring a licensee to
36 complete health equity continuing education training at least once
37 every four years.

1 (2) Health equity continuing education courses may be taken in
2 addition to or, if a rule-making authority determines the course
3 fulfills existing continuing education requirements, in place of
4 other continuing education requirements imposed by the rule-making
5 authority.

6 (3)(a) The secretary and the rule-making authorities must work
7 collaboratively to provide information to licensees about available
8 courses. The secretary and rule-making authorities shall consult with
9 patients or communities with lived experiences of health inequities
10 or racism in the health care system and relevant professional
11 organizations when developing the information and must make this
12 information available by July 1, 2023. The information should include
13 a course option that is free of charge to licensees. It is not
14 required that courses be included in the information in order to
15 fulfill the health equity continuing education requirement.

16 (b) By January 1, 2023, the department, in consultation with the
17 boards and commissions, shall adopt model rules establishing the
18 minimum standards for continuing education programs meeting the
19 requirements of this section. The department shall consult with
20 patients or communities with lived experience of health inequities or
21 racism in the health care system, relevant professional
22 organizations, and the rule-making authorities in the development of
23 these rules.

24 (c) The minimum standards must include instruction on skills to
25 address the structural factors, such as bias, racism, and poverty,
26 that manifest as health inequities. These skills include individual-
27 level and system-level intervention, and self-reflection to assess
28 how the licensee's social position can influence their relationship
29 with patients and their communities. These skills enable a health
30 care professional to care effectively for patients from diverse
31 cultures, groups, and communities, varying in race, ethnicity, gender
32 identity, sexuality, religion, age, ability, socioeconomic status,
33 and other categories of identity. The courses must assess the
34 licensee's ability to apply health equity concepts into practice.
35 Course topics may include, but are not limited to:

36 (i) Strategies for recognizing patterns of health care
37 disparities on an individual, institutional, and structural level and
38 eliminating factors that influence them;

1 (ii) Intercultural communication skills training, including how
2 to work effectively with an interpreter and how communication styles
3 differ across cultures;

4 (iii) Implicit bias training to identify strategies to reduce
5 bias during assessment and diagnosis;

6 (iv) Methods for addressing the emotional well-being of children
7 and youth of diverse backgrounds;

8 (v) Ensuring equity and antiracism in care delivery pertaining to
9 medical developments and emerging therapies;

10 (vi) Structural competency training addressing five core
11 competencies:

12 (A) Recognizing the structures that shape clinical interactions;

13 (B) Developing an extraclinical language of structure;

14 (C) Rearticulating "cultural" formulations in structural terms;

15 (D) Observing and imagining structural interventions; and

16 (E) Developing structural humility; (~~and~~)

17 (vii) Cultural safety training; and

18 (viii) Viral hepatitis screening and treatment, including courses
19 related to recommendations from the federal centers for disease
20 control and prevention and the United States preventive services task
21 force.

22 (4) The rule-making authority may adopt rules to implement and
23 administer this section, including rules to establish a process to
24 determine if a continuing education course meets the health equity
25 continuing education requirement established in this section.

26 (5) For purposes of this section the following definitions apply:

27 (a) "Rule-making authority" means the regulatory entities
28 identified in RCW 18.130.040 and authorized to establish continuing
29 education requirements for the health care professions governed by
30 those regulatory entities.

31 (b) "Structural competency" means a shift in medical education
32 away from pedagogic approaches to stigma and inequalities that
33 emphasize cross-cultural understandings of individual patients,
34 toward attention to forces that influence health outcomes at levels
35 above individual interactions. Structural competency reviews existing
36 structural approaches to stigma and health inequities developed
37 outside of medicine and proposes changes to United States medical
38 education that will infuse clinical training with a structural focus.

39 (c) "Cultural safety" means an examination by health care
40 professionals of themselves and the potential impact of their own

1 culture on clinical interactions and health care service delivery.
2 This requires individual health care professionals and health care
3 organizations to acknowledge and address their own biases, attitudes,
4 assumptions, stereotypes, prejudices, structures, and characteristics
5 that may affect the quality of care provided. In doing so, cultural
6 safety encompasses a critical consciousness where health care
7 professionals and health care organizations engage in ongoing self-
8 reflection and self-awareness and hold themselves accountable for
9 providing culturally safe care, as defined by the patient and their
10 communities, and as measured through progress towards achieving
11 health equity. Cultural safety requires health care professionals and
12 their associated health care organizations to influence health care
13 to reduce bias and achieve equity within the workforce and working
14 environment."

SB 5629 - S AMD 547
By Senator Conway

ADOPTED 02/13/2024

15 On page 1, line 2 of the title, after "services;" strike the
16 remainder of the title and insert "amending RCW 43.70.613; adding a
17 new section to chapter 70.54 RCW; adding a new section to chapter
18 43.70 RCW; and providing an expiration date."

EFFECT: Clarifies that a hepatitis B and hepatitis C screening test shall be offered to an adult patient who receives primary care services from a health care clinic where primary care services are provided during an annual physical examination or wellness visit rather than any patient receiving patient care services to the extent that the services are covered under the patient's health insurance.

Outlines options for how a health care clinic may comply with the screening test requirements and circumstances in which a screening test is not required.

States that the screening test requirements does not affect the scope of practice of any health care provider or diminish any authority or legal or professional obligation of any health care provider.

States that a failure to comply with these requirements shall not subject a health care provider or health care clinic where primary care services are provided to any actions related to their licensure or certification, or to any civil or criminal liability.

Removes references to "primary care providers" and the definition for "primary care providers."

Defines "health care clinic where primary care services are provided."

Requires Department of Health to design a hepatitis B and hepatitis C awareness campaign by September 1, 2025.

Adds a "viral hepatitis screening and treatment" to the list of possible course topics to the required health equity continuing education training for licensed health care professionals.

--- END ---