

MEETING IN RE:
MEDICAL QUALITY ASSURANCE COMMISSION AND BOARD OF
OSTEOPATHIC MEDICINE AND SURGERY RULES CR-101 FOR CHAPTER
246-918 AND CHAPTER 246-854 WAC PHYSICIAN ASSISTANTS
Before
JOINT PHYSICIAN ASSISTANT RULES COMMITTEE

One South Grady Way
Renton, Washington

DATE: Friday, November 15, 2013

REPORTED BY: Ronald L. Cook
CCR, RDR, CRR

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

JOINT PHYSICIAN ASSISTANT RULES COMMITTEE:

Shannon Markegard, DO
Sharon Gundersen, Public Member
Mark L. Johnson, MD
Michael Concannon, JD, Public Member
Thomas M. Green, MD
Theresa Schimmels, PA-C
Athalia Clower, PA-C

LEGAL ADVISOR:

Heather A. Carter, Assistant Attorney General

1 RENTON, WASHINGTON; FRIDAY, NOVEMBER 15, 2013

2 10:33 A.M.

3 --o0o--

4
5 MS. CARTER: Good morning. Thank you,
6 everyone, for coming today. Welcome to the first
7 joint PA rules committee. We have members of both the
8 Medical Commission and the Board of Osteopathic
9 Medicine here.

10 My name is Heather Carter. I am an
11 Assistant Attorney General, and I am the legal advisor
12 to both the Medical Quality Assurance Commission and
13 the Board of Osteopathic Medicine, so I'm going to try
14 and just facilitate this first meeting just to start
15 getting things going and get the ball rolling.

16 Before we get started, I just want to go
17 over a couple housekeeping items. First, today's
18 meeting is being recorded by a court reporter, so
19 we're doing that so we can keep an accurate record,
20 make sure any comments or input today is recorded and
21 we've got that down correctly.

22 One caveat is just try not to speak over
23 one another, so that the court reporter can get a good
24 record, and if you can try and speak slowly, that's
25 helpful for him as well. I'm probably the worst at

1 slowing down, so I apologize in advance.

2 I want to also make sure that anyone who
3 wants to speak today is signed in. I believe there's
4 a sign-up sheet. And also, even if you don't want to
5 speak today, if you could sign in, give your e-mail
6 address, that way we can make sure you're notified of
7 all upcoming meetings, drafts that may go out. We
8 want to make sure that everyone is involved and has
9 all of the information.

10 So I wanted to start off first with just
11 introductions of the committee, so I'll ask each
12 member just go around and introduce themselves.

13 MS. CLOWER: My name is Athalia Clower.
14 I'm a physician assistant. I work in Eastern
15 Washington, and I'm part of the Medical Quality
16 Assurance Commission.

17 MS. SCHIMMELS: My name is Theresa
18 Schimmels. I'm a physician assistant in Spokane,
19 Washington, and I am the newest physician assistant
20 member of the Quality Assurance Commission.

21 DR. GREEN: My name is Tom Green. I'm a
22 member of the Medical Commission and an orthopedic
23 surgeon.

24 DR. MARKEGARD: I'm Shannon Markegard.
25 I'm part of the Osteopathic Medical Board, and I'm a

1 family physician.

2 MS. GUNDERSEN: I'm Sharon Gundersen.
3 I'm part of the Osteopathic Board, and I'm a general
4 public member.

5 DR. JOHNSON: And I'm Mark Johnson. I'm
6 a general surgeon in Mount Vernon and a member of the
7 Medical Commission.

8 MR. CONCANNON: I'm Mike Concannon. I'm
9 a general pain in the neck. I'm a public member of
10 the Medical Commission.

11 MS. CARTER: Thank you.

12 So I think I'd like to have staff
13 introduce themselves as well. If you could go ahead
14 and introduce yourselves in the front.

15 MS. JANSEN: Sure. Maryella Jansen. I'm
16 the executive director of the Medical Quality
17 Assurance Commission. I'm very happy to be here.

18 MS. KITTEN: I'm Julie Kitten. I'm the
19 operations manager for the Medical Quality Assurance
20 Commission.

21 MS. CRAIG: I'm Maura Craig. I work with
22 Department of Health, Health Systems Quality
23 Assurance, Office of the Assistant Secretary.

24 MR. CAIN: Good morning. I'm Brett Cain.
25 I am the program manager for the Board of Osteopathic

1 Medicine and Surgery.

2 MR. MARSH: And I'm Blake Marsh. I'm the
3 executive director of the Osteopathic Board.

4 MS. CARTER: So on the agenda today, as
5 this is the first meeting, we're really here to listen
6 to you, the public, the association, to kind of
7 brainstorm the ideas, get input from you before we
8 even start drafting.

9 But before we do that, staff has prepared
10 a quick PowerPoint. We're going to kind of go over
11 the rules process, the timeline that we have in mind,
12 to just kind of introduce.

13 So -- so here is the agenda. So we've
14 done the introductions. We'll go through a brief
15 explanation of the rules process, then the timeline,
16 then specific to Substitute House Bill 1737. We'll
17 also touch on some of the --

18 MR. CAIN: We won't touch on that. This
19 is an earlier version of the PowerPoint that I loaded.

20 MS. CARTER: I apologize. Okay.

21 MR. CAIN: So the next two --

22 MS. CARTER: And then we'll have
23 committee discussion, and then we will ask for public
24 input. And we really want all of you in the public to
25 give us ideas, information, and share with us.

1 So --

2 MR. CAIN: I can take it from there.

3 MS. CARTER: Okay.

4 MR. CAIN: Thank you.

5 Sorry. This is kind of odd that I'm
6 standing up this way. The laptop doesn't reach up to
7 the podium, so --

8 I just wanted to briefly go over the
9 rules process for those of you out there who aren't
10 familiar with how the development and adoption of
11 rules works through the Department of Health.

12 So some of the roles and responsibilities
13 for rules. Boards and commissions can adopt rules
14 through a number of different avenues, and in a later
15 slide I'll kind of explain that more in detail.
16 Program staff and the Assistant Attorney General help
17 boards and commissions follow the legal requirements
18 while they're going through the rule adoption process,
19 and here at the Department of Health, according to
20 statute, the secretary must review the rules.

21 So a little more about the rules process.
22 What is a rule?

23 A rule is an enforceable order,
24 directive, or regulation that does -- that can do a
25 number of things. It can either subject someone to a

1 penalty or sanction for violation, set license or
2 permit requirements, set agency hearing procedures or
3 practices, set qualifications to receive a public
4 benefit or privilege, set standards for goods to be
5 sold or distributed in Washington. Basically, a rule
6 helps define and clarify an enforceable requirement
7 when the underlying statute is maybe unclear.

8 And another important thing to remember
9 about the rules or the administrative codes is that
10 they can't conflict with or go beyond the authorizing
11 statute that allows the rule to be developed and
12 adopted.

13 So some things that may trigger rule
14 making. Legislation. That's why we're here today.
15 Engrossed -- no, just Substitute House Bill 1737, that
16 was passed last year, directed the Board of
17 Osteopathic Medicine and Surgery and the Medical
18 Quality Assurance Commission to work with a statewide
19 organization representing the interests of physician
20 assistants and work on modernizing the current
21 physician assistant rules.

22 Other ways that rules can be opened up
23 and developed is through board or commission
24 discretion, through a petition, a court order, maybe
25 changes in technology or national standards, or the

1 Governor can direct that rules are started and
2 adopted.

3 So for our purposes here, this is just a
4 rough proposed timeline as to how we're going to move
5 through developing these rules and getting them
6 implemented in line with the legislation. The bill
7 said that we need to report back to the Legislature
8 December of 2014. It didn't say that the rules have
9 to be adopted by then, but we intend to have them
10 adopted by then so that we can report back that we
11 went through the rule-making process and we have new
12 rules.

13 So last -- this last October we did our
14 CR-101. The CR stands for Code Reviser. Basically
15 that document notifies the public that we are
16 considering rules. And so after that form is filed we
17 go ahead and hold things like this so that we can
18 solicit comment from interested parties throughout
19 Washington on rules.

20 November through February of 2014 we're
21 going to do some stakeholder work like we're doing
22 today. We're going to do this workshop and then at
23 least a couple of more.

24 After we gather all the comment from all
25 the interested parties, we will go through a formal

1 proposed rule process, the CR-102. That notifies the
2 public that we intend -- that we're proposing rules.
3 Once that's done we'll hold a hearing.

4 After that hearing we will file the 103,
5 which is notifying the public that we are adopting
6 these rules. And then, like I said earlier,
7 December 2014 we will report to the Legislature.

8 So just some requirements contained in
9 Substitute House Bill 1737. Sorry if that's too small
10 to read, but I think there's copies of the PowerPoint
11 as handouts. It relates to allopathic and osteopathic
12 physician assistants, their practice sites,
13 supervision ratios, and rule modernization. It
14 defines in the statute remote practice sites is a site
15 where a physician spends less than 25 percent but more
16 than 10 percent of their practice time. A physician
17 may enter into a delegation agreement with up to five
18 PAs, but no more than three of the PAs may work at a
19 remote site, although the physician may petition the
20 board or commission for a waiver of that limit.

21 And then the practice arrangement plan
22 required for approval before an assistant can practice
23 is renamed delegation agreement.

24 But the meat of why we're here today is
25 Section 8 of the bill. It -- like I said earlier, I

1 think I may have said it word for word, but it
2 requires us to all get together and discuss how these
3 rules are going to be modernized.

4 And that is the slide that was supposed
5 to be gone. I apologize for that.

6 With that, we just wanted to -- well,
7 before we get to the brief panel discussion by the
8 committee, we did want to make clear that we are
9 having a couple of more of these workshops, and we
10 wanted to do -- or we were looking at doing them
11 either via webinar, so that we could have all the
12 interested parties throughout the state be able to log
13 in from where they could. The webinar system that we
14 use would record everything that's said, and then it
15 would also send a report out for everyone who logged
16 in and record whatever was typed.

17 These webinars can hold up to 500 people,
18 so anyone throughout the state can, either at their
19 house or work, as long as their computer accommodates
20 the GoToMeeting software, participate in a workshop
21 via webinar.

22 I can just speak from some personal
23 experience in working with the medical assistant rules
24 and implementing the medical assistant statute the
25 last couple of years. Webinars are pretty handy.

1 We don't want to do all webinars, but we
2 would like to consider that option for at least one or
3 two of the workshops, so that people don't have to
4 travel and they can send in their comment from where
5 they are.

6 And then we're looking at putting
7 together a live get-together, a rules workshop, in
8 February, down at -- no, up at Kent DOH, and we have a
9 room reserved for that.

10 So with that, I wanted to send it over to
11 the committee and just get some preliminary discussion
12 as to what the panel thinks that these rules need --
13 what that modernization needs to look like, and up
14 there -- I'll just leave it up there, just a few
15 questions that the DOH staff thought of that may be
16 relevant to the discussion.

17 So thanks.

18 MS. CARTER: I don't know if any of the
19 committee members want to start off making any
20 comments or if we want to go to public input. It's up
21 to you.

22 DR. GREEN: Straight to public input.

23 MS. CARTER: Go straight to public input?
24 Okay.

25 So I don't know if we've got a list or if

1 we just want people to come up one at a time.

2 When you do come up to speak, please
3 introduce yourselves, state your name, and any
4 organization that you represent.

5 DR. GREEN: Maybe you could just also
6 clarify the process in terms of asking questions,
7 replying, interchange between us and them. What are
8 the rules of the meeting here?

9 Can you all hear what we're saying? It's
10 a little quiet.

11 MS. CARTER: So I think when you come up
12 to speak, please -- you may have questions. I think
13 we'll try to answer them.

14 I don't know how many people are signed
15 up to speak so -- we've only got a couple hours here,
16 so we, you know, may have to move through people so we
17 can get -- everyone has a chance to speak. But we'll
18 try to answer questions.

19 Right now there aren't any draft rules.
20 This is the first meeting of the committee. And
21 they're really looking for input on how you might want
22 to see these rules modernized so that they can
23 consider those things.

24 MR. MARSH: So, Heather, if you just
25 maybe wanted to go through the sign-in sheet, and they

1 can indicate whether or not they want to speak.

2 MS. CARTER: Sure.

3 MR. CONCANNON: Yeah, I have lots of
4 questions for the public, but I can defer those
5 questions and just let people speak extemporaneously.
6 I mean, I have questions about what the rules say now,
7 their general opinion of the practice of PAs, whether
8 they think PAs currently have too much supervision or
9 too little supervision. You know, that sort of thing.
10 Just to kind of flush people out.

11 But -- and, again, just to make clear to
12 anyone out there, this group, the osteopaths and the
13 Medical Commission members, we have not met in advance
14 to discuss the substance of the rules, so there's no
15 general consensus on anything right now. That's why I
16 have lots of questions to ask the audience. But I'll
17 let you all carry it.

18 DR. JOHNSON: You know, I'll add --

19 Is that working?

20 I'll add to that. Not only is this about
21 the PAs and the rules about PAs, it's about the
22 supervising physician. And so we want to hear about
23 that too, because it's not just about PA rules, it's
24 joined together with the supervising physician, so
25 that's very important to me.

1 MS. CARTER: It looks like Mr. Urakawa is
2 standing up, so I'll take you first. Thank you for
3 coming, and then once you're finished we'll go through
4 the list.

5 MR. URAKAWA: Mike Urakawa. I'm a
6 physician assistant, president elect, Washington
7 Academy of Physician Assistants.

8 MR. CAIN: Did you want that one or --

9 MR. URAKAWA: Next one.

10 Section 8, Standard Health Bill 1737, if
11 you look at the second line, that begins with,
12 "Working in collaboration with a statewide
13 organization representing the interests of physician
14 assistants," that organization is the Washington
15 Academy of Physician Assistants. We need to be at the
16 table, per this legislation language, not in the
17 audience.

18 MS. CARTER: Well, we're glad you're
19 here, and we welcome any input you have. At this
20 point the committee is made up of the voting members,
21 and we want to work with WAPA, so if you have any
22 input, we'd be happy to hear it. We want to know what
23 you feel would be appropriate for modernization of the
24 rules.

25 MR. URAKAWA: Thank you.

1 MS. CARTER: So I'm going to go down the
2 list just -- and if you don't want to speak, just say,
3 "No, thank you." I have Matthew Andersen.

4 MR. ANDERSEN: No, thank you.

5 MS. CARTER: And I'm going to bypass
6 members of the Osteopathic Board, and I'll come back
7 to you.

8 Looks like I have Fred Renco.

9 MR. RENCO: Not at this time.

10 MS. CARTER: Okay. Randall Dickson.

11 MR. DICKSON: Yes, please.

12 MS. CARTER: Please come forward.

13 MR. DICKSON: Can I ask to postpone my
14 talk until Linda Dale speaks?

15 MS. CARTER: Sure. Might have to keep a
16 record here.

17 MR. DICKSON: Sure.

18 MS. CARTER: Okay. Carl Nelson.

19 MR. NELSON: I'm Carl Nelson, today
20 representing WAPA. I'm their lobbyist. I actually
21 drafted the bill, so I'm intimately familiar with it.

22 And the issue -- the procedural issue is
23 indeed whether or not WAPA has a seat at the table,
24 and we maintain that that was the intent of the
25 legislation.

1 The way that the code revisers rule on
2 drafting legislation, you can't put -- you can't name
3 an organization. The closest you can come is to say
4 that a statewide organization representing a
5 profession in collaboration with the Board. And what
6 that -- that's code for, and I believe that the
7 chairman of the committee and the sponsor of the bill
8 would agree, for them to be at the table, and so -- so
9 we would like you to reconsider your decision on that
10 and allow a member of WAPA, and I think that the --
11 the members of WAPA have prepared a letter of a member
12 or two from you to choose from to join you at the
13 Board.

14 And I -- I know there were issues
15 surrounding, but -- but I think in this case it's --
16 it's certainly the intent of the legislation, the
17 intent of the Legislature, and I would urge you to
18 proceed with -- proceed with that.

19 MR. CONCANNON: Let me just ask you.
20 What do you view -- do you view the intent of the
21 Legislature to mean that WAPA would be one of the
22 people that has to vote to approve the rules?

23 MR. NELSON: Well, I think that would be
24 up to you as Commission members, but I believe that
25 they -- they want to be part of the -- not only the

1 public hearing process but the discussion behind the
2 doors. Ultimately --

3 MR. CONCANNON: Is there much discussion
4 behind doors?

5 MS. CARTER: No.

6 MR. NELSON: But I think ultimately --
7 ultimately you're going to vote as Commission members.
8 I don't think that this bill would change that at all.
9 It certainly does -- I mean, in order to do that, you
10 would have to be -- to vote, you would have to be a
11 seated member according to 1857A and 1871A. So -- and
12 this doesn't cover that.

13 MR. CONCANNON: Again, so what is the
14 significance, from what you understand it, of having
15 somebody at the table? What does that mean?

16 MR. NELSON: It allows them more buying
17 into the process. It allows them to ask questions
18 from there, instead of just being here, where I am.

19 MR. CONCANNON: Again, I don't get the
20 substance. Is there substantive difference in terms
21 of what -- the way this process is going to work over
22 the next six months, does it matter?

23 MS. CARTER: I don't believe so. I
24 believe this is -- you all intended this to be very
25 interactive, especially today, so that we could get

1 all of the ideas included. We're going to allow the
2 Academy as well as anyone to comment on drafts, to
3 give input. So --

4 MR. CONCANNON: Okay.

5 MR. NELSON: There certainly is a
6 perception issue. And so I think that's -- I think
7 that's also important to the process.

8 MS. CLOWER: I just want to reiterate
9 that we as a committee have not met together to
10 discuss these rules. We have not --

11 MR. NELSON: I understand.

12 MR. CONCANNON: Always talk into the mic.

13 MR. NELSON: And, of course, the WAPA
14 members will have more to say on this, because it's a
15 big issue for them to be -- to actually be -- to cross
16 that line to be -- to be at the table.

17 MR. CONCANNON: All right. Since you
18 were part of the process in the legislation, what is
19 the significance, as far as you're concerned, of
20 changing the words "practice plan" to "delegation
21 agreement," as you understand it?

22 MR. NELSON: I don't think there is
23 significance.

24 MR. CONCANNON: Who asked for the change
25 in wording?

1 MR. NELSON: That -- that was -- that
2 came from WAPA. That came from the physician
3 assistants.

4 I think it's the same thing, repackaged,
5 and so --

6 Now, that does not talk about the details
7 of what goes into --

8 MR. CONCANNON: Oh, yeah.

9 MR. NELSON: But just the title itself
10 means -- I think it's an update, I think it's more
11 current practice. I think from the National Academy
12 of Physicians' Assistants, that that's becoming the
13 term of art.

14 MR. CONCANNON: What happens when a PA
15 doesn't pass -- a noncertified PA pass the test within
16 the first year? You know, the interim permit. Is
17 that PA out of business, or do they get to take it
18 again?

19 MR. NELSON: Well, I think -- best of my
20 knowledge -- and I think you really have to talk to
21 the folks who are active in the practice in the
22 academy -- that there are no more upcoming PAs.
23 They're all PA-Cs.

24 MR. CONCANNON: Is everybody a PA-C now?

25 MR. NELSON: That's my understanding.

1 MR. CONCANNON: All right.

2 MR. NELSON: But I think if you talk to
3 folks like Linda Dale, who is actually in the business
4 of educating and training PAs, that you'll get a
5 better sense of that.

6 MR. CONCANNON: People who are here I'm
7 sure know the answer.

8 MS. SCHIMMELS: Well, and, Mike, I would
9 say that --

10 MR. NELSON: She is -- yeah, she's in the
11 audience.

12 MS. SCHIMMELS: Excuse me, Carl, but I
13 think that for the most part the rule -- or the term
14 PA versus PA-C, there really aren't that many PAs
15 left.

16 MR. CONCANNON: Right.

17 MS. SCHIMMELS: You have to have the
18 national certification, you have to have that C behind
19 your name, most often just because a practice isn't
20 going to hire you unless you have that C.

21 MR. CONCANNON: I asked the question just
22 because the old rules distinguish --

23 MS. SCHIMMELS: Exactly.

24 MR. CONCANNON: -- lots of times, and
25 there's probably going to be no reason to get involved

1 in any of those distinctions going forward.

2 MS. SCHIMMELS: I would agree with that.
3 And, in fact, when I was working with the Medical
4 Commission about 10 years ago on a physician assistant
5 advisory council, we were actually trying to get rid
6 of those PA -- plain PA rules and absorb it into the
7 whole PA-C thing. So, yes, it's outdated rules, is
8 what they are.

9 MR. CONCANNON: All right.

10 MR. NELSON: That's my understanding as
11 well.

12 MR. CONCANNON: All right.

13 MR. NELSON: More questions?

14 Thank you.

15 MS. SCHIMMELS: Can I go back, just a
16 question for you, Heather?

17 MS. CARTER: Sure.

18 MS. SCHIMMELS: Because I understand -- I
19 think we're going to hear probably more from WAPA
20 people, knowing the familiarity that I have with the
21 people that are out here. So we're voting members of
22 this group. Is there a way to put a WAPA member on
23 this committee but not have them be as a voting member
24 but just an advisory member? Is that something that
25 we can institute, or how does that --

1 Because I know that we're going to -- I
2 can see the looks on the faces, and I know that
3 there's going to be more comment about that.

4 MS. CARTER: Sure.

5 Well, I think it would probably be
6 important to have one point person from WAPA that is
7 sort of the representative here so we would know if
8 the committee or staff had a question. And I think
9 they maybe have sort of nominated a couple people, as
10 far as my understanding.

11 But at this point we had just kept it to
12 the Board and Committee -- or Commission members,
13 excuse me.

14 MS. SCHIMMELS: So maybe --

15 MS. CARTER: Really the meetings are
16 going to be open, there's going to be open dialog,
17 so --

18 MS. SCHIMMELS: I mean, do -- if they're
19 asking to have somebody at the table, is it some way
20 that they could be -- I mean, actually, I understand
21 they want to feel that they have buy-in, and that we
22 want them to feel that as well.

23 MS. CARTER: Sure.

24 MS. SCHIMMELS: I mean, is there a way
25 that we can do for further meetings -- appoint

1 somebody to be able to come up here and talk or -- you
2 know, so that they're here at the table, rather than
3 having to come --

4 Do you understand what I'm saying?

5 MR. CONCANNON: Is there even going to be
6 a table if you have webinars?

7 MS. SCHIMMELS: Well, that's it.

8 DR. GREEN: I'd like to make a comment,
9 maybe a suggestion. The matter of who's at the
10 table -- I'd like to point out, we haven't been at the
11 table yet. We're not able to meet and discuss these
12 things as a group outside your presence, because of --

13 And maybe, Heather, it would be wise to
14 just explain the process related to that.

15 And then the suggestion I have -- and I
16 understand the request of WAPA and the people who have
17 spoken on their behalf. I don't think that's
18 something we're going to clarify in the discussion
19 here today, and maybe we could focus on the
20 substantive issues related to the business of
21 modifying or updating the PA rules, and -- while
22 everybody is here, so we can listen about that, and
23 maybe this other issue can be worked out separately.

24 Not ignored. I'm just saying I would
25 personally hate to see the whole meeting consumed by

1 that debate as opposed to input about PA rules
2 themselves.

3 So two points. One, we haven't been --
4 we don't have a table to sit at that you don't have
5 access to outside of a meeting like this. The second
6 point is a request -- maybe we could focus on the PA
7 rules and -- but, Heather, can maybe I ask you to just
8 explain the process of the meeting rules that
9 constrain us?

10 MS. CARTER: So all the meetings of the
11 committee will be open to the public. They -- we will
12 notify you, according to the Open Public Meetings Act,
13 when those meetings occur. Some of those meetings
14 will be meetings like this, where we're taking all
15 sorts of public input and comment and suggestions.
16 Other meetings may be just drafting meetings, where
17 there's not a lot of, necessarily, public comment or
18 input but the committee is just working on drafting,
19 but you would be there or on the phone or on the
20 webinar and able to observe.

21 So we intend for this to be a very
22 transparent process, to be very open, to take and
23 consider all the public opinion. So -- I mean, I
24 really think that's the goal of this joint committee.
25 So we hope that you will agree with us that we're

1 trying to be as transparent and open as we can.

2 So I think -- do we want to continue with
3 the --

4 MR. CONCANNON: Speakers.

5 MS. CARTER: Speakers. Okay.

6 So, Mr. Urakawa, you are next on the list
7 anyway. If you'd like to say other words about --

8 MR. URAKAWA: Our concern at this point
9 is not necessarily sitting at the table, per se, but
10 this legislation cannot be drafted by staff. It has
11 to be discussed by the members of this group,
12 including WAPA, to come to an agreeable decision to
13 submit for approval. As commissioners on each board,
14 you have the right and responsibility to vote and
15 modify those requirements. But do you act as a PA?

16 Yes, we have two PA members now. Until
17 this past week we only had one member on this Board --
18 or this group, this seated group. We need to be
19 involved in the formulation, the discussions, as well
20 as the finalization of the rules.

21 And we have submitted a letter to both
22 Medical Quality Assurance and Osteopathic Medicine
23 appointing two people to be a part of this Board. So
24 the letters were sent last week.

25 DR. GREEN: So, again, I -- you know, to

1 me this is sort of a legal process, and I'm not in any
2 position to respond to your question, and I -- well,
3 I'm not sure you had a question, but, again, I
4 understand your request, and my suggestion would be
5 the same as what I previously stated, unless you,
6 Heather, have another comment about his request.

7 MS. CARTER: I really don't at this time.

8 DR. GREEN: So can we go ahead with
9 anybody who would like to speak --

10 MR. CONCANNON: Are there other people on
11 the --

12 MS. CARTER: Yeah, we've got more people.
13 Mary Ditkoff.

14 MS. DITKOFF: Yeah. Okay.

15 I'm Mary Ditkoff. I work at Virginia
16 Mason Medical Center. I'm a PA. I believe I enjoy
17 the best of the PA practice. I work in a tertiary
18 care center, where I am very, very well supported. I
19 work essentially a surgery service. I practice a
20 great deal of critical care medicine.

21 I don't honestly know what specific rules
22 this Commission was going to look at, but I am here to
23 advocate for a continuation of a type of legislature
24 that allows myself and my supervising physicians to
25 allow me as much ability to do as much care as we both

1 feel that I can do. At this -- I have a great range
2 of practice. I'm a princess. I like it. So I don't
3 want anything that would restrict our practice, and I
4 don't think that they do, either. Because that really
5 truly allows me to be an extension of what it is that
6 we do.

7 I do have a question about the
8 credentialing comments, because I didn't know where
9 you were going with that. And most of the folks in my
10 practice are master's prepared. I don't know if
11 that's an issue for this Commission at this time, so
12 I'm curious to hear your remarks on that.

13 Hello, Dr. Green.

14 DR. GREEN: Hi.

15 MR. CONCANNON: It isn't an issue.
16 There's nothing about this -- when it comes to
17 credentialing, right?

18 I mean, there's nothing about what we're
19 doing that has to do with recredentialing, changing
20 credentialing, changing the requirements to be a PA.
21 There's none of that.

22 MS. CARTER: No. That would be part of
23 legislation.

24 MR. CONCANNON: Yeah.

25 MS. CARTER: Kathie Itter.

1 MS. ITTER: No, thank you.

2 MS. CARTER: Is it David Wood?

3 MR. WOOD: Yes.

4 Good morning, ladies and gentlemen. I'm
5 David Wood. I'm a member of WAPA, in a physician
6 assistant practice in rural medicine in Ellensburg.
7 I'm both a family practice and I work as a
8 hospitalist.

9 I just want to go on record to show that
10 WAPA has been at the -- at the mic and has requested
11 membership on the committee, and that's been denied,
12 and looking at the law, it's -- to me it's fairly
13 clear that we should be sitting at the table, so to
14 speak, but actually a voting member of the committee.

15 And with that, I say let's proceed with
16 actually getting the rules changed.

17 Thank you.

18 MR. CONCANNON: David, you know Jan
19 Paxton?

20 MR. WOOD: Yes. Yes, sir.

21 MR. CONCANNON: You know she used to be
22 on the Commission?

23 MR. WOOD: Yes, I do. I work in the same
24 practice with her, actually.

25 MR. CONCANNON: Oh, do you?

1 MR. WOOD: I do, yeah.

2 MS. CARTER: So next is Linda Dale.

3 MS. DALE: Thank you.

4 I'm Linda Dale. I'm actually here
5 representing WAPA. I'm the chair of the legislative
6 and health policy committee. And I also -- when my
7 WAPA duties allow me, I work at a new physician
8 assistant program at Heritage University in Toppenish,
9 Washington.

10 I thank you for working with us on this.
11 I do want to reinforce that part of the concern that
12 we're really pushing to have a WAPA member be there is
13 because we want to make sure that all PAs in
14 Washington state are represented, and so when you
15 discuss the rule changes, when you write those up, be
16 sure and notify us. We need to be there to put our
17 two cents in, so to speak.

18 I'd like to move forward. There was a
19 question about why the change for delegation
20 agreement, and really the reason we put that in there
21 is because delegation more clearly represents what the
22 PA profession is now. The old language kind of
23 sounded like a laundry list of things that we could
24 do, whereas now, because physicians are recognizing
25 our strengths and our -- and our weaknesses in our

1 practice, they, working real closely with us, know
2 what we can do, and so our supervising physician then
3 delegates to us what they feel we can do and what they
4 feel comfortable in allowing us to do. So that's why
5 we really wanted to change the wording to "delegation
6 agreement." It more clearly reflects what we do.

7 A couple of things I would like to see
8 changed in the rules. I get calls all the time, and
9 one of the things that I'd like to see would be some
10 kind of joint PA licensing or delegation agreement
11 approval between the DO Board and MQAC, simply because
12 the Board of Osteopathic Medicine is in the Department
13 of Health. When our delegation agreements come in,
14 they go into the Department of Health, and they're
15 mixed in with all the other licensing things that the
16 Department of Health handles. So, therefore, it's not
17 at all unusual for a new PA to have to wait three
18 months to get approval on their delegation agreement.

19 Initially we wrote into the bill that we
20 would have a quicker approval on the delegation
21 agreement. MQAC is able to usually process them
22 within a few days or maybe a couple weeks. So if
23 there would be some way that we could move our DO
24 delegation agreements and licensing procedure through
25 that Department of Health in a faster manner, that

1 would be great.

2 We have brand-new graduates who are
3 waiting three or four months to get to work, and, I
4 mean, there's no back search on their license to see
5 if there's been a problem.

6 Certainly that's understandable if you
7 have PAs coming from out of state. You want to do
8 that due diligence to make sure there's not been a red
9 flag on them. But we need to, you know, beg you to
10 see if you can't come up with a better -- maybe a
11 reciprocal agreement or something to get that through
12 more efficiently.

13 The other call -- or e-mail that I've
14 been dealing with this week, as a matter of fact, was
15 supervision again. We have -- this bill does allow
16 PAs in remote sites to have their supervising
17 physician work out Skype or e-mail or some other
18 manner of supervising that physician rather than being
19 on-site. Well, what came up the other day was a
20 physician in a solo practice in a rural town wanted to
21 hire a PA, but the question was asked, How -- Do
22 you -- Does your license allow you to continue to work
23 while I'm on vacation?

24 That question came to -- I'm not sure,
25 Heather, if you got it, but that came to some of the

1 legal people here, and they were told no.

2 Now, if that PA had an alternate
3 physician supervising them, and perhaps it would be
4 50 miles away, and they could still be supervised by
5 Skype, e-mail, and what have you, why couldn't that PA
6 continue to practice while that supervising physician
7 was on vacation?

8 If we can't work out something agreeable,
9 the people in that community are going to be without
10 healthcare. That PA will have their hands tied,
11 because they cannot continue to provide that
12 healthcare to that community while that supervising
13 physician is on vacation.

14 Now, this PA may not get hired, they may
15 look for a nurse practitioner, even though that
16 physician really wants to hire them. So that is a
17 huge barrier, not only for care for that community but
18 for PAs. I would just like you to think about that
19 when you're looking at your rule changes.

20 Thank you.

21 DR. JOHNSON: So before you step away, I
22 have a question.

23 MS. DALE: Yes, sir.

24 DR. JOHNSON: And thank you for your
25 comments.

1 And just to reinforce, we haven't met,
2 so --

3 MS. DALE: We understand that, but the
4 thing that we want to make sure is that you don't go
5 from this kind of meeting to immediately voting on the
6 rule change. We know there's discussion going to
7 happen somewhere, and we just want to make sure that
8 we're there.

9 DR. JOHNSON: And I would just -- are you
10 guys members of WAPA?

11 MS. SCHIMMELS: I am.

12 MS. CLOWER: Mine expired.

13 DR. JOHNSON: Okay.

14 So you do have membership on the Board.
15 I just want to make sure that's --

16 So I have some specific questions for
17 you.

18 MS. DALE: Sure.

19 DR. JOHNSON: I've -- the form that I
20 filled out with Fred, as the supervising and licensee,
21 is pretty broadly stated. It's been, what, 19 years?
22 I don't even know what it says anymore.

23 MS. DALE: Right.

24 DR. JOHNSON: Pretty broadly stated.

25 What is an expectation that you or your

1 organization have as how the delegation agreement
2 actually is worded?

3 Because one thing is, obviously, we don't
4 want to have it so black and white and so specific and
5 narrow it limits opportunities. It can't be so
6 broadly stated that you have no control over it.

7 MS. DALE: We really don't --

8 DR. JOHNSON: Let me ask my second
9 question; you can answer both.

10 I've got the old rules. I think if a
11 physician and a PA have a relationship and they have
12 an alternate physician on board, that it qualifies for
13 vacation coverage, all in the old rules. I believe
14 that exists -- I think. I'd have to struggle to find
15 it again.

16 MS. DALE: Right.

17 DR. JOHNSON: So obviously that is a
18 pertinent issue, but part of this is we're looking at
19 the old rules. We want to modernize them to the new
20 rules. So that's certainly something. But I think it
21 already exists, and so whatever the conflict that's
22 going on in that particular example you gave, I --
23 under the old -- I think it exists as an alternate
24 pathway for that person.

25 MS. DALE: Well, that's what we thought,

1 and the person actually -- and our executive director
2 actually called and spoke with a lawyer that
3 represents -- I believe it was the Medical Quality
4 Assurance. Is there a Brian?

5 I can't remember the name now. I don't
6 have that e-mail with me.

7 Anyway --

8 Let's see. Were you in on that e-mail?

9 MS. KITTEN: No.

10 MS. JANSEN: We don't have --

11 DR. JOHNSON: Anyway, if you don't have
12 that --

13 MS. DALE: So anyway, we thought that
14 that was how it was going to be. However, during that
15 conversation -- and I -- I apologize, I didn't bring
16 my e-mail with me. During that the PA was told that
17 that clinic did not qualify as a remote site because a
18 physician worked there all the time. And so it didn't
19 fall under the remote site of having the delegation --
20 or having --

21 DR. JOHNSON: That's useful to have help
22 define it.

23 So can you get back to the delegation
24 agreement, as far as if you had a way to draft the
25 concept, how would you describe it?

1 MS. DALE: We really don't envision any
2 changes to the document, to the -- what you have as a
3 practice plan now. We don't envision any changes in
4 that, because that does give you the broad language to
5 be able to assign or delegate what your PA does,
6 instead of in the old days we had a laundry list. So
7 we don't --

8 DR. JOHNSON: So you and WAPA wouldn't
9 change --

10 MS. DALE: No.

11 DR. JOHNSON: -- these rules --

12 MS. DALE: We wouldn't change --

13 DR. JOHNSON: You'd just change the
14 words?

15 MS. DALE: Right, we would not change the
16 delegation agreement or the practice plan that we send
17 in, where it just basically says, I'm going to be
18 working this time at this office with this physician,
19 and -- you know, and sign it and send it in. That we
20 wouldn't change, because we like that broad
21 definition.

22 We'd just change the title. Again, like
23 Carl said, it really represents what we are doing
24 today, rather than a practice plan.

25 DR. JOHNSON: Thank you.

1 MS. DALE: Yes, sir?

2 DR. GREEN: So, Linda, thank you, and
3 I -- I want to just ask a question I think probably
4 repeating what Mark asked, and is that -- that is, do
5 you feel the current laws or rules as they exist are
6 restrictive?

7 I mean, outside the issue of the vacation
8 and that, which you brought up, you indicated you
9 wanted as much freedom to delegate consistent with
10 one's ability and so on, and as little restriction, so
11 my question is: The current edition of the laws, is
12 that a problem in those -- in that respect?

13 MS. DALE: Not the current edition of the
14 laws, but the current edition of what you have, the
15 practice agreement, that is not restrictive. Some of
16 the laws I feel still are restrictive to what we can
17 do.

18 DR. GREEN: To me it would be helpful
19 if --

20 Have you articulated what those are in
21 writing somewhere?

22 MS. DALE: Not all of them, sir. I'm
23 still gathering the information, so I will do that.

24 DR. GREEN: That would be helpful input
25 for what you think is restrictive.

1 MS. DALE: Thank you.

2 DR. GREEN: Thanks.

3 MS. DALE: Mm-hmm.

4 MS. CARTER: I think Mr. Dickson.

5 MR. DICKSON: Yes.

6 Hello. My name is Randall Dickson. I'm
7 a PA and work currently for Group Health, which is one
8 of the largest employers of PAs in the state.

9 So back to the delegation agreement.
10 First place, I don't know if the Commission has ever
11 seen the six -- they call it the Six Elements of
12 Modern Physician Assistant Practice Act, and that
13 comes from our national academy, which is called the
14 Academy -- American Academy of Physician Assistants.

15 But one of the things I want to point out
16 in the delegation agreement is there are only 16
17 states that require that a PA sends in their
18 delegation agreement, waits for the state to make a
19 decision and sends it back. There's only 16 states.
20 The rest of them, it's up to the practice to make that
21 decision of what -- how they're going to delegate what
22 kind of work they can do.

23 So I think that's a real important fact,
24 that we are really behind the eight ball in that, and
25 if we are truly considering modernizing our rules and

1 laws, that's probably one that's close to my heart.

2 Also with that is two things. With Group
3 Health, for example, I currently work in urgent care.
4 If a PA in family practice calls in sick and all of a
5 sudden I'm not working, they could, theoretically,
6 like in a smaller practice, like Fred and Mark's in --
7 they could call another PA and say, "Could you work
8 with us?" Create a delegation agreement, sign it,
9 boom, you're in.

10 But the current law requires that, oh,
11 you have to send it to the state, even if it takes
12 three to five days, or in -- with BOMS sometimes it
13 takes a longer time. It really -- it just blows that
14 whole thing out of the water that they no longer can,
15 you know, just get someone in there quickly.

16 With Group Health, for example, I don't
17 understand why we can say we work for Group Health
18 physicians, and if I can work in family practice
19 tomorrow to fill in a couple spots or someone's on
20 maternity leave, why do I have to reapply for another
21 practice plan?

22 Also, I work -- I live on an island, and
23 I'm friends with the doc that's on the island, and
24 he's also my physician, and so he asked me one time,
25 he goes, "Are you available if I'm sick or" -- there's

1 a nurse practitioner there -- "if she's sick, can you
2 fill in?" I said, "I could, but you got to apply to
3 the State for that."

4 So it stops us from taking care of our
5 patients, and that's my big push on that.

6 Just to let you know, the six elements
7 are to license, not register; we have that. Full
8 prescription rights; we have that. No chart
9 signature. I think BOMS still requires -- there's
10 some co-signing. The ratio restriction, which
11 currently we went from three to five and still can
12 request more if we want. And then the adaptability of
13 supervision and no mile limit, which we're working on.

14 So those are my comments.

15 DR. GREEN: Does your national
16 association recommend not even having a number
17 restriction?

18 MR. DICKSON: They do. It should be up
19 to the --

20 For example, if I'm a manager of nursing,
21 the State doesn't say, "Oh, you can't take more than
22 20 nurses under your wing." They don't say that.
23 They just say, "You take as many as you physically
24 can," and a manager would say, "Ooh. I'm a new
25 manager. I only can take one," you know. One PA.

1 But if you've been around a while, you've
2 worked with a lot of different great PAs, you can say,
3 "I can do 10," you know, whereas another person said,
4 "I only can do two." Even though the law says up to
5 five.

6 DR. GREEN: So to summarize your
7 thoughts, you would really like to see greater
8 portability of the delegation agreement to give you
9 freedom to move from one practice to another.

10 MR. DICKSON: Right. Dr. -- we met with
11 Dr. --

12 Heye? Is that how you say it?

13 DR. GREEN: Heye?

14 MR. DICKSON: Heye. Thank you.

15 He told us in a meeting that in the last
16 five years he's only declined one practice plan,
17 because it was very odd. So if you think about how
18 many PAs have applied for this, why have that step
19 even there at all, if he's only going to look at it,
20 sign off, give it to the next person to mail back to
21 you, and then you still have to wait.

22 If they're not being -- you know -- I
23 think the -- a physician's not going to hire a PA to
24 do something that is way out of their -- out of the
25 laws of the PAs, because we all have to still follow

1 the PA laws, and we're the only -- we're the only
2 profession in the state of Washington that is required
3 to send in a delegation agreement and have the State
4 approve it ahead of time. We already have laws that
5 say you can and can't do certain things.

6 DR. GREEN: So if we were to do something
7 to make that more -- or to facilitate that kind of
8 movement, do you have any thoughts about how to put
9 that into a rule?

10 And I'm just going to remind you that the
11 reason we exist is to make sure what goes on is okay.

12 MR. DICKSON: Exactly.

13 DR. GREEN: So whatever we write in the
14 rule has to take that into account. That's our
15 ultimate responsibility in doing any of this, is
16 making sure that it's safe for the public.

17 So I understand your request. It would
18 be helpful -- if you have any thoughts about how that
19 could be articulated in writing in the rule, that
20 would be very helpful.

21 MR. DICKSON: Certainly. I can get back
22 to you.

23 DR. JOHNSON: Can I elaborate on that
24 too?

25 MR. DICKSON: Certainly.

1 DR. JOHNSON: I believe in the old rules
2 that an institution can be the delegating authority,
3 using the new term, with a medical director or
4 someone, and so that in your situation, where you're
5 in a larger organization, you might have the CEO --
6 CMO, somebody, head of the department -- head of
7 something, be the primary delegator for the
8 institution, that everybody falls into.

9 I don't know if the -- I'm just talking
10 right now. I'm not sure that -- but I think it
11 applies to nursing homes, stuff like that, where
12 you're really not -- you're really working for the
13 nursing home. I can imagine expanding that.

14 I think it's a little different calling
15 in to replace a sick colleague in an institution where
16 everybody works and you doing a locum tenens,
17 basically, for somebody you really don't have a
18 relationship with other than as a friend or colleague
19 or a neighbor. I think that's a little different, and
20 if you as an organization are thinking along those
21 lines, I think you need to write out something that we
22 could then chew on.

23 MR. DICKSON: Group Health actually
24 approached -- two years ago approached the Commission,
25 and they were denied that request.

1 DR. JOHNSON: So that would be an example
2 of WAPA or someone creating a document that through
3 this process we can all chew on and see how we can
4 incorporate it, as to its reasonableness. That's
5 something we're -- absolute input from you guys are --

6 MR. DICKSON: There's obviously other
7 institutions, like Virginia Mason --

8 DR. JOHNSON: I understand that. But
9 we're talking about broad rules that are going to
10 apply to everybody, whether you're a five-man group or
11 the solo practitioner needing remote-access coverage
12 so that they can take a vacation.

13 You know, that's what this is all about,
14 is creating rules, so writing it down and creating
15 something that we can read and think about and share
16 is real important.

17 MR. DICKSON: Thank you.

18 MR. CONCANNON: Please don't go away.

19 Let's talk about this now, because I
20 don't want you all to think that you're reaching
21 agreement on where to go. A physician assistant can
22 only practice after completion of a training course.
23 A physician assistant has to be limited to performance
24 of services for which he or she is trained. Now, that
25 doesn't get -- the services that a physician assistant

1 has been trained for, those are common to all
2 physician assistants at go-in, right?

3 MR. DICKSON: Right.

4 MR. CONCANNON: That sort of scrutiny
5 doesn't go into approval or detail in the practice
6 plan, does it?

7 I mean, if you're a physician assistant
8 and you're certified, you're qualified.

9 MR. DICKSON: Correct.

10 MR. CONCANNON: It's not like, "Oh, he's
11 not qualified to do that."

12 MR. DICKSON: Right.

13 MR. CONCANNON: Then a physician
14 assistant can only practice medicine under the
15 supervision and control of a doctor -- a physician
16 licensed in the state. And it says but the
17 supervision and control doesn't necessarily require
18 personal presence, which means, as originally
19 contemplated, in general it would require physical
20 presence, but it doesn't necessarily require physical
21 presence.

22 Whenever you have a doctor and a PA
23 working side by side, this becomes kind of easy,
24 right? Because the doctor is obviously seeing what
25 the PA is doing.

1 If the PA is working a mile or two away
2 and the doctor only drops in three hours on Friday
3 afternoons, I don't know where the supervision and
4 control of that PA is, as an ignorant public member.
5 I don't understand.

6 Now -- so when you say maybe even a
7 doctor could supervise 10 PAs, as a member of the
8 public, I'm just sitting here saying I don't know how
9 a doctor could supervise -- supervise and control 10
10 PAs. So how would they do that?

11 MR. DICKSON: Well, in the first place,
12 you have to identify what supervision means, and so
13 that -- supervision doesn't mean that you have to look
14 at every single word that a person says or does. It
15 doesn't mean that you have to read every chart. But
16 every place I've ever worked as a PA, and I've been a
17 PA for almost 18 years now, that there's always a
18 method that they've come up with, I'm going to, you
19 know, talk to the PA every, you know -- if you're not
20 next to each other, every so often, find out what's
21 going on.

22 Just like when I was in management, I had
23 a supervisor I never saw, but they still managed my
24 work.

25 So in the -- they also look at your

1 charts -- they don't have to look at every chart, but
2 right now -- like at Group Health they pick 10 charts
3 a month, and where I used to work before they did
4 about 10 charts a month, and they just pick them
5 randomly. And then they would mark and say, Oh, you
6 forgot to do this or why did you order that, and so
7 that's the kind of supervision they got.

8 So it is up to the, quote, "manager" or
9 your supervising physician to -- you know, if they're
10 going to take on this responsibility of having PAs,
11 and it is a responsibility, that they should also have
12 a method of supervising in one way or another.

13 MR. CONCANNON: And is the doctor at risk
14 if the PA messes up?

15 MR. DICKSON: Well, just -- they are just
16 as if the nurse messes up. Or a -- you know, another
17 member -- another physician that's on their practice
18 messes up, and they are the manager and they're not an
19 owner or what have you. There's always -- as you
20 probably --

21 Well, you're a lawyer. So as an
22 attorney, you know that you bring everybody in, you
23 know, and then you mete it out.

24 MR. CONCANNON: So when -- you're a
25 practicing PA at Group Health, you work every day.

1 MR. DICKSON: Correct.

2 MR. CONCANNON: Do you have a sponsor?

3 MR. DICKSON: Correct.

4 MR. CONCANNON: Who is physically in the
5 same area as you are?

6 MR. DICKSON: Correct.

7 MR. CONCANNON: And you're saying --

8 MR. DICKSON: And I --

9 MR. CONCANNON: But you just can't go to
10 some other group -- you can't go from Capitol Hill to
11 Queen Anne and fill in for the day because --

12 MR. DICKSON: Because -- yeah, because on
13 my practice plan -- or my --

14 MR. CONCANNON: Practice plan.

15 MR. DICKSON: Yeah, delegation plan,
16 practice plan. I have not mentioned all these other
17 physicians.

18 So where I used to work, in Providence,
19 we actually had the group. It would say Dr. So and So
20 is my one person, but also the entire group.

21 And somehow Group Health wasn't allowed
22 to do that. I can't answer why. I wasn't --

23 MR. CONCANNON: And then you're saying
24 that if you need a practice plan to get approved and
25 if almost all of them get approved, what the hell is

1 the reason for a practice plan.

2 MR. DICKSON: Exactly. Even at
3 10 percent. When we were talking to Dr. Heye, he said
4 one out of -- in the last five years. I think it's a
5 redundant --

6 MR. CONCANNON: Or, to put it another
7 way, what is the Medical Commission looking for in a
8 practice plan that will make them not approve it.

9 MR. DICKSON: Mm-hmm.

10 MR. CONCANNON: Right?

11 MR. DICKSON: Yeah. And we're covered by
12 laws already, and so -- same with physicians; they're
13 covered by laws. When someone screws up, as a PA or a
14 physician, the Commission's going to come knocking on
15 their door.

16 DR. GREEN: So I would just let you know
17 that in the past two months he's refused three of them
18 that I know of, because he asked me to review them.
19 And just because he denied only one doesn't mean there
20 are not a lot that were inquired about that never got
21 submitted. So he -- he talks with a lot of people. I
22 don't know that it's as infrequent as you may have
23 stated it.

24 MR. DICKSON: Okay. Thank you.

25 MS. CARTER: Just for a point of

1 information, the -- both the osteopathic statute and
2 the medical statute require that -- well, it states no
3 physician assistant that's been practicing in the
4 state shall be employed or supervised by an
5 osteopathic physician or physician group -- this is
6 the same language for medical -- without approval of
7 the Board. That's in the statute, not in the rule, so
8 just something to keep in mind.

9 MR. DICKSON: But isn't that under our
10 law, as well, that we have to -- under the law, it
11 states that we are required to have a supervising
12 physician, and so, therefore, if we're already covered
13 under the law, so when we apply for a license we --
14 that's a law that we have to have?

15 MS. CARTER: I guess I'm not following
16 your question.

17 MS. SCHIMMELS: I think I know what
18 you're saying, and, actually, it says in here,
19 though -- this is the law that says "without the
20 approval of the Commission." So it's actually in the
21 law that says that the Commission will do that.

22 MS. CARTER: Yeah. Right.

23 And that's something that we can't change
24 by a rule.

25 MR. DICKSON: You could change the law

1 that's saying -- you can make a rule, can't you, that
2 says --

3 MS. SCHIMMELS: No. You have to change
4 the law.

5 MR. DICKSON: Okay. Next year.

6 MS. CARTER: Yeah.

7 Sorry. Wendy Hamai?

8 MS. HAMAI: Hamai.

9 MS. CARTER: I apologize.

10 MS. HAMAI: That's fine.

11 Okay. Well, after -- I'm -- my name is
12 Wendy Hamai, and I'm still, in my mind, trying to
13 figure out what I'm saying because it's been changing
14 as I've been listening to all this testimony.

15 I'm speaking on behalf of 39, hopefully
16 40 years of experience and licensure in the state as a
17 physician assistant. I also served on the Medical
18 Commission as one of the PA commissioners for seven
19 years, and I appreciate having done that. That was
20 really a privilege, and a whole ton of work.

21 I -- when I first started practicing in
22 Washington state, I was very grateful that I was in a
23 state that had very progressive laws for PA
24 utilization, but that was 39 years ago, and PAs and
25 utilization and practice of PAs have changed

1 significantly over -- over those years, and I don't
2 think that our current law and regulations necessarily
3 reflect some of the changes that have been apparent in
4 PA utilization.

5 Someone made mention just a few minutes
6 ago of a document from the AAPA about the six key
7 elements of Modern Physician -- Physician Assistant
8 Practice Act, and I have to say that this document is
9 something that I generally support. I think that, you
10 know, how each element in the document is acted upon
11 by the Commission, there are details that, you know,
12 could be worked out, but the general principles of
13 each element in the document I would support.

14 Specifically, when it comes to scope of
15 practice, there's an element here that the scope of --
16 they are recommending that the scope of practice be
17 determined at the practice site, and that gets into
18 some of the discussion that's been going on about
19 delegation agreement.

20 I would personally support this. You
21 know, when I was on the Commission and handled all
22 those cases that had to do with PA disciplinary
23 issues, I don't think that having to submit a practice
24 plan made any difference in terms of bringing anything
25 to the Commission's attention or really preventing any

1 issues that potentially harm the public.

2 I think that oftentimes the way it's
3 currently done can make it very cumbersome for a lot
4 of practices to utilize a PA easily, and --

5 In fact, that leads me into saying that I
6 would really also encourage some look at the
7 definitions of remote site practice and what practice
8 site definitions are, for example -- because, for
9 example, I work for -- I'm not representing but I work
10 for the MultiCare Health Systems in Tacoma, in their
11 urgent care system, and they have 10 different urgent
12 cares, and when we had to submit a practice plan to
13 the State the last time I worked for them, we had to
14 submit the initial practice plan as well as 10 remote
15 site plans.

16 And there's really no question about
17 supervision or lack of supervision in a situation like
18 this, because we're always working with physicians.
19 May not be our sponsoring physician, but it's one of
20 the physicians who works within the urgent care
21 system, and they are always available for consults and
22 supervision.

23 MultiCare, being a large medical system,
24 as is the case with many medical systems, also has
25 their own internal mechanism for quality assurance,

1 and so that -- you know, given that that's the case, I
2 think that, you know, some look at the definition of
3 remote site and how that really plays out in different
4 settings would be very beneficial.

5 I think that when it was first written
6 had more to do with rural sites, where the sponsoring
7 physician might have been 50 miles away, but there are
8 I think a lot of urban sites where it could be
9 considered a remote site but it really isn't, from the
10 standpoint of what -- whether or not there's adequate
11 supervision around.

12 Let's see.

13 DR. JOHNSON: Can I ask a clarification?

14 MS. HAMAI: Yes.

15 DR. JOHNSON: Would you -- in your
16 setting, would you ever have a situation where you're
17 the only provider at an urgent care center -- even
18 though it's one of 10 in an urban area, that you're
19 the only provider there that day? Is that -- does
20 that exist?

21 MS. HAMAI: That has been very, very
22 rare.

23 DR. JOHNSON: Right, but it does -- it
24 could exist.

25 MS. HAMAI: Yeah, it could exist.

1 DR. JOHNSON: Thank you.

2 MS. HAMAI: It would not exist for -- and
3 only -- it would only exist because of someone calling
4 in sick --

5 DR. JOHNSON: No, I understand.

6 MS. HAMAI: But in a -- in a situation
7 like that, there are other clinics, and the physicians
8 working at that other clinic always jump in being
9 supervising physician or are available for consults by
10 phone.

11 DR. JOHNSON: And that's not different, I
12 don't think, than a solo practitioner licensee where
13 the practitioner has a day off.

14 MS. HAMAI: Right.

15 DR. JOHNSON: There's no difference,
16 right?

17 MS. HAMAI: Yeah. But in at least the
18 system that I'm in, we're always staffed with at least
19 two people, one a physician and the other either a
20 nurse practitioner or a physician assistant.

21 DR. JOHNSON: Thank you.

22 MS. HAMAI: Part of the --

23 Let's see. I don't want to jump around
24 too much and I want to finish my thoughts about
25 certain things.

1 The other element in AAPA's
2 recommendation adaptable supervision requirement I
3 also support, because clinical -- there's so many
4 different clinical situations, and PAs are used so
5 differently sometimes from place to place, not like it
6 was 20 years ago. You find PAs in so many different
7 types of practices.

8 And, number one, to assure that there is
9 supervision I think is really important, because I
10 think that -- I fully support that -- the relationship
11 between physician assistant and physician, and I
12 consider that part of quality assurance for us. But I
13 also think that how supervision is done should, again,
14 be left between the sponsoring physician, supervising
15 physician and the PA.

16 The limits I think are an issue. I
17 remember having too many e-mail discussions with the
18 medical director of Planned Parenthood Northwest and
19 saying, you know, Why -- Why are you not hiring PAs?
20 And as someone who helped to start a Planned
21 Parenthood many years ago and was the first PA to work
22 there, it just really burned me up that they, you
23 know, weren't advertising jobs for PAs. And what I
24 was told was because we can only have -- I think at
25 that time it was three or something like that.

1 And so I talked with Dr. Heye, Medical
2 Commission, we kept on having conversations, and so it
3 eventually got increased to five.

4 But if you look the clinical situation of
5 Planned Parenthood, for example, you know, they work
6 under very strict protocols that are determined on a
7 national level, exactly what the problem is, the
8 clinical situation is, and follow protocols. So if
9 there's -- if they're following protocols, which is
10 the standard there, it's very, very, very hard for
11 them to get out of trouble -- get into trouble, and
12 that, you know, could be considered a form of
13 supervision.

14 So, you know, I would like to see the
15 type of flexibility in the law that allows for
16 situations where there isn't that limit, people don't
17 feel I can only have three or I can only have five or
18 every time I want one more I have to go in front of
19 the -- you know, apply to the Commission, because I
20 think that that impedes how easy it is to utilize
21 this, without necessarily, you know, affecting how
22 well we're supervised or patient safety issues.

23 I would like to see, as Linda Dale was
24 saying, for there to be some type of work between the
25 Osteopathic Board and the Medical Commission.

1 For example, I recently was trying to
2 volunteer at a free clinic in Tacoma and had to
3 investigate a bit about how do I do that legally in
4 terms of my licensure, and what I -- both medical
5 directors at this free clinic are DOs, and what I
6 discovered is what I'd have to do, because I'm
7 currently licensed with the Medical Board, is I'd have
8 to apply to the Osteopathic Board to become an
9 osteopathic PA, pay the fee for that in order to, you
10 know, then have a practice plan with one of the DOs at
11 the free clinic that I'm trying to volunteer at.

12 So, again, you know, I think that that's
13 unnecessary obstruction to being able to use skills
14 that could be very helpful, you know, for the public.

15 The last comment has to do with WAPA
16 providing input into the discussions about what's
17 going on today. As I said in the business meeting,
18 you know, I think that it's very good -- you know, I
19 appreciate this chance to talk before you. I'm sure
20 you're going to get a lot of input. But I do feel
21 that sitting in the audience is very different than
22 sitting at the table. You know, I understand, you
23 know, the -- that there are limits in terms of being
24 able to vote and there's laws that regulate that. I
25 totally understand that.

1 But I also think that if you just take a
2 look at your discussion here at the table, you know,
3 there's some discussion back and forth. When any one
4 of us down there would like to say something, we have
5 to come up to this podium. So in that way we're not
6 part of the discussion.

7 You know, when you have your drafting
8 meeting, when you have the meeting that comes up with
9 the draft for the proposed rules, the comment was made
10 that, you know, the audience would be able to observe.
11 Again, you know, that's very, very different than
12 being part of the discussion and giving input as to
13 what kind of document comes out of this. So I also
14 strongly encourage you to include WAPA or a
15 representative of WAPA in the actual discussions that
16 occur.

17 Thank you.

18 MS. CARTER: So Henry Stoll.

19 MR. STOLL: Good morning. My name is
20 Henry Stoll. I'm a physician assistant. I'm a
21 faculty member at the MEDEX Northwest physician
22 assistant training program at the University of
23 Washington.

24 I'm here to speak on behalf of my boss,
25 who can't be here. Her name is Ruth Ballweg. She's a

1 professor and the section chief for our program.

2 She wanted me to express her opinion that
3 she would like to see continued State approval of
4 practice plans or delegation agreements. She thinks
5 they have historically worked well for the people of
6 the state and the PA profession, and just thinks that
7 there's still a reasonable role for the State to play
8 in this level of oversight. That's her opinion, and
9 I'm here to simply express it for her.

10 Thank you.

11 Anything else?

12 MS. CARTER: Thank you.

13 And last on the list is Susan Scanlan.

14 DR. SCANLAN: Thank you.

15 Good morning. I'm Susan Scanlan. I'm a
16 podiatrist, and I'm the executive director of the
17 Washington State Podiatric Medical Association. And
18 I'm here today -- I just want to quickly introduce, we
19 have -- Joanne Gormley is our current president, and
20 Pilar Almy is a podiatrist practicing at Virginia
21 Mason for Dr. Green.

22 So I really came to listen today, but I'm
23 just -- I wanted to come up and say something because
24 it's -- I'm not sure what all this rule-making group
25 can do. When I look at the bullet point "How would

1 you like to see the PA rules modernized," I know, as
2 Brett pointed out, that rule making cannot go beyond
3 statute, but people are discussing changing the
4 agreement for becoming both a PA DO and a PA MD at the
5 same time, so I -- I don't know that -- I wouldn't
6 want to miss an opportunity to discuss the possibility
7 of physicians' assistants being supervised by
8 podiatric physicians, and I just wanted to put my name
9 out there and see some faces in the room and open up
10 any discussion with the leadership of the various
11 groups that are here, if that is at all a possibility.

12 Thank you.

13 DR. JOHNSON: So the podiatric group is
14 represented -- is not represented at this table. You
15 have your own commission, correct?

16 DR. SCANLAN: The Podiatric Medical Board
17 has its own board, yes.

18 DR. JOHNSON: And so that's where I think
19 that should go.

20 We don't have any relationship -- we
21 don't have any rule-making authority in relationship
22 to that; isn't that correct?

23 MS. CARTER: That's right, yeah.

24 DR. SCANLAN: And I recognize that. I
25 just wouldn't want to miss an opportunity to open a

1 discussion.

2 Thank you.

3 MS. CARTER: If you could just state your
4 name.

5 MR. ANDERSEN: Sure. My name is Matt
6 Andersen. I'm a PA at Virginia Mason. I practice in
7 cardiac surgery.

8 And what we're talking about today is a
9 lot about language and terminology, which influences
10 perception, which is a -- a big hurdle that the
11 profession seems to face nationally.

12 I wanted to -- I don't have -- I'm a
13 neophyte to your world so I don't have a lot of facts,
14 but I can provide a little bit of insight to I think
15 what PAs are feeling across the country. I have
16 worked for the past two to three years on the board of
17 directors of a group known as PAs for Tomorrow, which
18 is a special interest group of the American Academy of
19 Physician Assistants, and we've learned a few things
20 about some of the national sentiment about the
21 terminology that you're all going to be ruminating.

22 The organization started with the general
23 dissatisfaction of a lot of PAs on the use of the term
24 "assistant" to describe our profession, essentially as
25 being demeaning and not real reflective of the level

1 of practice of somebody who is licensed and trained to
2 practice medicine for the most part at the master's
3 level across the country now. And this advocacy group
4 grew and then began to take on a greater role in terms
5 of representing what we found to be the sentiments of
6 a lot of PAs across the country.

7 One number I can provide is that when the
8 petition first went out to see how many PAs were
9 interested in creating a new title for the profession,
10 over 6,000 responses were sent in to the American
11 Academy of Physician Assistants, and to give this some
12 perspective, that was greater than the turnout of the
13 most recent AAPA general election for the board of
14 directors. So there is a strong urge on the part of
15 PAs nationally to modernize our terminology, so I
16 wanted to preface it with that and commend the work
17 that you all are undertaking.

18 As part of that organization, I had a
19 chance to sit at a booth at the most recent national
20 conference that we had in D.C. this past May, and PA
21 after PA that came up to us to talk to us about what
22 we were interested in and what they were interested in
23 all were discussing the same things we're discussing
24 today, which is the idea of supervision and what that
25 means, again, the title "assistant," and I think the

1 overarching idea that we practice medicine -- that
2 we're professionals that practice medicine, which
3 sometimes gets lost in -- when we use terms like
4 "assistant" and "supervision" and "control of PAs."

5 So if I can offer anything, maybe it's a
6 little bit of an idea of what PAs across the country
7 foresee as the future state for our legislation and
8 terminology.

9 In the beginning of the meeting this
10 morning the comment was put out that, you know, are
11 PAs oversupervised or undersupervised, and I'll have
12 to ask from some feedback on you. It was my
13 understanding that once a physician assistant is
14 certified, their practice arrangement is one of a
15 sponsoring physician and a supervising physician, so
16 I'm not really sure where that currently stands with
17 what you're working on, but perhaps in the future
18 discussions and the way this is written, that the use
19 "sponsoring" -- excuse me -- the term "sponsoring
20 physician" could be used instead of "supervising."

21 The way that PAs are practicing
22 nowadays -- and you'll have to just take this for what
23 it's worth for -- from anecdotal discussion with
24 hundreds of PAs -- that they are not being supervised
25 in a way that really respects what the word

1 "supervise" means, and to the public the term
2 'supervision' portrays someone watching over your
3 shoulder and ordering every single thing you do.

4 And in line with that, I have to admit,
5 and I'm -- I'm new to what's going on here, but the
6 change made practice plan, which, in my mind, is a --
7 something that outlines the PAs' practice of medicine,
8 which they're licensed to do in the state, to go from
9 that to a delegation agreement, which, again, a term
10 that implies a -- one person delegating duties to
11 another, seems regressive. It's just my opinion from
12 observing that today.

13 MR. CONCANNON: Seems what? Regressive?

14 MR. ANDERSEN: Regressive.

15 MR. CONCANNON: Regressive. Yeah.

16 MR. ANDERSEN: The AAPA as of late, and
17 this was even stated at the recent national conference
18 in D.C., is indicating that they are wanting to move
19 away from the term "supervision," and I think all of
20 this kind of -- it all congeals together in terms of
21 how we are going to represent ourselves from a
22 language standpoint.

23 So I would hope that in your discussions
24 here afterwards that we can bear in mind that -- in my
25 opinion, unfortunately, because the -- some of the

1 states and some of the national organizations that
2 are -- represent PAs still adhere to an older vision
3 of what PA practice is. I don't know how much of that
4 reflects the reality of what's going on with real
5 modern PA practice. So I would ask that you keep that
6 in mind.

7 And I'd also like to endorse what others
8 have mentioned here, which is about -- in terms of
9 supervisory ratios and scope of practice and authority
10 for duties, that the only way this really seems
11 appropriate is that if everything is determined at the
12 level of practice by the physicians that are
13 practicing in collaboration with PAs and not by a body
14 external to that, that is not really aware of the
15 capabilities of that individual PA.

16 That's all I have to say.

17 DR. MARKEGARD: Thanks for your comments.

18 Likely we're not going to change anything
19 regarding the naming of your profession. Likely
20 you're going to have to cover that with WAPA, and also
21 like MEDEX, school for physician assistants. So if
22 you go to a school for physician assistants, likely
23 that's the title you're going to come out with. So
24 that I'm sure will be changed on a different level.

25 As far as practice plans go, I definitely

1 agree with, you know -- we're amenable to changing
2 "practice plan" to "delegation agreement," if that
3 language seems more progressive. I just think that's
4 fine.

5 It seems as though in the laws that -- or
6 the rules we're working on, there's already language
7 and verbiage in there that allow for PAs and -- or
8 physicians to supervise more than, you know, five PAs.
9 All you have to do is put that into the plan.

10 I think most importantly with these
11 rules, in changing the rules, is to make it easier for
12 a physician assistant to get their supervising MD
13 provider and supervising DO provider to have it
14 transferable and easier.

15 It doesn't make sense, I agree, that it
16 takes longer for a PA to get licensed or approval by
17 the DO Board versus the MD Board. So certainly I
18 think we need to put a lot of focus on that to make
19 sure that there's more reciprocity with that approval
20 from the boards.

21 But thank you for your comments.

22 MR. ANDERSEN: Thank you.

23 And just to clarify, I was -- you know, I
24 think that "delegation" is probably a less appropriate
25 term than something that implies practice, because the

1 practice of medicine what is we engage in as PAs. And
2 it's the -- to jump from a supervisor ratio of five to
3 infinite, if that's possible, that requires an
4 additional application to the State, correct?

5 MS. CARTER: It requires approval, yeah.
6 It does require approval by either the Board or the
7 Commission to go above that threshold.

8 MR. ANDERSEN: So I was just my -- I
9 think my point was that the more progressive stance to
10 take would be to have it be -- the default be that the
11 ratio of supervision be determined at the practice and
12 not require an additional application.

13 DR. JOHNSON: So thanks for your
14 comments.

15 The questions I have are that the
16 document that we're going to produce is not archaic
17 like Wendy, 39 years, nothing's changed much, kind of,
18 to not only something to reflect current practice but
19 anticipate changes in practice ahead so that there's
20 some room for changes.

21 A couple years ago at our MQAC retreat,
22 national PA people were here, and there was some talk
23 about subspecialization PAs, subspecialization
24 certification in PAs, and Ellen Harder and I had long
25 talks about that. She was very much against the

1 concept. She pulled she aside, and in her good way of
2 saying, "Mark, that should never happen," you know.
3 But that's a different reality, perhaps.

4 And so not necessarily from you but from
5 all the people interested, I'd like some thoughts
6 about that over time.

7 And the other is what does a master's
8 certification truly mean today and what is an
9 implication that PAs might think it means into the
10 future. And I'm really leading into the question is:
11 Is there an expectation of independent practice
12 someday, and are there other states that allow
13 independent practice of MEDEX PA-level people in --
14 that we might be told about? Is that an expectation
15 from PAs into the future, that they have independent
16 practice?

17 MR. ANDERSEN: So the last question is
18 easy, which is no, there's no PAs anywhere that
19 practice independently.

20 Going backwards, I'm not sure what the
21 specific question is about specialty certification.
22 It's already a process put in place in terms of what's
23 known as a CAQ, a certificate of added qualifications,
24 which is -- requires multiple components but it's a
25 recognition of practicing a specialty in addition to

1 an exam. But not mandatory, obviously.

2 Personally, I'm in favor of it because
3 it's some -- at least some sort of objective measure
4 of core knowledge base and competency, which only
5 benefits the PA going into the practice and the
6 practice that's hiring them.

7 And in regards to independent practice,
8 I'm friendly with, through this organization, a lot of
9 PAs that work in primary care, and I can certainly
10 relay their frustration with -- after 10, 15, 20 years
11 of unblemished practice, that there are still legal
12 restrictions in terms of supervision, and the ability,
13 perhaps, in different states to open their own
14 practice, and even try to retain under maintaining a
15 state relationship with a physician so that there is
16 certainly some degree of collaborative oversight
17 there, in order to control their own destiny and serve
18 a population.

19 So it would be a lie to say that there
20 are PAs out there that aren't pursuing it and wouldn't
21 support it, and, to be honest with you, knowing the
22 competency of those PAs, I -- I can't say I disagree.
23 I'm an inpatient specialty PA. I'm a colleague of
24 Mary's over at Virginia Mason. That doesn't apply to
25 me, so I have no dog in that fight, but I can

1 understand where they're coming from and I think it's
2 appropriate.

3 DR. JOHNSON: Thank you.

4 MS. SCHIMMELS: So I just want to
5 clarify. So you're saying that you actually -- you --
6 you think that a fair amount of PAs want to have
7 independent practice? Is that what you -- is that
8 what I understood you to say?

9 MR. ANDERSEN: I don't know if that's the
10 right way to characterize it. I think it's -- it's
11 certainly specialty specific, because I have no desire
12 or need for independent practice as an inpatient
13 surgical PA, so I think it relates to what field those
14 PAs are in and what their unique market is of where
15 they practice.

16 MS. SCHIMMELS: And do you know if
17 there's any data for that that backs that up? Do you
18 know where that comes from?

19 I'm just asking because I'm --

20 MR. ANDERSEN: In terms of who's desiring
21 it?

22 MS. SCHIMMELS: Yeah, who's desiring
23 that? Because I've never -- I'm not familiar --

24 MR. ANDERSEN: No, like I said, this is
25 all anecdotal from my discussions with other PAs.

1 MS. SCHIMMELS: Okay. So --

2 MR. ANDERSEN: I can't give you --

3 MS. SCHIMMELS: Okay. Because I've been
4 involved a lot with the AAPA and WAPA and other groups
5 and never have heard -- I mean, as far as I know,
6 there's no push for any PA groups to be independent.
7 I mean, the whole --

8 MR. ANDERSEN: It's not a organizational
9 movement, and I would reckon that the people that are
10 involved in state and national organizations are not
11 going to be the ones that are pushing for that.

12 MS. SCHIMMELS: Is that part of the PAs
13 for Tomorrow group? Are they pushing for the
14 independent practice?

15 MR. ANDERSEN: No, but one of the things
16 they're really pushing for is take -- trying to
17 recognize any legislative barriers that are in place
18 that have not been shown to improve public safety or
19 enhance access to patient care or enhance PA practice
20 should be removed unless there's evidence to prove
21 otherwise.

22 MS. SCHIMMELS: Okay. Thank you.

23 MR. ANDERSEN: Thank you.

24 MS. CARTER: We have time for a couple
25 more questions -- or, sorry, comments.

1 Go ahead.

2 MS. DALE: Although I respect the
3 previous speaker's opportunity to talk and submit his
4 opinions, I just want you to know that he had 6,000
5 that were addressing the name change, and we have over
6 70,000 PAs in the United States, and it was decided at
7 national level at the House of Delegates to remain a
8 physician assistant. So I would like you to know that
9 WAPA would not request that name change.

10 Also, there was a question about the
11 master's degree, and the gentleman didn't answer, and
12 I feel like I would like to address that, because the
13 profession is moving to the master's degree. Not that
14 we feel that there is additional need for education,
15 because the type of education a physician assistant
16 receives is at that level. However, recognizing,
17 again, 39 years ago many did not have the formal
18 academic education, a lot of PAs were given
19 certificates, and then it became bachelor's degrees,
20 and now the profession is moving to a master's degree,
21 and I have to say it's basically for those HR
22 representatives in areas like -- well, Group Health
23 now recognizes it, but to put us more on an equal
24 footing with someone who just looks at a master's
25 degree, which maybe a nurse practitioner might have,

1 as opposed to a certificate that a PA might have, and
2 assume that the nurse practitioner might have more
3 education.

4 So even though we as a profession are
5 moving to a master's degree, most of us don't feel
6 that it's going to change the type of education we
7 have, other than maybe giving an opportunity for some
8 research to get that degree.

9 So I just wanted to express to you that
10 we will be moving to a master's degree, and I think --
11 don't hold me to this, but I think it's by 2020. And
12 all new programs that are entering have to be at a
13 master's level.

14 DR. JOHNSON: So thanks for that
15 clarification.

16 Do we need to incorporate that in the
17 rule-making differen -- do we need to differentiate a
18 PA-C from a master's in our current --

19 MS. DALE: No, I would not, because we
20 don't know yet how previous PAs are going to be
21 grandfathered in or what's going to happen, and I
22 would hate to put something in a rule saying you have
23 to have a master's degree, and that person, who is
24 maybe in Republic, Washington, or wherever, and has no
25 access to that academic institution to gain that

1 degree. You would put them out of business. So I
2 think -- we need to just concentrate on PA certified.

3 Thank you.

4 DR. JOHNSON: Thank you.

5 MR. URAKAWA: I'd like to respond to
6 Dr. Johnson's comment.

7 A couple things that WAPA has done. One
8 of them is we've made the stand the hallmark of the
9 excellent relationship we have with docs is because we
10 have that relationship. Not because we're independent
11 practitioners but that we have that cooperative
12 relationship. We are not advocating splitting out to
13 be independent practitioners. We don't want to be
14 doctors of nursing; we don't want to be anything but
15 PAs working with a supervising or sponsoring
16 physician.

17 Second thing is, people who get a
18 certificate of additional qualification, there are
19 limited number through the National Commission on
20 Certifying PAs, but they are specialty areas, but they
21 still have to pass the basic PA requirement for
22 certification, and then they get additional for the
23 specialty. So it isn't like you get specialty and you
24 forget about the basic. Okay?

25 DR. JOHNSON: I understand.

1 The reason I'm even bringing it up is
2 because those issues have been -- we hear about -- and
3 I want to make sure that that is talked about, that
4 your group is allowed to -- that's what we need, is
5 your input on these, to make sure we don't limit this
6 or put stuff in that's unnecessary, like the master's
7 program right now.

8 Thank you.

9 MR. URAKAWA: Thank you.

10 DR. JOHNSON: Thank you for your
11 comments.

12 MR. CONCANNON: Let's see. Linda Dale
13 brought up and Dr. Markegard made reference to the --
14 what is it, the time lag that it takes for practice
15 plans to be approved?

16 Was the issue that it takes longer at the
17 Osteopathic Board?

18 DR. MARKEGARD: Yes, and also the
19 applications are different also. It seems as though
20 we can have better collaboration on putting forth an
21 application that is similar or the same, asking the
22 same questions, offering the same fee, and perhaps
23 getting that moved through a little bit quicker.

24 So then if I -- currently in my office I
25 have -- there's MDs and a DO, and then if my PA is

1 signed with the MD, if he retires, then he will likely
2 have to be signed under me. Well, then, I want to
3 make sure that happens, you know, seamlessly.

4 MR. CONCANNON: Are there physician
5 assistants that are licensed by both the Medical Board
6 and the Osteopathic Board?

7 MR. URAKAWA: Yes. I am.

8 MR. CONCANNON: Ah. So you -- and,
9 therefore, you could have a sponsoring DO and a
10 sponsoring MD?

11 MR. URAKAWA: Correct.

12 MR. CONCANNON: And you do.

13 MR. URAKAWA: I have both.

14 MR. CONCANNON: And you have both.

15 And that -- and that becomes cumbersome
16 primarily because you have to pay two license fees?

17 MR. URAKAWA: Correct, and it's quite a
18 bit higher on one side.

19 MR. DICKSON: But also, you know, when I
20 worked in emergency medicine and all of a sudden I'm
21 under the MD supervision, and all of a sudden I look
22 around and go, "Oh, my god, we only have three DOs
23 working. I'm not being supervised, quote, as an MD,"
24 and so I even know that rule. So if something
25 happened, I guess the State could come after you.

1 But it doesn't make sense to me to say
2 that you have to -- and I know that, you know, there's
3 always this conflict between the two, the MDs and DOs.

4 MR. CONCANNON: And to be clear on the
5 topic earlier with the podiatrist, a podiatrist could
6 have a PA working for her --

7 MR. DICKSON: No. Currently they cannot.

8 MR. CONCANNON: Wait. A podiatrist could
9 have a PA working for her as long as that PA had a
10 physician sponsor?

11 MR. DICKSON: No. No. PAs do not work
12 for podiatry or chiropractors or naturopaths. That's
13 just --

14 MR. CONCANNON: Just can't do it?

15 MR. DICKSON: And they actually --
16 last -- or two years ago I was president of WAPA, and
17 they actually approached me, and I looked into it, and
18 our national organization said no.

19 MR. CONCANNON: Yeah, because I thought I
20 had seen a case recently where PAs are working in a
21 chiropractor's practice but they have a physician
22 sponsoring them on the outside.

23 They're doing it -- they're doing it, but
24 you're saying that's -- as far as --

25 MR. DICKSON: We're also not allowed to

1 manipulate, for example, unless you work for a DO --

2 MR. CONCANNON: Oh, no, no. I'm saying
3 the PA -- they happen to be working in the same
4 practice, not doing chiropractic work. But they
5 happen to be employed by the chiropractor, even though
6 they're sponsored by a physician down the road.

7 MR. DICKSON: Well, it's just like, for
8 example, a PA can own a practice and have a physician
9 as the supervising --

10 MR. CONCANNON: Well, that's -- maybe
11 they can't, and it seems like a conflict of interest
12 by definition. If your supervisor is the person you
13 can fire, how can they supervise --

14 MR. DICKSON: But even in Washington
15 there are several.

16 MR. CONCANNON: Go ahead.

17 MR. MARSH: Blake Marsh, executive
18 director of the Osteo Board.

19 I just did want to jump up, since we were
20 talking about this, and share a piece of information.
21 It's more just because -- it's as much for your
22 benefit as it is because we have a great cross-section
23 of PA leadership in the room, that I -- Randall had
24 mentioned that historically the Osteopathic Board has
25 had a \$70 practice plan or review fee, and I wanted to

1 just share some good news, that we recently rescinded
2 that \$70 fee specifically because the Osteopathic
3 Board, you know, has been well aware of the fact that
4 there are, you know, barriers that exist in terms of
5 licensing and in terms of supervision, you know, that
6 impair the ease of PAs being able to move back and
7 forth. So as of the first of the year, 2014, that \$70
8 fee will go away.

9 MR. DICKSON: Great.

10 DR. GREEN: So, Randy, can I ask you a
11 question?

12 Can you explain briefly how your
13 arrangement works at Group Health? I should probably
14 know but I don't.

15 In terms of your ability to work in one
16 place versus another, which is a problem that's been
17 brought up here.

18 MR. DICKSON: Well, a couple things. The
19 ratio, for example -- you know, there's a -- in my
20 practice that I'm actually -- forget the whole Group
21 Health, but just in my urgent care, there's 11 PAs and
22 there's 20, 25 physicians. So there's never 11 PAs
23 working at one time. Never, ever. And that's true
24 with most groups.

25 And so -- Wendy was talking about that.

1 So why couldn't a physician have 11 PAs supervising?
2 They're not all working at the same time. So that's
3 one thing.

4 The other thing is in Group Health,
5 especially in the family practice group -- I'm not in
6 family practice. I mean, I basically do it in urgent
7 care, but in the family practice, you know, all of a
8 sudden they go, "Oh, there's" -- "we're short two PAs
9 today. Is there anyone that can fill in?"

10 Well, you can't, because you're not
11 under -- under that physician.

12 I have a physician that works in urgent
13 care that is my supervising physician, but if I decide
14 to go to Tacoma to work, I need a new supervising
15 physician.

16 And so Group Health was saying -- we work
17 under the corporation, and we also have a, you know,
18 medical director, and we have ways of supervising, you
19 know, through -- with our colleague -- our physician
20 colleagues, as well as, you know, they do, you know,
21 like I said, 10 charts per month, and we're always --
22 they're always available to speak to. No matter even
23 if you're by yourself, there's always someone to call,
24 24/seven.

25 DR. MARKEGARD: So at your urgent care,

1 your supervising physician can apply for a practice
2 plan, delegation, that states, you know, "I have 11
3 PAs listed here, but it's not going to be likely that
4 they will all be working at the same time. The most
5 likely scenario is I see having four or five PAs
6 working at the same time," and that gets reviewed and
7 approved and then it's not a problem?

8 MR. DICKSON: But it's still a -- it's a
9 hoop you got to go through. It's not something you
10 can write in one sentence. You have to apply and, you
11 know -- it's just more hoops. So why not let the
12 practice decide.

13 I know it's a long out, and we're only
14 allowed five, but -- but that could be a rule that you
15 could -- a rule that you could change that, you
16 know -- on top of what we have already.

17 DR. MARKEGARD: And a rule to change that
18 you don't have to have it approved by the Board, that
19 you just keep the practice plan on-site unless there's
20 a problem or complaint by the public?

21 MR. DICKSON: We tried that last year --
22 or last year we tried to change the law to state that,
23 and we got some -- how do we say it, Linda? -- some
24 resistance from various boards and stakeholders in the
25 State, because -- because I think it's more because of

1 understanding how we actually operate.

2 And Matt brought that up as well.

3 DR. JOHNSON: So I have a question that
4 goes back to the old rules that we are referring to
5 and trying to change in the future. There is a lot of
6 verbiage that has to do with cosmetic surgery, laser
7 light applications and stuff. Is that -- are those
8 paragraphs necessary?

9 If we're changing -- if we have a
10 delegation agreement where the scope of practice of a
11 provider physician and the PA are in --

12 MR. DICKSON: I personally --

13 DR. JOHNSON: Is there a something that's
14 necessary in new rule making?

15 MR. DICKSON: I think it should be
16 deleted, because it's up to your supervising physician
17 or your -- to delegate what you can and cannot do,
18 within the -- within the laws, you know.

19 DR. JOHNSON: I understand.

20 So is there any reason in our new rule
21 making to ferret out certain technical interventional
22 things that we should be thinking about in new rules
23 that are pertinent, to protect both the PA and the
24 supervising physician --

25 MR. DICKSON: And the patient.

1 DR. JOHNSON: You understand where I'm
2 going with this?

3 MR. DICKSON: Absolutely.

4 DR. JOHNSON: So we need some
5 thoughtfulness that your group can come back with
6 some, you know -- if there is something that we should
7 have in the rules or shouldn't have in the rules, we
8 need to know those things.

9 MR. DICKSON: Okay.

10 DR. GREEN: Thank you.

11 MR. WOOD: Hello. David Wood again.
12 Practice in Ellensburg.

13 Just to address the delegation plan that
14 you guys were talking about earlier. I just want to
15 give an example of something similar to Group Health
16 but something that happened in a rural setting. So my
17 normal position is in family medicine at a rural
18 health clinic in Ellensburg, and it's owned by the
19 hospital there. The hospital also owns urgent care in
20 upper Kittitas County that's only staffed by a PA
21 after hours. And that's the only medical care that's
22 available in that community after hours.

23 I was asked -- since the hospital owns
24 the urgent care, I was asked to do an urgent care
25 shift when somebody called in sick. I was not allowed

1 to do that because the practice plan had to be changed
2 because the supervising physician for the urgent care
3 is different than mine in family practice. And so --
4 so that evening there was no coverage for that urgent
5 care and, therefore, you know, the 5,000 people that
6 live in upper county did not have healthcare for that
7 night.

8 And so I would respectfully urge the
9 committee to look at having the practice plan approved
10 at the facility or at the site and then submit it to
11 the Commission to review.

12 If something's odd at that point, then
13 obviously that can be pulled back, but if I was -- if
14 that was the case a year ago, when I was working at
15 urgent care, then I would have been allowed to move
16 from family practice to staff at urgent care for that
17 evening. Therefore, I had to wait for approval from
18 the Commission to do that in the future.

19 DR. MARKEGARD: And just for
20 clarification, David, then you propose that in that
21 setting the supervising physician of the urgent care
22 can write out the practice plan, keep that on-site,
23 you go and do your shift, and then the next -- the
24 following morning that practice plan gets, you know,
25 sent to the Board for review, and we say great or

1 that's fine, but, you know, maybe -- make changes for
2 this to happen again in the future.

3 MR. WOOD: Correct.

4 MR. DICKSON: Or just have -- you know,
5 say his root, hospital X, all the PAs are under
6 hospital X.

7 MR. WOOD: Because they're all employees
8 of the hospital.

9 DR. MARKEGARD: So you're almost
10 suggesting a practice plan kind of verbiage that --
11 for a hospital group -- practice group versus a solo
12 practice or, you know, small group practice.

13 MR. WOOD: But I think it would be
14 applicable for Wendy's situation, where she wanted to
15 also, say, work at the free clinic. Instead of having
16 to wait for that practice plan to be approved, she
17 already has approved practice plan, she's already
18 licensed in the state to practice as a PA. Therefore,
19 she should be able to formulate that practice plan
20 with her supervising physician and then submit it to
21 you guys to review, not necessarily approve, before
22 she actually does that.

23 MR. DICKSON: That was originally what we
24 wanted the law to say. Let the practice do the plan.
25 Once between the PA and the doc or the group, then

1 they would say, "Okay, we agree. Submit it. I can
2 work today." And you guys look at it. If there's
3 some problem, like you were mentioning, that you're
4 saying, "Well, wait a minute. I don't understand
5 this," you can still question it because it's not
6 following the laws or the rules, but we don't have --
7 we can work right away, and everyone wins that way.

8 DR. MARKEGARD: And playing devil's
9 advocate, I'm sure Wendy is a fantastic provider, but
10 let's say she and her -- at the volunteer clinic they
11 scratch up that plan and keeps it on the site and
12 they're going to submit it at a later date, but before
13 that's actually approved by the Board, then there's a
14 negative outcome at the clinic and a complaint towards
15 Wendy at that site, the volunteer site, for which she
16 hasn't been technically approved.

17 MR. WOOD: Well, she's already licensed
18 by you guys, so she's already -- you're already under
19 her jurisdiction for that incident.

20 And then, you know, again, I would say
21 that if you have something in the rules that say, you
22 know, the practice plan needs to be submitted within,
23 say, 72 hours, therefore you're still covered legally,
24 I would expect, but also be able to not hinder her
25 being able to practice.

1 Because she's already licensed, so it's
2 not a new licensee. That would not -- I don't think
3 that would be appropriate for a new licensee, but
4 somebody who's already been approved by the Board to
5 practice, that would be a reasonable request.

6 DR. MARKEGARD: Thank you.

7 DR. GREEN: So is it the case that when
8 these situations arise where you have work in a
9 different location than you normally do, that that's
10 completely unanticipated?

11 In other words, is there any way of
12 dealing with the problem prospectively and creating a
13 single practice plan that you may have the potential
14 for alternative practices or different sponsoring
15 physicians?

16 In other words, can't that be in a --
17 does anybody know the answer to that?

18 MS. CLOWER: I know that Micah has gotten
19 some information from --

20 MS. DALE: If we practiced in a silo,
21 that would probably be fine, but if you practice where
22 the different positions are coming and going, you
23 couldn't just -- I mean, you could send in your
24 original delegation agreement with all the alternates
25 listed, you know, 15, 20 of them. But when that

1 move -- when those doctors move or they're not at that
2 site, then it -- you know, it may not be clear as to
3 who, you know, you would be practicing under.

4 MS. CLOWER: There are some states that
5 the nurse practitioners and the physician assistants
6 are working under chief medical officer and the
7 different doctors figure it out, so it's like the
8 institution is the supervising physician of the PA.

9 MR. WOOD: I don't think the institutions
10 realize that, though, to some degree. They're not
11 sure about the legality of that.

12 MS. CLOWER: Right.

13 MR. WOOD: Including my own hospital.
14 It's the same issue.

15 MS. SCHIMMELS: Well, I can say that in
16 my practice I have one physician and two PAs, and when
17 my doctor is on vacation the medical director becomes
18 my supervising physician. We just have that written
19 into the practice plan that he becomes my backup.

20 And so far it's worked out for the last
21 10 years that neither one of them are taking vacation
22 at the same time, so it does work out that way.

23 MR. WOOD: We tried to anticipate that.
24 Actually, we've written that now whenever you are
25 hired by our hospital as a PA, they try to list any of

1 the contingencies of where you might practice, but
2 it's definitely not -- you know, before -- prior to me
3 coming that was not something that had happened
4 before.

5 DR. GREEN: So do you -- or does anybody
6 else know of any situation where people have created a
7 generic sponsor, so that you don't name the specific
8 physician but if you may practice in different
9 locations, as long as there's a physician that
10 qualifies as a sponsoring physician and meets the
11 generic criteria, that then you're covered that way?

12 MR. DICKSON: There's 36 states that
13 don't require this -- that don't require the Board to
14 preapprove, and so the majority of states just say you
15 have to have a practice plan, but you do it at your
16 practice.

17 DR. GREEN: You let them work it out
18 there?

19 MR. DICKSON: Yeah. And you're still
20 covered under the law. You still can't break the law.

21 DR. GREEN: Gotcha.

22 MR. DICKSON: So one more thing on the
23 practice plan is just also if we had electronic means
24 of saying, boom, here it is, you guys look at it and
25 send it back immediately, it would save a lot of time.

1 DR. GREEN: That came up this morning, by
2 the way.

3 MR. URAKAWA: And also the delegation
4 agreement, you have to list a MD or DO based on which
5 delegation agreement you're filling out. It doesn't
6 give you the option of saying chief medical officer or
7 CEO or all the staff. You have to list them
8 individually.

9 MR. CONCANNON: Back to Dr. Johnson's
10 question. Since we have everybody who is anybody in
11 this room when it comes to the PA business, you've got
12 rules here that are focused on nonsurgical medical
13 procedures, laser light radiofrequency and plasma
14 devices, all the things that PAs have to do in order
15 to do this sort of surgery. Does anybody know any
16 reason for any of this stuff to be in here?

17 MR. URAKAWA: So the comment is, that
18 document you're reading is a work in process, so some
19 physician says, "My colleague, my competitor, has
20 their PAs doing light or laser therapy. They
21 shouldn't do it." They bring it up, the law gets
22 passed, it gets written in, PAs cannot do that.

23 That's not a general across-the-board
24 statement. It's directed at specific complaints that
25 get passed through the legislative process.

1 MR. DICKSON: These are rules, though,
2 not laws.

3 MR. CONCANNON: These are existing rules.
4 Are there reasons for these rules, that you're aware
5 of? Anybody?

6 Are there reasons --

7 MR. URAKAWA: Only previous complaints
8 from other medical providers.

9 As far as the regulations are concerned,
10 it's very clear that as a PA we only can do the same
11 type of work within the same scope as our supervising
12 or sponsoring physician. So if they do light therapy,
13 then we should be able to do it, with the appropriate
14 training and supervision.

15 MS. SCHIMMELS: I think part of it was to
16 prevent physician assistants from going and working in
17 medi spas, and possibly unsupervised. Am I right,
18 Maryella?

19 MS. JANSEN: You're correct. And it was
20 patient safety issues, because there was actually
21 patient harm in some of these medi spas, and I don't
22 think that any practitioner who is a PA or an MD would
23 want to be in violation of those rules.

24 MR. CONCANNON: But, I mean, on a
25 continuing basis is there a reason to have those

1 rules, from what you can remember?

2 MS. JANSEN: I think that's a huge
3 discussion that we need to have, because the
4 Commission worked for years to get those rules in.

5 MR. CONCANNON: Ah. All right.

6 MS. CARTER: And one thing that the laser
7 rules allow is allow the PA to delegate some of those
8 tasks too, which I think would be important.

9 MS. SCHIMMELS: Right, because in some
10 places a PA is delegating an RN or someone else.

11 MR. NELSON: Carl Nelson, this time
12 representing WSMA.

13 So there -- as luck would have it, I got
14 delegated to go to an esthetician rule-making meeting
15 last week. And there is a provision in the new bill,
16 House Bill 1779, I believe, that calls for master
17 estheticians to be supervised when they're doing those
18 types of light, radiology, those types of things,
19 those things that they do. To be supervised by a
20 physician, physician assistant, nurse practitioner,
21 within the rules adopted by their regulating body. So
22 there -- I understand there are rules, and I don't know if
23 it's the same rules that you're talking about, that
24 the Commission has adopted. I'm not sure if the
25 Osteopathic Board has yet or has not yet.

1 MS. CARTER: They have.

2 MR. NELSON: Okay.

3 So anyway, so maybe there's a nexus
4 between all of that stuff. At any rate -- but I don't
5 know -- I don't know the answer to that, but it --
6 it's something that's emerging if it's not already --
7 that folks will be involved in some way, shape or
8 form.

9 It's a very messy process for regulating
10 those people, because now they have not only
11 regulation by Department of Licensing, but there's
12 somehow medical, nursing, osteopathic input on their
13 regulation as well.

14 DR. JOHNSON: But that's a work in
15 progress, you say?

16 MR. NELSON: I guess. Their rules are
17 not done yet, so -- yeah. I --

18 Now, I know that you folks have some
19 rule -- rules that are applicable -- both boards, I
20 guess, have rules that are applicable to that
21 particular situation. This may or may not be related.
22 I really don't know the answer. But it's possible it
23 could be. In terms of PAs.

24 That's my two cents on that.

25 DR. GREEN: Thanks, Carl.

1 So I'd like to ask the audience a
2 question. One person is here from Ellensburg. Is
3 there anybody else from the other side of the
4 mountains here?

5 MS. DALE: I'm from Yakima.

6 DR. GREEN: Oh, that's right. I'm sorry.
7 I forgot.

8 So there is a time when we're supposed to
9 stop, and we have some other business to go to. There
10 are going to be some more of these sessions scheduled
11 for the same purpose, which was to get input, and I'd
12 like to ask any thoughts that you have about doing
13 this in person versus doing it face-to-face in a room
14 like this, and whether one is preferable to the other,
15 in your estimation.

16 MR. CONCANNON: In person is
17 face-to-face.

18 MS. SCHIMMELS: You mean versus webinar?

19 DR. GREEN: Versus webinar or --

20 MR. CONCANNON: All right. Move along.

21 DR. JOHNSON: You have to remember, he's
22 an orthopedic surgeon.

23 DR. GREEN: That's why I have a flat
24 forehead.

25 MR. CONCANNON: Does anybody have

1 opinions as to the -- as to the value or the lack of
2 value of webinars versus in-person meetings?

3 MS. DALE: I'm just kind of
4 old-fashioned, so if you have it I will come.

5 DR. JOHNSON: Should we come to eastern
6 Washington and have a -- find a site, you know?

7 I suspect there's maybe more remote site
8 practices there that would be impacted. So that's
9 one -- that's I think what we're trying to ask, is --

10 MS. DALE: Yes, I think so.

11 DR. JOHNSON: -- what benefit would it
12 be, and would people come?

13 MS. DALE: Yes, I believe they would
14 come.

15 DR. JOHNSON: And it would be helpful.

16 DR. GREEN: Randy, did you have a --

17 MR. DICKSON: Why couldn't we do both?
18 Have a live meeting and then have somebody in eastern
19 Washington with, you know, video. I see that all the
20 time. It would be a lot cheaper.

21 DR. GREEN: Yes. All right.

22 Heather, do you want to --

23 MS. CARTER: Well, I think we were going
24 to --

25 DR. GREEN: -- explain the process

1 further from here?

2 MS. CARTER: Yeah. We were going to talk
3 about some possible dates, locations, and whether or
4 not those would be webinar, if people want to -- the
5 nice thing about webinar is people can attend at their
6 own computer, at their own home, so it's audio, and
7 then you would see an e-PowerPoint or a document that
8 would be --

9 MR. CONCANNON: And do you need a
10 computer or could you just dial in an 800 number?

11 MS. CARTER: You could listen on the
12 phone, I believe --

13 MR. CAIN: You can listen and participate
14 over the phone, so --

15 MR. CONCANNON: In other words, there's
16 no distinction between a computer and a phone?

17 MR. CAIN: Well, there is -- there is, in
18 that -- so you'd see the PowerPoint over the computer.
19 If people are typing questions in, then those will
20 come up through the computer. Anyone who is
21 talking -- so you can do both. You can be on your
22 phone, following along on the computer.

23 MR. CONCANNON: I see.

24 MR. CAIN: And up to 500 people can --

25 DR. JOHNSON: I'm old-fashioned.

1 Watching your expressions, seeing your body language,
2 your frustrations with us --

3 MR. CONCANNON: Makes me depressed.

4 DR. JOHNSON: Yeah.

5 But I have -- I think face-to-face --
6 this is really important work that we're doing. I'm
7 not saying not to do a webinar, but one of our early
8 conversations -- again, this is our first meeting.
9 You have to really understand that we didn't even know
10 how this was going to work out.

11 I've felt for a long time that we ought
12 to have a face-to-face and visibility in eastern
13 Washington somehow somewhere that could be webinared
14 back to western Washington, but I think it's really --
15 in my perspective, it's real important to get
16 involvement of the players.

17 And I hope that we get some supervising
18 docs to get involved too, Carl, you know. You're
19 representing two sides. Because it's impacting -- it
20 will impact them too. And institutions, Randy,
21 like -- the institutions give us some feedback.
22 Because these rules are real important, and we take it
23 seriously what we're doing today.

24 MR. CONCANNON: Heather is probably
25 interested in trying to schedule a webinar for

1 December, right?

2 MS. CARTER: Yeah.

3 MR. CONCANNON: Or talk about dates?

4 MS. CARTER: Right, let's talk about
5 dates.

6 I know -- if staff could help me out.
7 You already have one date booked in Kent for a live
8 meeting.

9 MR. CAIN: We have the room booked.

10 MS. CARTER: Okay. So we're looking
11 at -- it's not confirmed or completely solid, but
12 we're looking at February --

13 MR. CAIN: 12. February 12.

14 MS. CARTER: February 12.

15 MS. KITTEN: Right. And that's -- we
16 were looking at possibly, you know, some dates in
17 December or January to do some webinars, possibly, to
18 just kind of, you know, continue the process. You
19 know, we can still, you know, easily get comments, and
20 they're recorded, and then start having -- using
21 webinars just kind of as a basis to get started, to
22 continue this process, especially with the weather,
23 you know, possible inclement weather, and the cost
24 with the limited budget, that was allowed per 1737.
25 And then start having, of course, more workshops in

1 person as we started doing more drafting and looking
2 at language.

3 And, of course, the hearings would all be
4 in person. And then at locations that can be decided.

5 MR. CAIN: We have the capability too
6 to -- if we wanted to do -- I think Kent does, I know
7 Tumwater does, where you can have a live meeting there
8 and then have people over in Spokane or Yakima and
9 videoconference them in. So those are all options.

10 But as far as gathering comments and
11 making it convenient for people so that we can get
12 some documents started, I think that in December or
13 January, like Julie said, because of weather and other
14 things, going ahead and scheduling a webinar is a good
15 idea. But -- that's my two cents.

16 MR. DICKSON: A lot of you have asked for
17 specifics and things like that. Who do we send it to?

18 MS. CARTER: Okay. So for --
19 Do you have it up on one of the slides,
20 Brett, where --

21 MR. CAIN: In the handouts.

22 MS. CARTER: Oh. On the last page of the
23 handouts. And I -- we can get it to you if you --

24 MS. CRAIG: And we're going to set up
25 special e-mail boxes at Department of Health just for

1 comments.

2 MS. CARTER: So we welcome, you know, any
3 documents, any drafts or ideas of proposed rules. We
4 welcome any of that. Any other -- I know we heard
5 about the six key elements document. All of those
6 things would be helpful to consider.

7 And on the last page of the handout there
8 is a Web -- or an e-mail address where you can send
9 those. You can also contact program staff and submit
10 that to them.

11 MR. CAIN: You can contact us.

12 MS. KITTEN: Brett or myself. Because it
13 sounds like we are going to try to get a specific
14 e-mail address for these rules.

15 MS. CARTER: If you can't hear, everyone,
16 they're setting up a specific e-mail address for these
17 rules to gather all of the written information.

18 So we thank you all --

19 MR. CONCANNON: Wait a minute. Are you
20 going to try to come up with a date right now for
21 December?

22 MS. CARTER: Do we want to come up with a
23 date?

24 MS. KITTEN: We had provided
25 previously -- we were looking at the 10th, 11th or

1 12th in December.

2 MR. DICKSON: For a webinar.

3 MS. KITTEN: For a webinar.

4 And then January 14, 15 or 16 for a
5 webinar. And then we do have February 12th set, if
6 that's agreeable, at the DOH Kent facilities. We
7 already have a room locked in there, if that's, again,
8 agreeable to the committee.

9 DR. JOHNSON: December 12th. Thursday?

10 MR. CONCANNON: Yeah.

11 DR. JOHNSON: And what time?

12 MS. KITTEN: That -- we haven't worked
13 that out yet, as far as the time.

14 DR. GREEN: Oh, there's no Commission
15 meeting.

16 MR. CONCANNON: No.

17 MR. CAIN: And I've heard, just in
18 talking with people, that they'd either prefer first
19 thing or late afternoon. I don't know if that's --

20 MR. CONCANNON: Whatever you want.

21 MR. CAIN: So we'd be happy to send out
22 an e-mail through listserv in the next week.

23 DR. JOHNSON: Would we be expected to be
24 at the Kent facility ourselves?

25 MR. CAIN: Not in December. December you

1 can just webinar through your --

2 DR. JOHNSON: All of us can be in webinar
3 in December, so then it doesn't matter what time we're
4 talking about.

5 MR. NELSON: I'm probably the only one in
6 the room that cares about this, but the legislative
7 session starts on January 14th, so if you would manage
8 to have it -- whatever it is -- the week before that
9 would be helpful. I.

10 Always like going over to the other side
11 of the mountains for the sun, just in case there --
12 just on the off chance that there is some.

13 MR. CONCANNON: How about December 12th
14 at four o'clock, and it goes for two hours?

15 MS. CLOWER: Sounds good.

16 MS. GUNDERSEN: I can't do Thursday
17 afternoons.

18 MR. CONCANNON: All right. So what day
19 do you want? Do you want it in the morning?

20 MS. GUNDERSEN: The morning for me is
21 better on a Thursday.

22 MR. CONCANNON: How about Tuesday
23 afternoon at four o'clock? December 10th.

24 MS. SCHIMMELS: Works for me.

25 MR. CONCANNON: December 10th,

1 four o'clock, two hours?

2 MR. CAIN: December 10th?

3 MR. CONCANNON: Four o'clock.

4 DR. JOHNSON: And this is just a webinar.

5 MR. CONCANNON: Just a webinar.

6 MR. CAIN: This will be a webinar.

7 DR. GREEN: Anything else?

8 MS. SCHIMMELS: Do you want to do the
9 January 1 already too?

10 MS. CARTER: Do you want to schedule
11 January as well?

12 MS. KITTEN: That would be great.
13 Because we can get the notices out, prepare for that.

14 MR. CONCANNON: We're meeting the 9th and
15 the 10th, right? MQAC.

16 MS. KITTEN: Yes.

17 MR. CONCANNON: And the request was it
18 needs to be before the --

19 MS. KITTEN: We were looking at the 14th,
20 15th or 16th of January for, again, another webinar.

21 MR. CONCANNON: And the request was
22 before that, right?

23 MS. CRAIG: Prior to legislative session
24 starting.

25 MR. CONCANNON: So January 13th is a

1 Monday, right?

2 MS. KITTEN: Yes.

3 MR. CONCANNON: So you want January 13th
4 at four o'clock?

5 MS. CLOWER: Can we get a different date
6 than a Monday? Monday is horrible for practitioners.

7 DR. MARKEGARD: Not Monday.

8 MR. CONCANNON: No, no, not Monday.

9 Sunday, 8:00 a.m.?

10 (Laughter.)

11 DR. JOHNSON: So what date in January are
12 we discussing?

13 MS. CARTER: Looking at the 14th, 15th,
14 16th.

15 DR. JOHNSON: We haven't picked the date?

16 MR. CONCANNON: 14th, 15th or 16th?

17 Somebody didn't like any of them, right?

18 MS. KITTEN: That was the weekend we had
19 proposed, but --

20 DR. JOHNSON: I would rather not do it
21 the 16th.

22 MS. SCHIMMELS: Should we do it on the
23 Tuesday again?

24 DR. MARKEGARD: I vote for the 15th, on a
25 Wednesday.

1 MS. SCHIMMELS: On a Wednesday?
2 MR. CONCANNON: January 15th, Wednesday?
3 MS. CLOWER: Yes.
4 DR. JOHNSON: What time?
5 MR. CONCANNON: January 15th is a
6 Wednesday. Yeah, you're right.
7 MS. CLOWER: 4:00?
8 MS. CARTER: 4:00 to 6:00?
9 MR. CONCANNON: 4:00 to 6:00.
10 MS. CARTER: And then we have the
11 in-person meeting in Kent on February 12th.
12 MS. KITTEN: And then you have to -- that
13 would be kind of an 8:00 to 5:00 or sometime in --
14 something in between those normal work hours.
15 MS. CARTER: And then the scheduled
16 meetings.
17 DR. JOHNSON: Can I ask a question?
18 MS. CARTER: Yes.
19 DR. JOHNSON: What do we do between now
20 and then? What are we allowed to do?
21 MS. CARTER: Well, we can talk about what
22 you'd like us as staff to do, if you want us to
23 prepare --
24 DR. JOHNSON: What are we allowed to do?
25 What am I allowed to do?

1 I know there's all these restrictions,
2 and I'm frustrated by the restrictions.

3 I understand the Open Meeting Act, we
4 want involvement, but I'm very frustrated personally
5 about being able to do our work, and get it going and
6 get it going and get it going. And if everything has
7 to be done -- I understand -- I'm not trying to -- I
8 can't change that, but I can express my frustration
9 about how difficult it is to communicate and work
10 through ideas, because that's what this is all about,
11 is sharing ideas, throwing things out, getting it
12 whacked at and bringing it back, so that we're
13 prepared to have a meaningful meeting.

14 If our meaningful meeting is all done
15 like this, and we don't have time to sit face-to-face,
16 I'm very -- I'm worried about the outcome of the
17 process. And I can't change the Open Meeting Act.

18 MR. CONCANNON: Well, I mean, I assume
19 that before the December webinar WAPA, among its
20 members, is going to come up with several pages of
21 comments and things and suggestions and rule changes.
22 Right?

23 MR. DICKSON: Yes.

24 MR. CONCANNON: And we're going to get
25 all that, and we'll have it before we ever have

1 another webinar, right?

2 MS. JANSEN: And you'll have the
3 transcript --

4 MR. CONCANNON: And we'll have a
5 transcript of this.

6 DR. JOHNSON: But we can't communicate
7 amongst ourselves.

8 MR. CONCANNON: No.

9 DR. GREEN: One thing, Heather, that you
10 could do to help, I believe, is get together
11 information that helps us understand the differences
12 between the Osteo and Allopathic Boards, because
13 that's a big concern.

14 MS. CARTER: Okay.

15 DR. GREEN: And I have to admit that I
16 don't entirely -- I didn't -- one of the things I
17 didn't read about is how your people's system works.
18 So I think it would be good for us to understand that
19 and see where, as appropriate, we can make it coincide
20 and make it easier for --

21 MS. CLOWER: I also have a question.
22 From what we have heard, can we have a list of ideas
23 and then can we exchange them among ourselves, or can
24 we send them to the website where everybody can see
25 them?

1 MS. CARTER: If you have your list of
2 ideas, go ahead and send them to Julie.

3 MS. CLOWER: Okay.

4 MS. SCHIMMELS: And then will there be a
5 place, Julie, on maybe that website that we're going
6 to be able to go to -- is there going to be a -- can
7 we have like an open forum for comments or anything,
8 or are we not allowed -- I don't know -- being new, I
9 don't know if that's allowable or not.

10 MS. KITTEN: I understand -- we're going
11 to have the e-mails where you can submit your
12 comments.

13 MS. SCHIMMELS: But can you answer back
14 to them too? Can you reply to those comments too, or
15 are they just submitted?

16 MS. KITTEN: They're just submitted.

17 MS. SCHIMMELS: Okay.

18 MS. KITTEN: And DOH has an official, you
19 know, rules site also when these documents are posted,
20 when there's rules that are in process, where anyone
21 can go onto that website and make comments also.

22 MS. SCHIMMELS: Okay.

23 MS. KITTEN: And we compile those.

24 DR. GREEN: It's kind of like a blog.

25 MS. SCHIMMELS: That's I guess what I was

1 asking. So you could -- somebody says something and
2 you can go in and say something else about it --

3 MS. KITTEN: So all those -- we'll get
4 all the comments, and then the group or, you know, the
5 respective Commission or Board will have to respond to
6 those, as part of the normal rule-making process.

7 MS. SCHIMMELS: Are we allowed, as
8 Commission members -- being the newbie on the block,
9 are we allowed to post on that or to comment on that
10 or are -- or not?

11 MS. CRAIG: You won't be able to comment
12 on the Department of Health rules website. That's
13 just where rules comments come in.

14 MS. SCHIMMELS: Okay.

15 MS. CARTER: And those will be
16 distributed to you. The staff will compile all the
17 comments that come in via e-mail, on the website, all
18 of those things, and will distribute those to you for
19 consideration --

20 MS. SCHIMMELS: Okay. Great. Good.
21 Thank you.

22 Being the new person, I wasn't sure how
23 that all worked, so thank you.

24 MS. DALE: And will our WAPA
25 representative get those comments as well?

1 MS. CARTER: Anyone can have those
2 comments.

3 MS. DALE: Okay.

4 So you'll pull them off, or we are to go
5 on the website and read them?

6 MS. KITTEN: I was just talking with
7 Maura, and if they're on the Department of Health
8 website, yes, I believe that anybody who logs in to do
9 a comment was able to see any of the comments that are
10 made.

11 MS. DALE: Okay. Thank you.

12 MS. SCHIMMELS: Good.

13 MR. DICKSON: Can we end on the same note
14 that we started with? Which is, can you guys rethink
15 to have a WAPA member on that Board?

16 DR. JOHNSON: You actually have a WAPA
17 member --

18 MR. DICKSON: Well, actually, no, I think
19 by rule you can't be a WAPA -- you can be a member,
20 but I'm saying a WAPA representative. She --

21 DR. JOHNSON: I understand, Randy, but I
22 just want to make sure -- I'm on the WSMA Board but
23 I'm not representing them. And I understand what you
24 guys are saying. We have limitations, and I think
25 you -- I hope you can appreciate that your input is

1 invaluable to the outcome, you know.

2 Well, and it's how you define those words
3 up there too. I'm -- this is our first attempt at
4 this. We didn't set this meeting up. It was set up,
5 you know -- you understand what I'm saying.

6 MR. CONCANNON: Again --

7 MR. DICKSON: Heather brought up that
8 there are voting members. The two osteopathic members
9 are not voting members on MQAC, and MQAC members on --
10 so you're not really both voting members. And so --

11 DR. JOHNSON: They're not going to vote
12 for MQAC -- they're not going to vote on the MQAC
13 rules. MQAC's going to make our own rules. They have
14 to be -- this is what we did with pain management, is
15 we collaborated -- I don't even know if those -- Osteo
16 and MQAC actually were sitting in the same room with
17 the rules. They communicated, the rules were created,
18 and except for the title on the thing and the words,
19 they were no different, but M -- our responsibility is
20 to make MQAC rules. We have to collaborate with Osteo
21 and --

22 MR. DICKSON: No, I understand, but
23 Heather started out the conversation saying that, Oh,
24 but, you know, say if Mike is going to be on the
25 Board, he's not a voting member. Well, neither are

1 these two. You're on your Board and you're not on
2 theirs. So you're not really voting.

3 I mean, you'll get to a point where you
4 vote amongst all the commissioners on both ends, and
5 that's when Mike doesn't vote, if it's Mike, but he
6 should still be at that -- I know that's -- we started
7 there and we should end there, but I think you should
8 reconsider it.

9 MS. CARTER: Okay.

10 Well, I just want to thank everyone. I
11 appreciate all your input. And please, please, please
12 provide as much information as you can, through either
13 contacting staff, e-mailing staff, on the website. We
14 really want as much input to make these as complete
15 and consider all the possibilities.

16 So thank you.

17 (The proceedings were concluded at
18 12:50 p.m.)

19 ---o---

20

21

22

23

24

25

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

I, Ronald L. Cook, CCR, RDR, CRR, court reporter within and for the state of Washington, do hereby certify that I attended the foregoing joint physician assistant rules committee meeting in its entirety, that I wrote the same in stenotypy, and that the foregoing pages constitute a full, true and accurate transcript of said proceedings to the best of my skill and ability.

IN WITNESS WHEREOF, I have hereunto affixed my signature at Seattle, Washington, this 25th day of November, 2013.

RONALD L. COOK, CCR, RDR, CRR
CCR No. 2523

\$	2013 3:1	A
\$70 80:25 81:2,7	2014 9:8,20 81:7	a.m. 3:2 106:9
-	2020 75:11	AAPA 53:6 64:13 66:16 73:4
---o--- 114:19	24/seven 82:24	AAPA'S 57:1
--o0o-- 3:3	25 10:15 81:22	ability 27:25 38:10 71:12 81:15
1	3	absolute 45:5
1 105:9	36 91:12	Absolutely 85:3
10 10:16 22:4 42:3 47:7,9 48:2,4 50:3 54:11,14 55:18 71:10 90:21	39 52:15,24 74:17	absorb 22:6
103 10:4	4	academic 74:18 75:25
10:33 3:2	40 52:16	academy 15:7,15 19:2 20:11,22 39:13,14 63:18 64:11
10th 102:25 104:23,25 105:2,15	4:00 107:7,8,9	access 25:5 73:19 75:25
11 81:21,22 82:1 83:2	5	accommodates 11:19
11th 102:25	5,000 86:5	account 43:14
12 100:13,14	50 33:4 55:7	accurate 3:19
12:50 114:18	500 11:17 98:24	across-the-board 92:23
12th 103:1,5,9 104:13 107:11	5:00 107:13	act 25:12 26:15 39:12 53:8 108:3,17
13th 105:25 106:3	6	acted 53:10
14 103:4	6,000 64:10 74:4	active 20:21
14th 104:7 105:19 106:13,16	6:00 107:8,9	actual 60:15
15 3:1 71:10 89:25 103:4	7	adaptability 41:12
15th 105:20 106:13,16,24 107:2,5	70,000 74:6	adaptable 57:2
16 39:16,19 103:4	72 88:23	add 14:18,20
16th 105:20 106:14,16,21	8	added 70:23
1737 6:16 8:15 10:9 15:10 100:24	8 10:25 15:10	addition 70:25
1779 94:16	800 98:10	additional 69:4,12 74:14 76:18,22
18 47:17	8:00 106:9 107:13	address 4:6 74:12 85:13 102:8,14, 16
1857A 18:11	9	addressing 74:5
1871A 18:11	9th 105:14	adequate 55:10
19 34:21		adhere 67:2
2		administrative 8:9
20 41:22 57:6 71:10 81:22 89:25		admit 66:4 109:15
		adopt 7:13
		adopted 8:12 9:2,9,10 94:21,24
		adopting 10:5

adoption 7:10,18
advance 4:1 14:13
advertising 57:23
advisor 3:11
advisory 22:5,24
advocacy 64:3
advocate 27:23 88:9
advocating 76:12
affecting 58:21
afternoon 103:19 104:23
afternoons 47:3 104:17
agency 8:2
agenda 6:4,13
agree 17:8 22:2 25:25 68:1,15 88:1
agreeable 26:12 33:8 103:6,8
agreement 10:17,23 19:21 30:20
31:6,10,18,21 32:11 35:1 36:24
37:16 38:15 39:9,16,18 42:8 43:3
45:21 53:19 62:4 66:9 68:2 84:10
89:24 92:4,5
agreements 31:13,24 61:4
ahead 5:13 9:17 27:8 43:4 69:19
74:1 80:16 101:14 110:2
allopathic 10:11 109:12
allowable 110:9
allowed 49:21 77:4 79:25 83:14
85:25 86:15 100:24 107:20,24,25
110:8 111:7,9
allowing 31:4
Almy 61:20
alternate 33:2 35:12,23
alternates 89:24
alternative 89:14
amenable 68:1
American 39:14 63:18 64:10
amount 72:6
Andersen 16:3,4 63:5,6 66:14,16
68:22 69:8 70:17 72:9,20,24 73:2,8,
15,23
anecdotal 65:23 72:25

Anne 49:11
anticipate 69:19 90:23
anymore 34:22
apologize 4:1 6:20 11:5 36:15 52:9
apparent 53:3
applicable 87:14 95:19,20
application 69:4,12 77:21
applications 77:19 84:7
applied 42:18
applies 44:11
apply 41:2 45:10 51:13 58:19 59:8
71:24 83:1,10
appoint 23:25
appointing 26:23
approached 44:24 79:17
approval 10:22 26:13 31:11,18,20
46:5 51:6,20 61:3 68:16,19 69:5,6
86:17
approve 17:22 43:4 50:8 87:21
approved 49:24,25 77:15 83:7,18
86:9 87:16,17 88:13,16 89:4
archaic 69:16
area 49:5 55:18
areas 74:22 76:20
arise 89:8
arrangement 10:21 65:14 81:13
art 20:13
articulated 38:20 43:19
assign 37:5
assistant 3:11 4:14,18,19 5:23 7:16
8:21 10:22 11:23,24 15:6 22:4 29:6
30:8 39:12 45:21,23,25 46:7,14 51:3
52:17 53:7 56:20 57:11 60:20,22
63:24 64:25 65:4,13 68:12 74:8,15
94:20
assistants 8:20 10:12 15:7,14,15
20:3,12 39:14 46:2 62:7 63:19 64:11
67:21,22 90:5 93:16
association 6:6 41:16 61:17
assume 75:2 108:18

assurance 3:12 4:16,20 5:17,19,23
8:18 26:22 36:4 54:25 57:12
assure 57:8
Athalia 4:13
attempt 113:3
attend 98:5
attention 53:25
attorney 3:11 7:16 48:22
audience 14:16 15:17 21:11 59:21
60:10 96:1
audio 98:6
authority 44:2 62:21 67:9
authorizing 8:10
avenues 7:14
aware 67:14 81:3 93:4

B

bachelor's 74:19
back 9:7,10 16:6 22:15 32:4 36:23
39:9,19 42:20 43:21 60:3 81:6 84:4
85:5 86:13 91:25 92:9 99:14 108:12
110:13
backs 72:17
backup 90:19
backwards 70:20
ball 3:15 39:24
Ballweg 60:25
barrier 33:17
barriers 73:17 81:4
base 71:4
based 92:4
basic 76:21,24
basically 8:5 9:14 44:17 74:21 82:6
basis 93:25 100:21
bear 66:24
beg 32:9
began 64:4
beginning 65:9

begins 15:11
behalf 24:17 52:15 60:24
beneficial 55:4
benefit 8:4 80:22 97:11
benefits 71:5
big 19:15 41:5 63:10 109:13
bill 6:16 8:15 9:6 10:9,25 15:10
16:21 17:7 18:8 31:19 94:15,16
bit 59:3 63:14 65:6 77:23 78:18
black 35:4
Blake 6:2 80:17
block 111:8
blog 110:24
blows 40:13
board 3:8,13 4:25 5:3,25 6:3 8:16,23
10:20 16:6 17:5,13 23:12 26:13,17,
23 31:11,12 34:14 35:12 51:7 58:25
59:7,8 62:16,17 63:16 64:13 68:17
69:6 77:17 78:5,6 80:18,24 81:3
83:18 86:25 88:13 89:4 91:13 94:25
111:5 112:15,22 113:25 114:1
boards 7:13,17 68:20 83:24 95:19
109:12
body 67:13 94:21 99:1
BOMS 40:12 41:9
booked 100:7,9
boom 40:9 91:24
booth 64:19
boss 60:24
boxes 101:25
brainstorm 6:7
brand-new 32:2
break 91:20
Brett 5:24 62:2 101:20 102:12
Brian 36:4
briefly 7:8 81:12
bring 36:15 48:22 92:21
bringing 53:24 77:1 108:12
broad 37:4,20 45:9

broadly 34:21,24 35:6
brought 38:8 77:13 81:17 84:2
113:7
budget 100:24
bullet 61:25
burned 57:22
business 20:17 21:3 24:20 59:17
76:1 92:11 96:9
buy-in 23:21
buying 18:16
bypass 16:5

C

Cain 5:24 6:18,21 7:2,4 15:8 98:13,
17,24 100:9,13 101:5,21 102:11
103:17,21,25 105:2,6
call 32:13 39:11 40:7 82:23
called 36:2 39:13 85:25
calling 44:14 56:3
calls 31:8 40:4 94:16
capabilities 67:15
capability 101:5
Capitol 49:10
CAQ 70:23
cardiac 63:7
care 27:18,20,25 33:17 40:3 41:4
54:11,20 55:17 71:9 73:19 81:21
82:7,13,25 85:19,21,24 86:2,5,15,
16,21
cares 54:12 104:6
Carl 16:18,19 21:12 37:23 94:11
95:25 99:18
carry 14:17
Carter 3:5,10 5:11 6:4,20,22 7:3
12:18,23 13:11 14:2 15:1,18 16:1,5,
10,12,15,18 18:5,23 22:17 23:4,15,
23 25:10 26:5 27:7,12 28:22,25 30:2
39:4 50:25 51:15,22 52:6,9 60:18
61:12 62:23 63:3 69:5 73:24 94:6
95:1 97:23 98:2,11 100:2,4,10,14
101:18,22 102:2,15,22 105:10
106:13 107:8,10,15,18,21 109:14
110:1 111:15 112:1 114:9

case 17:15 54:24 55:1 79:20 86:14
89:7 104:11
cases 53:22
caveat 3:22
center 27:16,18 55:17
cents 30:17 95:24 101:15
CEO 44:5 92:7
certificate 70:23 75:1 76:18
certificates 74:19
certification 21:18 69:24 70:8,21
76:22
certified 46:8 65:14 76:2
Certifying 76:20
chair 30:5
chairman 17:7
chance 13:17 64:19 104:12
change 18:8 19:24 30:19 31:5 34:6
37:9,12,13,15,20,22 51:23,25 52:3
66:6 67:18 74:5,9 75:6 83:15,17,22
84:5 108:8,17
changed 29:16 31:8 52:25 67:24
69:17 86:1
changing 19:20 28:19,20 52:13
62:3 68:1,11 84:9
characterize 72:10
chart 41:8 47:15 48:1
charts 48:1,2,4 82:21
cheaper 97:20
chew 44:22 45:3
chief 61:1 92:6
chiropractic 80:4
chiropractor 80:5
chiropractor's 79:21
chiropractors 79:12
choose 17:12
clarification 55:13 75:15 86:20
clarify 13:6 24:18 68:23 72:5
clear 11:8 14:11 29:13 79:4 90:2
93:10

clinic 36:17 56:8 59:2,5,11 85:18
87:15 88:10,14

clinical 57:3, 58:4,8

clinics 56:7

close 40:1

closely 31:1

closest 17:3

Clower 4:13 19:8 34:12 89:18 90:4,
12 104:15 106:5 107:3,7 109:21
110:3

CMO 44:6

co-signing 41:10

code 9:14 17:1,6

codes 8:9

coincide 109:19

collaborate 113:20

collaborated 113:15

collaboration 15:12 17:5 67:13
77:20

collaborational 71:16

colleague 44:15,18 71:23 92:19

colleagues 82:20

comfortable 31:4

commend 64:16

comment 9:18,24 12:4 19:2 23:3
24:8 25:15,17 27:6 59:15 60:9 65:10
76:6 92:17 111:9,11 112:9

comments 12:20 28:8 33:25 41:14
67:17 68:21 69:14 73:25 77:11
100:19 101:10 102:1 108:21 110:7,
12,14,21 111:4,13,17,25 112:2,9

commission 3:8,12 4:16,20,22 5:7,
10,17,20 8:18,23 10:20 14:13 17:24
18:7 22:4 23:12 27:22 28:11 29:22
39:10 44:24 50:7 51:20,21 52:18
53:11,21 58:2,19,25 62:15 69:7
76:19 86:11,18 94:4,24 103:14
111:5,8

Commission's 50:14 53:25

commissioners 26:13 52:18 114:4

commissions 7:13,17

committee 3:7 4:11 6:23 11:8

12:11,19 15:20 17:7 19:9 22:23
23:8,12 25:11,18,24 29:11,14 30:6
86:9 103:8

common 46:1

communicate 108:9 109:6

communicated 113:17

community 33:9,12,17 85:22

competency 71:4,22

competitor 92:19

compile 110:23 111:16

complaint 83:20 88:14

complaints 92:24 93:7

complete 114:14

completely 89:10 100:11

completion 45:22

components 70:24

computer 11:19 98:6,10,16,18,20,
22

Concannon 5:8 14:3 17:19 18:3,13,
19 19:4,12,17,24 20:8,14,24 21:1,6,
16,21,24 22:9,12 24:5 26:4 27:10
28:15,24 29:18,21,25 45:18 46:4,10,
48:13,24 49:2,4,7,9,14,23 50:6,10
66:13,15 77:12 78:4,8,12,14 79:4,8,
14,19 80:2,10,16 92:9 93:3,24 94:5
96:16,20,25 98:9,15,23 99:3,24
100:3 102:19 103:10,16,20 104:13,
18,22,25 105:3,5,14,17,21,25 106:3,
8,16 107:2,5,9 108:18,24 109:4,8
113:6

concentrate 76:2

concept 36:25 70:1

concern 26:8 30:11 109:13

concerned 19:19 93:9

concluded 114:17

conference 64:20 66:17

confirmed 100:11

conflict 8:10 35:21 79:3 80:11

congeals 66:20

consensus 14:15

consideration 111:19

considered 55:9 58:12

consistent 38:9

constrain 25:9

consults 54:21 56:9

consumed 24:25

contact 102:9,11

contacting 114:13

contained 10:8

contemplated 46:19

contingencies 91:1

continuation 27:23

continue 26:2 32:22 33:6,11
100:18,22

continued 61:3

continuing 93:25

control 35:6 46:15,17 47:4,9 65:4
71:17

convenient 101:11

conversation 36:15 113:23

conversations 58:2 99:8

cooperative 76:11

copies 10:10

core 71:4

corporation 82:17

correct 46:9 49:1,3,6 62:15,22 69:4
78:11,17 87:3 93:19

correctly 3:21

cosmetic 84:6

cost 100:23

council 22:5

country 63:15 64:3, 65:6

county 85:20 86:6

couple 3:17 9:23 11:9,25 13:15 23:9
31:7,22 40:19 69:21 73:24 76:7
81:18

court 3:18,23 8:24

cover 18:12 67:20

coverage 35:13 45:11 86:4

covered 50:11,13 51:12 88:23
91:11,20

CR 9:14

CR-101 9:14

CR-102 10:1

Craig 5:21 101:24 105:23 111:11

Create 40:8

created 91:6 113:17

creating 45:2,14 64:9 89:12

credentialing 28:8,17,20

criteria 91:11

critical 27:20

cross 19:15

cross-section 80:22

cumbersome 54:3 78:15

curious 28:12

current 8:20 20:11 38:5,11,13,14
40:10 53:2 61:19 75:18

D

D.C. 64:20 66:18

Dale 16:14 21:3 30:2,3,4 33:23 34:3,
18,23 35:7,16,25 36:13 37:1,10,12,
15 38:1,13,22 39:1,3 58:23 74:2
75:19 77:12 89:20 96:5 97:3,10,13
111:24 112:3,11

data 72:17

date 88:12 100:7 102:20,23 106:5,
11,15

dates 100:3,5,16

David 29:2,5,18 85:11 86:20

day 32:19 48:25 49:11 55:19 56:13
104:18

days 31:22 37:6 40:12

deal 27:20

dealing 32:14 89:12

debate 25:1

December 9:8 10:7 100:1,17
101:12 102:21 103:1,9,25 104:3,13,
23,25 105:2 108:19

decide 82:13 83:12

decided 74:6 101:4

decision 17:9 26:12 39:19,21

declined 42:16

default 69:10

defer 14:4

define 8:6 36:22 113:2

defines 10:14

definition 37:21 55:2 80:12

definitions 54:7,8

degree 71:16 74:11,13,20,25 75:5,8,
10,23 76:1 90:10

degrees 74:19

delegate 37:5 38:9 39:21 84:17 94:7

delegated 94:14

delegates 31:3 74:7

delegating 44:2 94:10

delegation 10:17,23 19:20 30:19,21
31:5,10,13,18,20,24 35:1 36:19,23
37:16 39:9,16,18 42:8 43:3 49:15
53:19 61:4 66:9 68:2,24 83:2 84:10
85:13 89:24 92:3,5

delegator 44:7

deleted 84:16

demeaning 63:25

denied 29:11 44:25 50:19

department 5:22 7:11,19 31:12,14,
16,25 44:6 95:11 101:25 111:12
112:7

depressed 99:3

describe 36:25 63:24

desire 72:11

desiring 72:20,22

destiny 71:17

detail 7:15 46:5

details 20:6 53:11

determined 53:17 58:6 69:11

developed 8:11,23

developing 9:5

development 7:10

devices 92:14

devil's 88:8

dial 98:10

dialog 23:16

Dickson 16:10,11,13,17 39:4,5,6
41:18 42:10,14 43:12,21,25 44:23
45:6,17 46:3,9,12 47:11 48:15 49:1,
3,6,8,12,15 50:2,9,11,24 51:9,25
52:5 78:19 79:7,11,15,25 80:7,14
81:9,18 83:8,21 84:12,15,25 85:3,9
87:4,23 91:12,19,22 93:1 97:17
101:16 103:2 108:23 112:13,18
113:7,22

differen 75:17

difference 18:20 53:24 56:15

differences 109:11

differentiate 75:17

differently 57:5

difficult 108:9

diligence 32:8

direct 9:1

directed 8:16 92:24

directive 7:24

director 5:16 6:3 36:1 44:3 57:18
61:16 82:18 90:17

directors 59:5 63:17 64:14

disagree 71:22

disciplinary 53:22

discovered 59:6

discretion 8:24

discuss 11:2 14:14 19:10 24:11
30:15 62:6

discussed 26:11

discussing 62:3 64:23 106:12

discussion 6:23 11:7 12:11,16
18:1,3 24:18 34:6 53:18 60:2,3,6,12
62:10 63:1 65:23 94:3

discussions 26:19 57:17 59:16
60:15 65:18 66:23 72:25

dissatisfaction 63:23

distinction 98:16
distinctions 22:1
distinguish 21:22
distribute 111:18
distributed 8:5 111:16
Ditkoff 27:13,14,15
doc 40:23 87:25
docs 76:9 99:18
doctor 46:15,22,24 47:2,7,9 48:13 90:17
doctors 76:14 90:1,7
document 9:15 45:2 53:6,8,10, 60:13 69:16 92:18 98:7 102:5
documents 101:12 102:3 110:19
dog 71:25
DOH 12:8,15 103:6 110:18
door 50:15
doors 18:2,4
DOS 59:5,10 78:22 79:3
draft 13:19 36:24 60:9
drafted 16:21 26:10
drafting 6:8 17:2 25:16,18 60:7 101:1
drafts 4:7 19:2 102:3
drops 47:2
due 32:8
duties 30:7 67:10

E

e-mail 4:5 32:13,17 33:5 36:6,8,16 57:17 101:25 102:8,14,16 103:22 111:17
e-mailing 114:13
e-mails 110:11
e-powerpoint 98:7
earlier 6:19 10:6,25 79:5 85:14
early 99:7
ease 81:6

easier 68:11,14 109:20
easily 54:4 100:19
eastern 4:14 97:5,18 99:12
easy 46:23 58:20 70:18
edition 38:11,13,14
educating 21:4
education 74:14,15,18 75:3,6
efficiently 32:12
elaborate 43:23
elect 15:6
election 64:13
electronic 91:23
element 53:10,13,15 57:1
elements 39:11 41:6 53:7 102:5
Ellen 69:24
Ellensburg 29:6 85:12,18 96:2
emergency 78:20
emerging 95:6
employed 51:4 80:5
employees 87:7
employers 39:8
encourage 54:6 60:14
end 112:13 114:7
endorse 67:7
ends 114:4
enforceable 7:23 8:6
engage 69:1
Engrossed 8:15
enhance 73:19
enjoy 27:16
enter 10:17
entering 75:12
entire 49:20
envision 37:1,3
equal 74:23
essentially 27:19 63:24
esthetician 94:14

estheticians 94:17
estimation 96:15
evening 86:4,17
eventually 58:3
evidence 73:20
exam 71:1
excellent 76:9
exchange 109:23
excuse 21:12 23:13 65:19
executive 5:16 6:3 36:1 61:16 80:17
exist 38:5 43:11 55:20,24,25 56:2,3 81:4
existing 93:3
exists 35:14,21,23
expanding 44:13
expect 88:24
expectation 34:25 70:11,14
expected 103:23
experience 11:23 52:16
expired 34:12
explain 7:15 24:14 25:8 81:12 97:25
explanation 6:15
express 61:2, 75:9 108:8
expressions 99:1
extemporaneously 14:5
extension 28:5
external 67:14

F

face 63:11
face-to-face 96:13,17 99:5,12 108:15
faces 23:2 62:9
facilitate 3:14 43:7
facilities 103:6
facility 86:10 103:24
fact 22:3 32:14 39:23 54:5 81:3

facts 63:13
faculty 60:21
fair 72:6
fairly 29:12
fall 36:19
falls 44:8
familiar 7:10 16:21 72:23
familiarity 22:20
family 5:1 29:7 40:4,18 82:5,6,7
85:17 86:3,16
fantastic 88:9
faster 31:25
favor 71:2
February 9:20 12:8 100:12,13,14
103:5 107:11
fee 59:9 77:22 80:25 81:2,8
feedback 65:12 99:21
feel 15:23 23:21,22 28:1 31:3,4 38:5,
16 58:17 59:20 74:12,14 75:5
feeling 63:15
fees 78:16
felt 99:11
ferret 84:21
field 72:13
fight 71:25
figure 52:13 90:7
file 10:4
filed 9:16
fill 40:19 41:2 49:11 82:9
filled 34:20
filling 92:5
finalization 26:20
find 35:14 47:20 97:6
fine 52:10 68:4 87:1 89:21
finish 56:24
finished 15:3
fire 80:13
five-man 45:10

flag 32:9
flat 96:23
flexibility 58:15
flush 14:10
focus 24:19 25:6 68:18
focused 92:12
folks 20:21 21:3 28:9 95:7,18
follow 7:17 42:25 58:8
footing 74:24
forehead 96:24
foresee 65:7
forget 76:24 81:20
forgot 48:6 96:7
form 9:16 34:19 58:12 95:8
formal 9:25 74:17
formulate 87:19
formulation 26:19
forum 110:7
forward 16:12 22:1 30:18
found 64:5
Fred 16:8 34:20 40:6
free 59:2,5,11 87:15
freedom 42:9
Friday 3:1 47:2
friend 44:18
friendly 71:8
friends 40:23
front 5:14 58:18
frustrated 108:2,4
frustration 71:10 108:8
frustrations 99:2
Full 41:7
fully 57:10
future 65:7,17 70:10,15 84:5 86:18
87:2

G

gain 75:25
gather 9:24 102:17
gathering 38:23 101:10
gave 35:22
general 3:11 5:3,6,9 7:16 14:7,15
46:19 53:12 63:22 64:13 92:23
generally 53:9
generic 91:7,11
gentleman 74:11
gentlemen 29:4
get-together 12:7
give 4:5 6:25 19:3 37:4 42:8,20
64:11 73:2 85:15 92:6 99:21
giving 60:12 75:7
glad 15:18
go-in 46:2
goal 25:24
god 78:22
good 3:5,23 5:24 29:4 59:18 60:19
61:15 81:1 101:14 104:15 109:18
111:20 112:12
goods 8:4
Gormley 61:19
Gotcha 91:21
Gotomeeting 11:20
Governor 9:1
graduates 32:2
grandfathered 75:21
grateful 52:22
great 27:20 32:1 42:2 80:22 81:9
86:25 105:12 111:20
greater 42:7 64:4,12
Green 4:21 12:22 13:5 24:8 26:25
27:8 28:13,14 38:2,18,24 39:2 41:15
42:6,13 43:6,13 50:16 61:21 85:10
89:7 91:5,17,21 92:1 95:25 96:6,19,
23 97:16,21,25 103:14 105:7 109:9,
15 110:24

grew 64:4	hearings 101:3	hundreds 65:24
group 14:12 22:22 24:12 26:11,18 39:7 40:2,16,17 44:23 45:10 48:2,25 49:10,19,20,21 51:5 61:24 62:13 63:17,18 64:3 73:13 74:22 77:4 81:13,20 82:4,5,16 85:5,15 87:11, 12,25 111:4	heart 40:1	hurdle 63:10
groups 62:11 73:4,6 81:24	Heather 3:10 13:24 22:16 24:13 25:7 27:6 32:25 97:22 99:24 109:9 113:7,23	<hr/> I <hr/>
guess 51:15 78:25 95:16,20 110:25	hell 49:25	idea 64:24 65:1,6 101:15
Gundersen 5:2 104:16,20	helped 57:20	ideas 6:7,25 19:1 102:3 108:10,11 109:22 110:2
guys 34:10 45:5 85:14 87:21 88:2, 18 91:24 112:14,24	helpful 3:25 38:18,24 43:18,20 59:14 97:15 102:6 104:9	identify 47:12
<hr/> H <hr/>	helps 8:6 109:11	ignorant 47:4
hallmark 76:8	Henry 60:18,20	imagine 44:13
Hamai 52:7,8,10,12 55:14,21,25 56:2,6,14,17,22	Heritage 30:8	immediately 34:5 91:25
handled 53:21	Heye 42:12,13,14 50:3 58:1	impact 99:20
handles 31:16	higher 78:18	impacted 97:8
handout 102:7	Hill 49:10	impacting 99:19
handouts 10:11 101:21,23	hinder 88:24	impair 81:6
hands 33:10	hire 21:20 32:21 33:16 42:23	impedes 58:20
handy 11:25	hired 33:14 90:25	implemented 9:6
happen 34:7 70:2 75:21 80:3,5 87:2	hiring 57:19 71:6	implementing 11:24
happened 78:25 85:16 91:3	historically 61:5 80:24	implication 70:9
happy 5:17 15:22 103:21	hold 9:17 10:3 11:17 75:11	implies 66:10 68:25
hard 58:10	home 44:13 98:6	important 8:8 14:25 19:7 23:6 39:23 45:16 57:9 94:8 99:6,15,22
Harder 69:24	homes 44:11	importantly 68:10
harm 54:1 93:21	honest 71:21	improve 73:18
hate 24:25 75:22	honestly 27:21	in-person 97:2 107:11
head 44:6	hoop 83:9	incident 88:19
health 5:22 7:11,19 15:10 30:6 31:13,14,16,25 39:7 40:3,16,17 44:23 48:2,25 49:21 54:10 74:22 81:13,21 82:4,16 85:15,18 101:25 111:12 112:7	hoops 83:11	inclement 100:23
healthcare 33:10,12 86:6	hope 25:25 66:23 99:17 112:25	include 60:14
hear 13:9 15:22 22:19 28:12 77:2 102:15	horrible 106:6	included 19:1
heard 73:5 102:4 103:17 109:22	hospital 85:19,23 87:5,6,8,11 90:13,25	including 26:12 90:13
hearing 8:2 10:3,4 18:1	hospitalist 29:8	incorporate 45:4 75:16
	hours 13:15 47:2 85:21,22 88:23 104:14 105:1 107:14	increased 58:3
	house 6:16 8:15 10:9 11:19 74:7 94:16	independent 70:11,13,15 72:7,12 73:6,14 76:10,13
	housekeeping 3:17	independently 70:19
	HR 74:21	indicating 66:18
	huge 33:17 94:2	individual 67:15
		individually 92:8

legislature 10:7 17:17,21 27:23	longer 40:13,14 77:16	Mary's 71:24
letter 17:11 26:21	looked 79:17	Maryella 5:15 93:18
letters 26:24	lost 65:3	Mason 27:16 45:7 61:21 63:6 71:24
level 58:7 61:8 63:25 64:3 67:12,24 74:7,16 75:13	lot 25:17 42:2 50:20,21 54:3 55:8 59:20 63:9,13,23 64:6 68:18 71:8 73:4 74:18 84:5 91:25 97:20 101:16	master 94:16
license 8:1 32:4,22 41:7 51:13 78:16	lots 14:3,16 21:24	master's 28:10 64:2 70:7 74:11,13, 20,24 75:5,10,13,18,23 77:6
licensed 46:16 59:7 64:1 66:8 68:16 78:5 87:18 88:17 89:1	luck 94:13	maternity 40:20
licensee 34:20 56:12 89:2,3		Matt 63:5 84:2
licensing 31:10,15,24 81:5 95:11	<hr/> M <hr/>	matter 18:22 24:9 32:14 82:22 104:3
licensure 52:16 59:4	made 15:20 53:5,24 60:9 66:6 76:8 77:13 112:10	Matthew 16:3
lie 71:19	mail 42:20	Maura 5:21 112:7
light 84:7 92:13,20 93:12 94:18	maintain 16:24	MD 62:4 68:12,17 78:1,10,21,23 92:4 93:22
limit 10:20 41:13 58:16 77:5	maintaining 71:14	MDS 77:25 79:3
limitations 112:24	majority 91:14	meaningful 108:13,14
limited 45:23 76:19 100:24	make 3:20 4:2,6, 11:8 14:11 24:8 30:13 32:8 34:4,7,15 39:18,20 43:7, 11 50:8 52:1 54:3 68:11,15,18 77:3, 5 78:3 87:1 109:19,20 110:21 112:22 113:13,20 114:14	means 20:10 46:18 47:12 64:25 66:1 70:9 91:23
limits 35:5 57:16 59:23	Makes 99:3	measure 71:3
Linda 16:14 21:3 30:2,4 38:2 58:23 77:12 83:23	making 8:14 12:19 43:16 62:2 84:14,21 101:11	meat 10:24
lines 44:21	manage 104:7	mechanism 54:25
list 12:25 15:4 16:2 26:6 30:23 37:6 61:13 90:25 92:4,7 109:22 110:1	managed 47:23	MEDEX 67:21 70:13
listed 83:3 89:25	management 47:22 113:14	medi 93:17,21
listen 6:5 61:22 98:11,13	manager 5:19,25 41:20,24,25 48:8, 18	medical 3:8,12 4:15,22,25 5:7,10, 16,19 8:17 11:23,24 14:13 22:3 26:22 27:16 44:3 50:7 51:2,6 52:17 54:23,24 57:18 58:1,25 59:4,7 61:17 62:16 78:5 82:18 85:21 90:6,17 92:6,12 93:8 95:12
listening 52:14	mandatory 71:1	medicine 3:9,13 6:1 8:17 26:22 27:20 29:6 31:12 46:14 64:2 65:1,2 66:7 69:1 78:20 85:17
listserv 103:22	manipulate 80:1	meet 24:11
live 12:7 40:22 86:6 97:18 101:7	manner 31:25 32:18	meeting 3:14,18 6:5 13:8,20 24:25 25:5,8 34:5 42:15 59:17 60:8 65:9 94:14 97:18 100:8 101:7 103:15 105:14 107:11 108:3,13,14,17 113:4
loaded 6:19	mark 5:5 38:4 48:5 70:2	meetings 4:7 23:15,25 25:10,12,13, 14,16 97:2 107:16
lobbyist 16:20	Mark's 40:6	meets 91:10
location 89:9	Markegard 4:24 67:17 77:13,18 82:25 83:17 86:19 87:9 88:8 89:6 106:7,24	member 4:12,20,22 5:4,6,9 17:10, 18:11 22:22,23,24 26:17 29:5,14 30:12 47:4,7 48:17 60:21 112:15,17, 19 113:25
locations 91:9 98:3 101:4	market 72:14	
locked 103:7	Marsh 6:2 13:24 80:17	
locum 44:16	Mary 27:13,15	
log 11:12		
logged 11:15		
logs 112:8		
long 11:19 69:24 79:9 83:13 91:9 99:11		

members 3:7 12:19 14:13 15:20
16:6 17:11,24 18:7 19:14 22:21
23:12 26:11,16 34:10 108:20 113:8,
9,10

membership 29:11 34:14

mention 53:5

mentioned 49:16 67:8 80:24

mentioning 88:3

messes 48:14,16,18

messy 95:9

met 14:13 19:9 34:1 42:10

mete 48:23

method 47:18 48:12

mic 19:12 29:10

Micah 89:18

Mike 5:8 15:5 21:8 113:24 114:5

mile 41:13 47:1

miles 33:4 55:7

mind 6:11 51:8 52:12 66:6,24 67:6

mine 34:12 86:3

minute 88:4 102:19

minutes 53:5

mixed 31:15

Mm-hmm 39:3 50:9

modern 39:12 53:7 67:5

modernization 12:13 15:23

modernize 35:19 64:15

modernized 11:3 13:22 62:1

modernizing 8:20 39:25

modify 26:15

modifying 24:21

Monday 106:1,6,7,8

month 48:3,4 82:21

months 18:22 31:18 32:3 50:17

morning 3:5 5:24 29:4 60:19 61:15
65:10 86:24 92:1 104:19,20

Mount 5:6

mountains 96:4 104:11

move 9:4 13:16 30:18 31:23 42:9
66:18 81:6 86:15 90:1 96:20

moved 77:23

movement 43:8 73:9

moving 74:13,20 75:5,10

MQAC 31:11, 69:21 105:15 113:9,
12,16,20

MQAC'S 113:13

Multicare 54:10,23

multiple 70:24

N

naming 67:19

narrow 35:5

national 8:25 20:11 21:18 39:13
41:15 58:7 63:20 64:19 66:17 67:1
69:22 73:10 74:7 76:19 79:18

nationally 63:11 64:15

naturopaths 79:12

necessarily 25:17 26:9 46:17,20
53:2 58:21 70:4 87:21

neck 5:9

needing 45:11

negative 88:14

neighbor 44:19

Nelson 16:18,19 17:23 18:6,16
19:5,11,13,22 20:1,9,19,25 21:2,
22:10,13 94:11 95:2,16 104:5

neophyte 63:13

newbie 111:8

newest 4:19

news 81:1

nexus 95:3

nice 98:5

night 86:7

nominated 23:9

noncertified 20:15

nonsurgical 92:12

normal 85:17 107:14 111:6

Northwest 57:18 60:21

note 112:13

nothing's 69:17

notices 105:13

notified 4:6

notifies 9:15 10:1

notify 25:12 30:16

notifying 10:5

November 3:1 9:20

nowadays 65:22

number 7:14,25 41:16 57:8 64:7
76:19 98:10

nurse 33:15 41:1 48:16 56:20 74:25
75:2 90:5 94:20

nurses 41:22

nursing 41:20 44:11,13 76:14 95:12

O

objective 71:3

observe 25:20 60:10

observing 66:12

obstruction 59:13

occur 25:13 60:16

October 9:13

odd 7:5 42:17 86:12

offer 65:5

offering 77:22

office 5:23 37:18 77:24

officer 92:6

official 110:18

oftentimes 54:2

old-fashioned 97:4 98:25

older 67:2

on-site 83:19 86:22

one's 38:10

Ooh 41:24

open 23:16 25:11,12,22 26:1 62:9,
25 71:13 108:3,17 110:7

opened 8:22	PA 3:7 14:23 20:14,15,17 21:14 22:6 24:21 25:1,6 26:15, 27:16,17 28:20 30:22 31:10,17 32:21 33:2,5,10,14 35:11 36:16 37:5 39:7,17 40:4,7 41:25 42:23 43:1 46:22,25 47:1,4, 16,17,19 48:14,25 50:13 52:18,23 53:4,22 54:4 57:15,21 59:9 61:6 62:1,4 63:6 64:20,21 67:3,5,15 68:16 69:22 71:5,23 72:13 73:6,19 75:1 76:2,21 77:25 79:6,9 80:3,8,23 84:11,23 85:20 87:18,25 90:8,25 92:11 93:10,22 94:7,10	penalty 8:1	
operate 84:1	PA-C 20:24 21:14 22:7 75:18	people 11:17 12:3 13:1,14,16 14:5, 10 17:22 21:6 22:20,21 23:9 24:16 26:23 27:10,12 33:1,9 50:21 56:19 58:16 61:5 62:3 69:22 70:5,13 73:9 76:17 86:5 91:6 95:10 97:12 98:4,5, 19,24 101:8,11 103:18	
operations 5:19	PA-CS 20:23	people's 109:17	
opinion 14:7 25:23 61:2,8 66:11,25	PA-LEVEL 70:13	percent 10:15,16 50:3	
opinions 74:4 97:1	pages 108:20	perception 19:6 63:10	
opportunities 35:5	pain 5:9 113:14	performance 45:23	
opportunity 62:6,25 74:3 75:7	panel 11:7 12:12	permit 8:2 20:16	
opposed 75:1	paragraphs 84:8	person 23:6 35:24 36:1 42:3,20 47:14 49:20 66:10 75:23 80:12 96:2, 13,16 101:1,4 111:22	
option 12:2 92:6	Parenthood 57:18,21 58:5	personal 11:22 46:18	
options 101:9	part 4:15,25 5:3 17:25 19:18 21:13 26:23 28:22 30:11 35:18 56:22 57:12 60:6,12 64:2,14,18 73:12 93:15 111:6	personally 24:25 53:20 71:2 84:12 108:4	
order 7:23 8:24 18:9 48:6 59:9 71:17 92:14	participate 11:20 98:13	perspective 64:12 99:15	
ordering 66:3	parties 9:18,25 11:12	pertinent 35:18 84:23	
organization 8:19 13:4 15:13,14 17:3,4 35:1 44:5,20 63:22 64:18 71:8 79:18	PAS 10:18 14:7,8,21 20:22 21:4,14 30:13 32:7,16 33:18 39:8 42:2,18,25 47:7, 48:10 52:24,25 57:4,6,19,23 63:15,17,23 64:6,8,15 65:4,6,11,21, 24 67:2,13 68:7,8 69:1,23,24 70:9, 15,18 71:9,20,22 72:6,14,25 73:12 74:6,18 75:20 76:15,20 79:11,20 81:6,21,22 82:1,8 83:3, 87:5 90:16 92:14,20,22 95:23	petition 8:24 10:19 64:8	
organizational 73:8	PAS' 66:7	phone 25:19 56:10 98:12,14,16,22	
organizations 67:1 73:10	pass 20:15 76:21	physical 46:19,20	
original 89:24	passed 8:16 92:22,25	physically 41:23 49:4	
originally 46:18 87:23	past 50:17 63:16 64:20	physician 4:14,18,19 5:1 8:19,21 10:12,15,16,19 14:22,24 15:6,7,13, 15 20:2 22:4 29:5 30:7 31:2 32:17, 18,20 33:3,6,13,16 35:11,12 37:18 39:12,14 40:24 45:21,23,25 46:2,7, 13,15 48:9,17 50:14 51:3,5,12 52:17 53:7 54:19 55:7 56:9,19,20 57:11, 14,15 60:20,21 63:19 64:11 65:13, 15,20 67:21,22 68:12 71:15 74:8,15 76:16 78:4 79:10,21 80:6,8 82:1,11, 12,13,15,19 83:1 84:11,16,24 86:2, 21 87:20 90:5,8,16,18 91:8,9,10 92:19 93:12,16 94:20	physicians 4:14,18,19 5:1 8:19,21 10:12,15,16,19 14:22,24 15:6,7,13, 15 20:2 22:4 29:5 30:7 31:2 32:17, 18,20 33:3,6,13,16 35:11,12 37:18 39:12,14 40:24 45:21,23,25 46:2,7, 13,15 48:9,17 50:14 51:3,5,12 52:17 53:7 54:19 55:7 56:9,19,20 57:11, 14,15 60:20,21 63:19 64:11 65:13, 15,20 67:21,22 68:12 71:15 74:8,15 76:16 78:4 79:10,21 80:6,8 82:1,11, 12,13,15,19 83:1 84:11,16,24 86:2, 21 87:20 90:5,8,16,18 91:8,9,10 92:19 93:12,16 94:20
orthopedic 96:22	pathway 35:24	physician's 42:23	
Osteo 80:18 109:12 113:15,20	patient 58:22 73:19 84:25 93:20,21	physicians 30:24 40:18 49:17 50:12 54:18,20 56:7 62:8 67:12 68:8 81:22 89:15	
osteopathic 3:8,13 4:25 5:3,25 6:3 8:17 10:11 16:6 26:22 31:12 51:1,5 58:25 59:8,9 77:17 78:6 80:24 81:2 94:25 95:12 113:8	patients 41:5	physicians' 20:12 62:7	
osteopaths 14:12	Paxton 29:19	pick 48:2,4	
outcome 88:14 108:16 113:1	pay 59:9 78:16	picked 106:15	
outdated 22:7			
outlines 66:7			
overarching 65:1			
oversight 61:8 71:16			
oversupervised 65:11			
owned 85:18			
owner 48:19			
owns 85:19,23			
<hr/> P <hr/>			
p.m. 114:18			

piece 80:20
Pilar 61:20
place 39:10 47:11,16 57:5 70:22
73:17 81:16 110:5
places 94:10
plain 22:6
plan 10:21 19:20 37:3,16,24 40:21
42:16 46:6 49:13,14,15,16,24 50:1,8
53:24 54:12,14 59:10 66:6 68:2,9
80:25 83:2,19 85:13 86:1,9,22,24
87:10,16,17,19,24 88:11,22 89:13
90:19 91:15,23
Planned 57:18,20 58:5
plans 54:15 61:4 67:25 77:15
plasma 92:13
play 61:7
players 99:16
playing 88:8
plays 55:3
podiatric 61:17 62:8,13,16
podiatrist 61:16,20 79:5,8
podiatry 79:12
podium 7:7 60:5
point 15:20 23:6,11 24:10 25:6 26:8
39:15 61:25 69:9 86:12 114:3
pointed 62:2
points 25:3
policy 30:6
population 71:18
portability 42:8
portrays 66:2
position 27:2 85:17
positions 89:22
possibilities 114:15
possibility 62:6,11
possibly 93:17 100:16,17
post 111:9
posted 110:19
postpone 16:13
potential 89:13
potentially 54:1
Powerpoint 6:10,19 10:10 98:18
practice 10:12,14,16,21,22 14:7
19:20 20:11,21 21:19 27:17,19 28:2,
3,10 29:6,7,24 31:1 32:20 33:6 37:3,
16,24 38:15 39:12,20 40:4,6,18,21
42:9,16 45:22 46:5,14 48:17 49:13,
14,16,24 50:1,8 52:25 53:8,15,16,
17,23 54:7,12,14 59:10 61:4 63:6
64:1,2 65:1,2,14 66:6,7 67:3,5,9,12,
25 68:2,25 69:1,11,18,19 70:11,13,
16,19 71:5,6,7,11,14 72:7,12,15
73:14,19 77:14 79:21 80:4,8,25
81:20 82:5,6,7 83:1,12,19 84:10
85:12 86:1,3,9,16,22,24 87:10,11,
12,16,17,18,19,24 88:22,25 89:5,13,
21 90:16,19 91:1,8,15,16,23
practiced 89:20
practices 8:3 54:4 57:7 89:14 97:8
practicing 48:25 51:3 52:21 61:20
65:21 67:13 70:25 90:3
practitioner 33:15 41:1 45:11
56:12,13,20 74:25 75:2 93:22 94:20
practitioners 76:11,13 90:5 106:6
preapprove 91:14
preface 64:16
prefer 103:18
preferable 96:14
preliminary 12:11
prepare 105:13 107:23
prepared 6:9 17:11 28:10 108:13
prescription 41:8
presence 24:12 46:18,20,21
president 15:6 61:19 79:16
pretty 11:25 34:21,24
prevent 93:16
preventing 53:25
previous 74:3 75:20 93:7
previously 27:5 102:25
primarily 78:16
primary 44:7 71:9
princess 28:2
principles 53:12
prior 91:2 105:23
privilege 8:4 52:20
problem 32:5 38:12 58:7 81:16
83:7,20 88:3 89:12
procedural 16:22
procedure 31:24
procedures 8:2 92:13
proceed 17:18 29:15
proceedings 114:17
process 6:11,15 7:9,18,21 9:11
10:1 13:6 18:1,17,21 19:7,18 24:14
25:8,22 27:1 31:21 45:3 70:22
92:18,25 95:9 97:25 100:18,22
108:17 110:20 111:6
produce 69:16
profession 17:5 30:22 43:2 61:6
63:11,24 64:9 67:19 74:13,20 75:4
professionals 65:2
professor 61:1
program 5:25 7:16 30:8 60:22 61:1
77:7 102:9
programs 75:12
progress 95:15
progressive 52:23 68:3 69:9
propose 86:20
proposed 9:4 10:1 60:9 102:3
106:19
proposing 10:2
prospectively 89:12
protect 84:23
protocols 58:6,8,9
prove 73:20
provide 33:11 63:14 64:7 114:12
provided 102:24
Providence 49:18
provider 55:17,19 68:13 84:11 88:9
providers 93:8

providing 59:16

provision 94:15

public 5:4,9 6:6,23,24 8:3 9:15 10:2,
5 12:20,22,23 14:4 18:1 25:11,12,
15,17,23 43:16 47:4,8 54:1 59:14
66:1 73:18 83:20

pull 112:4

pulled 70:1 86:13

purpose 96:11

purposes 9:3

pursuing 71:20

push 41:5 73:6

pushing 30:12 73:11,13,16

put 17:2 22:22 30:16,20 43:8 50:6
62:8 65:10 68:9,18 70:22 74:23
75:22 76:1 77:6

putting 12:6 77:20

Q

qualification 76:18

qualifications 8:3 70:23

qualified 46:8,11

qualifies 35:12 91:10

qualify 36:17

quality 3:12 4:15,20 5:16,19,22 8:18
26:22 36:3 54:25 57:12

Queen 49:11

question 21:21 22:16 23:8 27:2,3
28:7 30:19 32:21,24 33:22 35:9
38:3,11 54:16 70:10,17,21 74:10
81:11 84:3 88:5 92:10 96:2 107:17
109:21

questions 12:15 13:6,12,18 14:4,5,
6,16 18:17 22:13 34:16 69:15 73:25
77:22 98:19

quick 6:10

quicker 31:20 77:23

quickly 40:15 61:18

quiet 13:10

quote 48:8 78:23

R

radiofrequency 92:13

radiology 94:18

Randall 16:10 39:6 80:23

randomly 48:5

Randy 81:10 97:16 99:20 112:21

range 28:1

rare 55:22

rate 95:4

ratio 41:10 69:2,11 81:19

ratios 10:13 67:9

reach 7:6

reaching 45:20

read 10:10 47:15 109:17 112:5

reading 92:18

real 31:1 39:23 45:16 63:25 67:4
99:15,22

reality 67:4 70:3

realize 90:10

reapply 40:20

reason 21:25 30:20 43:11 77:1
84:20 92:16 93:25

reasonable 61:7 89:5

reasonableness 45:4

reasons 93:4,6

receive 8:3

receives 74:16

recent 64:13,19 66:17

recently 59:1 79:20 81:1

reciprocal 32:11

reciprocity 68:19

reckon 73:9

recognition 70:25

recognize 62:24 73:17

recognizes 74:23

recognizing 30:24 74:16

recommend 41:16

recommendation 57:2

recommending 53:16

reconsider 17:9 114:8

record 3:19,24 11:14, 16:16 29:9

recorded 3:18, 100:20

recredentialing 28:19

red 32:8

redundant 50:5

reference 77:13

referring 84:4

reflect 53:3 69:18

reflective 63:25

reflects 31:6 67:4

refused 50:17

register 41:7

regressive 66:11,13,14,15

regulate 59:24

regulating 94:21 95:9

regulation 7:24 95:11,13

regulations 53:2 93:9

reinforce 30:11 34:1

reiterate 19:8

related 24:14,20 95:21

relates 10:11 72:13

relationship 35:11 44:18 57:10
62:20,21 71:15 76:9,10,12

relay 71:10

relevant 12:16

remain 74:7

remarks 28:12

remember 8:8 36:5 57:17 94:1
96:21

remind 43:10

remote 10:14,19 32:16 36:17,19
54:7,14 55:3,9 97:7

remote-access 45:11

removed 73:20

renamed 10:23
Renco 16:8,9
RENTON 3:1
repackaged 20:4
repeating 38:4
replace 44:15
reply 110:14
replying 13:7
report 9:7,10 10:7 11:15
reporter 3:18,23
represent 13:4 66:21 67:2
representative 23:7 60:15 111:25
112:20
representatives 74:22
represented 62:14
representing 8:19 15:13 16:20 17:4
30:5 54:9 64:5 94:12 99:19 112:23
represents 30:21 36:3 37:23
Republic 75:24
request 24:16 25:6 27:4,6 41:12
43:17 44:25 74:9 89:5 105:17,21
requested 29:10
require 46:17,19,20 51:2 69:6,12
91:13
required 10:22 43:2 51:11
requirement 8:6 57:2 76:21
requirements 7:17 8:2 10:8 26:15
28:20
requires 11:2 40:10 41:9 69:3,5
70:24
rescinded 81:1
research 75:8
reserved 12:9
resistance 83:24
respect 38:12 74:2
respectfully 86:8
respective 111:5
respects 65:25
respond 27:2 111:5
responses 64:10
responsibilities 7:12
responsibility 26:14 43:15 48:10,
11 113:19
rest 39:20
restrict 28:3
restriction 41:10,17
restrictions 71:12 108:1,2
restrictive 38:6,15,16,25
retain 71:14
rethink 112:14
retires 78:1
retreat 69:21
review 7:20 50:18 80:25 86:11,25
87:21
reviewed 83:6
Reviser 9:14
revisers 17:1
rid 22:5
rights 41:8
risk 48:13
RN 94:10
road 80:6
role 61:7 64:4
roles 7:12
rolling 3:15
room 62:9 69:20 80:23 92:11 96:13
100:9 103:7 104:6 113:16
root 87:5
rough 9:4
rule 7:18,22,23 8:5,11,13 10:1,13
17:1 21:13 30:15 33:19 34:6 43:9,
14,19 51:7,24 52:1 62:2 75:22 78:24
83:14,15,17 84:14,20 95:19 108:21
112:19
rule-making 9:11 61:24 62:21
75:17 94:14 111:6
rules 3:7 6:11,15 7:9,11,13,20,21
8:9,21,22 9:1,5,8,12,16,19 10:2,6
11:3,23 12:7,12 13:8,19,22 14:6,14,
21,23 15:24 17:22 19:10 21:22 22:6,
7 24:21 25:1,7,8 26:20 27:21 29:16
31:8 35:10,13,19,20 37:11 38:5
39:25 44:1 45:9,14 60:9 62:1 68:6,
11 84:4,22 85:7 88:6,21 92:12 93:1,
3,4,23 94:1,4,7,21,22,23 95:16,19,
20 99:22 102:3,14,17 110:19,20
111:12, 113:13,17,20
ruminating 63:21
rural 29:6 32:20 55:6 85:16,17
Ruth 60:25

S

safe 43:16
safety 58:22 73:18 93:20
sanction 8:1
save 91:25
Scanlan 61:13,14,15 62:16,24
scenario 83:5
schedule 99:25 105:10
scheduled 96:10 107:15
scheduling 101:14
Schimmels 4:17,18 21:8,12,17,23
22:2,15,18 23:14,18,24 24:7 34:11
51:17 52:3 72:4,16,22 73:1,3,12,22
93:15 94:9 96:18 104:24 105:8
106:22 107:1 110:4,13,17,22,25
111:7,14,20 112:12
school 67:21,22
scope 53:14,15,16 67:9 84:10 93:11
scratch 88:11
screws 50:13
scrutiny 46:4
seamlessly 78:3
search 32:4
seat 16:23
seated 18:11 26:18
secretary 5:23 7:20
section 10:25 15:10 61:1
send 11:15 12:4,10 37:16,19 40:11
43:3 89:23 91:25 101:17 102:8
103:21 109:24 110:2

sends 39:17,19	similar 77:21 85:15	speaker's 74:3
sense 21:5 68:15 79:1	simply 31:11 61:9	Speakers 26:4,5
sentence 83:10	single 47:14 66:3 89:13	speaking 52:15
sentiment 63:20	sir 29:20 33:23 38:1,22	speaks 16:14
sentiments 64:5	sit 25:4 64:19 108:15	special 63:18 101:25
separately 24:23	site 10:14,19 36:17,19 53:17 54:7,8, 15 55:3,9 86:10 88:11,15 90:2 97:6, 7 110:19	specialty 70:21,25 71:23 72:11 76:20,23
serve 71:17	sites 10:12,14 32:16 55:6,8	specific 6:16 27:21 34:16 35:4 70:21 72:11 91:7 92:24 102:13,16
served 52:17	sitting 26:9 29:13 47:8 59:21,22 113:16	specifically 53:14 81:2
service 27:19	situation 44:4 54:17 55:16 56:6 58:4,8 87:14 91:6 95:21	specifics 101:17
services 45:24,25	situations 57:4 58:16 89:8	spends 10:15
session 104:7 105:23	skills 59:13	splitting 76:12
sessions 96:10	Skype 32:17 33:5	Spokane 4:18 101:8
set 8:1,2,3,4 101:24 103:5 113:4	slide 7:15 11:4	spoke 36:2
setting 85:16 86:21 102:16	slides 101:19	spoken 24:17
settings 55:4	slowing 4:1	sponsor 17:7 49:2 79:10 91:7
Shannon 4:24	slowly 3:24	sponsored 80:6
shape 95:7	small 10:9 87:12	sponsoring 54:19 55:6 57:14 65:15,19 76:15 78:9,10 79:22 89:14 91:10 93:12
share 6:25 45:15 80:20 81:1	smaller 40:6	spots 40:19
sharing 108:11	software 11:20	staff 5:12 6:9 7:16 12:15 23:8 26:10 86:16 92:7 100:6 102:9 107:22 111:16 114:13
Sharon 5:2	sold 8:5	staffed 56:18 85:20
sheet 4:4 13:25	solicit 9:18	stakeholder 9:21
shift 85:25 86:23	solid 100:11	stakeholders 83:24
short 82:8	solo 32:20 45:11 56:12 87:11	stance 69:9
shoulder 66:3	someday 70:12	stand 76:8
show 29:9	someone's 40:19	standard 58:10
shown 73:18	something's 86:12	standards 8:4,25
sick 40:4,25 41:1 44:15 56:4 85:25	sort 14:9 23:7,9 27:1 46:4 71:3 92:15	standing 7:6 15:2
side 46:23 78:18 96:3 104:10	sorts 25:15	standpoint 55:10 66:22
sides 99:19	sounded 30:23	stands 9:14 65:16
sign 4:5 37:19 40:8 42:20	sounds 102:13 104:15	start 3:14 4:10 6:8 12:19 100:20,25
sign-in 13:25	spas 93:17,21	started 3:16 9:1 52:21 63:22 100:21 101:1,12 112:14 113:23 114:6
sign-up 4:4	speak 3:22,24 4:3,5 11:22 13:2,12, 15,17 14:1,5 16:2 27:9 29:14 30:17 60:24 82:22	starting 105:24
signature 41:9		
signed 4:3 13:14 78:1,2		
significance 18:14 19:19,23		
significantly 53:1		
silo 89:20		

starts 104:7	Sunday 106:9	talked 58:1 77:3
state 11:12,18 13:3 30:14 32:7 39:8, 18 40:11 41:3,21 43:2,3 46:16 51:4 52:16,22,23 54:13 61:3,6,7,17 63:3 65:7 66:8 69:4 71:15 73:10 78:25 83:22,25 87:18	supervise 47:7,9 66:1 68:8 80:13	talking 45:9 50:3 63:8 80:20 81:25 85:14 94:23 98:21 103:18 104:4 112:6
stated 27:5 34:21,24 35:6 50:23 66:17	supervised 51:4 58:22 62:7 65:24 78:23 94:17,19	talks 50:21 69:25
statement 92:24	supervising 14:22, 27:24 31:2 32:16,18 33:3,6,12 34:20 48:9,12 51:11 56:9 57:14 65:15,20 68:12,13 76:15 80:9 82:1,13,14,18 83:1 84:16,24 86:2,21 87:20 90:8,18 93:11 99:17	tasks 94:8
states 39:17,19 51:2,11 67:1 70:12 71:13 74:6 83:2 90:4 91:12,14	supervision 10:13 14:8,9 32:15 41:13 46:15,17 47:3,12,13 48:7 54:17,22 55:11 57:2,9, 58:13 64:24 65:4 66:19 69:11 71:12 78:21 81:5 93:14	technical 84:21
statewide 8:18 15:12 17:4	supervision' 66:2	technically 88:16
statute 7:20 8:7,11 10:14 11:24 51:1,2,7 62:3	supervisor 47:23 69:2 80:12	technology 8:25
step 33:21 42:18	supervisory 67:9	tenens 44:16
Stoll 60:18,19,20	support 53:9,13,20 57:3,10 71:21	term 21:13 44:3 63:23 65:19 66:1,9, 19 68:25
stop 96:9	supported 27:18	terminology 63:9,21 64:15 65:8
stops 41:4	supposed 11:4 96:8	terms 13:6 18:20 53:24 59:4,23 64:4 65:3 66:20 67:8 70:22 71:12 72:20 81:4,5,15 95:23
straight 12:22,23	surgeon 4:23 5:6 96:22	tertiary 27:17
strengths 30:25	surgery 6:1 8:17 27:19 63:7 84:6 92:15	test 20:15
strict 58:6	surgical 72:13	testimony 52:14
strong 64:14	surrounding 17:15	theoretically 40:5
strongly 60:14	Susan 61:13,15	therapy 92:20 93:12
struggle 35:14	suspect 97:7	Theresa 4:17
stuff 44:11 77:6 84:7 92:16 95:4	system 11:13 54:11,21,23 56:18 109:17	thing 8:8 14:9 20:4 22:7 34:4 35:3 40:14 66:3 76:17 82:3,4 91:22 94:6 98:5 103:19 109:9 113:18
subject 7:25	systems 5:22 54:10,24	things 3:15 7:25 8:13 9:17 13:23 24:12 30:23 31:7,9, 39:15 40:2 43:5 56:25 63:19 64:23 73:15 76:7 81:18 84:22 85:8 92:14 94:18,19 101:14, 17 102:6 108:11,21 109:16 111:18
submit 26:13 53:23 54:12,14 74:3 86:10 87:20 88:1,12 102:9 110:11	<hr/> T <hr/>	thinking 44:20 84:22
submitted 50:21 88:22 110:15,16	table 15:16 16:23 17:8 18:15 19:16 23:19 24:2,6,10,11 25:4 26:9 29:13 59:22 60:2 62:14	thinks 12:12 61:4,6
subspecialization 69:23	Tacoma 54:10 59:2 82:14	thought 12:15 35:25 36:13 79:19
substance 14:14 18:20	takes 40:11,13 68:16 77:14,16	thoughtfulness 85:5
substantive 24:20	taking 25:14 41:4 90:21	thoughts 42:7 43:8,18 56:24 70:5 96:12
Substitute 6:16 8:15 10:9	talk 16:14 19:12 20:6,20 21:2 24:1 59:19 64:21 69:22 74:3 98:2 100:3,4 107:21	threshold 69:7
sudden 40:5 78:20,21 82:8		throwing 108:11
suggesting 87:10		Thursday 103:9 104:16,21
suggestion 24:9,15 27:4		tied 33:10
suggestions 25:15 108:21		time 10:16 13:1 16:9 27:7 28:11 31:8
summarize 42:6		
sun 104:11		

37:18 40:13,24 43:4 54:13 57:25 58:18 62:5 70:6 73:24 77:14 81:23 82:2 83:4,6 90:22 91:25 94:11 96:8 97:20 103:11,13 104:3 107:4 108:15		
timeline 6:11,15 9:4		
times 21:24		
title 20:9 37:22 64:9,25 67:23 113:18		
today 3:6,20 4:3,5 6:4 8:14 9:22 10:24 16:19 18:25 24:19 37:24 59:17 61:18,22 63:8 64:24 66:12 70:8 82:9 88:2 99:23		
today's 3:17		
told 33:1 36:16 42:15 57:24 70:14		
Tom 4:21		
tomorrow 40:19 63:17 73:13		
ton 52:20		
top 83:16		
topic 79:5		
Toppenish 30:8		
totally 59:25		
touch 6:17,18		
town 32:20		
trained 45:24 64:1		
training 21:4 60:22 93:14		
transcript 109:3,5		
transferable 68:14		
transparent 25:22 26:1		
travel 12:4		
trigger 8:13		
trouble 58:11		
true 81:23		
Tuesday 104:22 106:23		
Tumwater 101:7		
turnout 64:12		
type 27:23 58:15,24 74:15 75:6 93:11		
typed 11:16		
types 57:7 94:18		
typing 98:19		
	U	V
ultimate 43:15		vacation 32:23 33:7, 35:13 38:7 45:12 90:17,21
ultimately 18:2,6,7		verbiage 68:7 84:6 87:10
unanticipated 89:10		Vernon 5:6
unblemished 71:11		version 6:19
unclear 8:7		versus 21:14 68:17 81:16 87:11 96:13,18,19 97:2
underlying 8:7		video 97:19
understand 18:14 19:11,21 22:18 23:20 24:4,16 27:4 34:3 43:17 45:8 56:5 59:22,25 72:1 76:25 84:19 85:1 88:4 99:9 108:3,7 109:11,18 110:10 112:21,23 113:5,22		videoconference 101:9
understandable 32:6		view 17:20
understanding 20:25 23:10 65:13 84:1		violation 8:1 93:23
understood 72:8		Virginia 27:15 45:7 61:20 63:6 71:24
undersupervised 65:11		visibility 99:12
undertaking 64:17		vision 67:2
unique 72:14		volunteer 59:2,11 88:10,15
United 74:6		vote 17:22 18:7,10 26:14 106:24 113:11,12 114:4,5
University 30:8 60:22		voting 15:20 22:21,23 29:14 34:5 113:8,9,10,25 114:2
unnecessary 59:13 77:6		
unsupervised 93:17		W
unusual 31:17		wait 31:17 42:21 79:8 86:17 87:16 88:4 102:19
upcoming 4:7 20:22		waiting 32:3
update 20:10		waits 39:18
updating 24:21		waiver 10:20
upper 85:20 86:6		wanted 4:10 7:8 11:6, 12:10 13:25 31:5 32:20 38:9 61:2,23 62:8 63:12 64:16 75:9 80:25 87:14,24 101:6
Urakawa 15:1,5,9,25 26:6,8 76:5 77:9 78:7,11,13,17 92:3,17 93:7		wanting 66:18
urban 55:8,18		WAPA 15:21 16:20,23 17:10,11,21 19:13 20:2 22:19,22 23:6 24:16 26:12 29:5,10 30:5,7,12 34:10 37:8 45:2 59:15 60:14,15 67:20 73:4 74:9 76:7 79:16 108:19 111:24 112:15, 16,19,20
urge 17:17 64:14 86:8		Washington 3:1 4:15,19 8:5 9:19 15:6,14 30:9,14 43:2 52:22 60:23 61:17 75:24 80:14 97:6,19 99:13,14
urgent 40:3 54:11,20 55:17 81:21 82:6,12,25 85:19,24 86:2,4,15,16,21		
utilization 52:24,25 53:4		
utilize 54:4 58:20		

watching 66:2 99:1
water 40:14
ways 8:22 82:18
weaknesses 30:25
weather 100:22,23 101:13
Web 102:8
webinar 11:11,13,21 25:20 96:18,19
98:4,5 99:7,25 101:14 103:2,3,5
104:1,2 105:4,5,6,20 108:19 109:1
webinared 99:13
webinars 11:17,25 12:1 24:6 97:2
100:17,21
website 109:24 110:5,21 111:12,17
112:5,8 114:13
Wednesday 106:25 107:1,2,6
week 26:17,24 32:14 94:15 103:22
104:8
weekend 106:18
weeks 31:22
Wendy 52:7,12 69:17 81:25 88:9,15
Wendy's 87:14
western 99:14
whacked 108:12
white 35:4
wing 41:22
wins 88:7
wise 24:13
Wood 29:2,3,5,20,23 30:1 85:11
87:3,7,13 88:17 90:9,13,23
word 11:1 47:14 65:25
worded 35:2
wording 19:25 31:5
words 19:20 26:7 37:14 89:11,16
98:15 113:2,18
work 4:14 5:21 8:18,20 9:21 10:18
11:19 18:21 27:15,17,19 29:7,23
30:7 32:3,17,22 33:8 39:7,22 40:3,7,
17,18,22 47:24 48:3,25 49:18 52:20
54:9 57:21 58:5,24 64:16 71:9 79:11
80:1,4 81:15 82:14,16 87:15 88:2,7
89:8 90:22 91:17 92:18 93:11 95:14
99:6,10 107:14 108:5,9

worked 24:23 36:18 42:2 47:16
53:12 54:13 61:5 63:16 90:20 94:4
103:12 111:23
working 11:23 14:19 15:12 22:3
25:18 30:10 31:1 37:18 40:5 41:13
44:12 46:23 47:1 54:18 56:8 65:17
68:6 76:15 78:23 79:6,9,20 80:3
81:23 82:2 83:4,6 86:14 90:6 93:16
works 7:11 44:16 54:20 81:13 82:12
104:24 109:17
workshop 9:22 11:20 12:7
workshops 11:9 12:3 100:25
world 63:13
worried 108:16
worst 3:25
worth 65:23
write 30:15 43:13 44:21 83:10 86:22
writing 38:21 43:19 45:14
written 55:5 90:18,24 92:22 102:17
wrote 31:19
WSMA 94:12 112:22

Y

Yakima 96:5 101:8
year 20:16 52:5 81:7 83:21,22 86:14
years 11:25 22:4 34:21 42:16 44:24
47:17 50:4 52:16,19,24 53:1 57:6,21
63:16 69:17,21 71:10 74:17 79:16
90:21 94:4