

# HOUSE BILL REPORT

## HB 1917

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**As Reported by House Committee On:**  
Postsecondary Education & Workforce

**Title:** An act relating to the physician assistant compact.

**Brief Description:** Adopting the physician assistant compact.

**Sponsors:** Representatives Leavitt, Ybarra, Ryu, Volz, Schmidt, Christian, Slatter, Bateman, Chambers, Reeves, Reed, Graham, Simmons, Jacobsen, Timmons, Macri, Gregerson, Caldier, Tharinger, Nance, Riccelli, Harris and Shavers.

**Brief History:**

**Committee Activity:**

Postsecondary Education & Workforce: 1/10/24, 1/12/24 [DP].

**Brief Summary of Bill**

- Enacts the Physician Assistant Compact.
- Exempts certain information and data relating to physician assistant multistate licenses and applications from the Public Records Act.

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### HOUSE COMMITTEE ON POSTSECONDARY EDUCATION & WORKFORCE

**Majority Report:** Do pass. Signed by 12 members: Representatives Slatter, Chair; Entenman, Vice Chair; Reed, Vice Chair; Ybarra, Ranking Minority Member; Chandler, Jacobsen, Klicker, Leavitt, Nance, Pollet, Schmidt and Timmons.

**Staff:** Elizabeth Allison (786-7129).

**Background:**

Physician Assistants.

A physician assistant is an individual licensed to practice medicine pursuant to a practice

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agreement with a physician working in a supervisory capacity, and who is academically and clinically prepared to provide health care services and perform diagnostic, therapeutic, preventative, and health maintenance services. A physician assistant may only practice with the approval of the Washington Medical Commission (WMC) and only to the extent allowed by the WMC. A physician assistant may provide a service that he or she is competent to perform based on his or her education, training, and experience.

Individuals applying to the WMC for a physician assistant license must have graduated from an accredited WMC-approved physician assistant program and successfully passed the National Commission on Certification of Physician Assistants (NCCPA) examination. An applicant must also submit an application and proof that the applicant has completed the requirements for licensure, as well as proof that the applicant is of good moral character and is physically and mentally capable of practicing medicine with reasonable skill and safety. Before practicing, a physician assistant must file a practice agreement with the WMC.

#### Public Records Act.

The Public Records Act (PRA) requires state and local agencies to make their written records available to the public for inspection and copying upon request, unless the information fits into a specific exemption in the PRA or as otherwise provided in law. Exceptions include records that contain personally identifying information about an individual's religious beliefs, practices, or affiliation; certain information relating to crime victims; and specified employment and licensing information.

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#### **Summary of Bill:**

##### Compact Establishment.

The Physician Assistant Compact (Compact) is established, which allows licensed physician assistants to practice across state lines in Compact states under a Compact privilege.

##### Compact Commission.

The Compact is administered by a Compact commission (Commission), which is a joint government agency and national administrative body established by the Compact's participating states. The membership of the Commission consists of one delegate selected by each participating state. The delegate must be either:

- a current physician assistant, physician, or public member of a license board or physician assistant council or committee; or
- an administrator of a licensing board.

Duties of the Commission include:

- establishing bylaws;
- taking actions consistent with the Compact and bylaws;
- promulgating rules to facilitate and coordinate implementation and administration of

- the Compact;
- bringing and prosecuting legal proceedings on behalf of the Commission;
- establishing a budget and making expenditures; and
- preparing and providing an annual report.

The Commission must establish an executive committee composed of nine members. The executive committee's duties include recommending changes to rules or bylaws, preparing and recommending a budget, monitoring Compact compliance, and other duties provided in the bylaws.

The Commission and executive committee must meet at least once every year. With limited exceptions, all meetings of the Commission and executive committee are open to the public. Notice shall be provided on the Commission's website at least 30 days prior to the meeting. The Commission must keep minutes of its meetings. The Commission may close meetings to the public to discuss certain matters, including noncompliance by participating states, employment matters, litigation, disclosure of trade secrets, law enforcement investigative records, and matters specifically exempt from disclosure by federal or state law.

The Commission must promulgate reasonable rules to effectively and efficiently achieve the purpose of the Compact. At least 30 days prior to voting on a rule, the Commission must file a notice of proposed rulemaking, conduct a public hearing, and allow the submission of written input. The Commission may enact emergency rules with 24 hours' notice that must undergo the full rule-making process no later than 90 days after their effective dates.

The Commission may levy an annual assessment on Compact states and levy fees on licensees to cover the costs of operations and activities.

Other Compact provisions relating to the Commission include provisions relating to:

- judicial proceedings against the Commission;
- financing the Commission; and
- qualified immunity, defense, and indemnification of Commission members.

#### Data System.

The Commission must establish a coordinated data and reporting system containing licensure, adverse action, and the reporting of significant investigative information on all licensed physician assistants and applicants denied a license in participating states. Participating states must submit a uniform data set to the data system. Participating states may designate information that may not be shared without the states' permission. Any information that is subsequently required to be expunged by the laws of a participating state must be removed from the system.

#### State Membership Requirements.

The Compact becomes effective when enacted by at least seven states. To be eligible for

Compact membership, a state must:

- license physician assistants;
- participate in the Compact's data system;
- have a mechanism in place for receiving and investigating complaints against licensees and license applicants;
- notify the Commission of any adverse action against a licensee or applicant or the existence of significant investigative information regarding a licensee or license applicants;
- fully implement a criminal background check requirement;
- comply with applicable Commission rules;
- utilize passage of a recognized national exam; and
- grant the Compact privilege to a holder of a qualifying license in a participating state.

#### Compact Privilege Requirements.

To exercise the Compact privilege, a licensee must:

- have graduated from an accredited physician assistant program;
- hold current NCCPA certification;
- have no felony or misdemeanor convictions;
- have never had a controlled substance license, permit, or registration suspended or revoked by a state or by the United States Drug Enforcement Agency;
- have a unique identifier as determined by Commission rule;
- hold a qualifying license;
- have had no revocation of a license or limitation or restriction on any license currently held due to an adverse action;
- notify the Commission that the licensee is seeking the Compact privilege in a remote state;
- meet any jurisprudence requirement of a remote state in which the licensee is seeking to practice under the Compact privilege and pay any applicable fees; and
- report to the Commission any adverse action taken by a nonparticipating state within 30 days after the action is taken.

#### Discipline.

A participating state in which a licensee is licensed has exclusive power to impose adverse action against the qualified license. Remote states may take adverse action against a physician assistant's Compact privilege within that state and issue subpoenas for both hearings and investigations. Participating states may take adverse action based on factual findings of a remote state. States may participate in joint investigations. If adverse action is taken by a participating state, the adverse action applies in all other participating states. If the Compact privilege is removed, the licensee loses the Compact privilege in other participating states until the specific period of time for the removal has ended and all conditions for removal have been satisfied. If any participating state takes adverse action, it must promptly notify the administrator of the data system.

#### Joining and Withdrawing.

The Compact comes into effect on the date when the seventh state joins. States may join the Compact by enacting the Compact's provisions into law. States that enact the Compact before the Compact comes into effect are subject to review after the effective date of the Compact. The Compact may be amended by enactments in all participating states. A state may withdraw from the Compact by repealing its enacting statute, but the withdrawal is not effective until 180 days after the statute's repeal.

Oversight, Dispute Resolution, and Enforcement.

The executive and judicial branches of the participating states must enforce the Compact. If the Commission determines a state is in default, it must provide written notice to that state and provide it with remedial training and specific technical assistance regarding the default. In addition, the Commission may bring a legal action in federal court to enforce the Compact. After all other means of securing compliance have been exhausted, a defaulting state may be terminated from the Compact through a vote of the majority of Commission members.

Severability.

State laws in conflict with the Compact are superseded to the extent of the Compact. The Compact does not prevent the enforcement of any other law of a participating state that is not inconsistent with the Compact. Permissible agreements between the Commission and the participating states are binding. If the Compact conflicts with the constitution of a participating state, the Compact is ineffective to the extent of that conflict. If the constitutional provision in question is a material departure from the Compact, the state may be terminated from the Compact.

State Law Changes.

Information in documents distributed to the WMC by the Compact through the data system, including identifying information, licensure data, adverse actions against a license or compact privilege, or license application denials and the reasons for such denial, is exempt from disclosure under the PRA.

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**Appropriation:** None.

**Fiscal Note:** Available.

**Effective Date:** The bill takes effect 90 days after adjournment of the session in which the bill is passed.

**Staff Summary of Public Testimony:**

(In support) The Legislature passed four compacts last year and two the year before. These compacts are an effort to address the workforce challenges in the state and allow workers who are from a compact state to come to Washington and work. This also provides an

opportunity for military spouses who are moving to Washington due to military service. Compacts are also a good fit for residents who move out of state, but continue offering care to in-state residents through telehealth. There is a rise in the health care and medical needs in the veteran population. Timely access to care is critical to provide care for war fighters. The physician assistant compact is a great force multiplier within the health service community. Washington does not want to lose its veterans due to long wait times. Wait times have pushed appointment times at federal facilities beyond 30-60 days, so veterans are referred out to state care, which is competitive with civilians. There is a need for more healthcare workers. The compact is mutual, like other compacts in Washington. Physician assistants who are utilizing the compact are required to abide by the scope of practice and licensing requirements of remote states. The compact also creates a shared interstate license data system which allows states to share disciplinary information with each other. Physician assistants diagnose illnesses, manage treatment plans, and order tests and procedures. They undergo 2,000 hours of clinical training and are master's-level clinicians. They practice in every state in every medical specialty. Washington has the opportunity to become the fourth state to adopt the physician assistant compact. The compact increases transparency and streamlines the licensing process. The demand for health care services is predicted to grow faster than physician supply. Adopting the compact would allow Washington to see the first wave of physician assistants being recruited to Washington by the end of 2025. Physician assistants started as Navy corpsmen in the 1970s and since then they have been part of military service and culture for generations. This is a piece of military history that brings along military veterans and spouses who serve in this profession. It is integral to seeing that they are retained in Washington and able to serve rural communities and across state lines in times of emergency.

(Opposed) None.

(Other) The Washington Medical Commission is the regulator for physicians and physician assistants in Washington. There are currently around 5,000 physician assistants regulated by the Washington Medical Commission. This compact is not currently included in the Governor's proposed budget. This compact mirrors the physician compact already adopted by Washington.

**Persons Testifying:** (In support) Representative Mari Leavitt, prime sponsor; Joshua Lumsden, Washington Academy of Physician Assistants; Allen Acosta and Charles Wharton, Veterans Legislative Coalition; Emily Wittman, Association of Washington Business; Tammie Perreault, Department of Defense; and Carl Sims, The Council of State Governments.

(Other) Stephanie Mason, Washington Medical Commission .

**Persons Signed In To Testify But Not Testifying:** None.