# PROPOSED RULE MAKING

**CR-102 (June 2012)**
**(Implements RCW 34.05.320)**
Do **NOT** use for expedited rule making

**Agency:** Department of Health- Medical Quality Assurance Commission

☒ **Preproposal Statement of Inquiry was filed as WSR** 15-17-076 **; or**
☐ **Expedited Rule Making--Proposed notice was filed as WSR _ ; or**
☐ **Proposal is exempt under RCW 34.05.310(4) or 34.05.330(1).**

☒ **Original Notice**
☐ **Supplemental Notice to WSR**
☐ **Continuance of WSR**

**Title of rule and other identifying information:** (Describe Subject)
WAC 246-918-185 (New) Training in suicide assessment, treatment, and management for allopathic physician assistants.

**Hearing location(s):** Red Lion Wenatchee
Chelan Room
1225 N Wenatchee Avenue
Wenatchee, WA 98512

Date: 06/22/2016 Time: 3:30 pm

**Date of intended adoption:** 06/22/2016
(Note: This is **NOT** the **effective** date)

**Submit written comments to:**
Name: Daidria Pittman
Address: PO Box 47866
Olympia, WA 98504-7866
e-mail: http://www3.doh.wa.gov/policyreview/
fax (360) 236-4626 by (date) 06/15/2016

**Assistance for persons with disabilities:** Contact
Daidria Pittman by 06/15/2016
TTY (800) 833-6388 or () 711

**Purpose of the proposal and its anticipated effects, including any changes in existing rules:**
The Medical Quality Assurance Commission (commission) had begun rulemaking after the legislature passed chapter 71, Laws of 2014 (Engrossed Substitute House Bill (ESHB) 2315). This bill requires allopathic physician assistants (among other professions) to complete a one-time, six-hour training in suicide assessment, treatment, and management. Chapter 249, Laws of 2015 (ESHB 1424) revised the requirement date and the proposed rule incorporates that change as well.The proposed rule also incorporates an allowance in ESHB 1424 for the commission to define licensed physicians who are exempt from the training.

**Reasons supporting proposal:**
The proposed rules implement suicide prevention training as required in ESHB 2315 as well as ESHB 1424. It is the legislative intent that these rules will help lower the suicide rate in Washington by requiring allopathic physician assistants to complete training in suicide assessment, treatment, and management as part of their continuing education requirements.

**Statutory authority for adoption:**
RCW 18.71.017

**Statute being implemented:**
RCW 43.70.442 and 18.71.080

**Is rule necessary because of a:**

| | | |
|---|---|---|
| Federal Law? | ☐ Yes | ☒ No |
| Federal Court Decision? | ☐ Yes | ☒ No |
| State Court Decision? | ☐ Yes | ☒ No |

If yes, CITATION:

**DATE 04/30/16**

**NAME** (type or print)
Melanie de Leon

**SIGNATURE** Melanie de Leon

**TITLE**
Executive Director

**CODE REVISER USE ONLY**

OFFICE OF THE CODE REVISER
STATE OF WASHINGTON
FILED

DATE: May 04, 2016
TIME: 10:25 AM

WSR 16-10-106

**(COMPLETE REVERSE SIDE)**

**Agency comments or recommendations, if any, as to statutory language, implementation, enforcement, and fiscal matters:**

None

**Name of proponent:** (person or organization) Medical Quality Assurance Commission

☐ Private
☐ Public
☒ Governmental

**Name of agency personnel responsible for:**

| | Name | Office Location | Phone |
|---|---|---|---|
| Drafting..... | Daidria Pittman | 111 Israel RD SE, Tumwater, WA 98501 | (360) 236-2727 |
| Implementation.... | Melanie de Leon | 111 Israel RD SE, Tumwater, WA 98501 | (360) 236-2755 |
| Enforcement..... | Melanie de Leon | 111 Israel RD SE, Tumwater, WA 98501 | (360) 236-2755 |

**Has a small business economic impact statement been prepared under chapter 19.85 RCW or has a school district fiscal impact statement been prepared under section 1, chapter 210, Laws of 2012?**

☐ Yes. Attach copy of small business economic impact statement.

A copy of the statement may be obtained by contacting:
Name:
Address:

phone
fax
e-mail

☒ No. Explain why no statement was prepared.

A small business economic impact statement was not prepared. The proposed rule would not impose more than minor costs on businesses in an industry.

**Is a cost-benefit analysis required under RCW 34.05.328?**

☒ Yes A preliminary cost-benefit analysis may be obtained by contacting:
Name: Daidria Pittman
Address: PO Box 47866
Olympia, WA 98504-7866

phone (360) 236-2727
fax (360) 236-2795
e-mail daidria.pittman@doh.wa.gov

☐ No: Please explain:

NEW SECTION

**WAC 246-918-185 Training in suicide assessment, treatment, and management.** (1) A licensed physician assistant must complete a one-time training in suicide assessment, treatment, and management. The training must be at least six hours in length and may be completed in one or more sessions.

(2) The training must be completed by the end of the first full continuing education reporting period after January 1, 2016, or during the first full continuing education period after initial licensure, whichever occurs later. The commission accepts training completed between June 12, 2014, and January 1, 2016, that meets the requirements of RCW 43.70.442 as meeting the one-time training requirement.

(3) Until July 1, 2017, the commission must approve the training. The commission will approve an empirically supported training in suicide assessment, suicide treatment, and suicide management that meets the requirements of RCW 43.70.442.

(4) Beginning July 1, 2017, the training must be on the model list developed by the department of health under RCW 43.70.442. The establishment of the model list does not affect the validity of training completed prior to July 1, 2017.

(5) The hours spent completing training in suicide assessment, treatment, and management count toward meeting applicable continuing education requirements in the same category specified in WAC 246-918-180.

(6) The commission may exempt a licensed physician assistant from the training requirements of this section if the physician assistant has only brief or limited patient contact, or no patient contact. Brief or limited patient contact or no patient contact means the physician assistant:

(a) Engages exclusively in analysis and interpretation of laboratory or imaging studies that do not require direct patient interaction;

(b) Engages exclusively in research or administrative activities that do not involve direct patient interaction; or

(c) Is not engaged in the direct delivery of patient care.