RCW 43.70.613 Health care professionals—Health equity continuing education. (1) By January 1, 2024, the rule-making authority for each health profession licensed under Title 18 RCW subject to continuing education requirements must adopt rules requiring a licensee to complete health equity continuing education training at least once every four years.

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

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

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

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

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

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

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

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

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

(vi) Structural competency training addressing five core competencies:

(A) Recognizing the structures that shape clinical interactions;

(B) Developing an extraclinical language of structure;

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

(D) Observing and imagining structural interventions; and

(E) Developing structural humility; and

(vii) Cultural safety training.

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

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

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

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

(c) "Cultural safety" means an examination by health care professionals of themselves and the potential impact of their own culture on clinical interactions and health care service delivery. This requires individual health care professionals and health care organizations to acknowledge and address their own biases, attitudes, assumptions, stereotypes, prejudices, structures, and characteristics that may affect the quality of care provided. In doing so, cultural safety encompasses a critical consciousness where health care professionals and health care organizations engage in ongoing self-reflection and self-awareness and hold themselves accountable for providing culturally safe care, as defined by the patient and their communities, and as measured through progress towards achieving health equity. Cultural safety requires health care professionals and their associated health care organizations to influence health care to reduce bias and achieve equity within the workforce and working environment. [2021 c 276 § 2.]

Findings—2021 c 276: "The legislature finds that:

(1) Healthy Washingtonians contribute to the economic and social welfare of their families and communities, and access to health services and improved health outcomes allows all Washington families to enjoy productive and satisfying lives;

(2) The COVID-19 pandemic has further exposed that health outcomes are experienced differently by different people based on discrimination and bias by the health care system. Research shows that health care resources are distributed unevenly by intersectional categories including, but not limited to, race, gender, ability status, religion, sexual orientation, socioeconomic status, and geography; and

(3) These inequities have permeated health care delivery, deepening adverse outcomes for marginalized communities. This bill aims to equip health care workers with the skills to recognize and reduce these inequities in their daily work. In addition to their individual impact, health care workers need the skills to address systemic racism and bias." [2021 c 276 § 1.]