

Report to the Legislature

2019-2021 Uniform Disciplinary Act (UDA) Report

December 2021
RCW 18.130.310



UDA Report
Health Systems Quality Assurance



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Publication Number: DOH 631-104 January 2022

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Executive Summary

[RCW 18.130.310](#) requires the Department of Health (department) to submit a biennial report to the legislature on its health professions disciplinary proceedings during the biennium that include data on complaints, investigations, adjudications, and manner of disposition; background check activities; attorney and investigator case distribution; and optional health profession board and commission supplemental reports.

This biennial report reflects the department's recent improvement efforts to streamline the report and modernize how we provide disciplinary data to the legislature and the public. We plan to begin to provide expanded data in a more meaningful web-based format in 2022.

Complaints, investigations, and adjudications

During the biennium, there were a total of 35,128 complaints.¹ The department determined 8,349, or 24 percent, of these complaints met the investigation threshold. The investigations resulted in disciplinary action on 5 percent of the total complaints.

Background check activities

The department:

- Conducted background checks on 139,689 applicants
- Received WATCH reports (Washington State Patrol records of criminal convictions in Washington) on 2,858 applicants
- Denied a license or granted a license with conditions on 158 applicants based on a background check

Of the 2,858 applicants for which we received WATCH reports, only 1,471 (51%) disclosed the criminal history on their applications. As this data shows, background checks are key to identifying applicants unable to practice safely based on criminal or disciplinary history.

Summary of attorney and investigator case distribution

The number of cases for each investigator and staff attorney varies greatly due to several factors, including the nature and complexity of the complaint and complexity of the professions' regulations. Some cases require significant investigative and legal work. Because of this, numbers ranged from 1 to 645 cases per attorney and 1 to 318 investigations per investigator during the biennium.

¹ This number includes those carried over from the last biennium.

Background

Report

The Uniform Disciplinary Act (UDA) provides a legal and policy framework for the regulation and oversight of health care providers in Washington, including disciplinary activities. [RCW 18.130.310](#) requires the Department of Health (department) to submit a biennial report to the legislature on its proceedings during the biennium, including:

- The number of complaints made, investigated, and adjudicated and manner of disposition
- Data on the department's background check activities conducted under [RCW 18.130.064](#) and the effectiveness of those activities in identifying potential license holders who may not be qualified to practice safely
- A summary of the distribution of the number of cases assigned to each attorney and investigator for each profession, keeping the identities of the attorneys and investigators anonymous. May include recommendations for improving the disciplinary process, including proposed legislation
- May include health professions board and commission supplemental reports that cover disciplinary activities, rulemaking and policy activities, and receipts and expenditures for the individual disciplining authority

This biennial report will look much different than previous reports, reflecting the department's recent improvement effort to streamline the report and modernize how we provide disciplinary data to the legislature and the public. This report has been streamlined to focus on the core legislative requirements. We will make additional data that used to be included in this report available in an interactive web-based format in 2022.

Disciplining authority

The Department of Health, Washington Medical Commission, Nursing Care Quality Assurance Commission, and Chiropractic Commission regulate about 519,000 health care providers in 85 different health professions.^{2,3} The secretary of health is the disciplining authority for 47 health professions, and boards and commissions are the disciplinary authority for the remaining 37

² This count considers dietitians/nutritionists and orthotists/prosthetists as single professions and does not include medical marijuana consultants who are regulated by the department but not under the UDA. Medical marijuana consultants are included in the data tables for informational purposes.

³ The Washington Medical Commission, Nursing Care Quality Assurance Commission, and Chiropractic Quality Assurance Commission all have greater authority over their credentialing, investigative, and disciplinary functions, while the department continues to provide some administrative support.

professions. One board, the Board of Massage, has split authority with the department over its professions.⁴

The UDA grants authority to the secretary of health, boards, and commissions to implement the law, including the development of rules to set professional standards for the profession. It also grants the department, boards, and commissions the authority to enforce laws that assure the public of the professional competence and conduct of the health care providers we regulate and ensure they can practice with reasonable skill and safety.⁵ See Appendix A for definitions of regulatory terms used in this report.

Complaints, Investigations, Adjudication, and Disposition

Complaints

Most disciplinary activity starts with a complaint from the public, practitioners, or facilities. The department, boards, and commissions may also open complaints based on media accounts or information from law enforcement.

Figure 1 - Total complaints – 2019-21 Biennium

Carried Over from FY19	New Complaints Filed	Total Complaints
6,626	28,502	35,128

Investigations

When the department, boards, or commissions receive a complaint regarding a healthcare provider, they review it to decide if the incident or event violates the law and if they have the legal authority to act. If these two conditions are not met, the file is closed below the threshold. If they determine the allegation might be a violation, and there is legal authority to act, an investigation will be initiated.

Complaints can also include those for unlicensed practice. These are complaints that an unlicensed person is providing health care that requires a license to practice. The secretary is responsible for investigating these cases.

⁴ The secretary of health has authority over licensing and discipline, while the board of massage approves massage schools and programs, oversees licensure examinations, establishes continuing education requirements, and determines substantially equivalent states.

Figure 2 – Investigations Completed – 2019-21 Biennium

Licensed Investigations Completed	Unlicensed Investigations Completed
8,062	287

The department, boards, and commissions manage each case throughout the disciplinary process, working with investigators, staff attorneys, and the Office of the Attorney General to identify violations and evaluate evidence. If the evidence does not support the complaint, it is closed. If violations are found, the case is presented to a panel of members from the department, board, or commission for approval to act. A disposition can be formal or informal, with informal dispositions taken in cases that involve minimal risk of patient harm.

Dispositions

Informal action begins with a statement of allegations (SOA), which sets forth the factual allegations against the healthcare professional and the potential violations of the UDA. An SOA is resolved through a stipulation to informal disposition (STID). An SOA and STID may be offered prior to serving a formal statement of charges if the case involves minimal risk of potential or actual patient harm and no pattern of violations.

If the license holder agrees to the STID, they do not admit unprofessional conduct but do agree to corrective action. Additional training is an example of corrective action.

Formal action begins with a statement of charges. The respondent must answer the charges in writing within 20 days or the board, commission, or department enters a default order.

Adjudications

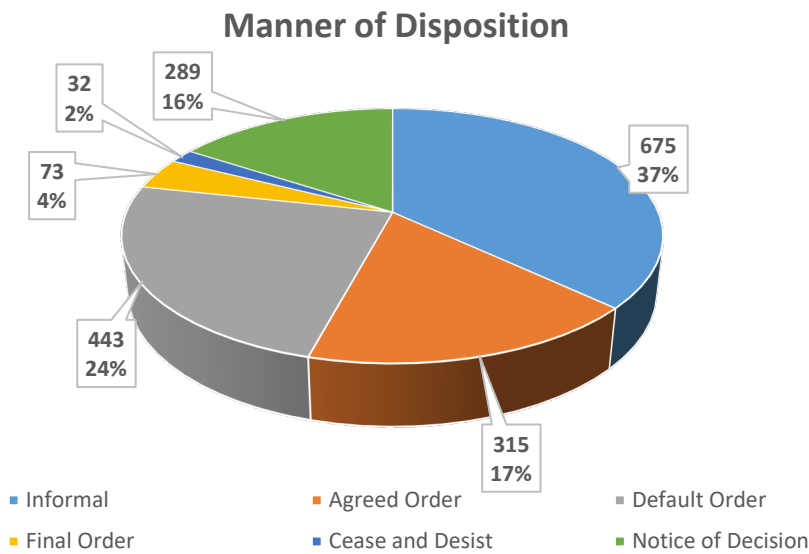
A statement of charges is resolved through the adjudicative process, which can result in one of the following:

- **Agreed order:** A document agreed upon by the license holder (and their attorney if represented) and representatives from the department, which includes any sanctions or conditions regarding practice. The agreed order becomes final if the disciplining authority approves it. This is called a Stipulated Findings of Facts, Conclusion of Law and Agreed Order.
- **Final order:** A document issued as a result of a formal hearing (the formal title is Findings of Fact, Conclusions of Law, and Final Order).
- **Default order:** A final order issued when the disciplining authority has notified a license holder and the license holder failed to answer or participate in the adjudicative process.

In addition, the department issues a cease and desist order for unlicensed practice of a health profession. This order requires the person to stop the unlicensed activity and may include a fine. Continued unlicensed practice may result in court enforcement of the cease and desist order or criminal prosecution.

Figure 3 – Summary of Case Disposition – 2019-21 Biennium

The department, boards, and commissions took disciplinary action on 5 percent (1,827) of the total 35,128 complaints on all professions.⁵ Here is the breakdown of disciplinary actions by the manner of disposition.



The following tables include detailed data by profession.

- Table 1 - Numbers of complaints and investigations by profession
- Table 2 - Disciplinary actions for secretary professions
- Table 3 - Disciplinary actions for board and commission professions
- Table 4 - Manner of disposition by profession

⁵ Chart includes notices of decision, issued when the disciplining authority denies an application for licensure or grants the license with conditions based on disciplinary actions or criminal conviction activity identified. These are discussed in detail under Background Checks (page 14).

Table 1: Licensee Counts, Complaints, and Investigations by Profession - 2019-21 Biennium

Profession	Licensee Counts*	Total Complaints**	Licensed Investigations Completed	Unlicensed Practice Investigations Completed	Total Investigations Completed
Acupuncture & Eastern Medicine Practitioner	1,560	68	12	1	13
Advanced Emergency Medical Technician	350	4	1	0	1
Advanced Registered Nurse Practitioner	11,311	896	274	5	279
Animal Massage Practitioner	112	7	1	3	4
Athletic Trainer	818	9	2	3	5
Audiologist	497	27	2	0	2
Cardiovascular Invasive Specialist	345	2	0	0	0
Certified Behavior Technician	3,491	68	18	0	18
Chiropractic X-Ray Technician	198	5	3	0	3
Chiropractor	2,598	979	351	1	352
Counselor, Agency Affiliated	9,279	730	237	0	237
Counselor, Certified	391	61	17	3	20
Counselor, Certified Advisor	2	0	0	0	0
Dental Anesthesia Assistant	240	6	5	0	5
Dental Assistant	16,522	221	83	8	91
Dental Hygienist	6,666	73	16	0	16
Dentist	6,870	1819	738	4	742
Denturist	144	60	26	3	29
Dietitian/Nutritionist	2,457	10	5	0	5
Dispensing Optician	982	34	1	5	6
Dispensing Optician Apprentice	1,001	17	3	1	4
Emergency Medical Responder	348	1	0	0	0
Emergency Medical Technician	14,075	140	38	1	39
Expanded Function Dental Auxiliary	359	6	3	0	3
Genetic Counselor	400	2	1	0	1
Hearing aid Specialist	332	27	3	2	5
Home Care Aide	26,653	2430	214	13	227
Humane Society	33	1	1	0	1
Hypnotherapist	697	27	10	0	10
Licensed Applied Behavior Analyst	988	43	20	2	22
Licensed Applied Behavior Analyst Asst	154	2	1	0	1
Licensed Practical Nurse	11,189	1381	306	2	308
Marriage and Family Therapist	2,033	138	46	2	48
Marriage and Family Therapist Associate	612	52	14	0	14
Massage Therapist	12,438	839	209	70	279
Medical Assistant	40,486	708	154	13	167
Medical Marijuana Consultant	583	10	2	0	2
Mental Health Counselor	8,501	583	237	5	242
Mental Health Counselor Associate	2,305	246	72	1	73
Midwife	199	44	13	2	15
Naturopathic Physician	1,571	191	68	3	71
Nursing Assistant	73,392	9469	726	9	735
Nursing Home Administrator	403	298	69	0	69
Nursing Pool Operator	307	9	1	1	2

Profession	Licensee Counts*	Total Complaints**	Licensed Investigations Completed	Unlicensed Practice Investigations Completed	Total Investigations Completed
Nursing Technician	690	6	3	0	3
Occupational Therapist	4,022	71	16	1	17
Occupational Therapy Assistant	1,194	48	10	0	10
Ocularist	9	0	0	0	0
Optometrist	1,678	161	30	2	32
Orthotist/ Prosthetist	355	21	3	0	3
Osteopathic Physician	3,130	528	172	2	174
Osteopathic Physician Assistant	126	25	7	0	7
Paramedic	3,095	55	22	0	22
Pharmacies and Other Pharmaceutical Firms	5,108	669	220	17	237
Pharmacist	11,046	602	242	0	242
Pharmacist Intern	1,588	48	26	0	26
Pharmacy Assistant	8,049	193	48	1	49
Pharmacy Technician	8,631	242	151	1	152
Physical Therapist	7,562	238	46	1	47
Physical Therapist Assistant	2,483	58	14	1	15
Physician	31,226	3449	939	28	967
Physician Assistant	4,654	377	91	0	91
Podiatric Physician	380	119	54	0	54
Psychologist	3,995	269	100	2	102
Radiological Technologist	6,967	58	26	0	26
Radiologist Assistant	8	0	0	0	0
Recreational Therapist	162	2	0	0	0
Reflexologist	245	1	0	0	0
Registered Nurse	115,007	4237	1174	20	1194
Respiratory Care Practitioner	3,186	52	18	0	18
Retired Volunteer Medical Worker	9	0	0	0	0
Sex Offender Treatment Provider	97	22	5	1	6
Sex Offender Treatment Provider Affiliate	23	7	4	0	4
Social Worker Advanced	155	19	1	2	3
Social Worker Associate Advanced	328	10	4	0	4
Social Worker Associate Independent Clinical	2,365	108	41	0	41
Social Worker Independent Clinical	5,373	277	81	5	86
Speech Language Pathologist	3,536	50	7	4	11
Speech Language Pathology Assistant	254	3	1	0	5
Substance Use Disorder Professional (SUDP)	3,045	390	141	3	144
SUDP Trainee	1,588	329	108	0	108
Surgical Technologist	3,388	36	5	0	5
Veterinarian	4,273	457	195	21	216
Veterinary Medication Clerk	1,751	15	5	0	5
Veterinary Technician	2,434	93	37	11	48
X-Ray Technician	1,417	40	12	1	13
Totals	518524	35128	8062	287	8349

*Includes Carry Over from FY19 and New Complaints. **Includes credential holders participating in interstate compacts for NCQAC, WMC, Board of Osteopathic Medicine and Board of Physical Therapy.

Table 2 – Disciplinary Actions – Secretary Professions – 2019-21 Biennium

Profession	Carry Over from FY 19	Complaints Received	Total Complaints	Total Disciplinary Action*	% of Secretary Disciplinary Action to Complaints	% of All Secretary Disciplinary Actions
Acupuncture & Eastern Medicine Practitioner	17	51	68	7	10%	1%
Advanced Emergency Medical Technician	1	3	4	0	0%	0%
Animal Massage Practitioner	2	5	7	2	0%	0%
Athletic Trainer	1	8	9	2	22%	0%
Cardiovascular Invasive Specialist	1	1	2	1	50%	0%
Certified Behavior Technician	14	54	68	9	13%	1%
Counselor, Agency Affiliated	172	558	730	106	15%	12%
Counselor, Certified	10	51	61	3	5%	0%
Counselor, Certified Advisor	0	0	0	0	0%	0%
Dental Hygienist	23	50	73	2	3%	0%
Dietitian/Nutritionist	1	9	10	0	0%	0%
Dispensing Optician	10	24	34	2	3%	0%
Dispensing Optician Apprentice	4	13	17	9	53%	1%
Emergency Medical Responder	0	1	1	0	0%	0%
Emergency Medical Technician	32	108	140	17	12%	2%
Genetic Counselor	0	2	2	0	0%	0%
Home Care Aide	335	2095	2430	69	3%	8%
Hypnotherapist	6	21	27	3	11%	0%
Licensed Assistant Behavior Analyst	0	2	2	0	0%	0%
Licensed Behavior Analyst	12	31	43	0	0%	0%
Marriage and Family Therapist	29	109	138	10	7%	1%
Marriage and Family Therapist Associate	13	39	52	7	13%	1%
Massage Therapist	196	643	839	109	12%	11%
Medical Assistant	128	580	708	69	10%	8%
Medical Marijuana Consultant	2	8	10	0	0%	0%
Mental Health Counselor	111	472	583	38	7%	4%
Mental Health Counselor Associate	40	206	246	17	7%	2%
Midwife	8	36	44	6	11%	1%
Nursing Assistant	1530	7939	9469	231	2%	27%
Nursing Pool Operator	2	7	9	0	0%	0%
Ocularist	0	0	0	0	0%	0%
Orthotist/ Prosthetist	0	21	21	0	0%	0%
Paramedic	26	29	55	5	9%	1%
Radiological Technologist	11	47	58	6	10%	1%
Radiologist Assistant	0	0	0	0	0%	0%
Recreational Therapist	2	0	2	1	50%	0%
Reflexologist	1	0	1	1	100%	0%
Respiratory Care Practitioner	10	42	52	6	12%	1%
Retired Volunteer Medical Worker	0	0	0	1	0%	0%
Sex Offender Treatment Provider	2	20	22	1	5%	0%
Sex Offender Treatment Provider Affiliate	2	5	7	0	0%	0%
Social Worker Advanced	3	16	19	0	0%	0%
Social Worker Associate Advanced	0	10	10	0	0%	0%

Profession	Carry Over from FY 19	Complaints Received	Total Complaints	Total Disciplinary Action*	% of Secretary Disciplinary Action to Complaints	% of All Secretary Disciplinary Actions
Social Worker Associate Independent Clinical	19	89	108	7	6%	1%
Social Worker Independent Clinical	51	226	277	16	6%	2%
Substance Use Disorder Professional (SUDP)	99	291	390	35	9%	4%
SUDP Trainee	100	229	329	66	20%	8%
Surgical Technologist	6	30	36	5	14%	1%
X-Ray Technician	6	34	40	4	10%	0%
Total	3038	14215	17253	873	5%	100%

*Includes notices of decision on applications and cease and desist orders for unlicensed practice.

Table 3 – Disciplinary Actions – Board and Commission Professions – 2019-21 Biennium

Profession	Carry Over from FY19	Complaints Received	Total Complaints	Total Disciplinary Action*	% of B/C Disciplinary Action to Complaints	% of All B/C Disciplinary Action
Advanced Registered Nurse Practitioner	130	766	896	18	2%	2%
Audiologist	8	19	27	1	4%	0%
Chiropractic X-Ray Technician	1	4	5	0	0%	0%
Chiropractor	97	882	979	26	2%	2%
Dental Anesthesia Assistant	0	6	6	0	0%	0%
Dental Assistant	31	190	221	22	10%	2%
Dentist	429	1390	1819	147	8%	16%
Denturist	21	39	60	5	8%	1%
Expanded Function Dental Auxiliary	0	6	6	1	17%	0%
Hearing aid Specialist	12	15	27	2	7%	0%
Humane Society	0	1	1	0	0%	0%
Licensed Practical Nurse	245	1136	1381	54	4%	6%
Naturopathic Physician	55	136	191	14	6%	1%
Nursing Home Administrator	64	234	298	5	2%	1%
Nursing Technician	0	6	6	1	17%	0%
Occupational Therapist	18	53	71	6	8%	1%
Occupational Therapy Assistant	15	33	48	6	13%	1%
Optometrist	19	142	161	3	2%	0%
Osteopathic Physician	133	395	528	20	4%	2%
Osteopathic Physician Assistant	8	17	25	3	12%	0%
Pharmacies and Other Pharmaceutical Firms	156	513	669	4	0%	0%
Pharmacist	147	455	602	40	7%	4%
Pharmacist Intern	8	40	48	15	31%	2%
Pharmacy Assistant	33	160	193	35	18%	5%
Pharmacy Technician	73	169	242	31	13%	3%
Physical Therapist	53	185	238	8	3%	1%
Physical Therapist Assistant	15	43	58	6	10%	1%
Physician	668	2781	3449	137	4%	15%
Physician Assistant	65	312	377	22	6%	2%
Podiatric Physician	37	82	119	1	1%	0%
Psychologist	73	196	269	14	5%	1%
Registered Nurse	812	3425	4237	205	5%	22%
Speech Language Pathologist	17	33	50	2	4%	0%
Speech Language Pathology Assistant	1	2	3	0	0%	0%
Veterinarian	116	341	457	60	16%	6%
Veterinary Medication Clerk	3	12	15	2	13%	0%
Veterinary Technician	25	68	93	38	41%	4%
Totals	3588	14287	17875	954	5%	100%

*Includes notices of decision on applications and cease and desist orders for unlicensed practice.

Table 4: Manner of Disposition – All Professions - 2019-21 Biennium

Profession	Informal Disposition	Agreed Order	Default Order	Final Order	Cease & Desist Order	Notice of Decision	Total
Acupuncture & Eastern Medicine Practitioner	7	0	0	0	0	0	7
Advanced Registered Nurse Practitioner	8	0	6	3	0	1	18
Animal Massage Practitioner	0	0	0	0	2	0	2
Athletic Trainer	0	2	0	0	0	0	2
Audiologist	0	1	0	0	0	0	1
Cardiovascular Invasive Specialist	0	1	0	0	0	0	1
Certified Behavior Technician	2	1	1	0	0	5	9
Chiropractic X-Ray Technician	0	0	0	0	0	0	0
Chiropractor	18	3	2	0	2	1	26
Counselor, Agency Affiliated	36	13	15	2	0	40	106
Counselor, Certified	1	1	0	1	0	0	3
Counselor, Certified Advisor	0	0	0	0	0	0	0
Dental Anesthesia Assistant	0	0	0	0	0	0	0
Dental Assistant	3	7	5	0	0	7	22
Dental Hygienist	0	0	1	0	0	1	2
Dentist	74	50	16	4	0	3	147
Denturist	3	2	0	0	0	0	5
Dietitian/Nutritionist	0	0	0	0	0	0	0
Dispensing Optician	0	1	0	0	1	0	2
Dispensing Optician Apprentice	0	2	0	2	0	5	9
Emergency Medical Responder	0	0	0	0	0	0	0
Emergency Medical Technician	7	4	6	0	0	0	17
Expanded Function Dental Auxiliary	1	0	0	0	0	0	1
Genetic Counselor	0	0	0	0	0	0	0
Hearing aid Specialist	0	1	0	0	0	1	2
Home Care Aide	7	5	16	2	0	39	69
Humane Society	0	0	0	0	0	0	0
Hypnotherapist	1	0	0	0	0	2	3
Licensed Assistant Behavior Analyst	0	0	0	0	0	0	0
Licensed Behavior Analyst	0	0	0	0	0	0	0
Licensed Practical Nurse	14	7	27	1	0	5	54
Marriage and Family Therapist	5	5	0	0	0	0	10
Marriage and Family Therapist Associate	5	0	0	0	0	2	7
Massage Therapist	28	23	31	8	11	8	109
Medical Assistant	20	11	18	2	1	17	69
Medical Marijuana Consultant	0	0	0	0	0	0	0
Mental Health Counselor	19	15	3	0	0	1	38
Mental Health Counselor Associate	10	1	1	1	0	4	17
Midwife	0	5	0	0	1	0	6
Naturopathic Physician	9	0	2	0	3	0	14
Nursing Assistant	28	38	123	19	1	22	231
Nursing Home Administrator	3	0	0	1	0	1	5
Nursing Pool Operator	0	0	0	0	0	0	0
Nursing Technician	0	0	0	0	0	1	1
Occupational Therapist	5	0	1	0	0	0	6

Profession	Informal Disposition	Agreed Order	Default Order	Final Order	Cease & Desist Order	Notice of Decision	Total
Occupational Therapy Assistant	4	1	1	0	0	0	6
Ocularist	0	0	0	0	0	0	0
Optometrist	3	0	0	0	0	0	3
Orthotist/ Prosthetist	0	0	0	0	0	0	0
Osteopathic Physician	5	13	0	2	0	0	20
Osteopathic Physician Assistant	0	1	1	0	0	1	3
Paramedic	3	2	0	0	0	0	5
Pharmacies and Other Pharmaceutical Firms	1	1	1	0	1	0	4
Pharmacist	15	15	5	0	0	5	40
Pharmacist Intern	0	0	0	0	0	15	15
Pharmacy Assistant	4	3	5	0	0	23	35
Pharmacy Technician	13	6	11	0	0	1	31
Physical Therapist	0	4	1	3	0	0	8
Physical Therapy Assistant	3	1	1	0	0	1	6
Physician	100	11	14	9	3	0	137
Physician Assistant	15	3	4	0	0	0	22
Podiatric Physician	1	0	0	0	0	0	1
Psychologist	4	7	3	0	0	0	14
Radiological Technologist	2	0	2	2	0	0	6
Radiologist Assistant	0	0	0	0	0	0	0
Recreational Therapist	0	0	0	0	0	1	1
Reflexologist	0	0	0	1	0	0	1
Registered Nurse	60	28	82	4	1	30	205
Respiratory Care Practitioner	2	1	1	1	0	1	6
Retired Volunteer Medical Worker	0	0	0	0	0	1	1
Sex Offender Treatment Provider	1	0	0	0	0	0	1
Sex Offender Treatment Provider Affiliate	0	0	0	0	0	0	0
Social Worker Advanced	0	0	0	0	0	0	0
Social Worker Associate Advanced	0	0	0	0	0	0	0
Social Worker Associate Independent Clinical	3	0	1	0	0	3	7
Social Worker Independent Clinical	8	5	2	1	0	0	16
Speech Language Pathologist	2	0	0	0	0	0	2
Speech Language Pathology Assistant	0	0	0	0	0	0	0
Substance Use Disorder Professional	15	5	10	0	0	5	35
Substance Use Disorder Professional Trainee	21	0	8	2	0	35	66
Surgical Technologist	2	2	0	0	0	1	5
Veterinarian	47	3	3	2	5	0	60
Veterinary Medication Clerk	0	0	2	0	0	0	2
Veterinary Technician	26	3	9	0	0	0	38
X-Ray Technician	1	1	2	0	0	0	4
Totals	675	315	443	73	32	289	1827

Background Checks

[RCW 18.130.310](#) requires the department to provide data on background check activities conducted under RCW 18.130.064 and the effectiveness of those activities in identifying potential license holders who may not be qualified to practice safely.

[RCW 18.130.064](#) authorizes the department to receive criminal history record information and non-conviction data for determining the eligibility of applicants for licensure or renewal, or to determine whether to proceed with an investigation of a complaint against a license holder. It requires the department to conduct a state background check through the Washington State Patrol on all new applicants and conduct an annual review of a representative sample of all license holders.

The statute allows the department to include a fingerprint-based check where the state patrol background check is inadequate, such as out-of-state applicants or applicants with a criminal record in Washington.

Types of Background Checks

The department works with three databases to obtain criminal and disciplinary data on applicants. For all new applications, the background check process involves checking two separate databases:

- Washington Access to Criminal History (WATCH) database operated by the Washington State Patrol (WSP). It provides records of criminal convictions in the state of Washington. It is used for all new applicants.
- The National Practitioner Data Bank (NPDB) is administered by the U.S. Department of Health and Human Services to obtain disciplinary data from other states on all applicants. This national databank contains disciplinary information, including adverse actions, about health professionals.

For out-of-state applicants or applicants with a criminal history, the process includes an FBI fingerprint-based national background check process through the FBI and WSP.

The FBI fingerprint process can be lengthy, especially when prints are unreadable and need to be re-collected. As a result, the department, boards, and commissions may grant temporary practice permits to applicants who satisfy all licensing requirements but are still awaiting FBI results to help improve access to care by avoiding delays. The temporary practice permit expires if criminal history is identified, and a notice of decision (NOD) is issued.

Figure 4: DOH Background Check Activity Summary – 2019-21 Biennium

Total Applicants	139,689
Applicants with returned background reports ⁶	2,858
Cases opened on applicants with returned background reports	438
Applicants who disclosed criminal or disciplinary history (% of cases)	1,471 (51%)
Applicants not disclosing criminal or disciplinary history (% of cases)	1,387 (49%)
Actions taken to restrict or deny a license application	158

Disciplinary Action for Applicants

The department issues a notice of decision when the disciplining authority denies an application for licensure, or grants the license with conditions, pursuant to [RCW 18.130.055](#). Common application issues include discipline in another state or criminal conviction activity identified on an application or found in a background check. The notice has detailed instructions for the applicant, which explains what to do if they want to contest the decision. This includes notice of the right to request a hearing on the decision to prove they are qualified and can practice safely. The department issued 289 NODs during the 2019-21 biennium.

Effectiveness of Background Check Activities

As the above table demonstrates, nearly half of the applicants with returned background check reports did not disclose their criminal history on the application. We are unsure how many of these omissions were intentional. However, had we not conducted background checks, we would not have identified this history, and the applicants may have been fully licensed without conditions. This demonstrates that background checks were effective in identifying 158 potential license holders who may not be qualified to practice safely, and we were able to deny a license or grant a license with conditions to protect the public.

Table 5 on the next page shows details of background check activity by profession.

Table 5: Background Reports – 2019-21 Biennium

Profession	Total Applicant Checks Made	WATCH Reports Produced	Cases Opened on Applicants	Self-Disclosed Yes	Self-Disclosed No	% Disclosed*	Actions Taken
Acupuncture & Eastern Medicine Practitioner	134	1	1	1	0	100%	0
Advanced Emergency Medical Technician	47	2	0	0	2	0%	0
Advanced Registered Nurse Practitioner	3033	19	0	12	7	63%	0
Animal Massage Practitioner	32	1	0	0	1	0%	0
Athletic Trainer	202	1	1	1	0	100%	0
Audiologist	77	0	1	0	0	-	0
Cardiovascular Invasive Specialist	66	2	0	1	1	50%	0
Certified Behavior Technician	3139	64	11	27	37	42%	4
Chiropractic X-Ray Technician	97	4	0	3	1	75%	0
Chiropractor	257	7	2	4	3	57%	0
Counselor, Agency Affiliated	5106	383	73	241	142	63%	27
Counselor, Certified	45	2	0	0	2	0%	0
Dental Anesthesia Assistant	75	3	0	1	2	33%	0
Dental Assistant	5684	123	21	47	76	38%	5
Dental Hygienist	694	17	1	7	10	41%	1
Dentist	897	6	1	3	3	50%	0
Denturist	9	0	0	0	0	-	0
Dietitian/Nutritionist	513	2	0	1	1	50%	0
Dispensing Optician	80	1	0	1	0	100%	0
Dispensing Optician Apprentice	307	7	1	3	4	43%	1
Emergency Medical Responder	64	3	0	2	1	67%	0
Emergency Medical Technician	3028	76	4	45	31	59%	2
Expanded Function Dental Auxiliary	91	4	0	2	2	50%	0
Genetic Counselor	145	0	0	0	0	-	0
Hearing aid Specialist	55	1	4	1	0	100%	2
Home Care Aide	10796	18	32	7	11	39%	13
Hypnotherapist	153	8	1	2	6	25%	1
Licensed Assistant Behavior Analyst	184	4	0	3	1	75%	0
Licensed Behavior Analyst	383	3	0	2	1	67%	0
Licensed Practical Nurse	2061	31	1	21	10	68%	0
Marriage and Family Therapist	331	2	0	1	1	50%	0
Marriage and Family Therapist Associate	369	9	1	8	1	89%	1
Massage Therapist	1244	40	16	26	14	65%	7
Medical Assistant	12562	430	28	161	269	37%	12
Medical Marijuana Consultant	409	39	1	0	39	0%	0
Mental Health Counselor	1358	28	5	20	8	71%	1
Mental Health Counselor Associate	1595	36	3	24	12	67%	2
Midwife	52	0	0	0	0	-	0
Naturopathic Physician	214	2	0	1	1	50%	0
Nursing Assistant	26089	600	53	208	392	35%	17
Nursing Home Administrator	72	4	1	2	2	50%	0
Nursing Technician	989	18	0	12	6	67%	0
Occupational Therapist	666	2	1	2	0	100%	0

Profession	Total Applicant Checks Made	WATCH Reports Produced	Cases Opened on Applicants	Self-Disclosed		% Disclosed*	Actions Taken
				Yes	No		
Occupational Therapy Assistant	200	3	2	3	0	100%	0
Optometrist	151	1	0	1	0	100%	0
Orthotist/ Prosthetist	40	1	0	1	0	100%	0
Osteopathic Physician	800	6	5	3	3	50%	0
Osteopathic Physician Assistant	50	0	0	0	0	-	0
Paramedic	454	4	0	3	1	75%	0
Pharmacist	1227	6	4	4	2	67%	1
Pharmacist Intern	920	5	3	5	0	100%	1
Pharmacy Assistant	5912	124	35	48	76	39%	14
Pharmacy Technician	1030	24	4	16	8	67%	1
Physical Therapist	1176	1	1	1	0	100%	0
Physical Therapist Assistant	410	0	1	0	0	-	0
Physician	5056	3	0	0	3	0%	0
Physician Assistant	1047	3	0	0	3	0%	0
Podiatric Physician	61	2	0	1	1	50%	0
Psychologist	1249	1	0	1	0	100%	0
Radiological Technologist	1082	14	0	11	3	79%	0
Recreational Therapist	61	1	1	0	1	0%	1
Reflexologist	18	0	0	0	0	-	0
Registered Nurse	25543	159	21	100	59	63%	8
Respiratory Care Practitioner	582	6	3	4	2	67%	1
Sex Offender Treatment Provider	8	0	0	0	0	-	0
Sex Offender Treatment Provider Affiliate	6	0	0	0	0	-	0
Social Worker Advanced	25	0	0	0	0	-	0
Social Worker Associate Advanced	263	7	0	4	3	57%	0
Social Worker Associate Independent Clinical	1337	35	3	30	5	86%	0
Social Worker Independent Clinical	984	14	0	12	2	86%	0
Speech Language Pathologist	1036	6	0	2	4	33%	0
Speech Language Pathology Assistant	81	0	1	0	0	-	0
Substance Use Disorder Professional	407	101	13	87	14	86%	4
Substance Use Disorder Professional Trainee	1100	227	70	189	38	83%	31
Surgical Technologist	985	28	5	12	16	43%	0
Veterinarian	553	2	1	0	2	0%	0
Veterinary Medication Clerk	1232	31	0	16	15	52%	0
Veterinary Technician	395	10	0	4	6	40%	0
X-Ray Technician	804	30	1	10	20	33%	0
Totals	139689	2858	438	1471	1387	51%	158

* Percentage of applicants with WATCH reports produced who self-disclosed the conviction

Case Distribution to Investigators and Staff Attorneys

[RCW 18.130.310](#) requires the department to “summarize the distribution of the number of cases assigned to each attorney and investigator for each profession.” The law also requires that the identities of staff attorneys and investigators remain anonymous.

The number of cases for each investigator and staff attorney varies greatly due to several factors that may impact the amount of investigative and legal resources for a case (and how work is distributed). These factors include:

- The nature and complexity of the complaint
- The complexity of the profession
- Availability of records and other information
- If there are companion cases with other professions
- How many months the staff worked during the biennium
- Involvement of other entities such as law enforcement

Tables 6 and 7 provide case distributions by staff attorney and investigator. Numbers ranged from 1 to 645 cases per attorney and 1 to 318 investigations per investigator. Breakdowns by profession are not included in this biennium’s report because we are evaluating our methods for producing this information.

Please note on the following tables:

- To preserve anonymity, individual staff members are indicated by a number.
- The number of cases shown includes any case worked during the biennium.
- The number of cases shown differs from the number of cases received or closed since it includes cases at any point in the investigative or legal process.
- The number of months each staff member worked for the department during the 2017-19 biennium is indicated in the bottom row of each chart.

**Table 6: Distribution of Staff Attorney Caseload
2019-21 Biennium**

Staff Attorney	Months Worked in Biennium	Number of Cases
1	24	3
2	24	426
3	24	285
4	24	157
5	11	127
6	24	133
7	23	1
8	11	168
9	13	153
10	23	154
11	24	401
12	2	15
13	24	285
14	23	3
15	24	129
16	24	395
17	24	645
18	24	4
19	13	93
20	22	1
21	24	324
22	24	409
23	24	217
24	23	300
25	13	1
26	24	152
27	9	88

**Table 7: Distribution of Investigator Caseload
2019-21 Biennium**

Investigator	Months Worked in Biennium	Number of Investigations
1	23	2
2	22	195
3	22	168
4	24	159
5	18	74
6	24	145
7	4	31
8	24	114
9	24	210
10	6	53
11	24	206
12	24	248
13	24	153
14	24	249
15	22	139
16	24	128
17	24	12
18	22	176
19	24	246
20	24	183
21	6	67
22	24	173
23	22	202
24	18	126
25	24	96
26	24	120
27	24	101
28	24	215
29	24	160
30	22	184
31	20	119
32	24	127
33	24	196
34	22	103
35	24	216
36	24	104
37	24	127
38	22	220
39	19	1
40	24	185
41	3	17
42	24	138
43	11	51

Investigator	Months Worked in Biennium	Number of Investigations
44	24	2
45	24	108
46	24	318
47	24	162
48	8	126
49	18	182
50	24	4
51	24	140
52	19	113
53	24	208
54	24	173
55	22	180
56	24	173

Appendices

Appendix A: Definitions is a glossary of terms used throughout this report, including clarifications and abbreviated versions of longer terms.

Appendix B: Licensee Counts by Professions details the number of licensees for each profession over the last seven fiscal years, as well as a compounded annual growth rate over four years whenever possible.

Appendix A: Definitions

Agreed Order: The document, formally called Stipulated Findings of Fact, Conclusions of Law, and Agreed order, is a negotiated settlement between the health care provider and representatives of the agency. It states the substantiated violations of law and the sanctions being placed on the health care provider’s credential. The health care provider agrees to the conditions in the order. The Agreed order is presented to the disciplinary authority and, if approved, becomes final. The order is reported to national data banks and the public through a press release.

Board or Commission: A board or commission is a part-time, statutory entity that has rulemaking authority, performs quasi-judicial functions, has responsibility for the administration or policy direction of a program, or performs regulatory or licensing functions with respect to a specific profession. See also Chapter 43.03 RCW.

Certification: This credential demonstrates that the professional has met certain qualifications. The regulatory authority – a board, commission, or the secretary of health – sets the qualifications. In some professions, someone who isn’t certified may perform the same tasks, but may not use “certified” in their title.

Default Orders: A Default order is issued when the credentialed health care provider is given notice, but either fails to answer the allegations or fails to participate in the adjudicative process as required by law.

Final Order: The document is formally called Findings of Fact, Conclusions of Law and Order. This document is issued after a formal hearing has been held. The hearing may be held before a health law judge representing the secretary as the decision-maker or before a panel of board or commission members, with a health law judge acting as the presiding officer. The document identifies the proven facts, violations of law, and the sanctions being placed on the health care provider’s credential. The health care provider has the right to ask for administrative review of an initial order. Final orders are subject to reconsideration of the decision or to appeal to a superior court. The order is reported to national data banks and released to the public through a press release.

License: This credential allows people to practice if they meet certain qualifications. Practicing without a license is illegal. Licensing regulates what practitioners are trained and authorized to do.

Notice of Decision (NOD): This document is issued pursuant to RCW 18.130.055, when the disciplining authority decides to deny an application for licensure or grant the license with conditions.

Registration: The state keeps an official register of the names and addresses of the people in each profession. This credential signifies the professional is on that register. If required, a description and the location of the service are included; however, registrations do not include training, examination, or continuing education requirements.

Informal Order - Stipulation to Informal Disposition: A Stipulation to Informal Disposition (STID) is an informal resolution. If the health care provider agrees to sign the STID, the provider does not admit to unprofessional conduct, but does agree to corrective action. STIDs are reported to national data banks, but because they are informal, they do not result in a press release.

Appendix B: Licensee Counts by Profession – 2017-19 Biennium

Profession	2013-15	2015-17	2017-19	2019-21
Acupuncture and Eastern Medicine Practitioner	1,387	1,537	1,606	1560
Advanced Emergency Medical Technician	362	367	364	350
Advanced Registered Nurse Practitioner	6,404	7,759	9,169	11,311
Animal Massage Practitioner	59	81	108	112
Athletic Trainer	587	669	789	818
Audiologist	409	430	465	497
Cardiovascular Invasive Specialist	224	292	338	345
Certified Behavior Technician	-	-	2435	3491
Chiropractic X-Ray Technician	209	218	206	198
Chiropractor	2,467	2,534	2,605	2598
Counselor, Agency Affiliated	7,611	9,354	9092	9279
Counselor, Certified	630	550	471	391
Counselor, Certified Advisor	3	3	2	2
Dental Anesthesia Assistant	117	174	215	240
Dental Assistant	13,692	14,510	15677	16522
Dental Hygienist	6,056	6,332	6,526	6666
Dentist	6,355	6,647	6738	6870
Denturist	143	145	156	144
Dietitian/Nutritionist	1,733	2,065	2,329	2457
Dispensing Optician	1,048	1,012	1006	982
Dispensing Optician Apprentice	966	1,051	1051	1001
Emergency Medical Responder	394	371	342	348
Emergency Medical Technician	12,870	13,032	13304	14075
Expanded Function Dental Auxiliary	212	240	286	359
Genetic Counselor	136	220	298	400
Hearing Aid Specialist	302	316	328	332
Home Care Aide	10,708	18,034	26,620	26653
Humane Society	18	19	18	33
Hypnotherapist	788	749	744	697
Licensed Assistant Behavior Analyst	-	-	85	154
Licensed Behavior Analyst	-	-	733	988
Licensed Practical Nurse	11,944	11,768	11558	11189
Marriage and Family Therapist	1,486	1,603	1,824	2033
Marriage and Family Therapist Associate	466	569	609	612
Massage Therapist	13,656	13,889	13824	12438
Medical Assistant	31,291	35,612	38,688	40486
Medical Marijuana Consultant	-	-	-	583
Mental Health Counselor	6,059	6,803	7646	8501
Mental Health Counselor Associate	1,789	1,813	2,014	2305
Midwife	161	175	182	199
Naturopathic Physician	1,231	1,398	1474	1571
Nursing Assistant	76,056	76,173	75,231	73392

Nursing Home Administrator	441	441	439	403
Nursing Pool Operator	158	189	284	307
Nursing Technician	396	488	558	690
Occupational Therapist	3,271	3,565	3909	4022
Occupational Therapy Assistant	956	1,090	1189	1194
Ocularist	10	11	11	9
Optometrist	1,547	1,637	1676	1678
Orthotist/ Prosthetist	330	334	350	355
Osteopathic Physician	1,769	2,194	2,624	3130
Osteopathic Physician Assistant	59	88	128	126
Paramedic	2,568	2,662	2760	3095
Pharmacies and Other Pharmaceutical Firms	4,190	4,544	4,985	5108
Pharmacist	9,627	10,232	10716	11046
Pharmacist Intern	1,394	1,579	1777	1588
Pharmacy Assistant	10,299	10,546	7,422	8049
Pharmacy Technician	8,867	8,910	8748	8631
Physical Therapist	6,188	6,795	7,507	7562
Physical Therapist Assistant	1,971	2,271	2,455	2483
Physician	27,692	29,532	30,450	31226
Physician Assistant	3,018	3,587	4,091	4654
Podiatric Physician	353	377	377	380
Psychologist	2,796	2,996	3,254	3995
Radiological Technologist	6,200	6,415	6,685	6967
Radiologist Assistant	8	8	9	8
Recreational Therapist	146	144	168	162
Registered Nurse	87,097	99,474	106,569	115007
Reflexologist	248	255	260	245
Respiratory Care Practitioner	2,794	2,915	3,028	3186
Retired Volunteer Medical Worker	4	2	1	9
Sex Offender Treatment Provider	99	97	97	97
Sex Offender Treatment Provider Affiliate	30	26	27	23
Social Worker Advanced	119	139	154	155
Social Worker Associate Advanced	201	210	247	328
Social Worker Associate Independent Clinical	1,346	1,632	1,952	2365
Social Worker Independent Clinical	3,858	4,173	4,712	5373
Speech Language Pathologist	2,508	2,835	3,249	3536
Speech Language Pathology Assistant	209	230	242	254
Substance Use Disorder Professional	2,878	2,919	3,026	3,045
Substance Use Disorder Professional Trainee	1,446	1,619	1804	1,588
Surgical Technologist	2,980	3,062	3,141	3388
Veterinarian	3,586	3,843	4,076	4273
Veterinary Medication Clerk	825	1,086	1,347	1751
Veterinary Technician	2,027	2,183	2,302	2434
X-Ray Technician	1,580	1,509	1,563	1417
Total	428,118	467,358	497,525	518,524

Board and Commission Supplemental Reports

[RCW 18.130.310\(2\)](#) allows health professions boards and commissions to prepare a biennial report to complement the UDA report. The reports may provide additional information about disciplinary activities, rulemaking and policy activities, and receipts and expenditures.

The following reports were prepared by the 17 boards and commissions with regulatory authority for health professions. Note that the Board of Massage is a dual authority board, where certain licensing and/or examination functions are the authority of the board, while disciplinary authority resides with the department.

Please note that [Senate Bill 5229](#) was passed in 2021. This bill requires the disciplining authority for each health profession licensed under Title 18 RCW subject to continuing education requirements, to adopt rules requiring licensees to complete health equity continuing education training at least once every four years.

Reviewing the Disciplinary Graphs

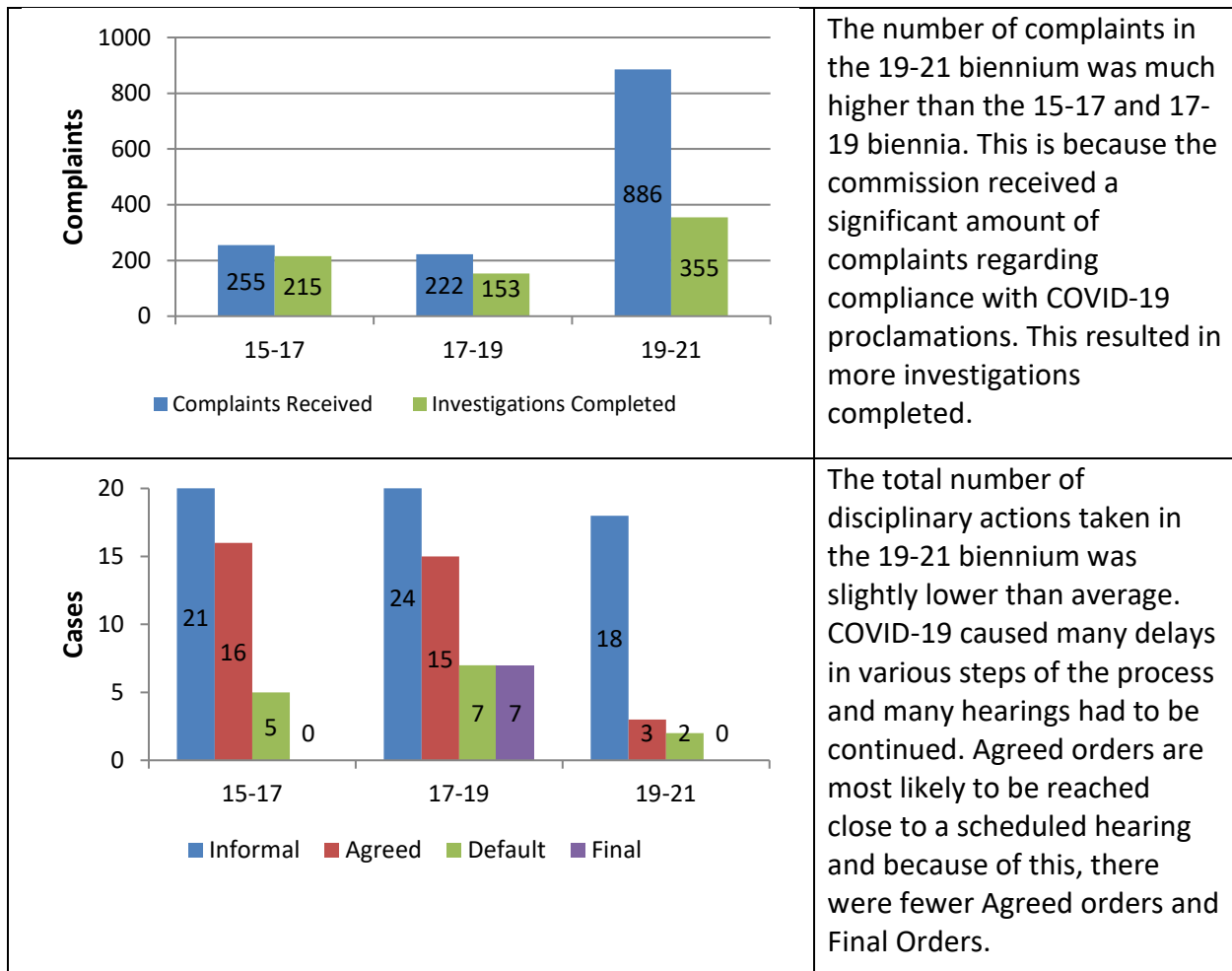
The report for each full authority board or commission includes two graphs:

- 1) The first summarizes the number of complaints received and investigations completed over the last three biennia.
- 2) The second depicts the types of disciplinary case outcomes for each board or commission over the past three biennia.

For a complete list of definitions, please see Appendix A.

Chiropractic Quality Assurance Commission

The Chiropractic Quality Assurance Commission (CQAC) protects the public by credentialing and disciplining chiropractors and chiropractic x-ray technicians. The commission regulates the professions by developing rules, policies, and guidelines. CQAC is made up of 14 commission members (11 chiropractors and 3 public members) appointed by the governor. Chiropractic commission members must be licensed to practice in Washington for five years prior to appointment.



Legislation

The commission implemented provisions of [Senate Bill 5817](#) that allow students in their senior year of chiropractic college to adjust patients under the supervision of a licensed chiropractor preceptor.

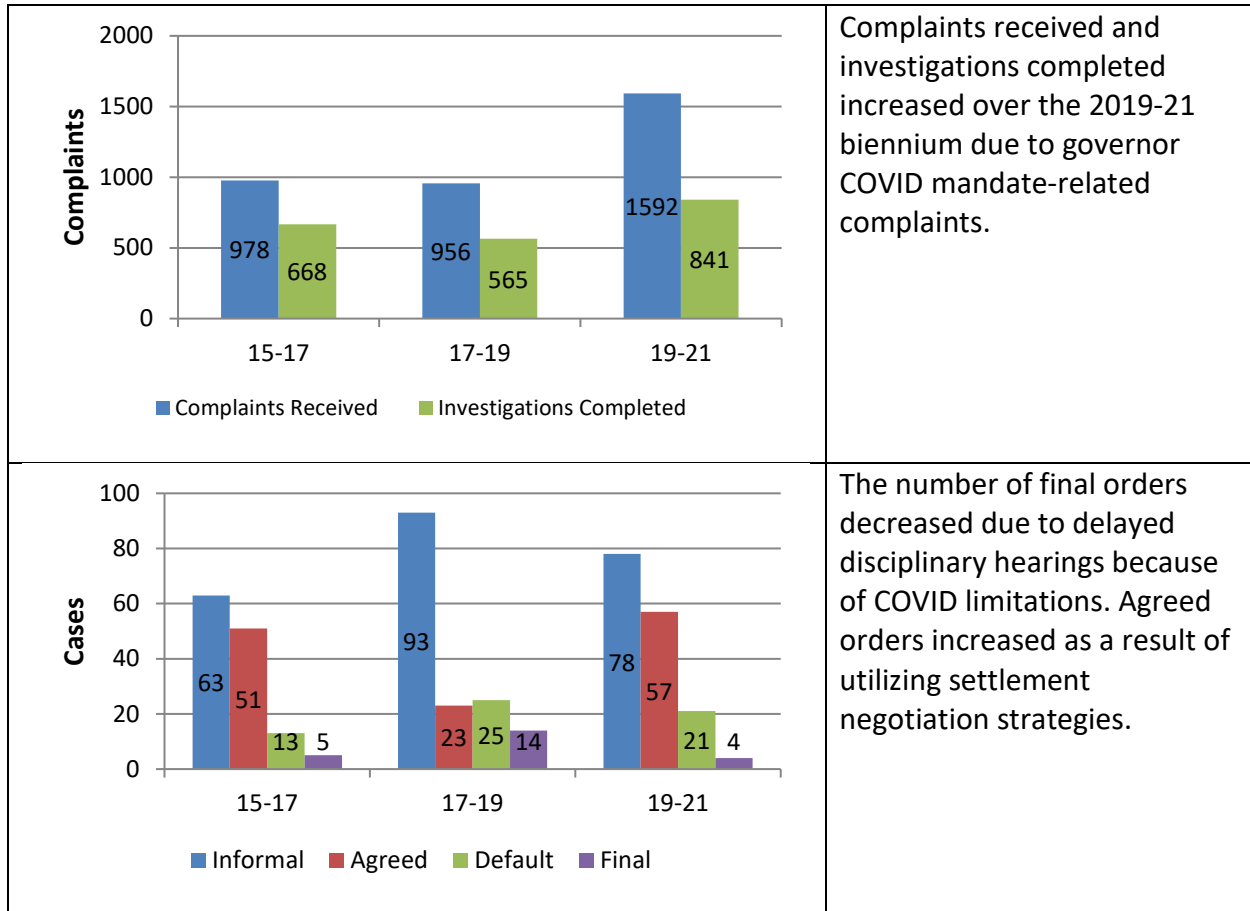
Rulemaking

During the 2019 – 2021 Biennium, the Chiropractic Quality Assurance Commission continued to review and update the full chapter of chiropractic regulations in [246-808 WAC](#).

Of note were the commission's establishment of and standards for an Early Remediation Program to address minor chiropractor practice deficiencies that have not resulted in patient harm, as well as updates to chiropractic standards of practice and chiropractic college requirements.

Dental Quality Assurance Commission

The Dental Quality Assurance Commission (dental commission) protects the public by credentialing and disciplining dentists, expanded-function dental auxiliaries, dental assistants, and dental anesthesia assistants. The commission regulates the professions by developing rules, policies, and guidelines. The governor appoints 16 commission members: 12 dentists, 2 expanded function dental auxiliaries, and 2 public members. All serve four-year terms.



Rulemaking and Policy Activity

Legislation

The Washington State legislature passed:

- Senate Bill [6061](#) in 2020 requiring telemedicine training for all health professions
- Engrossed Substitute Senate Bill [5229](#) in 2021 requiring health equity continuing education for health care professionals
- Engrossed Substitute Senate Bill [5092](#) in 2021 granting \$50,000 for a task force to evaluate Dental Therapy

The commission also reviewed multiple legislative bills, including:

- Substitute House Bill [1317](#) in 2020 and Senate Bill [5142](#) in 2021 – Establishing the profession of dental therapist
- Substitute House Bill [2531](#) in 2020 – Protecting patients from certain unsafe dental practices
- Senate Bill [SB 6330](#) in 2020 – Health carriers offering dental-only coverage
- Second Substitute House Bill [1018](#) in 2020 – Fair dental insurance practices

Rules and Policies

The dental commission issued a statement authorizing coronavirus screenings as within the scope of dentistry practice under RCW 18.32.020(4).

The dental commission filed an interpretive statement for dentists clarifying that the ordering and administration of novel coronavirus disease 2019 vaccine is within the scope of dentistry practice under RCW 18.32.020.

The dental commission is considering amendments to update general requirements for administering anesthetics for dental procedures in WAC 246-817-701 through 790. The commission is considering 24-hour on-call availability, on-site inspections for sedation permit holders, and creating a pediatric sedation endorsement. The Dental Anesthesia Committee held open public meetings with stakeholders to discuss rule modifications.

The dental commission is considering permanent rulemaking to allow dentists to delegate administration of novel coronavirus disease 2019 vaccination in WAC 246-817-581 to licensed dental hygienists with close supervision and demonstration of competency. An emergency rule is in place while permanent rulemaking proceeds.

The dental commission is considering rule amendments for the number of hours allowed under self-study methods in WAC 246-817-440.

The dental commission is considering rule amendments to determine if placing and finishing amalgam restoration on clinical patients for EFDA licensure is necessary during education in WAC 246-817-195.

The dental commission is considering rule amendments to update the continuing education requirement for retired status dentists in WAC 246-817-230.

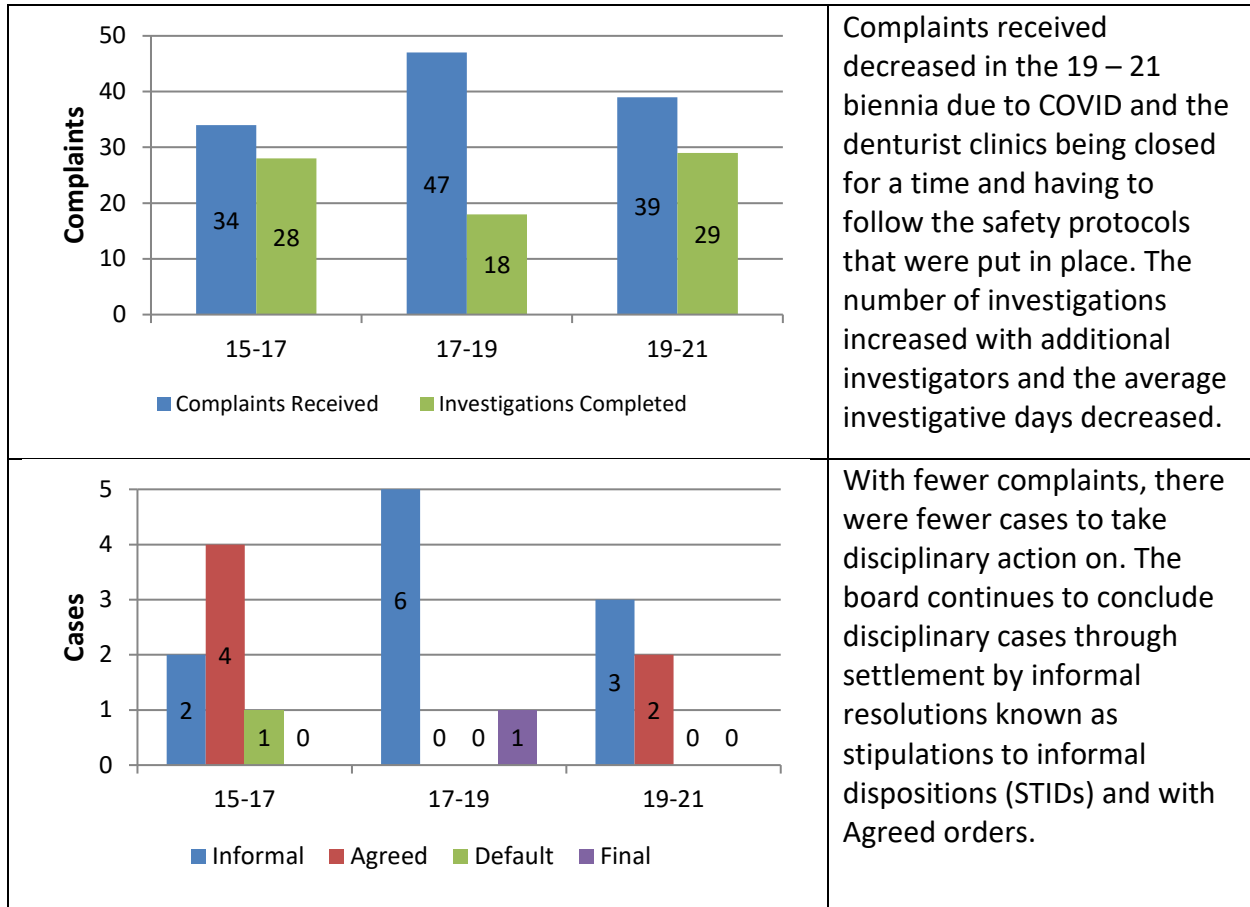
The commission completed and implemented the following rule amendments:

- Covid-19 screening delegation – WAC 246-817-580 – effective August 21, 2021
- Dental infection control standards – WAC 246-817-601 through new 246-817-660 – effective January 23, 2021
- Patient Notification for opioid prescribing – WAC 246-817-907 – effective March 5, 2020
- Delegation to dental hygienist under general supervision – WAC 246-817-550 – effective October 5, 2019

- Specialty representation – WAC 246-817-420 – effective July 3, 2021
- Examination content – WAC 246-817-120 – effective April 8, 2021
- Repeal of AIDS education and training – effective January 23, 2021

Board of Denturists

The Board of Denturists (board) protects the public by examining, credentialing, and disciplining Denturists. The board regulates the profession by developing rules, policies, and guidelines. The secretary appoints 7 board members: 4 denturists, 1 dentist, and 2 public members. Neither public member may be affiliated with a health care profession or facility. At least one of the public members must be over the age of 65 to represent the senior population.



Rulemaking and Policy Activity

The board reviewed and re-adopted their policies during the 2019-21 biennium. In mid-2020 through 2021, the board adopted a policy that allowed all licensed denturists to obtain their 15 hours of continuing competency by online methods. This policy was only effective until December 31, 2021.

Legislation

There was no legislation passed that affected the Denturist profession.

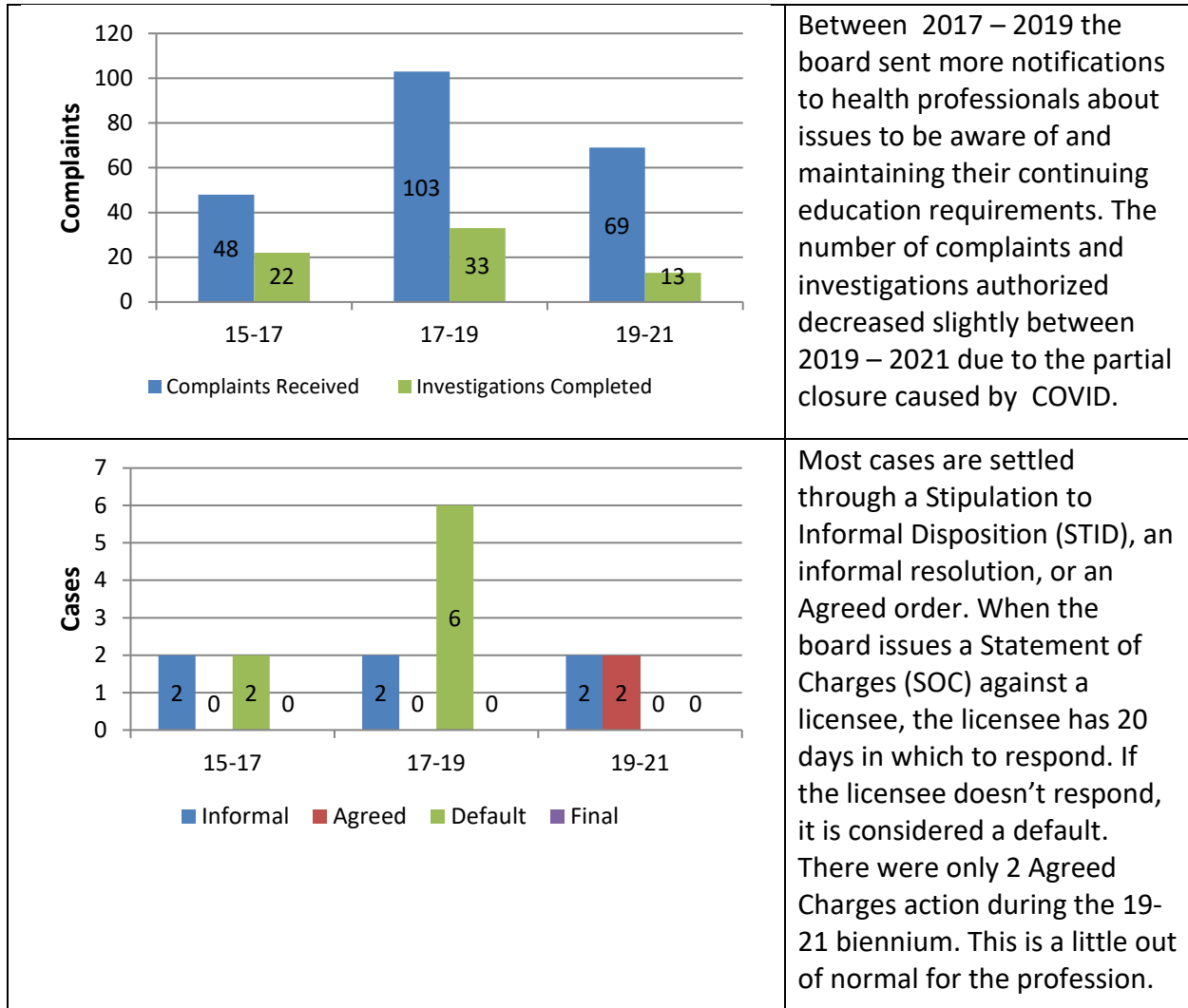
Rules and Policies

The board schedules two practical (clinical) exams a year; however, their policy requires a minimum of five applicants to administer the practical exams. From July 1, 2019, through June 30, 2021, the board administered 3 practical exams, and staff administered 3 written (computerized) exams. There were fewer clinical and written exams due to COVID and being allowed to give the clinical exams at Bates. The table below depicts a five-year exam summary based on a fiscal year.

Fiscal Year	# of applicants for written exam	# passing written exam	# of applicants for practical exam	# passing practical exam
2016	1	1	0	0
2017	14	14	14	11
2018	14	14	19	13
2019	10	10	13	8
2020	3	2	0	0

Board of Hearing and Speech

The Board of Hearing and Speech protects the public by credentialing and disciplining hearing and speech professions. The board develops rules, policies, and guidelines that regulate the practice of audiologists, hearing aid specialists, speech-language pathologists, and speech-language pathology assistants. The governor appoints 11 board members to serve three-year terms. The board consists of 2 audiologists, 2 hearing aid specialists, 2 speech-language pathologists, 3 public members, 1 advisory medical physician, and 1 non-voting speech-language pathology assistant.



Rulemaking and Policy Activity

Legislation

The Department of Health (department), in consultation with the Board of Hearing and Speech (board), is considering amending WAC 246-828-025, 246-828-290, and creating a new section

(s) to implement ESB 5210 (chapter 183, Laws of 2019) addressing consumer notification. The department may also consider making technical changes or changes to improve clarity.

The department is considering creating rules requiring health professions licensed under Title 18 RCW to complete health equity CE training and establishing minimum standards for health equity CE programs to implement ESSB 5229 (Chapter 276, Laws of 2021).

Engrossed Substitute House Bill (ESHB) 1551 (Chapter 76, Laws of 2020) repealed statutes concerning AIDS education and training for emergency medical personnel, health professionals, and health care facility employees.

The purpose of this Interpretive Statement is to clarify that health care providers licensed under RCW 18.130.040 must take telehealth training on or after January 1, 2021, as required by RCW 43.70.495. RCW 43.70.495 tasked the Collaborative for the Advancement of Telemedicine (collaborative) with designing a training program to teach health care professionals about telemedicine and proper billing. Substitute Senate Bill (SSB) 6061 amended the law to require health care professionals who provide clinical services through telemedicine to complete the telemedicine training designed by the collaborative or an alternative telemedicine training, as defined by RCW 43.70.495 (4)(a), beginning January 1, 2021. If a health care professional completes training, they must sign and retain an attestation.

RCW 43.70.495 (2) states, “..beginning January 1, 2021, a health care professional who provides clinical services through telemedicine, other than a physician licensed under chapter 18.71 RCW or an osteopathic physician licensed under chapter 18.57 RCW, shall complete a telemedicine training.”

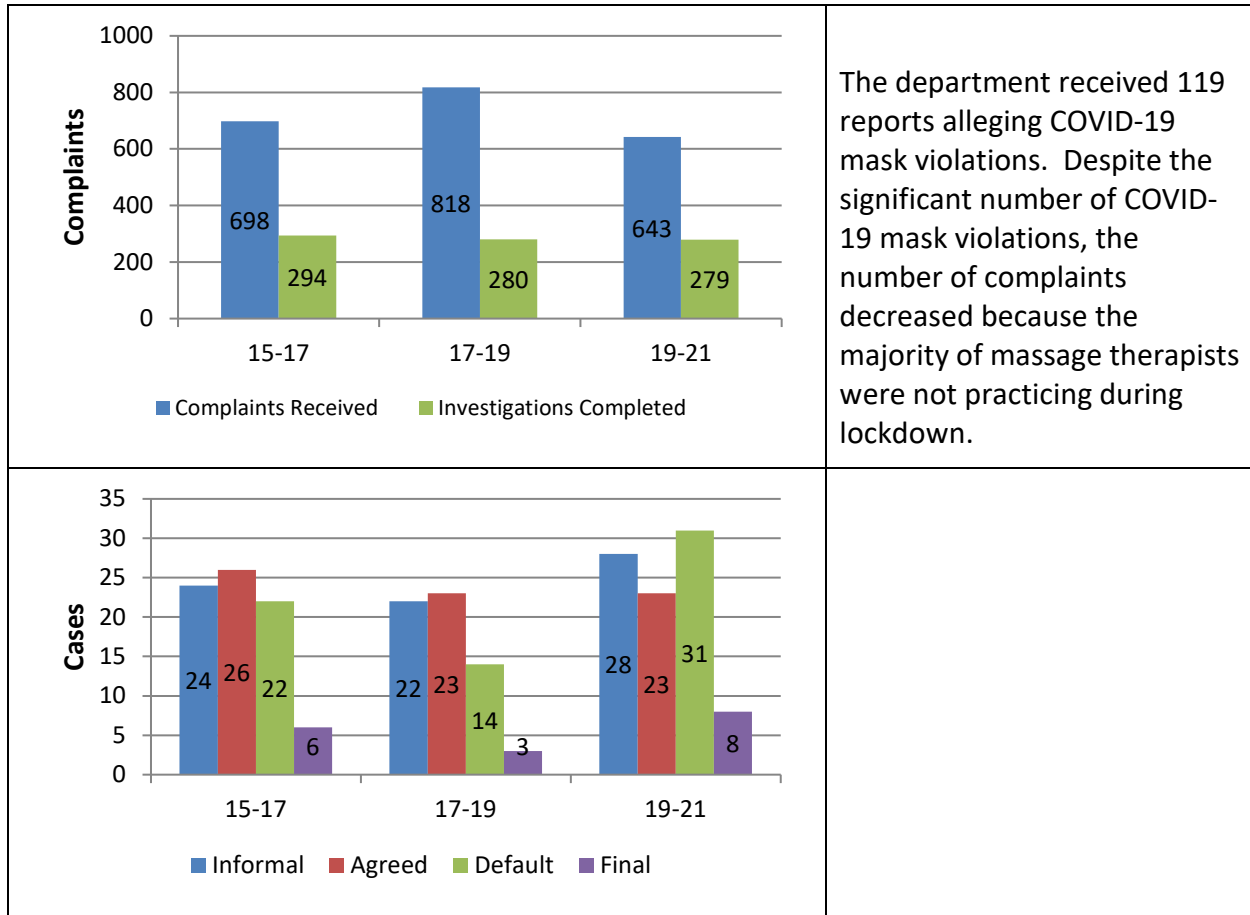
The department interprets the language to mean that providers must take the training on or after January 1, 2021.

Rules and Policies

In addition to implementing ESB 5210, the board is clarifying rules to make minor updates to the following: WAC 246-828-020, 246-828-025, 246-828-04503, 246-828-075, 246-828-300, and 246-828-900.

Board of Massage

The Board of Massage protects the public's health and safety by regulating the competency and quality of licensed massage therapists. The governor appoints 4 massage therapists and 1 public member to four-year terms. The professional members must have at least three years of experience as a massage therapist immediately preceding the appointment. The public member cannot be an employee of the state or a present or former member of another licensing board.



Rulemaking and Policy Activity

In August 2020, the board adopted rules that increased the education and training hours, amended the rules for transfer programs, licensure by endorsement and continuing education, made student clinic mandatory for training programs, and reduced the clinic supervisor to student ratio. To give schools time to come into compliance with the new education and training rule, the board set the rules' effective date as September 1, 2021.

In April 2021, the board opened five sections of the massage therapy rules, notifying the public of its intent to consider some housekeeping revisions.

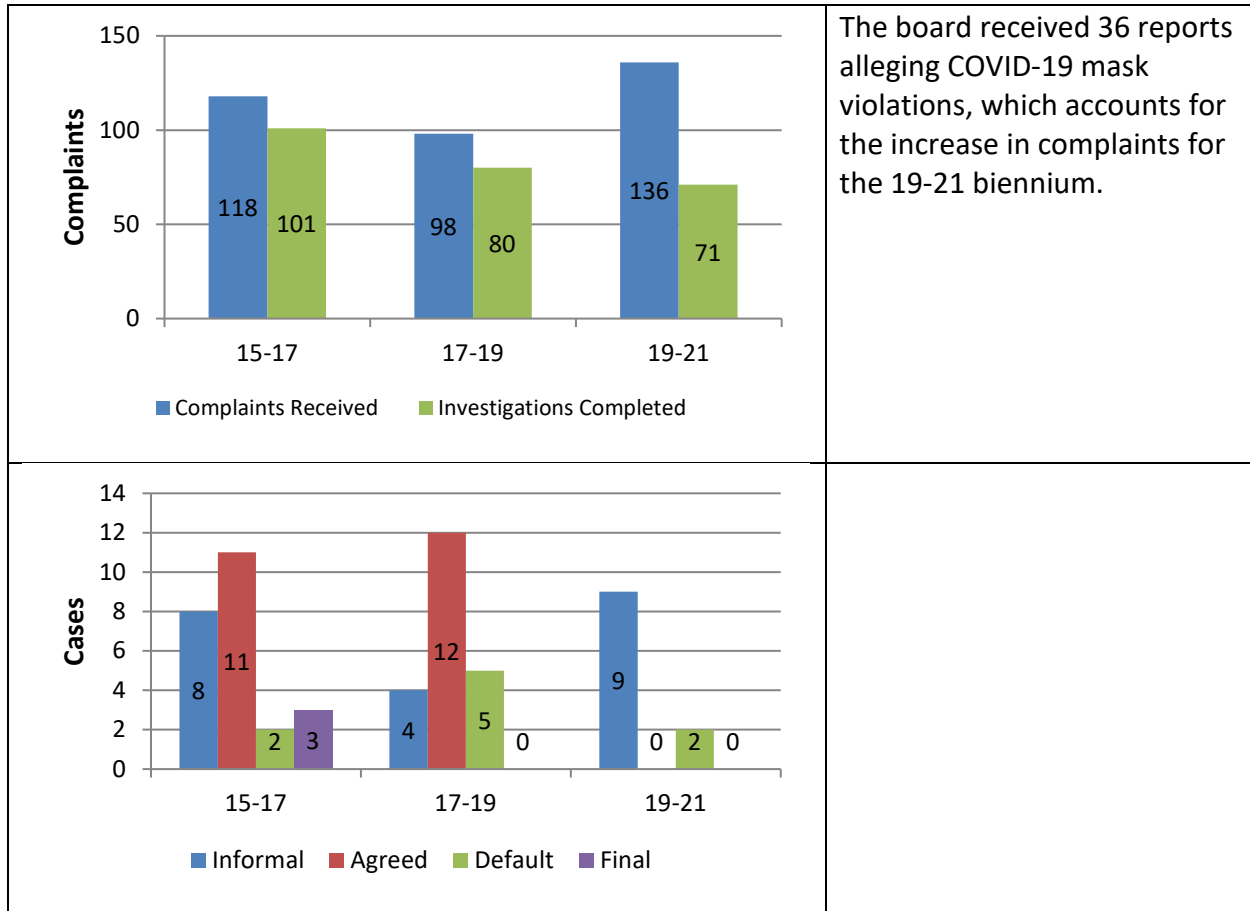
The board issued a policy statement to address the issue of massage therapists being unable to access in-person continuing education courses due to the COVID-19 pandemic response.

Legislation

Legislation passed in 2020 requires licensed massage therapists and certified reflexologists to have government-issued photo identification on their person or available for inspection at all times while they are practicing massage or reflexology.

Board of Naturopathy

The Board of Naturopathy (board) protects public health, enhances patient safety, and fosters the integrity of the naturopathic physician profession. This is accomplished through licensing, disciplinary action, rulemaking, and education. The governor appoints 7 board members: 5 naturopathic physicians and 2 public members. Neither public member may be affiliated with a health care profession or facility.



Rulemaking and Policy Activity

Legislation

Legislation passed during 2021 created the colon hydrotherapist profession under the authority of the board. The board is required to establish rules regarding education, training, and examination requirement, as well as a process for authorizing affiliation relationships between naturopathic physicians and colon hydrotherapists.

Rules and Policies

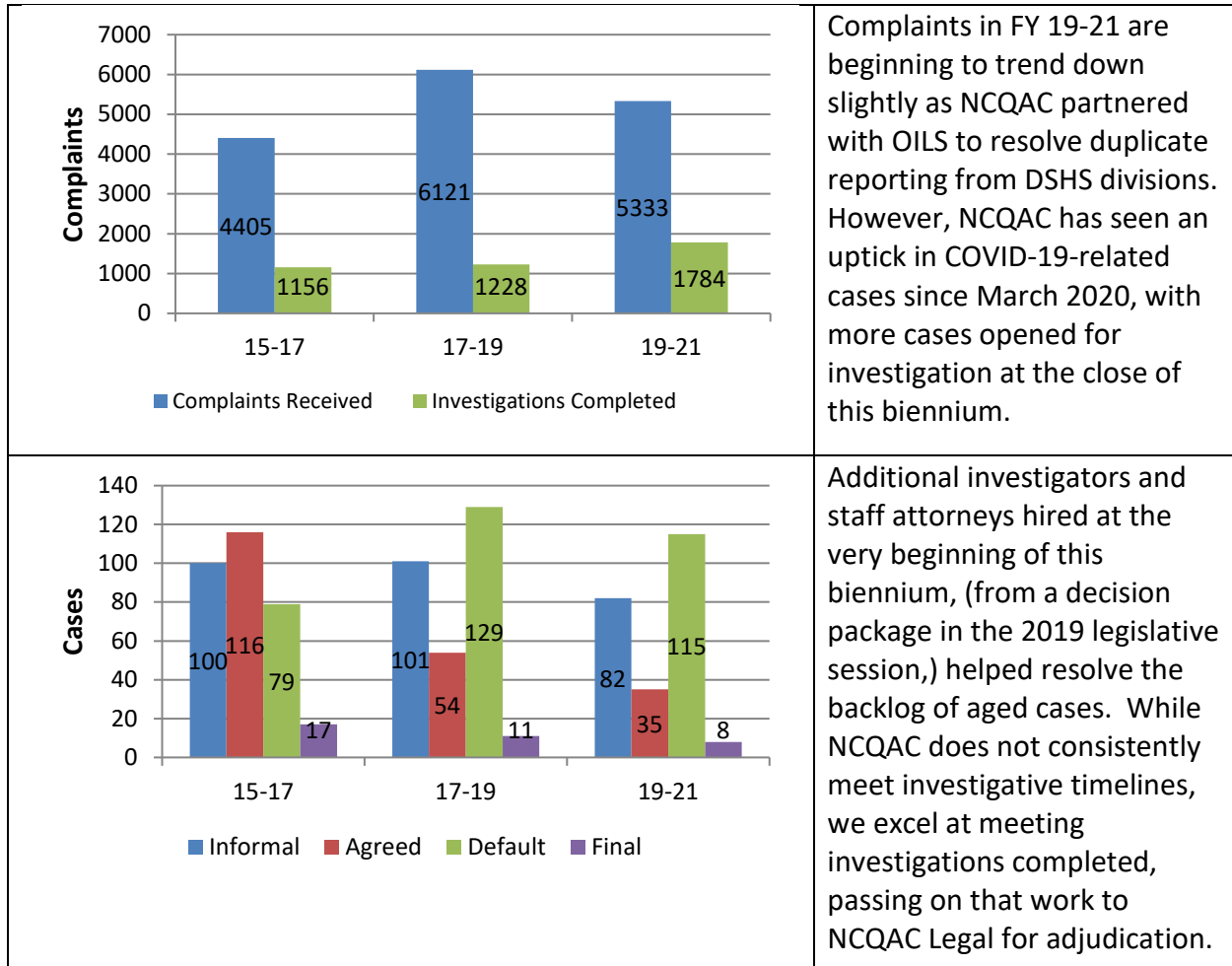
The board issued a policy statement to address the problem of naturopathic physicians being unable to access in-person continuing education courses due to the COVID-19 pandemic response.

The board received several rule petitions in 2020 and 2021 requesting amendments to the continuing education (CE) rules. The board granted the petitions and has started rulemaking to address the issues identified in the petitions, including the low number of recognized naturopathic CE organizations and how to properly document completion of the pharmacology hour requirement.

The board has also restarted rulemaking to determine which nonsurgical cosmetic procedures are appropriate for naturopathic physicians to perform, as well as establish corresponding education and training requirements.

Nursing Care Quality Assurance Commission

The Nursing Care Quality Assurance Commission (NCQAC) protects the public's health and safety by regulating the competency and quality of licensed practical nurses, registered nurses, advanced registered nurse practitioners, and nursing technicians. The purpose of the NCQAC includes establishing, monitoring, and enforcing licensing, consistent standards of practice, continuing competency mechanisms, and discipline. The governor appoints 15 commission members to four-year terms: 3 licensed practical nurses, 7 registered nurses, 2 advanced registered nurse practitioners, and 3 public members.



Complaints in FY 19-21 are beginning to trend down slightly as NCQAC partnered with OILS to resolve duplicate reporting from DSHS divisions. However, NCQAC has seen an uptick in COVID-19-related cases since March 2020, with more cases opened for investigation at the close of this biennium.

Additional investigators and staff attorneys hired at the very beginning of this biennium, (from a decision package in the 2019 legislative session,) helped resolve the backlog of aged cases. While NCQAC does not consistently meet investigative timelines, we excel at meeting investigations completed, passing on that work to NCQAC Legal for adjudication.

Washington Health Professional Services (WHPS) 2019-2021 Biennium Total

Profession	Total Mandated	Total Voluntary	Total Enrolled in Biennium	Successful Completions
Registered Nurse	350	44	394	108
Licensed Practical Nurse	39	4	43	13

Advanced Registered Nurse Practitioner	12	7	19	5
Certified Registered Nurse Anesthetist	8	2	10	1
Nurse Technician	1	0	1	1

Nursing Education

The NCQAC approves and reviews all nursing education programs in the state of Washington and out-of-state distance learning programs that have clinical practice experiences. This includes nursing assistant training programs, alternative nursing assistant training programs, refresher courses, professional vocational relationship courses, undergraduate and graduate nursing education programs.

The total number of nursing education programs (746) includes:

❖ In-state

- 7 LPN
- 25 ADN
- 12 BSN
- 17 RNB
- 120 Post-BSN Programs
- 7 Refresher Course Programs
- 2 Professional Vocational Relationship Courses

❖ Out-of-state programs/tracks

- 24 RN to BSN
- 2 LPN to BSN
- 411 Other graduate and undergraduate tracks

❖ In-state

- 181 Traditional Nursing Assistant (NA) programs
- 15 Home Care Aide to NA programs
- 9 Medication Assistant to NA programs
- 4 Medication Assistant-Certified training programs

Rulemaking and Policy Activity

Legislation

Legislation was passed in 2018 directing the NCQAC to assess the need for nurses, including nursing assistants, in long-term care (LTC) settings. There is an ongoing shortage of LTC providers in skilled nursing facilities, assisted-living facilities, and adult family homes. The

commission was directed to make recommendations regarding recruitment, training, and retention challenges. The LTC Workforce Steering Committee was created and a final report was submitted to the Washington State Legislature in June 2021. [Long-term Care Workforce Development Final Report \(wa.gov\)](#). Because the commission regulates training for nursing assistants, and with appropriated funding (see ESSB 5092 below), the NCQAC will develop and implement the Home Care Aide to Nursing Assistant to Licensed Practical Nurse (LPN) apprenticeship pathway. Other work to be done includes curriculum changes, providing technical assistance for existing nursing assistant training programs, changing student testing methods, working with interested parties on rules, and beginning to implement the LPN apprenticeship pathway.

In 2020, there were no bills passed with a significant impact on the NCQAC. The following are the 2021 bills with implications for the commission.

Profession	WAC Sections	Purpose	Status
Advanced Registered Nurse Practitioner Legislation SHB 1445 Effective 7/25/2021	N/A	1445-S.PL.pdf (wa.gov) The definition of compounding for pharmacy practice Both the patient and the prescriber must authorize the use of a compounded product before it can be substituted for a commercially available product.	Note: The law may require a new NCQAC advisory opinion.
Nursing Assistants Legislation ESHB 1120 effective 5/10/2021 (Standard rulemaking)	Chapter 246-841 WAC amend Chapter 246-842 WAC repeal	1120-S.SL.pdf (wa.gov) Emergency operations impacting long-term services and supports	CR-101 WSR: 21-05-021 Filed: 2/8/2021 Note: The Nursing Assistant Program Approval Panel (NAPAP) is drafting language for interested parties to consider in public workshops. The language will align with legislation and federal timeline requirements.
Advanced Registered Nurse Practitioners	N/A	1196-S.SL.pdf (wa.gov) Audio-Only Telemedicine	The Office of the Insurance Commissioner

<p>Legislation ESHB 1196 effective 7/25/2021</p>			<p>(OIC) is engaged in rulemaking. The DOH and independent commissions are being asked to be part of the process.</p>
<p>Registered Nurses, Licensed Practical Nurses, Advanced Registered Nurse Practitioners, Nurse Technicians</p> <p>Legislation ESSB 5229 effective 7/25/2021</p> <p>(Standard rulemaking)</p>	<p>N/A</p>	<p>5229-S.SL.pdf (wa.gov) Health Equity & Continuing Competency</p>	<p>CR-101 WSR# 21-20-011 Filed: 9/23/2021</p> <p>Note: HSQA is taking the lead and a representative(s) of NCQAC is participating in development.</p>
<p>Health Care Assistants, Nursing Assistants Certified, Licensed Practical Nurses</p> <p>Legislation ESSB 5092 effective 5/18/2021</p>	<p>N/A</p>	<p>5092-S.SL.pdf (wa.gov) Operating Budget: Apprenticeship Pathway</p>	<p>\$450,000 of the general fund—state appropriation for fiscal year 2022 is provided solely for the nursing care quality assurance commission, in collaboration with the workforce training and education coordinating board, and the Department of Labor and Industries, to plan a home care aide to nursing assistant certified to licensed practical nurse (HCA-NAC-LPN) apprenticeship pathway.</p>
<p>Registered Nurses, Licensed Practical Nurses, Advanced Registered Nurse Practitioners, Nurse Technicians</p> <p>Legislation</p>	<p>N/A</p>	<p>5092-S.SL.pdf (wa.gov) Operating Budget: NCQAC Performance Audit</p>	<p>The Washington nursing commission will contract with the state auditor’s office to conduct a performance audit addressing the length of time required to license</p>

ESSB 5092 effective 5/18/2021			individuals who come from other states.
Registered Nurses, Licensed Practical Nurses, Advanced Registered Nurse Practitioners, Nurse Technicians Legislation ESSB 5092 effective 5/18/2021	N/A	5092-S.SL.pdf (wa.gov) Operating Budget: Timely Licensure Processing	The commission must hire sufficient staff to process applications for nursing licenses so that the time required for processing does not exceed seven days

Rules

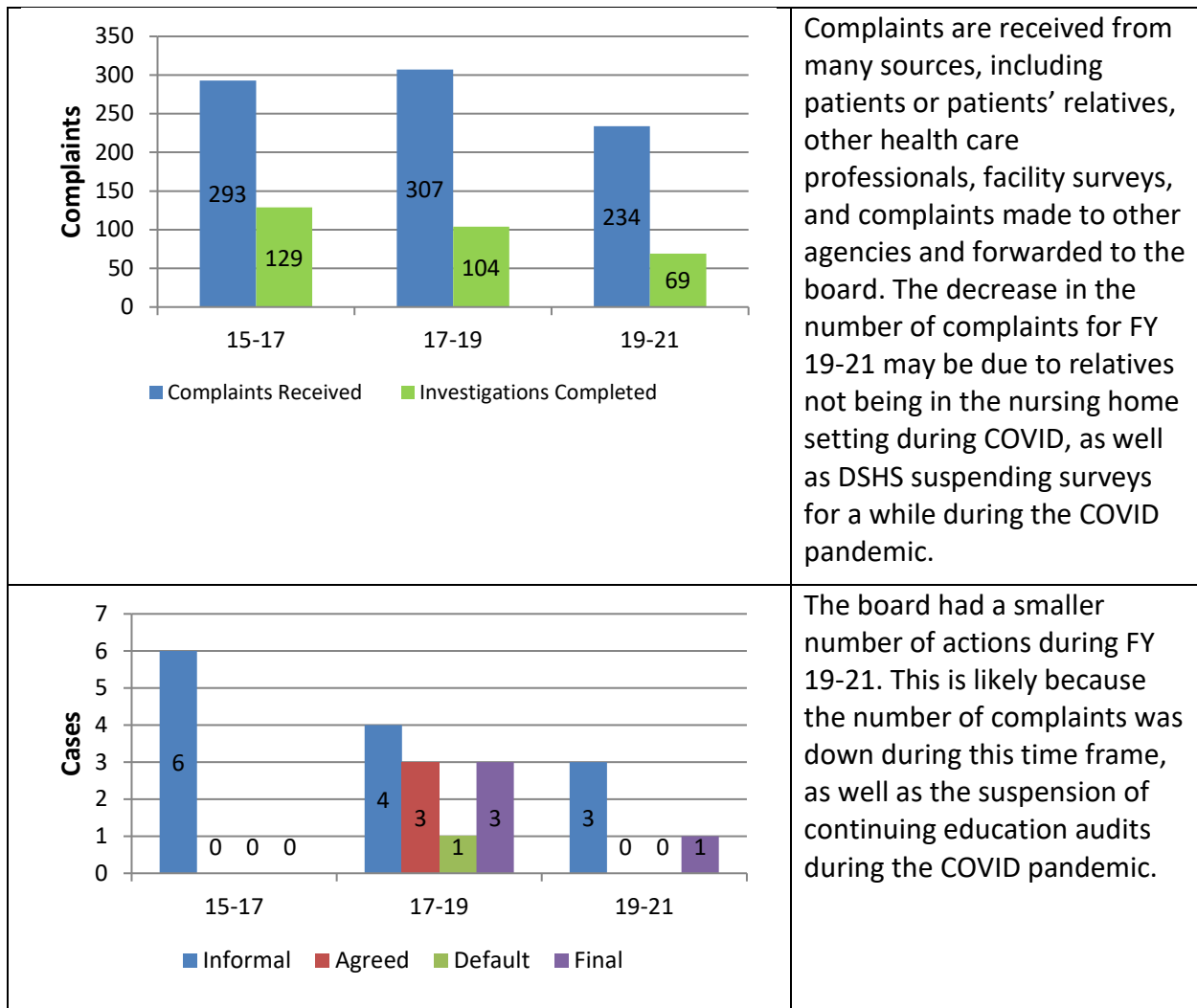
Profession	WAC Sections	Purpose	Status
NT, LPN, RN, ARNP, NA Aids Education & Training (Expedited rulemaking)	WAC 246-840-025, 030, 045, 090, 539, 541, 860, 905, 246-841-490, 578,585 and 610	Section 22, paragraph (11) of ESHB 1551 repeals RCW 70.24.270-Health Professionals-Rules for AIDS education and training.	CR-103P WSR: 21-04-016 Filed: 1/22/2021 Effective 2/22/2021
NT, LPN, RN Continuing Competency (Standard rulemaking)	WAC 246-840-111, 120, 125, and 200 through 260	Adopted amendments to the continuing competency rules and requirements for active, inactive, expired, and retired active credential statuses.	CR-103P WSR: 21-11-032 Filed: 5/12/2021 Effective 6/12/2021
NT, LPN, RN, ARNP Emergency to Permanent Rules (Standard rulemaking)	WAC 246-840-365, 367, 533, 930	Create permanent rules from some of the previous emergency rules. The NCQAC first adopted emergency rules in response to COVID-19 in April 2020. They were refiled six more times and will be filed again in January 2022.	CR-101 WSR: 21-19-104 Filed: 9/17/2021

<p>NT, LPN</p> <p>Practice Opportunities</p> <p>(Standard rulemaking)</p>	<p>WAC 246-840-010, 840, 850, 860, 905</p>	<p>Allow LPN students practice opportunities as nurse technicians.</p>	<p>CR-102</p> <p>WSR 21-20-058</p> <p>Filed: 9/28/2021</p> <p>Note: Workshops 10/5, 9/2020.</p> <p>NCQAC approved rule language for (CR-102) on 3/12/2021. A hearing is scheduled for 11/12/2021.</p>
<p>NA Standards of Practice &</p> <p>NAC Training Program Standards</p> <p>(Standard rulemaking)</p>	<p>Chapter 246-841 WAC (amend)</p> <p>Chapter 246-842 WAC (repeal)</p>	<p>Legislated work by NCQAC with key interested parties in 2018-2020, resulting in a final Long-Term Care Report to the Legislature (June 2021) confirmed the need for updating rules.</p>	<p>CR-101</p> <p>WSR: 21-05-021</p> <p>Filed: 2/8/2021</p> <p>Note: The Nursing Assistant Program Approval Panel (NAPAP) is drafting language for interested parties to consider in public workshops.</p>
<p>ARNP, LPN, RN</p> <p>Scope of Practice</p> <p>(Standard rulemaking)</p>	<p>WAC 246-840-300, 700 through 710, other related sections in 246-840 WAC</p>	<p>The rules were opened in response to an April 3, 2018, petition regarding an advisory opinion on medical acupuncture: Scope of practice for advanced registered nurse practitioners (NCAO 12.00), requesting the commission allow additional stakeholder involvement and consider adopting enforceable rules.</p>	<p>CR-101</p> <p>WSR: 19-15-092</p> <p>Filed: 7/22/2019</p> <p>Note: Advanced Practice Subcommittee receiving feedback from the Long-term Care community.</p>
<p>RN, LPN, ARNP, NA, NT</p> <p>Legislation</p>	<p>N/A</p>	<p>5229-S.SL.pdf (wa.gov)</p> <p>Health Equity & Continuing Competency</p> <p>The law requires rulemaking authorities for each health</p>	<p>CR-101</p> <p>WSR# 21-20-011</p> <p>Filed: 9/23/2021</p>

<p>ESSB 5229 effective 7/25/2021</p> <p>(Standard rulemaking)</p>		<p>profession to adopt rules requiring a licensee to complete health equity continuing education training at least once every 4 years.</p>	<p>Note: HSQA is taking the lead and a representative(s) of NCQAC is participating in development. After model rules are developed, NCQAC will begin a rulemaking process.</p>
<p>NT, LPN, RN, ARNP</p> <p>Fees</p> <p>(Standard rulemaking)</p>	<p>WAC 246-840-990</p>	<p>The Secretary of the Department of Health, in consultation with NCQAC, is considering an increase in licensure fees for professions under its regulation.</p>	<p>CR-101 to be filed in 2021</p> <p>WSR:</p> <p>Filed:</p> <p>Note: The NCQAC voted at the 9/9/2021 meeting to begin the standard rulemaking process.</p>
<p>ARNP</p> <p>Prescriptive Authority included in Licensure</p> <p>(Standard rulemaking)</p>		<p>Prescriptive authority for Advanced Registered Nurse Practitioners would be an opt-out option instead of a request for the authority at the time of licensure, as it is now.</p>	<p>CR-101 to be filed in 2021</p> <p>WSR:</p> <p>Filed:</p> <p>Note: The NCQAC voted at the 9/9/2021 meeting to begin the standard rulemaking process.</p>

Board of Nursing Home Administrators

The mission and purpose of the Board of Nursing Home Administrators is to protect the health of the people of Washington. The board does this through the proper licensing of nursing home administrators, and by enforcing the nursing home administrators practice act and other laws governing the professional behavior of its licensees. The board consists of 4 licensed nursing home administrators, 4 health care professionals and 1 public member, who all serve five-year terms.



Rulemaking and Policy Activity

Legislation

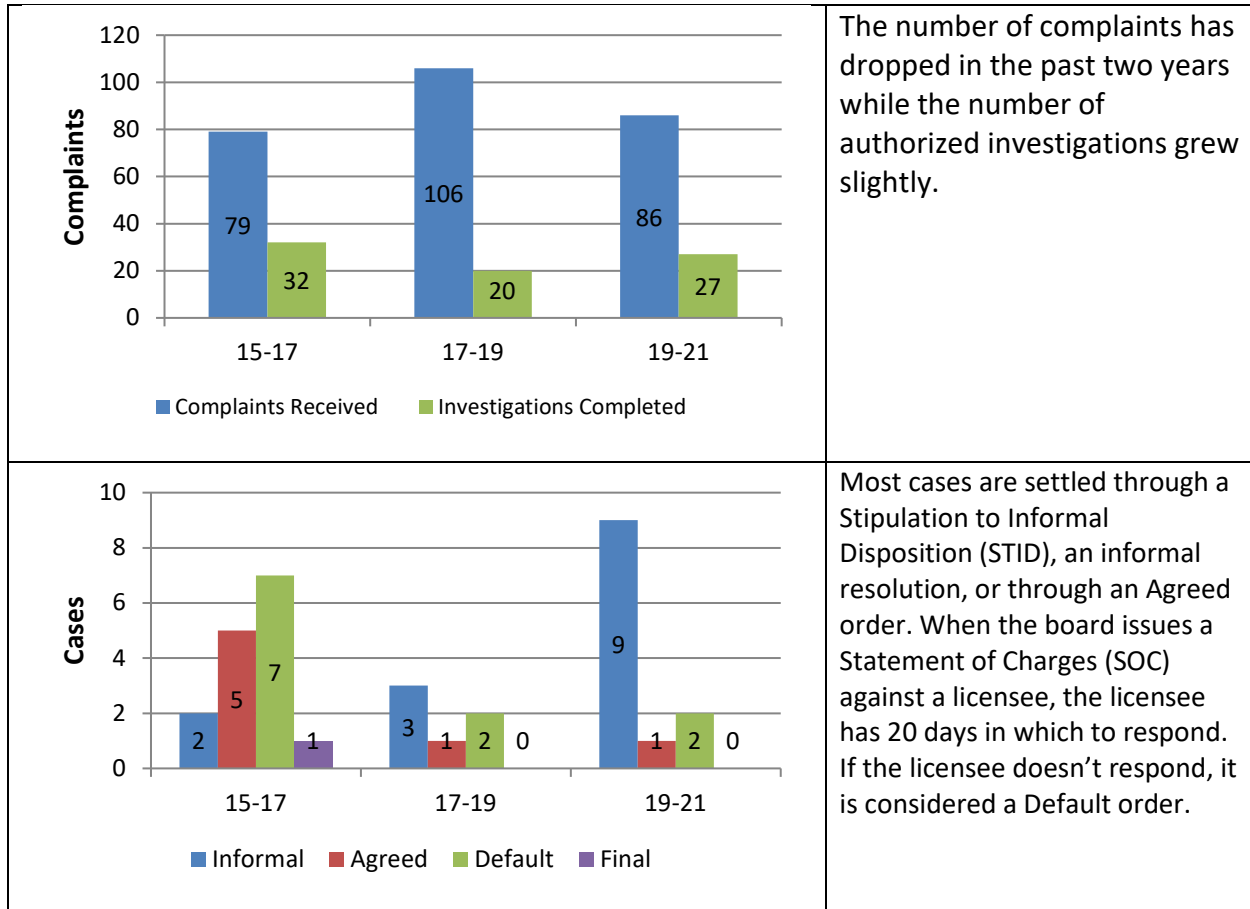
No legislation passed during the 19-21 biennium related specifically to the board. However, ESSB 5229, passed by the legislature in 2021, does require all health care professions to adopt rules relating to continuing education relating to equity and the board will work on this during the 21-23 biennium.

Rules and Policies

During the COVID 19 pandemic, the board adopted emergency rules to allow the board to accept continuing education related to pandemic response and compliance measures. Until December 31, 2022, if proof of course completion is not provided for pandemic response and compliance measure courses earned under self-study programs, the licensee may sign an attestation on a form provided by the department. This rule became permanent on October 10, 2021.

Board of Occupational Therapy Practice

The mandate of the Occupational Therapy Practice Board is to protect the public’s health and safety and to promote the welfare of the state by regulating the competency and quality of professional health care providers under its jurisdiction. The board accomplishes this mandate through a variety of activities. The governor appoints 5 members: 3 occupational therapists, 1 occupational therapy assistant, and 1 public member. The professional members must have been in active practice in occupational therapy for at least five years immediately preceding appointment. All members must be residents of Washington State.



Rulemaking and Policy Activity

Legislation

No legislation in the past two years.

Rules and Policies

The board amended WAC 246-847-125 to clarify the requirements for an occupational therapist or occupational therapy assistant applicant who has been licensed in another state or jurisdiction for less than two years. Previous licensing standards broadly stated that

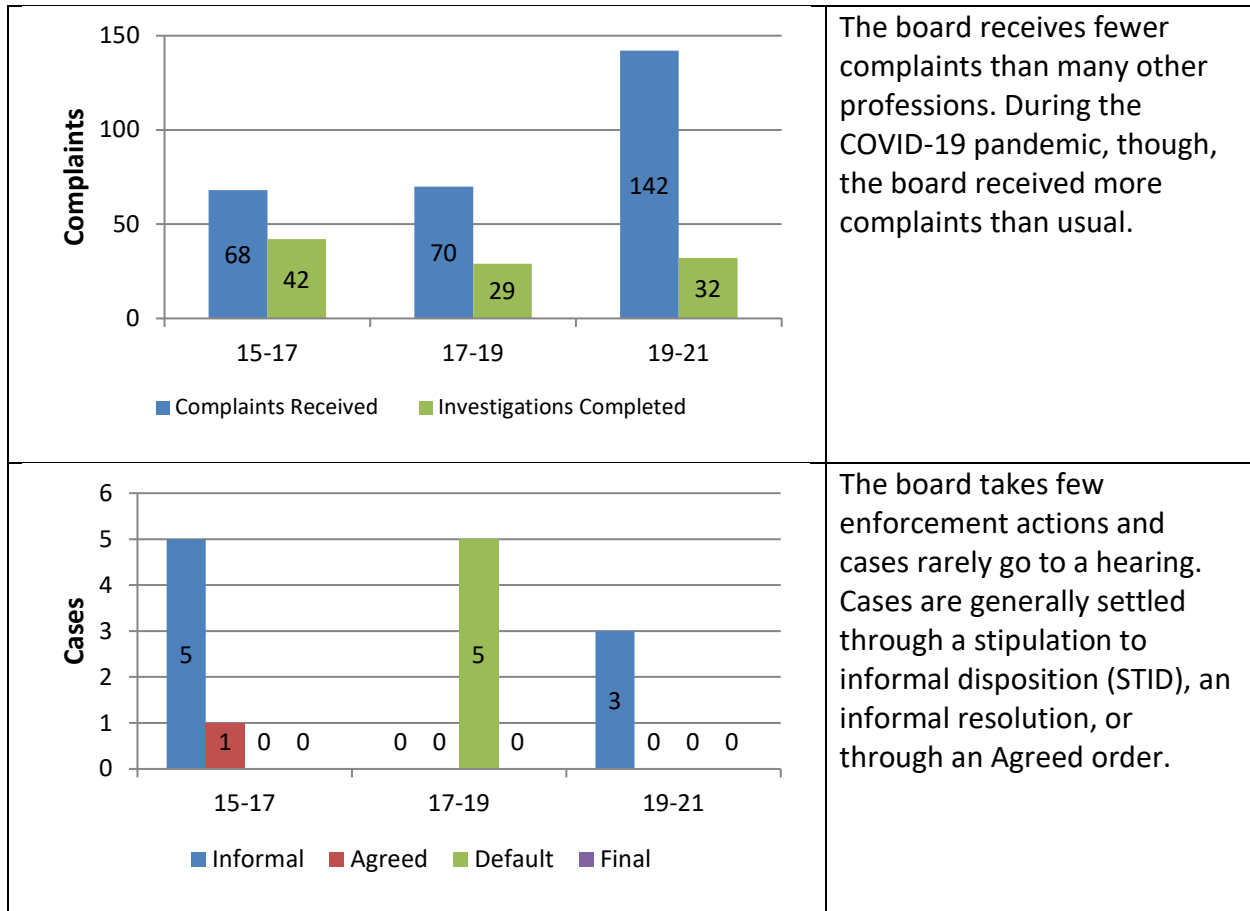
30 hours of continued competency for all out-of-state applicants is required. However, the continued competency requirements are not required until a licensee has been licensed for two years.

The amendments clarified that those licensed in another state or jurisdiction for less than two years do not need to obtain 30 hours of continued competency prior to obtaining state licensure. New rule language is clearer and allows Washington licensees and out-of-state applicants to have the same standard for continued competency.

The OT Board also repealed rules related to AIDS prevention and information education due to Engrossed Substitute House Bill (ESHB) 1551, chapter 76, Laws of 2020, which repealed AIDS education and training requirements for health professionals obtaining registration, certification, and licensure.

Board of Optometry

The Board of Optometry protects the public by credentialing and disciplining optometrists. The board regulates the profession by developing rules, policies, and guidelines. The governor appoints 6 members (5 licensed optometrists and 1 public member) to serve three-year terms with the option of a consecutive three-year term.



Rulemaking and Policy Activity

The Board of Optometry adopted a new rule to implement House Bill 2411 that requires optometrists to take a one-time training in suicide assessment that is at least three hours in length. This training must be completed by the end of the first full 2-year continuing education reporting period that starts after August 1, 2021. Acceptable training must be on the department's model list as authorized in chapter 246-12 WAC, Part 14. The rule became effective on October 1, 2021.

The Board of Optometry adopted a policy about the completion of continuing education requirements during the COVID-19 Response. The policy became effective May 18, 2020. Licensees may accrue up to 50 hours of CE through unrestricted use of live courses attended remotely or self-directed study during the state declared emergency.

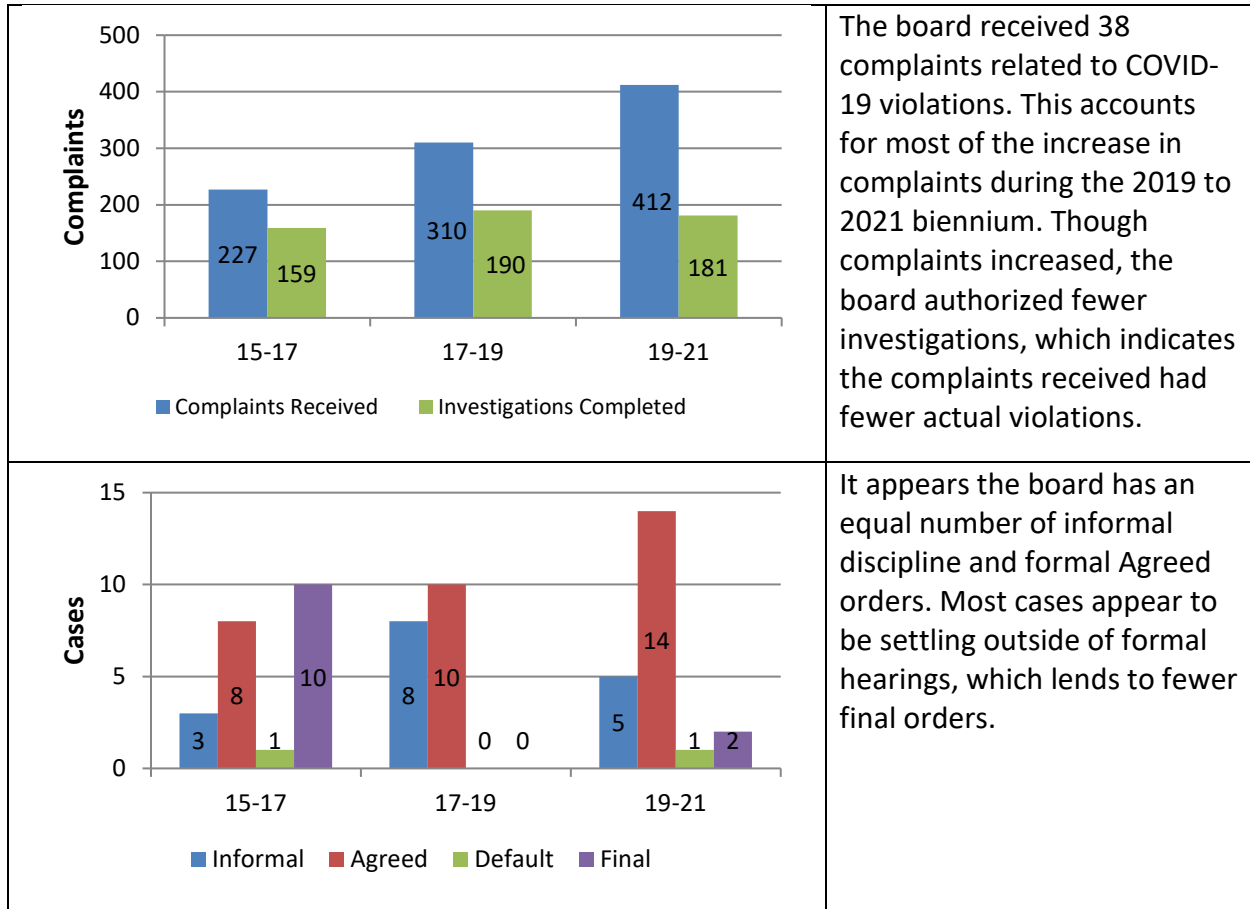
Legislation

In 2020, the legislature passed House Bill 2411, which requires the Board of Optometry to adopt rules that require optometrists to take a one-time training in suicide assessment after August 1, 2021. Acceptable trainings must be on the department's model list of Suicide Prevention Trainings for Health Professionals.

In 2021, the legislature passed Senate Bill 5229, which requires optometrists and other health professionals to complete continuing education in health equity at least once every four years. It requires health equity courses to teach skills that 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, and socioeconomic status. The rulemaking authority determines the education subject matter, the minimum and maximum number of hours in specified subject matter, and how to obtain approved continuing education programs.

Board of Osteopathic Medicine and Surgery

The mission and purpose of the Washington State Board of Osteopathic Medicine and Surgery is to protect the health of the people of Washington through the proper licensing of osteopathic physicians and osteopathic physician assistants. This is accomplished through the objective enforcement of the Osteopathic Medical Practice Act or other laws governing the professional behavior of its licensees. The board consists of 8 practicing osteopathic physicians, 1 practicing osteopathic physician assistant, and 2 public members, who all serve five-year terms.



Rulemaking and Policy Activity

Legislation

During the 2020 legislative session, [Substitute House Bill 2378](#) (Chapter 80, Laws of 2020) was passed. This legislation moved the regulation for the osteopathic physician assistants from the Board of Osteopathic Medicine and Surgery to the Washington Medical Commission (WMC). This legislation also removed the requirement that WMC approve delegation agreements between the delegating physician and the physician assistant. Rather than a delegation agreement, the physician and physician assistant must complete a practice agreement that is

maintained by the physician assistant's employer. The legislation also provides the details that must be included in the practice agreement and limits the number of physician assistants that a physician may supervise to no more than 10. During the 2021 legislative session, [Substitute Senate Bill 5423](#) (Chapter 247, Laws of 2021) was passed. This legislation allowed for telemedicine consults between a Washington physician and an out-of-state physician without requiring the out-of-state physician to hold a Washington license.

Rules and Policies

The board is considering adding a new rule section, WAC 246-853-655, to regulate the provision of anesthesia in a dental setting.

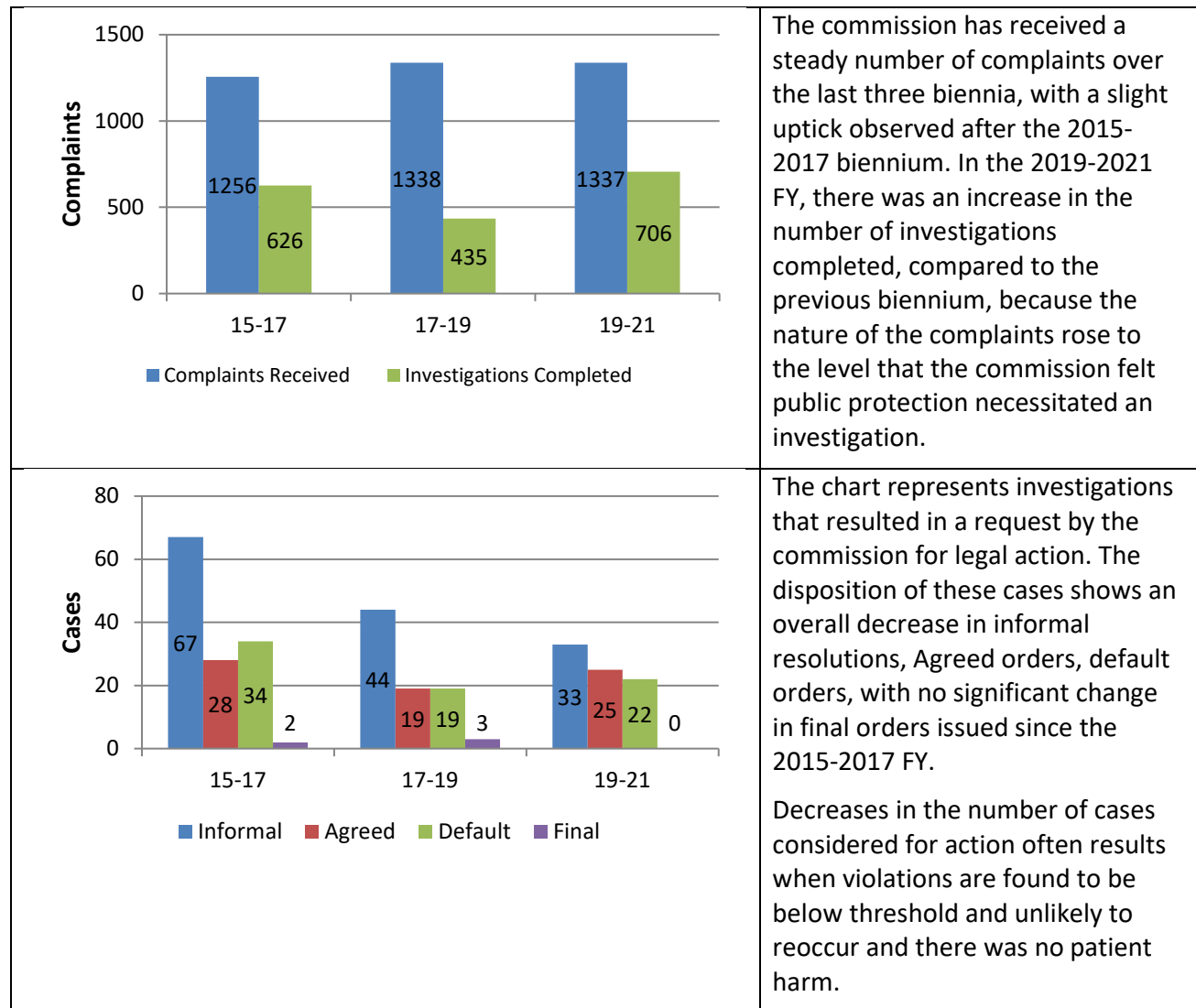
The board is considering changes to [WAC 246-853-650, which addresses](#) safe and effective analgesia and anesthesia administration in office-based settings. These rule amendments would be to align the rules with Washington Medical Commission rules.

In 2021, the board will be implementing [SHB 2378](#) by repealing Chapter 246-854 WAC Osteopathic physicians' assistants and Chapter 246-855 WAC Osteopathic physicians' acupuncture assistants rules.

Pharmacy Quality Assurance Commission

The Pharmacy Quality Assurance Commission (commission) protects public health, safety, and welfare through licensing, regulations, and discipline of pharmacists, pharmacy interns, pharmacy technicians, pharmacy assistants, and a variety of pharmaceutical firms. The commission regulates the profession by adopting rules to establish qualifications, competencies, and standards of practice for dispensing, distribution, delivery, wholesaling, and manufacturing of drugs and devices.

The practice of pharmacy has evolved significantly in the last 20 years, mostly due to the use of new technology in the delivery of health care. The commission is developing guidance documents for the use of innovative technology or pharmacy practices that are not specifically addressed in law or rule. Some requests may be slight variations of previous approvals. The commission plans to re-write pharmacy rules to allow pharmacists to provide care that improves patient outcomes and protects patient safety. The rules will be broad and flexible enough to not create barriers to innovation in pharmacy practice.



Rulemaking and Policy Activity

Chapter Rewrite Project: The Pharmacy Quality Assurance Commission (commission) completed a project to consolidate all rules in its authority into a single new chapter ([chapter 246-945 WAC](#)), effective July 1, 2020.

[WAC 246-945-014](#), Electronic prescribing mandate waiver. The commission and the Department of Health (department) jointly adopted a new section of rule to outline the electronic prescribing mandate, exceptions allowing a waiver, and related waiver process as required by Substitute Senate Bill (SSB) 5380 passed during the 2019 legislative session.

[WAC 246-945-990](#) - Pharmaceutical licensing fees and renewal cycle, [WAC 246-945-991](#) - Hospital pharmacy associated clinics fees and renewal cycle, and [WAC 246-945-992](#) - Fee payment. The department, in consultation with the commission, adopted changes and recodified three sections of rule to move fees for all license types collected by the commission into the recently created chapter 246-945 WAC. The adopted rules also change professional licenses to a two-year renewal cycle and add a new fee for the registration of a remote dispensing site created by the passage of Substitute Senate Bill (SSB) 6086.

Policies

Policy- Enforcement of AIDS Education and Training Rules -July 1, 2020

Guidance- Enforcement of Intern Registration Renewal Limit- October 1, 2020

Guidance- New CE rules – Delayed Effective Date Guidance Document – July 1, 2020

Legislation

2020

[HB2251](#) (amends RCW 69.41.103) the law extends the notification requirement for pharmacists substituting interchangeable biological products from August 1, 2020, to August 1, 2025.

[SSB 6061](#) (amends RCW 43.70.945) Beginning January 1, 2021, pharmacists who provide clinical services through telemedicine, other than physicians and osteopathic physicians, must complete either a telemedicine training made available by the telemedicine collaborative; or an alternative telemedicine training developed by a health professional board or commission. A pharmacist must sign and retain an attestation that they completed the training.

[SHB2378](#) Eliminates the osteopathic physician assistant profession. Amends the definition of practitioner in RCW 69.50.101 and RCW 69.41.030, effective July 1, 2022.

[E2SSB6087](#) Cost-sharing requirements for coverage of insulin products. The Health Care Authority will monitor the price of insulin.

[ESHB2662](#) Reducing the total cost of insulin. Establishes a workgroup to include the pharmacy commission and association representing independent pharmacies, chain pharmacies, and others to review and design strategies to reduce the cost of and total expenditures on insulin.

[SSB6086](#) ([RCW 18.64.600](#)) The license of location for a pharmacy may be extended to a registered remote dispensing site that uses technology to dispense federally-approved

medications for the treatment of opioid use disorder. The pharmacy must register each remote dispensing site with the commission. The commission must adopt rules.

[SSB6088](#) Establishes the Prescription Drug Affordability Board (subject to appropriations).

[SSB6526](#) ([18.64.610](#) and [69.70.110](#)) the commission will adopt rules allowing the DOC pharmacy to accept returns of unit dose packages, or full or partial multiple-dose medication cards, from the facilities it serves and reuse the unexpired medication. The commission may also adopt rules to allow for the safe donation of prescription drugs, including but not limited to allowing pharmacy to pharmacy donations

2019

[RCW 18.64.360](#) – Nonresident pharmacies. As a prerequisite to licensure and renewal, nonresident pharmacies must provide a copy of an inspection that has taken place within the last two years. The inspection must be conducted by a program approved by the commission as having substantially similar standards as those conducted by the commission.

[RCW 69.50.312](#) – Opioid Use Disorder treatment, prevention, and related services. Specific to pharmacy practice, the law allows a partial fill of opioids, and permits a pharmacist to dispense opioid overdose reversal medication per a collaborative drug therapy agreement, standing order, or protocol. The Pharmacy Quality Assurance Commission will no longer approve electronic prescription communication systems in use in Washington. The electronic communicated prescription information must comply with state and federal laws, rules and regulations regarding the form, content, recordkeeping, and processing. Additionally, effective January 21, 2021, all prescriptions issued for controlled substances shall be transmitted electronically. The law includes exemptions as well as a waiver process. A pharmacist receiving a written, oral, or faxed prescription is not required to verify that a prescription meets any exemptions and may continue to dispense and deliver the medication.

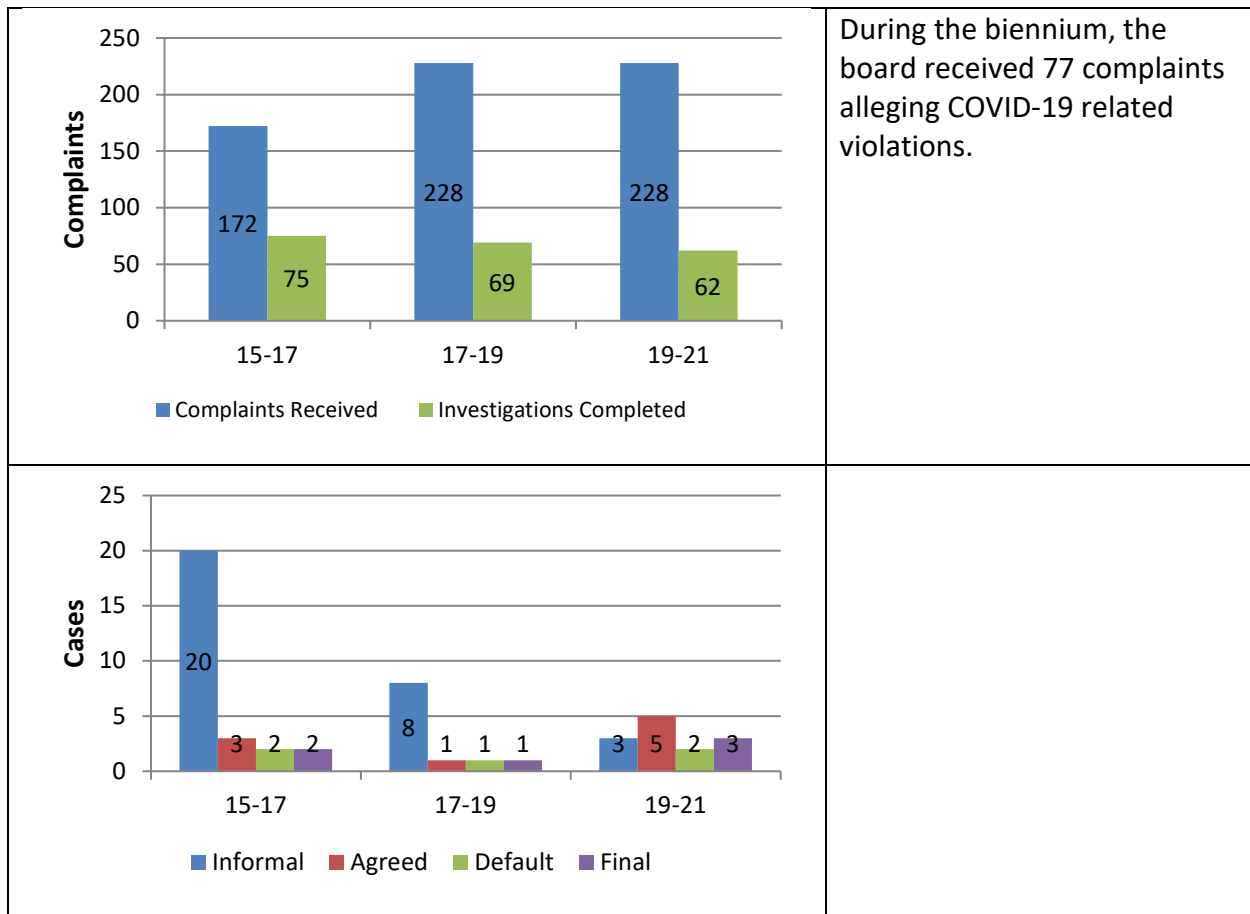
[RCW 18.64.253](#) – The law allows pharmacy interns as well as students of nursing, osteopath, and medicine to provide volunteer services direct supervision of a licensed pharmacist, licensed allopathic or osteopathic physician, registered nurse, or advanced registered nurse practitioner; provided the services are within the scope of practice of the student and the supervisor. Additional conditions apply.

[WAC 246-901-130](#) – Pharmacist to pharmacy technician ratio. The rule eliminates the standard ratio of three technicians to one pharmacist for all practice settings. The rule will allow responsible pharmacy managers to use their professional judgment to determine the appropriate staffing levels for their practice setting. Staffing levels must ensure satisfactory supervision of ancillary personnel for the safe and appropriate delivery of patient care – effective September 14, 2019.

[Chapter 246-873A Hospital Pharmacy Associated Clinics \(emergency rules\) \(PDF\)](#) – effective July 22, 2019.

Board of Physical Therapy

The mandate of the Board of Physical Therapy is to protect the public’s health and safety and to promote the welfare of the state by regulating the competency and quality of professional health care providers under its jurisdiction. The board accomplishes this through a variety of activities. The Board of Physical Therapy is made up of 6 governor-appointed members: 4 physical therapists, 1 physical therapist assistant, and 1 public member. The board typically meets every 8 weeks.



Legislation

In 2017, the Washington State Legislature passed a bill authorizing the state to participate in the Physical Therapy (PT) Compact. Following rulemaking by the board and implementation work by the department, the PT Compact began issuing privileges for physical therapists and physical therapist assistants to work in Washington in September 2019. As of October 2021, a total of 497 privileges to work in Washington have been issued, 390 of which are currently active. The board conducts rulemaking as necessary to keep WAC 246-915A-101 up to date with PT Compact rule changes.

The legislature passed ESHB 1551 in 2020, which included a provision removing the requirement for AIDS education and training for health professionals, including PTs and PTAs.

Rules and Policies

In 2019 the Federation of State Boards of Physical Therapy (FSBPT) discontinued certain continuing competency service products that were written into WAC 246-915-085 Continuing competency rules. In addition, responding to public and stakeholder questions on continuing competency requirements, the board conducted rulemaking to address the FSBPT changes and to provide clarity to some of the continuing education activities. Rulemaking was concluded in September 2021.

Rulemaking was completed to repeal WAC 246-915-110 AIDS education and training, to comply with ESHB 1551. While rulemaking was taking place, the board issued a policy statement saying that it would not enforce the HIV/AIDS training education requirements while rules were being repealed to comply with ESHB 1551.

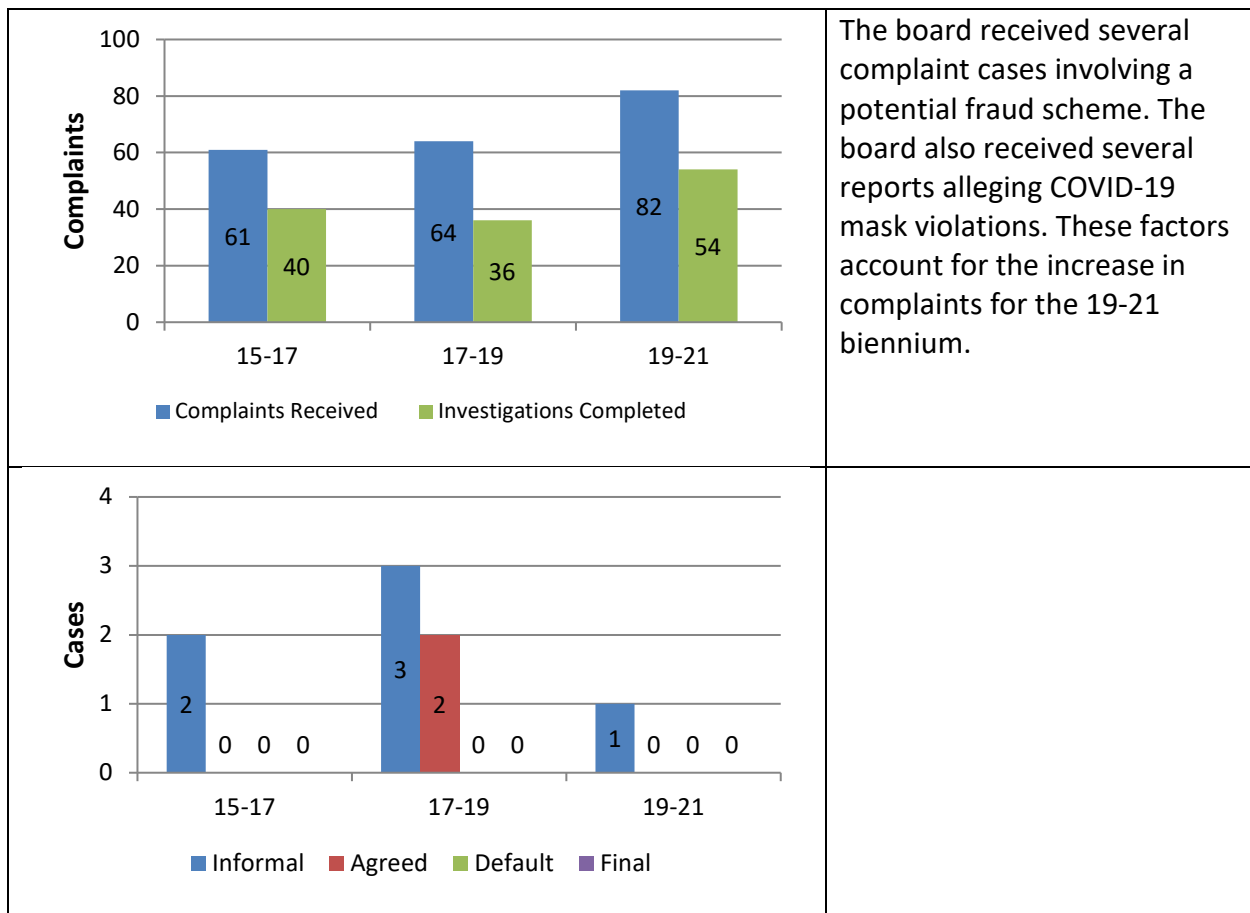
Rulemaking was initiated to comply with HB 2446 Physical Therapy Assistive Personnel - Supervision. The law modifies the definition of “physical therapy aide,” makes changes to the patient reevaluation schedule, and changes the supervisor-assistive personnel ratio.

ESHB 2160 Physical therapists—Spinal Manipulation, which passed in 2014, included a sunset clause that removed the ability for PTs to receive the supervised clinical practical experience in spinal manipulative procedures from an out-of-state clinical supervisor who holds an endorsement or advanced certification. To address the change in the law, the board began rulemaking to repeal WAC 246-915-380 and WAC 246-915-382. The board also completed a required legislative report regarding the practice of spinal manipulation. The report reviewed five years of complaints since the endorsement was created and found no physical therapists have had disciplinary action taken against them for the performance of spinal manipulation that resulted in physical harm to a patient.

A petition was received in 2020 to change the requirement of passing the TOEFL exam in a single sitting to submitting accumulative passing scores over a two-year period. The board granted the petition and started rulemaking to consider the change.

Podiatric Medical Board

The mission and purpose of the Podiatric Medical Board is to protect the public’s health and safety and promote the welfare of the state by regulating the competency and quality of podiatric physicians and surgeons. This is accomplished by establishing and enforcing qualifications for licensure and standards of practice, and where appropriate, by disciplining and monitoring practitioners. Only individuals who meet and maintain prescribed standards of competence and conduct shall be allowed to engage in the practice of podiatry as defined and authorized by Chapter 18.22 RCW. The board consists of 5 practicing podiatric physicians and 2 public members, who all serve five-year terms and cannot serve more than two consecutive terms.



Rulemaking and Policy Activity

Legislation

Legislation passed during 2020 added one professional member and one public member to the board.

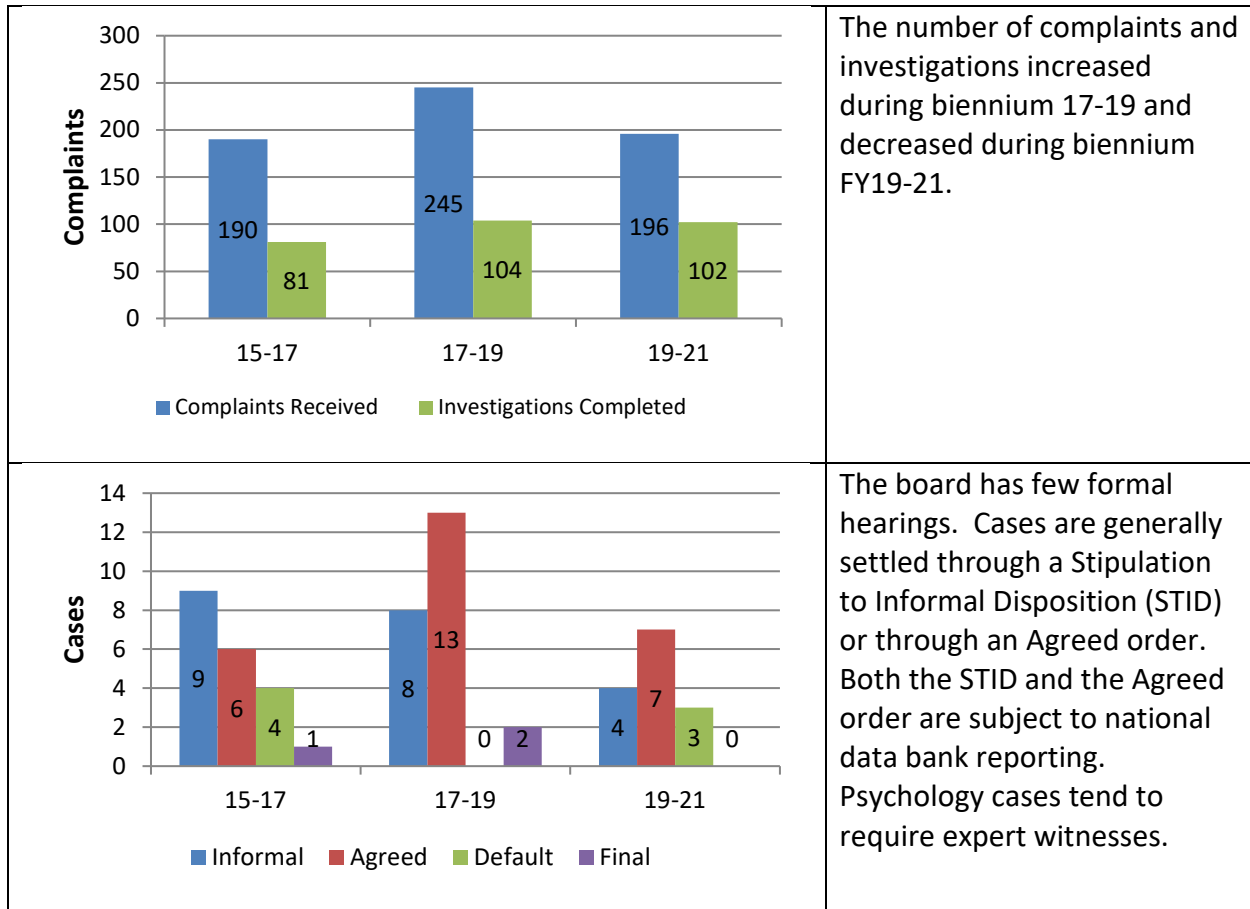
Rules and Policies

The board issued a policy statement to address the problem of podiatric physicians being unable to access in-person continuing medical education courses due to the COVID-19 pandemic response.

For rulemaking, the board is considering amendments to their continuing medical education rules to address issues of clarification, as well as to recognize the shift in how specialty boards are structuring maintenance of certification.

Examining Board of Psychology

The mission of the board is to protect the public. This mission is accomplished through licensing and disciplining psychologists. The board also develops rules, policies, and guidelines regulating the practice of psychology. The governor appoints 9 board members to serve five-year terms. The board consists of 7 psychologists and 2 public members.



Rulemaking and Policy Activity

Legislation

In 2020, the legislature passed ESHB 1551, which repealed the statute requiring AIDS training for multiple professions, including psychologists. The legislature also passed ESHB 2411, which sets standards for the second required continuing education class on suicide intervention.

In 2021, the legislature passed SB 5229, which requires a health equity continuing education class for multiple health professions, including psychology. The board is currently working with the other impacted health professions to write administrative rules to implement the bill.

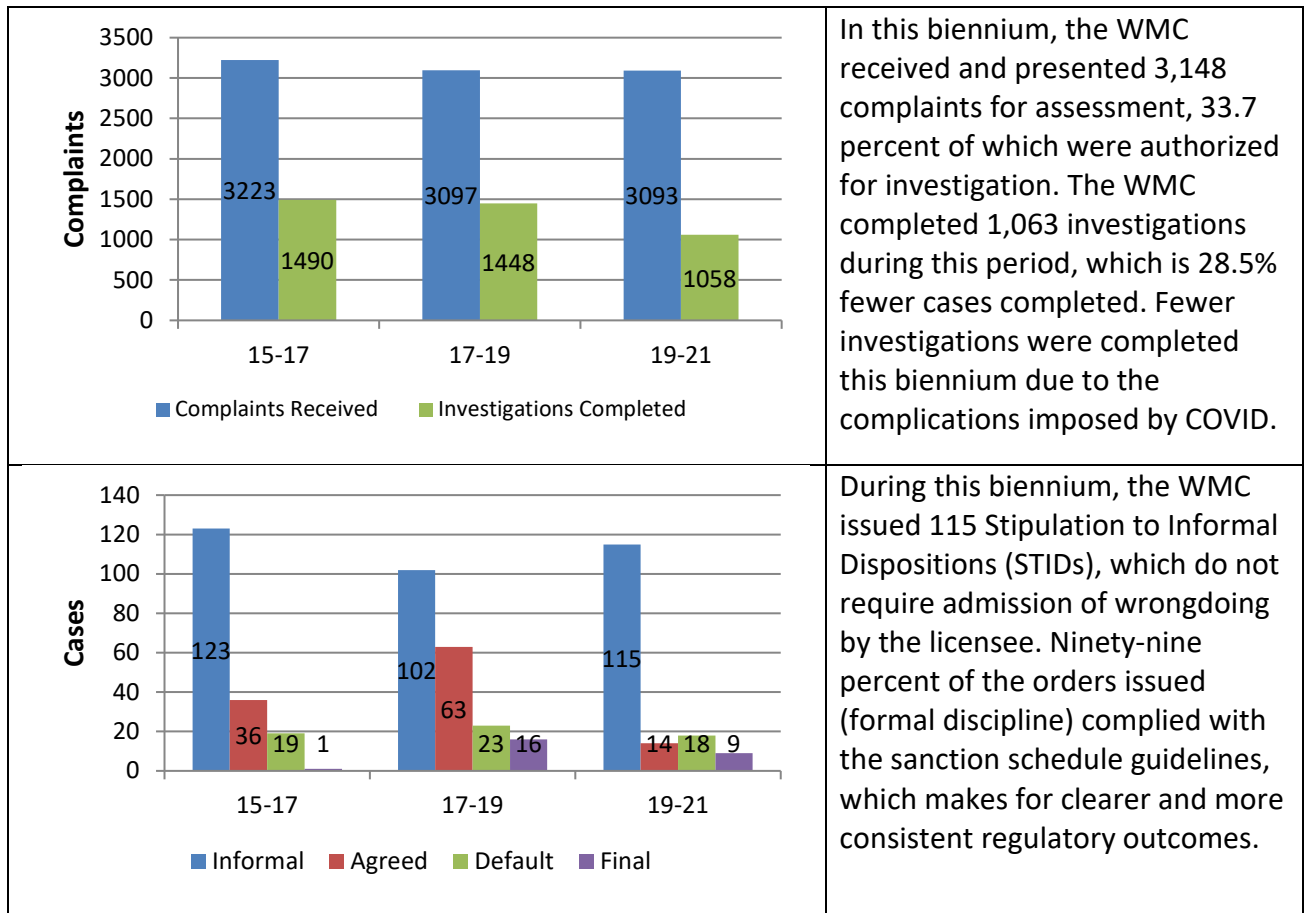
Rules and Policies

The CR-103 to implement ESHB 1551 and ESHB 2411 was filed on June 1, 2020. It repealed the AIDS training requirement and put into administrative rule specific requirements for the second required continuing education on suicide intervention.

The CR-103 to implement ESHB 1768 and SB 5054 was filed on April 12, 2021. The CR-103 also included administrative rules governing telemedicine and licensure requirements for practicum, exams, and temporary permits. These changes improve the licensure process for applicants while ensuring consistent licensure standards for the safety of Washington state residents.

Washington Medical Commission

The Washington Medical Commission (WMC) promotes patient safety and enhances the integrity of the profession through licensing, discipline, rulemaking, and education. The governor appoints 21 commission members to four-year terms: 13 physicians, 2 physician assistants, and 6 public members to pursue work furthering the governor’s goal of healthy and safe communities. Complaints come from a variety of sources. These sources include: the public, mandatory medical malpractice reports from insurance companies, adverse action reports from medical societies, hospitals, medical service bureaus, professional standards review organizations, federal, state, and local agencies.



Rulemaking and Policy Activity

- The WMC issued a position statement on racism in all its forms being a public health issue.
- The WMC completed rulemaking and reformed policies and procedures to accommodate the new physician assistant laws. This includes the removal of the WMC requirement to approve practice agreements.

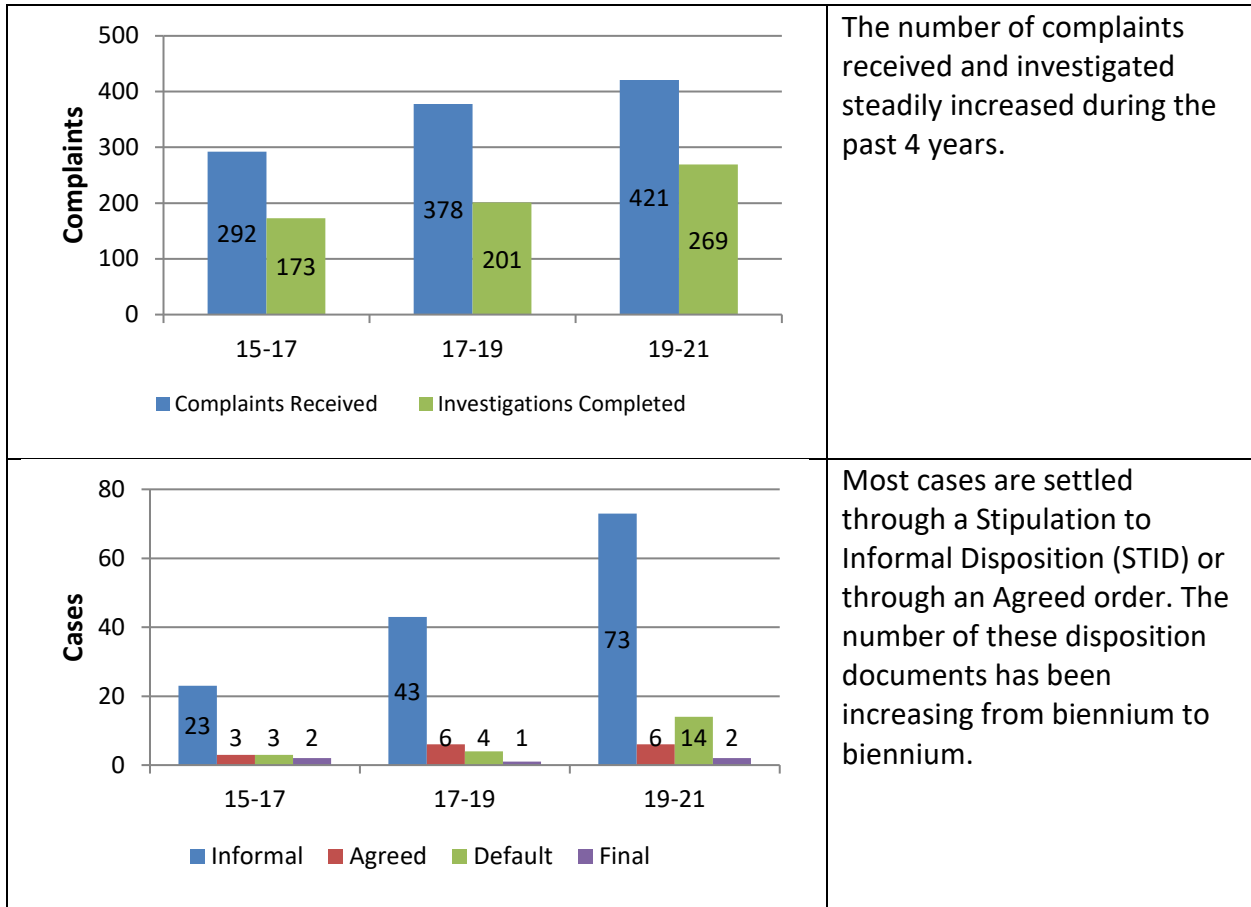
- The WMC adopted amendments to establish patient notification, documentation, counseling requirements, and the right to refuse an opioid prescription or order for any reason when prescribing opioids.
- The WMC is considering creating new rule sections to regulate the use of stem cell therapy.

Legislation

- Launched the Clinical Experience license created by 2021 House Bill 1129.
- ESHB 1551 Repeal of HIV/AIDS Training Requirements

Veterinary Board of Governors

The Veterinary Board of Governors protects the public by credentialing and disciplining veterinarians, veterinary technicians, and veterinary medication clerks. The board regulates the professions by developing rules, policies, and guidelines. The governor appoints 7 members – 5 licensed veterinarians, 1 licensed veterinary technician, and 1 public member – to serve five-year terms.



Rulemaking and Policy Activity

The Veterinary Board of Governors adopted a policy regarding the completion of continuing education requirements during the COVID-19 response. Veterinarians and veterinary technicians can use an unrestricted number of hours through teaching or preprogrammed materials to meet the CE requirements. The policy became effective in May 2020 and is currently effective until the end of the declared state emergency.

The Veterinary Board of Governors adopted a policy that became effective May 18, 2020, regarding the establishment of a veterinary-client-patient relationship (VCPR). In the current rule (WAC 246-933-200(2)) veterinarians are prohibited from establishing a VCPR solely through

telemedicine and they are required to have examined the animal patient within the previous year. For the duration of the COVID-19 state declared emergency, the board does not intend to strictly enforce the requirement in WAC 246-933-200(2). Even so, veterinarians must exercise professional judgment to determine whether establishing a VCPR remotely is appropriate. For example, diagnosing and treating a condition that may not require a hands-on examination could be reasonable; diagnosing and treating a condition that requires a hands-on examination or diagnostic testing is probably not.

Legislation

In 2020, the legislature passed House Bill 2411, which requires the Veterinary Board of Governors to adopt rules that require veterinarians to take a one-time training in suicide assessment after August 1, 2021. Acceptable trainings must be on the department's model list of Suicide Prevention Trainings for Health Professionals.

In 2020, the legislature passed Senate Bill 5004, which allows animal care and control agencies and nonprofit humane societies to provide additional veterinary services to low-income households. It required The Veterinary Board of Governors to establish annual reporting requirements demonstrating that animal care and control agencies and nonprofit humane societies are serving only low-income households.

In 2021, the legislature passed Senate Bill 5229, which requires optometrists and other health professionals to complete continuing education in health equity at least once every four years. Requires health equity courses to teach skills that 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, and socioeconomic status. The rulemaking authority determines the education subject matter, the minimum and maximum number of hours in specified subject matter, and how to obtain approved continuing education programs.