CERTIFICATION OF ENROLLMENT

SUBSTITUTE HOUSE BILL 1865

Chapter 308, Laws of 2019

66th Legislature 2019 Regular Session

ACUPUNCTURE AND EASTERN MEDICINE--VARIOUS PROVISIONS

EFFECTIVE DATE: July 28, 2019

Passed by the House March 8, 2019 Yeas 96 Nays 2

FRANK CHOPP

Speaker of the House of Representatives

Passed by the Senate April 15, 2019 Yeas 48 Nays 0

CYRUS HABIB

President of the Senate

Approved May 8, 2019 3:52 PM

CERTIFICATE

I, Bernard Dean, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **SUBSTITUTE HOUSE BILL 1865** as passed by House of Representatives and the Senate on the dates hereon set forth.

BERNARD DEAN

Chief Clerk

FILED

May 13, 2019

JAY INSLEE

Governor of the State of Washington

Secretary of State State of Washington

SUBSTITUTE HOUSE BILL 1865

Passed Legislature - 2019 Regular Session

State of Washington 66th Legislature 2019 Regular Session

By House Health Care & Wellness (originally sponsored by Representatives Cody, Harris, Pettigrew, Caldier, Tharinger, and Thai)

READ FIRST TIME 02/22/19.

AN ACT Relating to acupuncture and Eastern medicine; amending RCW 18.06.010, 18.06.020, 18.06.045, 18.06.050, 18.06.060, 18.06.080, 18.06.130, 18.06.140, 18.06.190, 18.06.220, 18.06.230, 4.24.240, 4.24.290, 7.70.020, 18.120.020, 18.130.040, 18.250.010, 41.05.074, 43.70.110, and 48.43.016; reenacting and amending RCW 69.41.010; adding a new section to chapter 18.06 RCW; creating a new section; and repealing RCW 18.06.070, 18.06.180, and 18.06.005.

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

9 <u>NEW SECTION.</u> Sec. 1. The legislature finds that acupuncture and 10 Eastern medicine is a holistic system of medicine that has developed 11 through traditional medical practices in China, Japan, Korea, and the 12 other East Asian countries.

The legislature finds that the practice of acupuncture has become 13 14 mainstream in the health care system nationally and internationally. 15 intends to align the professional title The legislature of 16 acupuncture with state and federal designations for the profession, 17 defining it as a comprehensive system of medicine. For the purposes 18 of this act, the term Eastern medicine is more inclusive of the 19 broader system of medicine and can be used interchangeably with 20 acupuncture.

1 The legislature does not intend to require persons currently 2 licensed under this chapter to change the business name of their 3 practice if otherwise in compliance with this chapter.

4 Sec. 2. RCW 18.06.010 and 2016 c 97 s 1 are each amended to read 5 as follows:

6 The following terms in this chapter shall have the meanings set 7 forth in this section unless the context clearly indicates otherwise:

8 (1) <u>"Acupuncture" or</u> "((East Asian)) Eastern medicine" means a 9 health care service utilizing ((East Asian)) acupuncture or Eastern 10 medicine diagnosis and treatment to promote health and treat organic 11 or functional disorders and includes the following:

12 (a) Acupuncture, including the use of acupuncture needles or 13 lancets to directly and indirectly stimulate acupuncture points and 14 meridians;

15 (b) Use of electrical, mechanical, or magnetic devices to 16 stimulate acupuncture points and meridians;

- 17 (c) Moxibustion;
- 18 (d) Acupressure;
- 19 (e) Cupping;
- 20 (f) Dermal friction technique;
- 21 (g) Infra-red;
- 22 (h) Sonopuncture;
- 23 (i) Laserpuncture;

24 (j) Point injection therapy (((aquapuncture))), as defined in 25 rule by the department. Point injection therapy includes injection of substances, limited to saline, sterile water, herbs, minerals, 26 vitamins in liquid form, and homeopathic and nutritional substances, 27 consistent with the practice of ((East Asian)) acupuncture or Eastern 28 medicine. Point injection therapy does not include injection of 29 30 controlled substances contained in Schedules I through V of the 31 uniform controlled substances act, chapter 69.50 RCW or steroids as defined in RCW 69.41.300; 32

33 (k) Dietary advice and health education based on ((East Asian)) 34 <u>acupuncture or Eastern</u> medical theory, including the recommendation 35 and sale of herbs, vitamins, minerals, and dietary and nutritional 36 supplements;

37 (1) Breathing, relaxation, and ((East Asian)) Eastern exercise 38 techniques;

39 (m) Qi gong;

(n) ((East Asian)) Eastern massage and Tui na, which is a method of ((East Asian)) Eastern bodywork, characterized by the kneading, pressing, rolling, shaking, and stretching of the body and does not include spinal manipulation; and

5

(o) Superficial heat and cold therapies.

6 (2) <u>"Acupuncturist" or</u> "((East Asian)) acupuncture and Eastern 7 medicine practitioner" means a person licensed under this chapter.

8

(3) "Department" means the department of health.

9 (4) "Secretary" means the secretary of health or the secretary's 10 designee.

11 Nothing in this chapter requires individuals to be licensed as an 12 ((East Asian)) acupuncturist or Eastern medicine practitioner in 13 order to provide the techniques and services in subsection (1)(k) 14 through (o) of this section or to sell herbal products.

15 Sec. 3. RCW 18.06.020 and 2010 c 286 s 3 are each amended to 16 read as follows:

(1) No one may hold themselves out to the public as an ((East 17 Asian medicine practitioner,)) acupuncturist, ((or)) licensed 18 acupuncturist, acupuncture and Eastern medicine practitioner, or any 19 20 derivative thereof which is intended to or is likely to lead the 21 public to believe such a person is an ((East Asian medicine 22 practitioner,)) acupuncturist, ((or)) licensed acupuncturist or acupuncture and Eastern medicine practitioner, unless licensed as 23 24 provided for in this chapter.

(2) A person may not practice ((East Asian)) <u>acupuncture or</u> <u>Eastern</u> medicine ((or acupuncture)) if the person is not licensed under this chapter.

(3) No one may use any configuration of letters after their name (including L. Ac. $((\Theta r))_r$ EAMP, or AEMP) which indicates a degree or formal training in ((East Asian)) acupuncture or Eastern medicine(($_7$ including acupuncture $_r$)) unless licensed as provided for in this chapter.

33 (4) The secretary may by rule proscribe or regulate advertising 34 and other forms of patient solicitation which are likely to mislead 35 or deceive the public as to whether someone is licensed under this 36 chapter.

(5) ((Any)) <u>A</u> person licensed ((as an acupuncturist)) under this chapter ((prior to June 10, 2010, must, upon successful license renewal, be granted)) <u>may use</u> the title ((East Asian)) <u>acupuncture</u>

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<u>and Eastern</u> medicine practitioner ((or)) <u>and may use</u> the letters ((EAMP)) <u>AEMP</u> indicating such license ((title)). However, nothing in this section ((shall)) prohibits or limits in any way a practitioner licensed under this ((title)) <u>chapter</u> from <u>alternatively</u> holding himself or herself out as an acupuncturist ((or)), licensed acupuncturist, <u>or East Asian medicine practitioner</u> or from using the letters L.Ac.or EAMP after his or her name.

8 **Sec. 4.** RCW 18.06.045 and 2010 c 286 s 4 are each amended to 9 read as follows:

10 Nothing in this chapter shall be construed to prohibit or 11 restrict:

(1) The practice by an individual credentialed under the laws of this state and performing services within such individual's authorized scope of practice;

15 (2) The practice by an individual employed by the government of 16 the United States while engaged in the performance of duties 17 prescribed by the laws of the United States;

18 (3) The practice by a person who is a regular student in an 19 educational program approved by the secretary, and whose performance 20 of services is pursuant to a regular course of instruction or 21 assignments from an instructor and under the general supervision of 22 the instructor;

23 (4) The practice of ((East Asian)) <u>acupuncture or Eastern</u> 24 medicine ($(\frac{1}{r} - \frac{1}{r} - \frac{1}{r} - \frac{1}{r}))$ by any person credentialed to 25 perform ((East Asian)) acupuncture or Eastern medicine((, including $\frac{1}{1}$ acupuncture,)) in any other jurisdiction where such person is doing 26 27 so in the course of regular instruction of a school of ((East Asian 28 medicine, including)) acupuncture, Eastern medicine, traditional Chinese medicine, or medical traditions from Japan, Korea, or other 29 30 East Asian countries, approved by the secretary or in an educational 31 seminar by a professional organization of ((East Asian)) acupuncture 32 or Eastern medicine, ((including acupuncture,)) provided that in the latter case, the practice is supervised directly by a person licensed 33 under this chapter or licensed under any other healing art whose 34 scope of practice is ((East Asian)) acupuncture and Eastern 35 medicine((_____including_acupuncture)). 36

37 Sec. 5. RCW 18.06.050 and 2010 c 286 s 5 are each amended to 38 read as follows:

Any person seeking to be ((examined)) <u>licensed</u> shall present to the secretary ((at least forty-five days before the commencement of the examination)):

4 (1) A written application on a form or forms provided by the 5 secretary setting forth under affidavit such information as the 6 secretary may require; and

7

(2) Proof that the candidate has:

(a) Successfully completed a course, approved by the secretary, 8 of didactic training in basic sciences and ((East Asian)) acupuncture 9 and Eastern medicine((, including acupuncture,)) over a minimum 10 11 period of two academic years. The training shall include such 12 anatomy, physiology, microbiology, subjects as biochemistry, pathology, hygiene, and a survey of western clinical sciences. The 13 14 basic science classes must be equivalent to those offered at the collegiate level. However, if the applicant is a licensed 15 16 chiropractor under chapter 18.25 RCW or a naturopath licensed under 17 chapter 18.36A RCW, the requirements of this subsection relating to 18 basic sciences may be reduced by up to one year depending upon the 19 extent of the candidate's qualifications as determined under rules 20 adopted by the secretary;

21 (b) Successfully completed five hundred hours of clinical 22 training in ((East Asian)) acupuncture or Eastern medicine(($_{\tau}$ 23 including acupuncture_ $_{\tau}$)) that is approved by the secretary.

24 Sec. 6. RCW 18.06.060 and 1991 c 3 s 8 are each amended to read 25 as follows:

The department shall consider for approval any $school((\tau))$ or program((τ apprenticeship, or tutorial which)) that meets the requirements outlined in this chapter and provides the training required under RCW 18.06.050. Clinical and didactic training may be approved as separate programs or as a joint program. The process for approval shall be established by the secretary by rule.

32 Sec. 7. RCW 18.06.080 and 2010 c 286 s 6 are each amended to 33 read as follows:

(1) The secretary is hereby authorized and empowered to execute
the provisions of this chapter and shall offer examinations in ((East
Asian)) order to become a licensed acupuncturist or acupuncture and
<u>Eastern</u> medicine((, including acupuncture,)) practitioner at least
twice a year at such times and places as the secretary may select.

The examination shall be a written examination and may include a
 practical examination.

3 The secretary shall ((develop or)) approve a licensure (2) examination in the subjects that the secretary determines are within 4 the scope of and commensurate with the work performed by an ((East 5 6 Asian)) <u>acupuncturist or acupuncture and Eastern</u> medicine 7 practitioner and shall include but not necessarily be limited to anatomy, physiology, microbiology, biochemistry, pathology, hygiene, 8 and ((East Asian)) Eastern medicine((, including 9 acupuncture, acupuncture)). All application papers shall be deposited with the 10 11 secretary and there retained for at least one year, when they may be 12 destroyed.

13 (3) If the examination is successfully passed, the secretary 14 shall confer on such candidate the title of ((East Asian)) 15 <u>acupuncturist or acupuncture and Eastern</u> medicine practitioner.

16 Sec. 8. RCW 18.06.130 and 2010 c 286 s 8 are each amended to 17 read as follows:

(1) The secretary shall develop a form to be used by a person licensed under this chapter to inform the patient of the scope of practice and qualifications of an ((East Asian)) <u>acupuncturist or</u> <u>acupuncture and Eastern</u> medicine practitioner. All license holders shall bring the form to the attention of the patients in whatever manner the secretary, by rule, provides.

24

(2) A person violating this section is guilty of a misdemeanor.

25 Sec. 9. RCW 18.06.140 and 2015 c 60 s 2 are each amended to read 26 as follows:

27 (1) When a person licensed under this chapter sees patients with potentially serious disorders such as cardiac conditions, acute 28 29 abdominal symptoms, and such other conditions, the practitioner shall 30 immediately request a consultation or recent written diagnosis from a 31 primary health care provider licensed under chapter 18.71, 18.57, 18.57A, 18.36A, or 18.71A RCW or RCW 18.79.050. In the event that the 32 patient with the disorder refuses to authorize such consultation or 33 provide a recent diagnosis from such primary health care provider, 34 ((East Asian medical)) acupuncture or Eastern medicine treatments((35 including acupuncture,)) may only be continued after the patient 36 37 signs a written waiver acknowledging the risks associated with the 38 failure to pursue treatment from a primary health care provider. The

1 waiver must also include: (a) An explanation of an ((East Asian)) acupuncturist's or acupuncture and Eastern medicine practitioner's 2 scope of practice, including the services and techniques ((East 3 Asian)) <u>acupuncturists</u> or <u>acupuncture</u> and <u>Eastern</u> 4 medicine practitioners are authorized to provide and (b) a statement that the 5 6 services and techniques that an ((East Asian)) acupuncturist or acupuncture and Eastern medicine practitioner is authorized to 7 provide will not resolve the patient's underlying potentially serious 8 disorder. The requirements of the waiver shall be established by the 9 secretary in rule. 10

(2) In an emergency, a person licensed under this chapter shall:
(a) Initiate the emergency medical system by calling 911; (b) request
an ambulance; and (c) provide patient support until emergency
response arrives.

15 (3) A person violating this section is guilty of a misdemeanor.

16 Sec. 10. RCW 18.06.190 and 2010 c 286 s 10 are each amended to 17 read as follows:

18 The secretary may license a person without examination if such 19 person is credentialed as an ((East Asian)) <u>acupuncturist or</u> 20 <u>acupuncture and Eastern</u> medicine practitioner ((or licensed 21 acupuncturist)), or equivalent, in another jurisdiction if, in the 22 secretary's judgment, the requirements of that jurisdiction are 23 equivalent to or greater than those of Washington state.

24 Sec. 11. RCW 18.06.220 and 2015 c 60 s 1 are each amended to 25 read as follows:

26 The Washington state ((East Asian)) <u>acupuncture and Eastern</u> 27 medicine advisory committee is established.

(1) The committee consists of five members, each of whom must be 28 29 a resident of the state of Washington. Four committee members must be 30 ((East Asian)) acupuncturists or acupuncture and Eastern medicine practitioners licensed under this chapter who have not less than five 31 years' experience in the practice of ((East Asian)) acupuncture and 32 Eastern medicine and who have been actively engaged in practice 33 within two years of appointment. The fifth committee member must be 34 appointed from the public at large and must have an interest in the 35 rights of consumers of health services. 36

37 (2) The secretary shall appoint the committee members. Committee38 members serve at the pleasure of the secretary. The secretary may

1 appoint members of the initial committee to staggered terms of one to 2 three years, and thereafter all terms are for three years. No member 3 may serve more than two consecutive full terms.

4 (3) The committee shall meet as necessary, but no less often than
5 once per year. The committee shall elect a chair and a vice chair. A
6 majority of the members currently serving constitutes a quorum.

7 (4) The committee shall advise and make recommendations to the
8 secretary on standards for the practice of ((East Asian)) <u>acupuncture</u>
9 <u>and Eastern</u> medicine.

10 (5) Committee members must be compensated in accordance with RCW 11 43.03.240, including travel expenses in carrying out his or her 12 authorized duties in accordance with RCW 43.03.050 and 43.03.060.

13 (6) Committee members are immune from suit in an action, civil or 14 criminal, based on the department's disciplinary proceedings or other 15 official acts performed in good faith.

16 Sec. 12. RCW 18.06.230 and 2016 c 97 s 4 are each amended to 17 read as follows:

(1) Prior to providing point injection therapy services, an ((East Asian)) acupuncturist or acupuncture and Eastern medicine practitioner must obtain the education and training necessary to provide the service. ((The department shall adopt rules by July 1, 2017, to specify the education and training necessary to provide point injection therapy.))

(2) Any ((East Asian)) <u>acupuncturist or acupuncture and Eastern</u>
 medicine practitioner performing point injection therapy prior to
 June 9, 2016, must be able to demonstrate, upon request of the
 department of health, successful completion of education and training
 in point injection therapy.

29 <u>NEW SECTION.</u> Sec. 13. A new section is added to chapter 18.06 30 RCW to read as follows:

31 The department shall adopt a rule requiring completion of 32 continuing education for acupuncturists as a condition of license 33 renewal.

34 Sec. 14. RCW 4.24.240 and 2010 c 286 s 11 are each amended to 35 read as follows:

36 (1) (a) A person licensed by this state to provide health care or 37 related services including, but not limited to, an ((East Asian))

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1 acupuncturist or acupuncture and Eastern medicine practitioner, a physician, osteopathic physician, dentist, nurse, optometrist, 2 podiatric physician and surgeon, chiropractor, physical therapist, 3 psychologist, pharmacist, optician, physician assistant, osteopathic 4 physician's assistant, nurse practitioner, including, in the event 5 6 such person is deceased, his or her estate or personal 7 representative;

8 (b) An employee or agent of a person described in subparagraph 9 (a) of this subsection, acting in the course and scope of his or her 10 employment, including, in the event such employee or agent is 11 deceased, his or her estate or personal representative; or

(c) An entity, whether or not incorporated, facility, 12 or institution employing one or more persons described in subparagraph 13 (a) of this subsection, including, but not limited to, a hospital, 14 clinic, health maintenance organization, or nursing home; or an 15 16 officer, director, trustee, employee, or agent thereof acting in the 17 course and scope of his or her employment, including in the event 18 such officer, director, employee, or agent is deceased, his or her 19 estate or personal representative;

20 shall be immune from civil action for damages arising out of the good 21 faith performance of their duties on such committees, where such 22 actions are being brought by or on behalf of the person who is being 23 evaluated.

24 (2) No member, employee, staff person, or investigator of a 25 professional review committee shall be liable in a civil action as a result of acts or omissions made in good faith on behalf of the 26 committee; nor shall any person be so liable for filing charges with 27 28 or supplying information or testimony in good faith to any professional review committee; nor shall a member, employee, staff 29 person, or investigator of a professional society, of a professional 30 31 examining or licensing board, of a professional disciplinary board, 32 of a governing board of any institution, or of any employer of professionals be so liable for good faith acts or omissions made in 33 full or partial reliance on recommendations or decisions of a 34 35 professional review committee or examining board.

36 Sec. 15. RCW 4.24.290 and 2010 c 286 s 12 are each amended to 37 read as follows:

In any civil action for damages based on professional negligence against a hospital which is licensed by the state of Washington or

against the personnel of any such hospital, or against a member of 1 the healing arts including, but not limited to, an ((East Asian)) 2 3 acupuncturist or acupuncture and Eastern medicine practitioner licensed under chapter 18.06 RCW, a physician licensed under chapter 4 18.71 RCW, an osteopathic physician licensed under chapter 18.57 RCW, 5 6 a chiropractor licensed under chapter 18.25 RCW, a dentist licensed under chapter 18.32 RCW, a podiatric physician and surgeon licensed 7 under chapter 18.22 RCW, or a nurse licensed under chapter 18.79 RCW, 8 the plaintiff in order to prevail shall be required to prove by a 9 preponderance of the evidence that the defendant or defendants failed 10 to exercise that degree of skill, care, and learning possessed at 11 12 that time by other persons in the same profession, and that as a proximate result of such failure the plaintiff suffered damages, but 13 14 in no event shall the provisions of this section apply to an action based on the failure to obtain the informed consent of a patient. 15

16 Sec. 16. RCW 7.70.020 and 2010 c 286 s 13 are each amended to 17 read as follows:

18

As used in this chapter "health care provider" means either:

(1) A person licensed by this state to provide health care or 19 20 related services including, but not limited to, an ((East Asian)) 21 acupuncturist or acupuncture and Eastern medicine practitioner, a physician, osteopathic physician, dentist, nurse, optometrist, 22 podiatric physician and surgeon, chiropractor, physical therapist, 23 24 psychologist, pharmacist, optician, physician assistant, midwife, 25 osteopathic physician's assistant, nurse practitioner, or physician's trained mobile intensive care paramedic, including, in the event such 26 27 person is deceased, his or her estate or personal representative;

(2) An employee or agent of a person described in part (1) above,
 acting in the course and scope of his employment, including, in the
 event such employee or agent is deceased, his or her estate or
 personal representative; or

32 entity, whether or not incorporated, facility, (3) An or institution employing one or more persons described in part (1) 33 above, including, but not limited to, a hospital, clinic, health 34 maintenance organization, or nursing home; or an officer, director, 35 employee, or agent thereof acting in the course and scope of his or 36 37 employment, including in the event such officer, her director, 38 employee, or agent is deceased, his or her estate or personal representative. 39

1 Sec. 17. RCW 18.120.020 and 2017 c 336 s 19 are each amended to 2 read as follows:

3 The definitions in this section apply throughout this chapter 4 unless the context clearly requires otherwise.

5 (1) "Applicant group" includes any health professional group or 6 organization, any individual, or any other interested party which 7 proposes that any health professional group not presently regulated 8 be regulated or which proposes to substantially increase the scope of 9 practice of the profession.

10 (2) "Certificate" and "certification" mean a voluntary process by 11 which a statutory regulatory entity grants recognition to an 12 individual who (a) has met certain prerequisite qualifications 13 specified by that regulatory entity, and (b) may assume or use 14 "certified" in the title or designation to perform prescribed health 15 professional tasks.

16 (3) "Grandfather clause" means a provision in a regulatory 17 statute applicable to practitioners actively engaged in the regulated 18 health profession prior to the effective date of the regulatory 19 statute which exempts the practitioners from meeting the prerequisite 20 qualifications set forth in the regulatory statute to perform 21 prescribed occupational tasks.

(4) "Health professions" means and includes the following health 22 23 and health-related licensed or regulated professions and occupations: Podiatric medicine and surgery under chapter 18.22 RCW; chiropractic 24 25 under chapter 18.25 RCW; dental hygiene under chapter 18.29 RCW; dentistry under chapter 18.32 RCW; denturism under chapter 18.30 RCW; 26 dental anesthesia assistants under chapter 18.350 RCW; dispensing 27 opticians under chapter 18.34 RCW; hearing instruments under chapter 28 18.35 RCW; naturopaths under chapter 18.36A RCW; embalming and 29 funeral directing under chapter 18.39 RCW; midwifery under chapter 30 31 18.50 RCW; nursing home administration under chapter 18.52 RCW; 32 optometry under chapters 18.53 and 18.54 RCW; ocularists under chapter 18.55 RCW; osteopathic medicine and surgery under chapters 33 18.57 and 18.57A RCW; pharmacy under chapters 18.64 and 18.64A RCW; 34 medicine under chapters 18.71 and 18.71A RCW; emergency medicine 35 under chapter 18.73 RCW; physical therapy under chapter 18.74 RCW; 36 practical nurses under chapter 18.79 RCW; psychologists under chapter 37 18.83 RCW; registered nurses under chapter 18.79 RCW; occupational 38 39 therapists licensed under chapter 18.59 RCW; respiratory care 40 practitioners licensed under chapter 18.89 RCW; veterinarians and

1 veterinary technicians under chapter 18.92 RCW; massage therapists under chapter 18.108 RCW; ((East Asian)) acupuncturists or 2 acupuncture and Eastern medicine practitioners licensed under chapter 3 18.06 RCW; persons registered under chapter 18.19 RCW; persons 4 licensed as mental health counselors, marriage and family therapists, 5 6 and social workers under chapter 18.225 RCW; dietitians and nutritionists certified by chapter 18.138 RCW; radiologic technicians 7 under chapter 18.84 RCW; nursing assistants registered or certified 8 under chapter 18.88A RCW; reflexologists certified under chapter 9 10 18.108 RCW; medical assistants-certified, medical assistantshemodialysis technician, medical assistants-phlebotomist, forensic 11 12 phlebotomist, and medical assistants-registered certified and registered under chapter 18.360 RCW; and licensed behavior analysts, 13 licensed assistant behavior analysts, and certified behavior 14 technicians under chapter 18.380 RCW. 15

16 (5) "Inspection" means the periodic examination of practitioners 17 by a state agency in order to ascertain whether the practitioners' 18 occupation is being carried out in a fashion consistent with the 19 public health, safety, and welfare.

20 (6) "Legislative committees of reference" means the standing 21 legislative committees designated by the respective rules committees 22 of the senate and house of representatives to consider proposed 23 legislation to regulate health professions not previously regulated.

(7) "License," "licensing," and "licensure" mean permission to engage in a health profession which would otherwise be unlawful in the state in the absence of the permission. A license is granted to those individuals who meet prerequisite qualifications to perform prescribed health professional tasks and for the use of a particular title.

30 (8) "Practitioner" means an individual who (a) has achieved 31 knowledge and skill by practice, and (b) is actively engaged in a 32 specified health profession.

(9) "Professional license" means an individual, nontransferable authorization to carry on a health activity based on qualifications which include: (a) Graduation from an accredited or approved program, and (b) acceptable performance on a qualifying examination or series of examinations.

(10) "Public member" means an individual who is not, and never was, a member of the health profession being regulated or the spouse of a member, or an individual who does not have and never has had a

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1 material financial interest in either the rendering of the health 2 professional service being regulated or an activity directly related 3 to the profession being regulated.

(11) "Registration" means the formal notification which, prior to
rendering services, a practitioner shall submit to a state agency
setting forth the name and address of the practitioner; the location,
nature and operation of the health activity to be practiced; and, if
required by the regulatory entity, a description of the service to be
provided.

10 (12) "Regulatory entity" means any board, commission, agency, 11 division, or other unit or subunit of state government which 12 regulates one or more professions, occupations, industries, 13 businesses, or other endeavors in this state.

14 (13) "State agency" includes every state office, department, 15 board, commission, regulatory entity, and agency of the state, and, 16 where provided by law, programs and activities involving less than 17 the full responsibility of a state agency.

18 Sec. 18. RCW 18.130.040 and 2017 c 336 s 18 are each amended to 19 read as follows:

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

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

(i) Dispensing opticians licensed and designated apprenticesunder chapter 18.34 RCW;

29

(ii) Midwives licensed under chapter 18.50 RCW;

30 (iii) Ocularists licensed under chapter 18.55 RCW;

31 (iv) Massage therapists and businesses licensed under chapter
32 18.108 RCW;

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

34 (vi) ((East Asian)) Acupuncturists or acupuncture and Eastern 35 medicine practitioners licensed under chapter 18.06 RCW;

36 (vii) Radiologic technologists certified and X-ray technicians 37 registered under chapter 18.84 RCW;

38 (viii) Respiratory care practitioners licensed under chapter 39 18.89 RCW; (ix) Hypnotherapists and agency affiliated counselors registered
 and advisors and counselors certified under chapter 18.19 RCW;

3 (x) Persons licensed as mental health counselors, mental health 4 counselor associates, marriage and family therapists, marriage and 5 family therapist associates, social workers, social work associates— 6 advanced, and social work associates—independent clinical under 7 chapter 18.225 RCW;

8 (xi) Persons registered as nursing pool operators under chapter9 18.52C RCW;

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

12 (xiii) Dietitians and nutritionists certified under chapter 13 18.138 RCW;

14 (xiv) Chemical dependency professionals and chemical dependency 15 professional trainees certified under chapter 18.205 RCW;

16 (xv) Sex offender treatment providers and certified affiliate sex 17 offender treatment providers certified under chapter 18.155 RCW;

18 (xvi) Persons licensed and certified under chapter 18.73 RCW or 19 RCW 18.71.205;

20 (xvii) Orthotists and prosthetists licensed under chapter 18.200
21 RCW;

22 (xviii) Surgical technologists registered under chapter 18.215
23 RCW;

24 (xix) Recreational therapists under chapter 18.230 RCW;

25 (xx) Animal massage therapists certified under chapter 18.240
26 RCW;

27 (xxi) Athletic trainers licensed under chapter 18.250 RCW;

28 (xxii) Home care aides certified under chapter 18.88B RCW;

29 (xxiii) Genetic counselors licensed under chapter 18.290 RCW;

30 (xxiv) Reflexologists certified under chapter 18.108 RCW;

31 (xxv) Medical assistants-certified, medical assistants-32 hemodialysis technician, medical assistants-phlebotomist, forensic 33 phlebotomist, and medical assistants-registered certified and 34 registered under chapter 18.360 RCW; and

35 (xxvi) Behavior analysts, assistant behavior analysts, and 36 behavior technicians under chapter 18.380 RCW.

37 (b) The boards and commissions having authority under this 38 chapter are as follows:

39 (i) The podiatric medical board as established in chapter 18.22 40 RCW; (ii) The chiropractic quality assurance commission as established
 in chapter 18.25 RCW;

3 (iii) The dental quality assurance commission as established in 4 chapter 18.32 RCW governing licenses issued under chapter 18.32 RCW, 5 licenses and registrations issued under chapter 18.260 RCW, and 6 certifications issued under chapter 18.350 RCW;

7 (iv) The board of hearing and speech as established in chapter 8 18.35 RCW;

9 (v) The board of examiners for nursing home administrators as 10 established in chapter 18.52 RCW;

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

13 (vii) The board of osteopathic medicine and surgery as 14 established in chapter 18.57 RCW governing licenses issued under 15 chapters 18.57 and 18.57A RCW;

16 (viii) The pharmacy quality assurance commission as established 17 in chapter 18.64 RCW governing licenses issued under chapters 18.64 18 and 18.64A RCW;

19 (ix) The medical quality assurance commission as established in 20 chapter 18.71 RCW governing licenses and registrations issued under 21 chapters 18.71 and 18.71A RCW;

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

24 (xi) The board of occupational therapy practice as established in 25 chapter 18.59 RCW;

26 (xii) The nursing care quality assurance commission as 27 established in chapter 18.79 RCW governing licenses and registrations 28 issued under that chapter;

29 (xiii) The examining board of psychology and its disciplinary 30 committee as established in chapter 18.83 RCW;

31 (xiv) The veterinary board of governors as established in chapter 32 18.92 RCW;

33 (xv) The board of naturopathy established in chapter 18.36A RCW; 34 and

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

36 (3) In addition to the authority to discipline license holders,
37 the disciplining authority has the authority to grant or deny
38 licenses. The disciplining authority may also grant a license subject
39 to conditions.

1 (4) All disciplining authorities shall adopt procedures to ensure 2 substantially consistent application of this chapter, the uniform 3 disciplinary act, among the disciplining authorities listed in 4 subsection (2) of this section.

5 Sec. 19. RCW 18.250.010 and 2016 c 41 s 22 are each amended to 6 read as follows:

7 The definitions in this section apply throughout this chapter 8 unless the context clearly requires otherwise.

(1) "Athlete" means a person who participates in exercise, 9 10 recreation, sport, games requiring physical or strength, 11 range-of-motion, flexibility, body awareness and control, speed, stamina, or agility, and the exercise, recreation, sports, or games 12 13 of a type conducted in association with an educational are institution or professional, amateur, or recreational sports club or 14 15 organization.

16 (2) "Athletic injury" means an injury or condition sustained by 17 an athlete that affects the person's participation or performance in 18 exercise, recreation, sport, or games and the injury or condition is 19 within the professional preparation and education of an athletic 20 trainer.

(3) "Athletic trainer" means a person who is licensed under this chapter. An athletic trainer can practice athletic training through the consultation, referral, or guidelines of a licensed health care provider working within their scope of practice.

(4) (a) "Athletic training" means the application of the following
 principles and methods as provided by a licensed athletic trainer:

(i) Risk management and prevention of athletic injuries through
preactivity screening and evaluation, educational programs, physical
conditioning and reconditioning programs, application of commercial
products, use of protective equipment, promotion of healthy
behaviors, and reduction of environmental risks;

32 (ii) Recognition, evaluation, and assessment of athletic injuries 33 by obtaining a history of the athletic injury, inspection and 34 palpation of the injured part and associated structures, and 35 performance of specific testing techniques related to stability and 36 function to determine the extent of an injury;

(iii) Immediate care of athletic injuries, including emergencymedical situations through the application of first-aid and emergency

1 procedures and techniques for nonlife-threatening or life-threatening 2 athletic injuries;

3 (iv) Treatment, rehabilitation, and reconditioning of athletic 4 injuries through the application of physical agents and modalities, 5 therapeutic activities and exercise, standard reassessment techniques 6 and procedures, commercial products, and educational programs, in 7 accordance with guidelines established with a licensed health care 8 provider as provided in RCW 18.250.070;

(v) Treatment, rehabilitation, and reconditioning of work-related 9 injuries through the application of physical agents and modalities, 10 therapeutic activities and exercise, standard reassessment techniques 11 12 and procedures, commercial products, and educational programs, under the direct supervision of and in accordance with a plan of care for 13 an individual worker established by a provider authorized to provide 14 physical medicine and rehabilitation services for injured workers; 15 16 and

(vi) Referral of an athlete to an appropriately licensed health care provider if the athletic injury requires further definitive care or the injury or condition is outside an athletic trainer's scope of practice, in accordance with RCW 18.250.070.

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(b) "Athletic training" does not include:

(i) The use of spinal adjustment or manipulative mobilization ofthe spine and its immediate articulations;

(ii) Orthotic or prosthetic services with the exception of evaluation, measurement, fitting, and adjustment of temporary, prefabricated or direct-formed orthosis as defined in chapter 18.200 RCW;

28 (iii) The practice of occupational therapy as defined in chapter 29 18.59 RCW;

30 (iv) The practice of ((East Asian)) <u>acupuncture and Eastern</u> 31 medicine as defined in chapter 18.06 RCW;

32 (v) Any medical diagnosis; and

33 (vi) Prescribing legend drugs or controlled substances, or 34 surgery.

35 (5) "Committee" means the athletic training advisory committee.

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

37 (7) "Licensed health care provider" means a physician, physician
 38 assistant, osteopathic physician, osteopathic physician assistant,
 39 advanced registered nurse practitioner, naturopath, physical

therapist, chiropractor, dentist, massage therapist, acupuncturist,
 occupational therapist, or podiatric physician and surgeon.

3 (8) "Secretary" means the secretary of health or the secretary's4 designee.

5 Sec. 20. RCW 41.05.074 and 2015 c 251 s 1 are each amended to 6 read as follows:

7 (1) A health plan offered to public employees and their covered dependents under this chapter that 8 imposes different prior authorization standards and criteria for a covered service among 9 10 tiers of contracting providers of the same licensed profession in the same health plan shall inform an enrollee which tier an individual 11 provider or group of providers is in by posting the information on 12 its web site in a manner accessible to both enrollees and providers. 13

(2) The health plan may not require prior authorization for an 14 15 evaluation and management visit or an initial treatment visit with a 16 contracting provider in a new episode of chiropractic, physical 17 therapy, occupational therapy, ((East Asian)) acupuncture and Eastern medicine, massage therapy, or speech and hearing therapies. 18 Notwithstanding RCW 48.43.515(5) this section may not be interpreted 19 to limit the ability of a health plan to require a referral or 20 prescription for the therapies listed in this section. 21

(3) The health care authority shall post on its web site and provide upon the request of a covered person or contracting provider any prior authorization standards, criteria, or information the health plan uses for medical necessity decisions.

(4) A health care provider with whom the administrator of the health plan consults regarding a decision to deny, limit, or terminate a person's covered health care services must hold a license, certification, or registration, in good standing and must be in the same or related health field as the health care provider being reviewed or of a specialty whose practice entails the same or similar covered health care service.

(5) The health plan may not require a provider to provide a discount from usual and customary rates for health care services not covered under the health plan, policy, or other agreement, to which the provider is a party.

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(6) For purposes of this section:

(a) "New episode of care" means treatment for a new or recurrentcondition for which the enrollee has not been treated by the provider

within the previous ninety days and is not currently undergoing any
 active treatment.

3 (b) "Contracting provider" does not include providers employed 4 within an integrated delivery system operated by a carrier licensed 5 under chapter 48.44 or 48.46 RCW.

6 **Sec. 21.** RCW 43.70.110 and 2015 c 77 s 1 are each amended to 7 read as follows:

(1) The secretary shall charge fees to the licensee for obtaining 8 a license. Physicians regulated pursuant to chapter 18.71 RCW who 9 reside and practice in Washington and obtain or renew a retired 10 active license are exempt from such fees. After June 30, 1995, 11 municipal corporations providing emergency medical 12 care and transportation services pursuant to chapter 18.73 RCW shall be exempt 13 from such fees, provided that such other emergency services shall 14 15 only be charged for their pro rata share of the cost of licensure and 16 inspection, if appropriate. The secretary may waive the fees when, in the discretion of the secretary, the fees would not be in the best 17 interest of public health and safety, or when the fees would be to 18 the financial disadvantage of the state. 19

20 (2) Except as provided in subsection (3) of this section, fees 21 charged shall be based on, but shall not exceed, the cost to the 22 department for the licensure of the activity or class of activities 23 and may include costs of necessary inspection.

(3) License fees shall include amounts in addition to the cost oflicensure activities in the following circumstances:

(a) For registered nurses and licensed practical nurses licensed
 under chapter 18.79 RCW, support of a central nursing resource center
 as provided in RCW 18.79.202;

(b) For all health care providers licensed under RCW 18.130.040,
the cost of regulatory activities for retired volunteer medical
worker licensees as provided in RCW 18.130.360; and

(c) For physicians licensed under chapter 18.71 RCW, physician 32 assistants licensed under chapter 18.71A RCW, osteopathic physicians 33 licensed under chapter 18.57 RCW, osteopathic physicians' assistants 34 licensed under chapter 18.57A RCW, naturopaths licensed under chapter 35 18.36A RCW, podiatrists licensed under chapter 36 18.22 RCW, chiropractors licensed under chapter 18.25 RCW, 37 psychologists 38 licensed under chapter 18.83 RCW, registered nurses and licensed practical nurses licensed under chapter 18.79 RCW, optometrists 39

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licensed under chapter 18.53 RCW, mental health counselors licensed 1 under chapter 18.225 RCW, massage therapists licensed under chapter 2 18.108 RCW, advanced social workers licensed under chapter 18.225 3 RCW, independent clinical social workers and independent clinical 4 social worker associates licensed under chapter 18.225 RCW, midwives 5 6 licensed under chapter 18.50 RCW, marriage and family therapists and marriage and family therapist associates licensed under chapter 7 18.225 RCW, occupational therapists and occupational therapy 8 assistants licensed under chapter 18.59 RCW, dietitians 9 and nutritionists certified under chapter 18.138 RCW, speech-language 10 pathologists licensed under chapter 18.35 RCW, and ((East Asian)) 11 12 acupuncturists or acupuncture and Eastern medicine practitioners licensed under chapter 18.06 RCW, the license fees shall include up 13 to an additional twenty-five dollars to be transferred by the 14 department to the University of Washington for the purposes of RCW 15 16 43.70.112.

17 (4) Department of health advisory committees may review fees 18 established by the secretary for licenses and comment upon the 19 appropriateness of the level of such fees.

20 Sec. 22. RCW 48.43.016 and 2018 c 193 s 1 are each amended to 21 read as follows:

(1) A health carrier that imposes different prior authorization standards and criteria for a covered service among tiers of contracting providers of the same licensed profession in the same health plan shall inform an enrollee which tier an individual provider or group of providers is in by posting the information on its web site in a manner accessible to both enrollees and providers.

(2) A health carrier may not require prior authorization for an 28 initial evaluation and management visit and up to six consecutive 29 30 treatment visits with a contracting provider in a new episode of care 31 of chiropractic, physical therapy, occupational therapy, ((East Asian)) acupuncture and Eastern medicine, massage therapy, or speech 32 and hearing therapies that meet the standards of medical necessity 33 and are subject to quantitative treatment limits of the health plan. 34 Notwithstanding RCW 48.43.515(5) this section may not be interpreted 35 to limit the ability of a health plan to require a referral or 36 prescription for the therapies listed in this section. 37

38 (3) A health carrier shall post on its web site and provide upon39 the request of a covered person or contracting provider any prior

authorization standards, criteria, or information the carrier uses
 for medical necessity decisions.

3 (4) A health care provider with whom a health carrier consults 4 regarding a decision to deny, limit, or terminate a person's covered 5 health care services must hold a license, certification, or 6 registration, in good standing and must be in the same or related 7 health field as the health care provider being reviewed or of a 8 specialty whose practice entails the same or similar covered health 9 care service.

10 (5) A health carrier may not require a provider to provide a 11 discount from usual and customary rates for health care services not 12 covered under a health plan, policy, or other agreement, to which the 13 provider is a party.

14 (6) For purposes of this section:

(a) "New episode of care" means treatment for a new or recurrent condition for which the enrollee has not been treated by the provider within the previous ninety days and is not currently undergoing any active treatment.

(b) "Contracting provider" does not include providers employed within an integrated delivery system operated by a carrier licensed under chapter 48.44 or 48.46 RCW.

22 Sec. 23. RCW 69.41.010 and 2016 c 148 s 10 and 2016 c 97 s 2 are 23 each reenacted and amended to read as follows:

As used in this chapter, the following terms have the meanings indicated unless the context clearly requires otherwise:

(1) "Administer" means the direct application of a legend drug
 whether by injection, inhalation, ingestion, or any other means, to
 the body of a patient or research subject by:

29 (a) A practitioner; or

30 (b) The patient or research subject at the direction of the 31 practitioner.

32 (2) "Commission" means the pharmacy quality assurance commission.

(3) "Community-based care settings" include: Community residential programs for persons with developmental disabilities, certified by the department of social and health services under chapter 71A.12 RCW; adult family homes licensed under chapter 70.128 RCW; and assisted living facilities licensed under chapter 18.20 RCW. Community-based care settings do not include acute care or skilled nursing facilities.

1 (4) "Deliver" or "delivery" means the actual, constructive, or 2 attempted transfer from one person to another of a legend drug, 3 whether or not there is an agency relationship.

4

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

5 (6) "Dispense" means the interpretation of a prescription or 6 order for a legend drug and, pursuant to that prescription or order, 7 the proper selection, measuring, compounding, labeling, or packaging 8 necessary to prepare that prescription or order for delivery.

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(7) "Dispenser" means a practitioner who dispenses.

10 (8) "Distribute" means to deliver other than by administering or 11 dispensing a legend drug.

(9) "Distributor" means a person who distributes.

13 (10) "Drug" means:

(a) Substances recognized as drugs in the official United States
pharmacopoeia, official homeopathic pharmacopoeia of the United
States, or official national formulary, or any supplement to any of
them;

18 (b) Substances intended for use in the diagnosis, cure, 19 mitigation, treatment, or prevention of disease in human beings or 20 animals;

(c) Substances (other than food, minerals or vitamins) intended to affect the structure or any function of the body of human beings or animals; and

(d) Substances intended for use as a component of any article
specified in (a), (b), or (c) of this subsection. It does not include
devices or their components, parts, or accessories.

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

32 (12) "In-home care settings" include an individual's place of 33 temporary and permanent residence, but does not include acute care or 34 skilled nursing facilities, and does not include community-based care 35 settings.

36 (13) "Legend drugs" means any drugs which are required by state 37 law or regulation of the pharmacy quality assurance commission to be 38 dispensed on prescription only or are restricted to use by 39 practitioners only.

1 (14) "Legible prescription" means a prescription or medication 2 order issued by a practitioner that is capable of being read and 3 understood by the pharmacist filling the prescription or the nurse or 4 other practitioner implementing the medication order. A prescription 5 must be hand printed, typewritten, or electronically generated.

6 (15)"Medication assistance" means assistance rendered by a nonpractitioner to an individual residing in a community-based care 7 setting or in-home care setting to facilitate the individual's self-8 administration of a legend drug or controlled substance. It includes 9 reminding or coaching the individual, handing the medication 10 container to the individual, opening the individual's medication 11 12 container, using an enabler, or placing the medication in the individual's hand, and such other means of medication assistance as 13 14 defined by rule adopted by the department. A nonpractitioner may help in the preparation of legend drugs or controlled substances for self-15 16 administration where a practitioner has determined and communicated 17 orally or by written direction that such medication preparation 18 assistance is necessary and appropriate. Medication assistance shall not include assistance with intravenous medications or injectable 19 medications, except prefilled insulin syringes. 20

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

24

(17) "Practitioner" means:

25 (a) A physician under chapter 18.71 RCW, an osteopathic physician 26 or an osteopathic physician and surgeon under chapter 18.57 RCW, a dentist under chapter 18.32 RCW, a podiatric physician and surgeon 27 RCW, 28 under chapter 18.22 an ((East Asian)) acupuncturist or 29 acupuncture and Eastern medicine practitioner to the extent authorized under chapter 18.06 RCW and the rules adopted under RCW 30 31 18.06.010(1)(j), a veterinarian under chapter 18.92 RCW, a registered 32 nurse, advanced registered nurse practitioner, or licensed practical 33 nurse under chapter 18.79 RCW, an optometrist under chapter 18.53 RCW who is certified by the optometry board under RCW 18.53.010, an 34 osteopathic physician assistant under chapter 18.57A RCW, a physician 35 36 assistant under chapter 18.71A RCW, a naturopath licensed under chapter 18.36A RCW, a pharmacist under chapter 18.64 RCW, or, when 37 acting under the required supervision of a dentist licensed under 38 39 chapter 18.32 RCW, a dental hygienist licensed under chapter 18.29 40 RCW;

1 (b) A pharmacy, hospital, or other institution licensed, 2 registered, or otherwise permitted to distribute, dispense, conduct 3 research with respect to, or to administer a legend drug in the 4 course of professional practice or research in this state; and

5 (c) A physician licensed to practice medicine and surgery or a 6 physician licensed to practice osteopathic medicine and surgery in 7 any state, or province of Canada, which shares a common border with 8 the state of Washington.

9 (18) "Secretary" means the secretary of health or the secretary's 10 designee.

11 <u>NEW SECTION.</u> Sec. 24. The following acts or parts of acts are 12 each repealed:

13 (1) RCW 18.06.070 (Approval of applications—Examination fee) and 14 1991 c 3 s 9 & 1985 c 326 s 7;

15 (2) RCW 18.06.180 (Application of chapter to previously 16 registered acupuncture assistants) and 1991 c 3 s 17 & 1985 c 326 s 17 18; and

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(3) RCW 18.06.005 (Intent-2010 c 286) and 2010 c 286 s 1.

Passed by the House March 8, 2019. Passed by the Senate April 15, 2019. Approved by the Governor May 8, 2019. Filed in Office of Secretary of State May 13, 2019.

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