

CERTIFICATION OF ENROLLMENT

HOUSE BILL 1972

Chapter 15, Laws of 2024

68th Legislature
2024 Regular Session

PHYSICIAN HEALTH PROGRAM—FEES

EFFECTIVE DATE: June 6, 2024—Except for section 6, which takes effect January 1, 2026.

Passed by the House February 6, 2024
Yeas 97 Nays 0

LAURIE JINKINS

**Speaker of the House of
Representatives**

Passed by the Senate February 22,
2024
Yeas 48 Nays 0

DENNY HECK

President of the Senate

Approved March 7, 2024 11:20 AM

CERTIFICATE

I, Bernard Dean, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **HOUSE BILL 1972** as passed by the House of Representatives and the Senate on the dates hereon set forth.

BERNARD DEAN

Chief Clerk

FILED

March 7, 2024

JAY INSLEE

Governor of the State of Washington

**Secretary of State
State of Washington**

HOUSE BILL 1972

Passed Legislature - 2024 Regular Session

State of Washington

68th Legislature

2024 Regular Session

By Representatives Simmons, Harris, Reed, Ormsby, and Riccelli

Prefiled 12/19/23. Read first time 01/08/24. Referred to Committee on Health Care & Wellness.

1 AN ACT Relating to increasing the licensure fees that support the
2 Washington physicians health program; amending RCW 18.71.310,
3 18.71A.020, 18.57.015, 18.22.250, 18.32.534, and 18.92.047; creating
4 a new section; and providing an effective date.

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

6 NEW SECTION. **Sec. 1.** The legislature finds that for over 30
7 years the Washington physicians health program has been the approved
8 therapeutic alternative to discipline for Washington physicians,
9 physician assistants, dentists, osteopathic physicians, podiatric
10 physicians, and veterinarians with impairing or potentially impairing
11 health conditions. To best support health care professionals and
12 remain a model physician health program nationally, the license
13 surcharge fees that provide the majority of program funding must be
14 periodically increased to sustain and enhance services for impairing
15 or potentially impairing health conditions and hiring qualified staff
16 to handle the increased caseload complexity. More than ever, the
17 legislature finds it is critical to maintain our current physician
18 workforce and authorizing this fee increase, which is supported and
19 paid for by the health care professionals that the program benefits,
20 will provide the resources necessary for the program to continue
21 essential services to the health care workforce.

1 **Sec. 2.** RCW 18.71.310 and 2022 c 43 s 5 are each amended to read
2 as follows:

3 (1) The commission shall enter into a contract with the entity to
4 implement a physician health program. The commission may enter into a
5 contract with the entity for up to six years in length. The physician
6 health program may include any or all of the following:

7 (a) Entering into relationships supportive of the physician
8 health program with professionals who provide either evaluation or
9 treatment services, or both;

10 (b) Receiving and assessing reports of suspected impairment from
11 any source;

12 (c) Intervening in cases of verified impairment, or in cases
13 where there is reasonable cause to suspect impairment;

14 (d) Upon reasonable cause, referring suspected or verified
15 impaired physicians for evaluation or treatment;

16 (e) Monitoring the treatment and rehabilitation of participants
17 including those ordered by the commission;

18 (f) Providing monitoring and care management support of program
19 participants;

20 (g) Performing such other activities as agreed upon by the
21 commission and the entity; and

22 (h) Providing prevention and education services.

23 (2) A contract entered into under subsection (1) of this section
24 shall be financed by a surcharge of (~~(fifty dollars)~~) \$70 per year or
25 equivalent on each license renewal or issuance of a new license to be
26 collected by the department of health from every physician, surgeon,
27 and physician assistant licensed under this chapter in addition to
28 other license fees. These moneys shall be placed in the impaired
29 physician account to be used solely to support the physician health
30 program.

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

33 **Sec. 3.** RCW 18.71A.020 and 2020 c 80 s 3 are each amended to
34 read as follows:

35 (1) The commission shall adopt rules fixing the qualifications
36 and the educational and training requirements for licensure as a
37 physician assistant or for those enrolled in any physician assistant
38 training program. The requirements shall include completion of an
39 accredited physician assistant training program approved by the

1 commission and within one year successfully take and pass an
2 examination approved by the commission, if the examination tests
3 subjects substantially equivalent to the curriculum of an accredited
4 physician assistant training program. An interim permit may be
5 granted by the department of health for one year provided the
6 applicant meets all other requirements. Physician assistants licensed
7 by the board of medical examiners, or the commission as of July 1,
8 1999, shall continue to be licensed.

9 (2)(a) The commission shall adopt rules governing the extent to
10 which:

11 (i) Physician assistant students may practice medicine during
12 training; and

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

15 (b) Such rules shall provide:

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

19 (ii) That each physician assistant shall practice medicine only
20 under the terms of one or more practice agreements, each signed by
21 one or more supervising physicians licensed in this state. A practice
22 agreement may be signed electronically using a method for electronic
23 signatures approved by the commission. Supervision shall not be
24 construed to necessarily require the personal presence of the
25 supervising physician or physicians at the place where services are
26 rendered.

27 (3) Applicants for licensure shall file an application with the
28 commission on a form prepared by the secretary with the approval of
29 the commission, detailing the education, training, and experience of
30 the physician assistant and such other information as the commission
31 may require. The application shall be accompanied by a fee determined
32 by the secretary as provided in RCW 43.70.250 and 43.70.280. A
33 surcharge of (~~fifty dollars~~) \$70 per year shall be charged on each
34 license renewal or issuance of a new license to be collected by the
35 department and deposited into the impaired physician account for
36 physician assistant participation in the impaired physician program.
37 Each applicant shall furnish proof satisfactory to the commission of
38 the following:

1 (a) That the applicant has completed an accredited physician
2 assistant program approved by the commission and is eligible to take
3 the examination approved by the commission;

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

5 (c) That the applicant is physically and mentally capable of
6 practicing medicine as a physician assistant with reasonable skill
7 and safety. The commission may require an applicant to submit to such
8 examination or examinations as it deems necessary to determine an
9 applicant's physical or mental capability, or both, to safely
10 practice as a physician assistant.

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

14 (b) The license shall be renewed as determined under RCW
15 43.70.250 and 43.70.280. The commission shall request licensees to
16 submit information about their current professional practice at the
17 time of license renewal and licensees must provide the information
18 requested. This information may include practice setting, medical
19 specialty, or other relevant data determined by the commission.

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

22 **Sec. 4.** RCW 18.57.015 and 2022 c 43 s 3 are each amended to read
23 as follows:

24 (1) To implement an osteopathic physician health program as
25 authorized by RCW 18.130.175, the board shall enter into a contract
26 with a physician health program or a voluntary substance use disorder
27 monitoring program. The osteopathic physician health program may
28 include any or all of the following:

29 (a) Contracting with providers of treatment programs;

30 (b) Receiving and evaluating reports of suspected impairment from
31 any source;

32 (c) Intervening in cases of verified impairment;

33 (d) Referring impaired osteopathic physicians to treatment
34 programs;

35 (e) Monitoring the treatment and rehabilitation of impaired
36 osteopathic physicians including those ordered by the board;

37 (f) Providing education, prevention of impairment, posttreatment
38 monitoring, and support of rehabilitated impaired osteopathic
39 physicians; and

1 (g) Performing other related activities as determined by the
2 board.

3 (2) A contract entered into under subsection (1) of this section
4 shall be financed by a surcharge of (~~(fifty dollars)~~) \$70 per year or
5 equivalent on each license issuance or renewal to be collected by the
6 department from every osteopathic physician licensed under this
7 chapter. These moneys shall be placed in the health professions
8 account to be used solely for the implementation of the osteopathic
9 physician health program.

10 **Sec. 5.** RCW 18.22.250 and 2022 c 43 s 1 are each amended to read
11 as follows:

12 (1) To implement a podiatric physician health program as
13 authorized by RCW 18.130.175, the board shall enter into a contract
14 with a physician health program or a voluntary substance use disorder
15 monitoring program. The podiatric physician health program may
16 include any or all of the following:

17 (a) Contracting with providers of treatment programs;

18 (b) Receiving and evaluating reports of suspected impairment from
19 any source;

20 (c) Intervening in cases of verified impairment;

21 (d) Referring impaired podiatric physicians to treatment
22 programs;

23 (e) Monitoring the treatment and rehabilitation of impaired
24 podiatric physicians including those ordered by the board;

25 (f) Providing education, prevention of impairment, posttreatment
26 monitoring, and support of rehabilitated impaired podiatric
27 physicians; and

28 (g) Performing other related activities as determined by the
29 board.

30 (2) A contract entered into under subsection (1) of this section
31 shall be financed by a surcharge of (~~(fifty dollars)~~) \$70 per year or
32 equivalent on each license issuance or renewal to be collected by the
33 department from every podiatric physician licensed under this
34 chapter. These moneys must be placed in the health professions
35 account to be used solely for implementation of the podiatric
36 physician health program.

37 **Sec. 6.** RCW 18.32.534 and 2022 c 43 s 2 are each amended to read
38 as follows:

1 (1) To implement a dentist health program as authorized by RCW
2 18.130.175, the commission shall enter into a contract with a
3 physician health program or a voluntary substance use disorder
4 monitoring program. The dentist health program may include any or all
5 of the following:

6 (a) Contracting with providers of treatment programs;

7 (b) Receiving and evaluating reports of suspected impairment from
8 any source;

9 (c) Intervening in cases of verified impairment;

10 (d) Referring impaired dentists to treatment programs;

11 (e) Monitoring the treatment and rehabilitation of impaired
12 dentists including those ordered by the commission;

13 (f) Providing education, prevention of impairment, posttreatment
14 monitoring, and support of rehabilitated impaired dentists; and

15 (g) Performing other related activities as determined by the
16 commission.

17 (2) A contract entered into under subsection (1) of this section
18 shall be financed by a surcharge of up to (~~(fifty dollars)~~) \$70 per
19 year or equivalent on each license issuance or renewal to be
20 collected by the department of health from every dentist licensed
21 under this chapter. These moneys shall be placed in the health
22 professions account to be used solely for the implementation of the
23 dentist health program.

24 **Sec. 7.** RCW 18.92.047 and 2022 c 43 s 8 are each amended to read
25 as follows:

26 (1) To implement a veterinarian health program as authorized by
27 RCW 18.130.175, the veterinary board of governors shall enter into a
28 contract with a physician health program or a voluntary substance use
29 disorder monitoring program. The veterinarian health program may
30 include any or all of the following:

31 (a) Contracting with providers of treatment programs;

32 (b) Receiving and evaluating reports of suspected impairment from
33 any source;

34 (c) Intervening in cases of verified impairment;

35 (d) Referring impaired veterinarians to treatment programs;

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

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

1 (g) Performing other related activities as determined by the
2 board.

3 (2) A contract entered into under subsection (1) of this section
4 shall be financed by a surcharge of (~~twenty-five dollars~~) \$35 per
5 year or equivalent on each license issuance or renewal of a new
6 license to be collected by the department of health from every
7 veterinarian licensed under this chapter. These moneys shall be
8 placed in the health professions account to be used solely for the
9 implementation of the veterinarian health program.

10 NEW SECTION. **Sec. 8.** Section 6 of this act takes effect January
11 1, 2026.

Passed by the House February 6, 2024.
Passed by the Senate February 22, 2024.
Approved by the Governor March 7, 2024.
Filed in Office of Secretary of State March 7, 2024.

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