

Significant Legislative Rule Analysis
Chapter 246-918 WAC
A Rule Concerning Allopathic Physician Assistants
September 2014

Describe the proposed rule, including a brief history of the issue, and explain why the proposed rule is needed.

Substitute House Bill (SHB) 1737 (Chapter 203, Laws of 2013) requires the Medical Quality Assurance Commission (commission) and the Board of Osteopathic Medicine and Surgery (board) to work in collaboration with a statewide organization(s) representing the interests of physician assistants to modernize the current physician assistant (PA) rules.

In response to SHB 1737, the commission and board established a Joint Physician Assistant Committee (committee) consisting of members from the commission, the board, the Washington Academy of Physician Assistants (WAPA), and the University of Washington's MEDEX physician assistant training program to develop proposed rules. The workgroup convened several open public meetings from November 2013 through June 2014, which included two webinars and five in-person workshops to consider draft rule revisions and solicit stakeholder feedback and comments.

SHB 1737 requires the commission and board to revise rules for allopathic and osteopathic PAs, their practice sites (both standard clinic and remote sites), supervision ratios, and develop proposed rule revisions that "modernize" the PA regulations. In addition, as part of the committee's recommendations, commission and board staff considered ways to streamline, align where possible, and synchronize the two professions' rules and credentialing processes since many PA applicants now seek both an allopathic and osteopathic PA credential.

Draft rules were recommended by the joint committee to the commission and the board, and the commission has approved revisions to chapter 246-919 WAC going forward as the proposed rules package. The proposed rules are designed to be responsive to the intent of SHB 1737 to facilitate a faster and leaner application process for all PA applicants as part of the overall modernization of rules. In addition, both sets of proposed rules are made similar where appropriate by taking the best practices from both the board's and commission's existing rules and incorporating them in the proposed rules or the revised delegation agreements forms. The proposed rules represent the committee's collective recommendation and the commission's agreement on proposed regulations for PAs in the state of Washington.

Is a Significant Analysis required for this rule?

Yes, as defined in RCW 34.05.328, portions of the proposed rules require a significant analysis. However, the department has determined that no significant analysis is required for those chapter sections identified in Table 1 below.

Clearly state in detail the general goals and specific objectives of the statute that the rule implements.

Authority for the revision and adoption of rules for allopathic physician assistants is established in chapter 18.71A RCW as amended by SHB 1737, and in other relevant statutes such as RCW 18.130.250 regarding retired active credentials. The intent of SHB 1737 is to modernize the current PA rules to clarify regulatory requirements and streamline credentialing and delegation agreement form processes.

The objectives the proposed rules implement include (pursuant to SHB 1737):

- Updating PA definitions to reference new terminology required by SHB 1737.
- Streamlining PA requirements relevant to their prescriptive authority.
- Clarifying background check requirements for new applicants.
- Providing clearer directions for how PAs can return to active status when their license has expired.
- Revising PA supervision requirements and physician/PA ratios in remote clinic sites and non-remote clinic sites.
- Updating of renewal and continuing medical education information to align with osteopathic PA rules and be more current with national standards.
- Adding a new section establishing requirements for delegation agreements.
- Adding a new section establishing steps and requirements needed for active osteopathic PAs who are in good standing who want to obtain an allopathic PA license.
- Adding a new section establishing a retired active credential under RCW 18.130.250 and the steps needed to obtain and renew this credential.
- Clarifying what PAs must do if their supervising or sponsoring physician is subject to disciplinary action.

In addition to these proposed section amendments, general housekeeping and technical editing of rules are proposed to clarify and simplify language so as to assist with reading ease and comprehension of the regulations.

Explain how the department determined that the rule is needed to achieve these general goals and specific objectives. Analyze alternatives to rulemaking and the consequences of not adopting the rule.

The proposed rule will achieve the authorizing statute's goals and objectives. The board and commission worked in collaboration with statewide organizations representing the interests of PAs and other interested stakeholders to examine the PA chapters to determine which sections required modernization to reflect current best practices and national standards when applicable.

There are no alternatives to rulemaking given that SHB 1737 mandated rules regulating PAs be revised and adopted by the commission and board. In addition, there are no alternatives to rulemaking that legally enable the commission and the board to enforce standards established by SHB 1737, or other proposed best practices proposed that are designed to protect the public's health and safety.

Explain how the department determined that the probable benefits of the rule are greater than the probable costs, taking into account both the qualitative and quantitative benefits and costs and the specific directives of the statute being implemented.

The department determined probable benefits by categorizing all chapter sections of the allopathic PA rules into sections that were: (1) newly established, (2) revised, (3) repealed, or (4) not amended. From this, amended sections were identified as being significant or non-significant. While many proposed revisions are by definition considered significant legislative rules under RCW 34.05.328, the following rules in Table 1 are considered non-significant rules and therefore do not require a cost/benefit analysis.

Table 1: Non-Significant Rule Identification for Physician Assistants (PA)

#	WAC Section	Section Title	Section Subject	Reason
1	WAC 246-918-005	Definitions	This section defines terms used throughout the chapter.	The proposed rule is exempt from analysis under RCW 34.05.328(5)(c). Definitions do not set or modify a requirement to obtain a license, cannot be violated, and do not adopt substantive provisions of law.
2	WAC 246-918-007	Application withdrawals.	States that an applicant may not withdraw his or her application once it has been submitted.	This section of rule is exempt from analysis under RCW 34.05.328(5)(b)(iv). The change clarifies language in the rule without changing its effect.
3	WAC 246-918-050	Physician assistant qualification effective July 1, 1999. (Title changed to: Physician assistant qualifications for interim permit.)	This section states that a PA applying for a license after July 1, 1999, must complete the NCCPA examination, and an applicant for an interim permit will have one year to successfully complete the exam.	This section of rule is exempt from analysis under RCW 34.05.328(5)(b)(iii) and (iv). The change clarifies language in the rule without changing its effect and adds language regarding interim permits per SHB 1737, incorporating by reference without material change

				requirements from Washington state statute.
4	WAC 246-918-075	Background check – Temporary practice permit.	Explains the background check process and details the requirements for obtaining a temporary practice permit.	This section of rule is exempt from analysis under RCW 34.05.328(5)(b)(iv). The change clarifies language in the rule without changing its effect. Two unnecessary explanatory sentences were removed and terms were changed for clarity.
5	WAC 246-918-081	Expired license. (Title changed to: How to return to active status when a license has expired.)	Explains the process for returning an expired license to active status.	This section of rule is exempt from analysis under RCW 34.05.328(5)(b)(iv). The change clarifies language in the rule without changing its effect. The title was changed to provide better direction for a PA who needs to reactivate his or her expired license. Formatting changes were made and the requirements were better clarified without changing the substantive content of the rule.
6	WAC 246-918-095	Scope of practice – Osteopathic alternate physician.	Explains that the PA will practice pursuant to his or her delegation agreement and under the supervision of a licensed allopathic or osteopathic physician.	This section of rule is exempt from analysis under RCW 34.05.328(5)(b)(iii) and (iv). The change clarifies language in the rule without changing its effect. It adds

				language that identifies a physician licensed under chapter 18.71 RCW or chapter 18.57 RCW is an allopathic or osteopathic physician, respectively.
7	WAC 246-918-120	Remote site – Utilization – limitations, geographic. (Title changed to: Remote site.)	Amended rules for a PA to work in a remote site.	The rule is exempt from analysis under RCW 34.05.328(5)(b)(iii), rules that adopt or incorporate by reference without material change to state or federal statutes. Makes changes in rule mandated by SHB 1737 and changes the title to remove unnecessary wording.
8	WAC 246-918-171	Renewal and continuing medical education cycle revision. (Title changed to: Renewal and continuing medical education cycle.)	Explains the continuing education reporting cycle and renewal timeframe for PAs.	This section of rule is exempt from analysis under RCW 34.05.328(5)(b)(iv). The change clarifies language in the rule without changing its effect. Unnecessary wording was removed for clarity.
9	WAC 246-918-250	Basic physician assistant-surgical assistant duties. (Title changed to: Basic physician	Clarifies the scope of practice for a PAsA.	This section of rule is exempt from analysis under RCW 34.05.328(5)(b)(iv). The change clarifies language in the rule without changing its effect. The rule

		assistant-surgical assistant (PASA) duties.)		abbreviates physician assistant-surgical assistant as PASA and clarified the roles and limitations of the PASA.
10	WAC 246-918-260	Physician assistant-surgical assistant– Utilization and supervision. (Title changed to: Physician assistant-surgical assistant (PASA) – Use and supervision.	Explains the responsibilities and limitations of a PASA.	This section of rule is exempt from analysis under RCW 34.05.328(5)(b)(iv). The change clarifies language in the rule without changing its effect. The rule abbreviates physician assistant-surgical assistant as PASA and clarified the roles and limitations of the PASA.

The following sections were not reviewed, and therefore, no changes were made:

- WAC 246-918-125 Use of laser, light, radiofrequency, and plasma devices as applied to the skin.
- WAC 246-918-126 Nonsurgical medical cosmetic procedures.
- WAC 246-918-410 Sexual misconduct.
- WAC 246-918-420 Abuse.
- WAC 246-918-800 through -813 Pain management.
- WAC 246-918-990 Fees.

The proposed rules that are considered legislatively significant are analyzed below.

A. WAC 246-918-030 Prescriptions issued by physician assistants. (Repealed)

Rule Overview: The current rule states that a PA must comply with current and applicable federal and state prescription regulations. This proposal is repealing the section because it is duplicative of existing federal and state laws, and much of the language is not necessary. Retained language is being moved to another section of this chapter, WAC 246-918-035.

Rule Cost/Benefit Analysis: Repealing this rule will not impose costs. The benefit of this proposal is that it will repeal and remove an unnecessary rule.

B. WAC 246-918-035 Prescriptions.

Rule Overview: The current rule—WAC 246-918-030—Prescriptions issued by physicians assistants—states that a PA must comply with current and applicable federal and state prescription regulations.

The proposal changes the title to read: Prescriptions. The proposal clarifies and shortens rule language that is duplicative of federal regulations. The proposed rule amendment adds that if a supervising physician’s prescribing privileges have been limited by state or federal disciplinary action, the physician assistant will be similarly limited in his or her prescribing privileges, unless otherwise authorized in writing by the commission.

Rule Cost/Benefit Analysis: There are no costs to comply with this rule. The benefit of this rule is that it will establish a consistent process for allopathic PAs to obtain and use prescriptive authority.

C. WAC 246-918-055 Delegation Agreements. (New section)

Rule Overview: The proposed rule states what is required in a delegation agreement between a PA and his or her sponsoring physician(s) in order to be approved by the commission. These agreements must include details regarding sites where the PA will practice, plan for supervision between the PA and physician, and general scope of the PA’s duties, among other requirements. This language currently exists in the commission’s delegation agreement form. By proposing the language in rule, the delegation agreement requirements would be enforceable. This proposed rule incorporates language requiring notification of the termination of the working relationship between a PA and their supervising physician that is derived from WAC 246-918-110, which is proposed for repeal. The proposal also adds language contained in SHB 1737 relevant to the number of PAs a physician may supervise in different settings and indicates more than one physician (or group of physicians) may serve as the alternate sponsoring physician.

Rule Cost/Benefit Analysis: There are no costs to comply with the rule. The benefit of this rule is that it will establish a process for PAs and their supervising physicians to create their delegation agreements to meet their specific clinic needs and requirements.

D. WAC 246-918-070 Credentialing of physician assistants. (Repealed)

Rule Overview: The current rule states that all completed applications for licensure shall be reviewed by a member of the commission or a designee authorized in writing by the commission, prior to licensure.

The proposal repeals this section because the commission did not think it was necessary.

Rule Cost/Benefit Analysis: Repealing this rule will not impose costs. The benefit of this proposal is that it will repeal and remove an unnecessary rule.

E. WAC 246-918-080 Physician assistant – Licensure. (Revised)

Rule Overview: Current rule language states the commission’s procedure for application for licensure as a PA. It also states that PAs or PA-SAs cannot work without the commission

first approving their practice plan. Last, it requires PAs to submit to the commission a new practice plan when changes or additions occur in PA supervision.

The proposed rule language exempts PAs licensed prior to July 1, 1999, from the requirement to have graduated from an accredited commission-approved PA program and successfully passing the NCCPA examination as a requirement for licensure. The proposed rule language also eliminates reference to a physician assistant-surgical assistant, replaces the term “practice plan” with “delegation agreement”, and adds updated information regarding requirements for licensure. This proposed rule also adds the requirement for AIDS education that is currently under WAC 246-918-170—Physician assistant and certified physician assistant AIDS prevention and information education requirement to this section. Adding the AIDS educational requirements in this proposed rule revision resulted in the proposed repeal of WAC 246-918-170.

Rule Cost/Benefit Analysis: There are no costs to comply with the rule. The benefit of this rule is that it will establish the process for PA that graduated from an accredited PA program prior to 1999 to get their license. It also provides more current terminology pursuant to SHB 1737.

F. WAC 246-918-082 Requirements for obtaining an allopathic physician assistant license for those who hold an active osteopathic physician assistant license. (New section)

Rule Overview: The proposed rule language creates a new section that identifies a streamlined application process for applicants of an allopathic PA license who currently hold an active, unrestricted osteopathic PA license that has been issued by the Washington State Board of Osteopathic Medicine and Surgery. The proposed rule intends to expedite the licensing of PAs, as many applicants seek both allopathic and osteopathic PA licenses. The proposed rule language responds to SHB 1737’s requirement that the commission and the board collaborate to modernize allopathic and osteopathic PA rules regulating both professions.

Rule Cost/Benefit Analysis: There are no costs to comply with the rule. The benefit of this rule is that it will streamline the application process for qualified PAs to obtain both allopathic and osteopathic PA licenses.

G. WAC 246-918-090 Physician assistant and certified physician assistant utilization. (Repealed)

Rule Overview: The current rule prohibits a “primary supervisor or sponsor” from supervising more than three PAs without authorization by the commission.

The proposed rule is repealed because SHB 1737 requirements now allow supervising or sponsoring physicians to provide clinical and administrative oversight for up to five PAs unless a waiver has been requested and approved by the commission. The new requirement allowing supervising or sponsoring physicians to provide clinical and administrative oversight for up to five PAs is now referenced in WAC 246-918-055.

Rule Cost/Benefit Analysis: Repealing this rule will not impose costs. The passage of SHB 1737 makes this section obsolete.

H. WAC 246-918-105 Disciplinary action of sponsoring or supervising physician. (Revised)

Rule Overview: The current rule provides that to the extent the sponsoring or supervising physician's practice has been limited by disciplinary action under chapter 18.130 RCW, the PA's practice is similarly limited while working under that physician's sponsorship or supervision.

The proposed rule maintains the current language and adds new language that a PA must notify their sponsoring physician(s) of all cases opened by the commission in which the PA is involved. This can include, but not be limited to, complaints, investigations, and disciplinary actions. The proposed rule language also updates terminology to align with SHB 1737 and new proposed definitions under this chapter. It also allows the commission to notify the sponsor or supervisor of the PA of any cases opened by the commission relevant to the PA. The proposed rule enhances patient safety by requiring potential disciplinary action be reported to the PA's sponsoring physician, so that appropriate action may be taken regarding the PA's practice. The proposed rule revision complies with SHB 1737's mandate to adopt new rules modernizing current rules regulating PAs.

Rule Cost/Benefit Analysis: There are no costs to comply with the rule. The benefit of this rule is that it will establish a process for PAs to inform their supervising physicians if there are any compliance issues they may need to understand or address, and will support the commission's ability to protect the health and safety of the public.

I. WAC 246-918-110 Termination of sponsoring supervision. (Repealed)

Rule Overview: The current rule language requires the sponsoring or supervising physician and licensee (PA) to submit a letter to the commission indicating the working relationship has been terminated and they may summarize their observations of the working relationships. The current rule also permits the commission or its designee to allow for exceptions to this requirement.

The requirement to notify the commission when a delegation agreement is terminated is moved to proposed new section, WAC 246-918-055. Repealing WAC 246-918-110 would lessen the administrative burden on PAs and physicians, who would not be required to submit a summary of observations about the working relationship. However, repealing the rule would not prohibit a PA or physician from electing to provide the commission with any additional information they wish to offer. The proposed repeal of this rule is in response to SHB 1737's mandate to adopt new rules modernizing the current rules regulating PAs. The notification of termination requirement is now referenced in WAC 246-918-055.

Rule Cost/Benefit Analysis: Repealing this rule will not impose costs. The benefit of this proposal is that it will repeal and remove an unnecessary rule.

J. WAC 246-913-130 Physician assistants. (Revised)

Rule Overview: The current rule establishes requirements on what services the PA may perform as outlined in standardized procedures and guidelines from the commission. Current rule language establishes regulations for when PAs are trained to perform additional procedures. It also provides requirements on what PAs are to do if acquiring new skills, states PA may not practice in remote sites or prescribe controlled substances unless approved by the commission, and provides requirements regarding PAs signing documents ordinarily signed by physicians such as birth and death certificates. Finally, the current rule requires PAs to wear badges identifying themselves as a PA at all times when they are with patients.

The proposed rule eliminates outdated information and regulations for PAs. It retains information pursuant to SHB 1737 that PAs wear identification at all times when serving in a PA capacity. This is an effort to modernize regulations per SHB 1737.

Rule Cost/Benefit Analysis: There are no costs to comply with the rule. The benefit of this rule is that it will modernize regulations.

K. WAC 246-918-140 Certified physician assistants. (Repealed)

Rule Overview: The current rule language puts forward the functions and responsibilities of certified physician assistants. The commission is proposing the repeal of this rule language because it is outdated information. In addition, any current rules language still relevant has been incorporated into other rule sections for consistency, greater reading ease, and comprehension.

Rule Cost/Benefit Analysis: Repealing this rule will not impose costs. The benefit of this proposal is that it will repeal and remove an unnecessary rule.

L. WAC 246-918-150 Assistance or consultation with other physicians. (Repeal)

Rule Overview: The current rule permits a PA to assist or consult with a physician other than their sponsor or alternate concerning patients provided this is done with the knowledge and approval of their sponsor. The current rule adds specific requirements regarding this consultation with another physician.

The commission is proposing the rule be repealed because the rule language is not necessary. Repealing this section would reduce confusion about a PA's ability to consult with other physicians when appropriate, and repeal would be consistent with SHB 1737's directive to modernize PA rules.

Rule Cost/Benefit Analysis: Repealing this rule will not impose costs. The current rule provides the required responsibilities of the "physician sponsor" and "nonsponsoring physician". The benefit of this proposal is that it will repeal and remove an unnecessary rule.

M. WAC 246-918-170 Physician assistant and certified physician assistant AIDS prevention and information education requirements. (Repeal)

Rule Overview: The current rule language specifies the number of completed clock hours of AIDS education that is required for PAs per chapter 246-12 WAC, Part 8.

The commission proposes repealing this section. The AIDS education language is now under WAC 246-918-080 Physician assistant – Licensure.

Rule Cost/Benefit Analysis: Repealing this rule will not impose costs. The benefit of this proposal is that it will repeal and remove an unnecessary rule. The benefit will also be that moving all PA licensing requirements under one section will improve reading ease and comprehension.

N. WAC 246-918-175 Retired active license. (New section)

Rule Overview: The commission proposes adding new rule language establishing the process PAs can follow to obtain a retired active license. The purpose for adding this proposed new section is to allow PAs to obtain a retired active license in order to update and modernize current rules regulating PAs, per SHB 1737. Adding a retired active license status for PAs is consistent with other health care professions that are moving to adopt retired active status for members of their professions. The retired active license allows a PA to practice on a part-time basis or during emergencies that call for immediate action. A PA holding a retired active license must maintain his or her skills by completing 100 hours of continuing medical education every two years, and may not charge fees for services. The statutory authority to create the retired active credential is in RCW 18.130.250.

Rule Cost/Benefit Analysis: Licensees seeking a retired active license will have to pay a fee to be determined by the department later (by amending WAC 246-918-990). The fee will be less than an initial license or renewal of license fee for PAs. The benefit of this rule is that it will increase the number of practitioners available in an emergency, yet ensure they have the skills to practice safely.

O. WAC 246-918-180 Continuing medical education requirements. (Revised)

Rule Overview: The current rule provides the continuing medical education (CME) requirements physician assistants must complete every two years, per chapter 246-12 WAC, Part 7.

The proposed revisions update language in this section and add under (2) that in lieu of 100 hours of CME, the commission will accept a current certification with the NCCPA or compliance with a continuing maintenance of competency program through the American Academy of Physician Assistants (AAPA). These revisions were done to modernize current rules regulating PAs pursuant to SHB 1737. The proposed rule also states that the commission may, at their discretion, audit licensees for compliance with the CME requirements, which is consistent with requirements for other health care professions.

Rule Cost/Benefit Analysis: There are no costs to comply with the rule. The benefit of this rule is that it will establish a consistent process for PAs to obtain CMEs and demonstrate they have satisfied the continuing education requirements. The proposed revisions will also benefit PAs in that they are in alignment with national standards of best practice.

P. WAC 246-918-230 Practice of medicine—Surgical procedures. (Repealed)

Rule Overview: The current section lists the actions that constitute unlicensed practice of medicine under chapter 18.71 RCW if performed by persons who are not licensed by an agency of the state to perform these tasks when surgeons use these persons.

The commission proposes repealing this section since it no longer applies to the physician assistant scope of practice, and should not be under this chapter.

Rule Cost/Benefit Analysis: Repealing this rule will not impose costs. The public and PAs benefit by removing obsolete language that could create confusion about what actions a PA may perform under this chapter, and such benefits outweigh any probable costs.

Q. WAC 246-918-310 Acupuncture—Definition. (Repealed)

Rule Overview: The current rule provides a definition of acupuncture and what techniques are included in acupuncture.

East Asian medicine practitioners (otherwise referred to as acupuncturists) are licensed under chapter 18.06 RCW. The commission proposes repealing this section since it does not relate to physician assistant scope of practice.

Rule Cost/Benefit Analysis: Repealing this rule will not impose costs. The benefit of this proposal is that it will repeal and remove an unnecessary rule. In addition, the benefit of repealing language that applies to a health care profession that is not regulated by the commission outweighs any probable costs.

Cost Benefit Analysis Conclusion-

As described above, the rules satisfy the requirements in SHB 1737 for the commission and board to revise rules for PAs, their practice sites (both standard clinic and remote sites), supervision ratios, and develop proposed rule revisions that “modernize” the PA regulations, making the processes faster and leaner. In addition, the rules streamline, align where possible, and synchronize the two professions’ rules and credentialing processes, since many PA applicants now seek both an allopathic and osteopathic PA credential. Based on this analysis, the total probable benefits of the rules exceed the total probable costs.

Identify alternative versions of the rule that were considered, and explain how the department determined that the rule being adopted is the least burdensome alternative for those required to comply with it that will achieve the general goals and specific objectives state previously.

The committee, comprised of members of the commission, board, WAPA, and MEDEX worked closely with physician assistant stakeholders to review and propose revised rules from November 2013 through June 2014, to meet the overall goals of SHB 1737, and at the same time minimize the burden of new or revised rules on PAs. Many ideas were proposed, thoroughly discussed, and then accepted or rejected through a lengthy and comprehensive draft rule development phase. The committee submitted its recommendations to the commission, which accepted the committee’s findings.

Some of the more significant proposed rule revisions submitted to the committee for consideration but which were ultimately rejected because of non-compliance with SHB 1737, other statutes, or because the cost implications exceeded the benefit include the following:

a) A proposal that remote sites not require a supervising physician for physician assistants. This proposal was rejected because it did not comply with SHB 1737 requirements and chapter 18.71A RCW.

b) A proposal to permit a non-sponsoring or non-supervising physician to oversee a PA in a remote site if emergent situations arise where the existing supervising physician cannot oversee the PA. This proposal was rejected after careful deliberation because it was determined that the commission can make emergent decisions to approve a new or temporary supervising or sponsoring physician to a PA in a remote site if the situation requires an expedited delegation approval process.

c) A proposal that the term “physician assistant” be changed to “physician associate” to demonstrate more autonomy as a health care provider. The commission rejected this proposal because, as recommended by the committee, SHB 1737 and chapter 18.71A RCW establish the PA title, and a name change for a profession would not accomplish the requester’s goal of making PAs more independent of a supervising or sponsoring physician.

d) A proposal that the rules restrict the ownership of clinics by PAs because of possible conflict of interest issues when the PA as owner must hire a physician as an employee but remain responsive and compliant to the physician who could be the PA’s supervising physician. The commission rejected this proposal because the committee and legal counsel advised not to include in rule any provisions prohibiting ownership of clinics by any individuals, as there is no statutory authority to support this proposal. In addition, when these conflict of interest issues rise to the level of a complaint being registered, they have been dealt with successfully by the commission on a case by case basis.

e) A proposal asking that revised rules require certified PAs to become recertified by the NCCPA. PAs have been concerned about whether they must be recertified and this issue was brought to the committee by WAPA. The proposal was rejected to insert language requiring certified PAs licensed in Washington State to be recertified as a condition of license renewal citing that the commission does not have the authority to require recertification. However, the commission will continue to allow PAs to become recertified by the NCCPA and subsequently permit the NCCPA’s recertification requirements to count toward their continuing medical education requirements.

Some of the more significant proposed rule revisions submitted for consideration that the committee agreed to propose to the commission were as follows:

a) A proposal that the rules define when a health care organization with multiple physicians overseeing multiple PAs could name the physician group as the overarching alternate supervising entity to PAs rather than submitting multiple delegation agreement forms identifying singular supervising physicians for multiple PAs practicing in their organization. This proposal was considered and responded to in the proposed, revised rules for allopathic and osteopathic PAs. RCW 18.71A.040 refers to a PA being supervised by a physician or physician group. Language was also created in the revised delegation agreement for the commission and board that recognizes a physician group as being an alternate supervisor to a PA.

b) A proposal asking the commission and board to make internal licensing systems more cooperative to allow PAs to become more easily licensed as either an allopathic or osteopathic PA, and to make the delegation agreement processes more in alignment. The committee agreed to propose this to the commission. The revised rule language was added outlining licensing requirements for osteopathic PAs seeking to become licensed as allopathic PAs. In addition, the commission and board staff met with Department of Health (department) credentialing staff to develop streamlined and cooperative internal credentialing processes between the department, commission and the board to make licensing requirements less onerous for currently licensed PAs in good standing who are seeking a credential to become an allopathic or osteopathic PA. Finally, the commission and the board are amending their current delegation agreement forms so they are more aligned and use consistent language and requirements.

Determine that the rule does not require those to whom it applies to take an action that violates requirements of another federal or state law.

The proposed rule does not require those to whom it applies to take an action that violates requirements of federal or state law.

Determine that the rule does not impose more stringent performance requirements on private entities than on public entities unless required to do so by federal or state law.

The proposed rule does not impose more stringent performance requirements on private entities than on public entities.

Determine if the rule differs from any federal regulation or statute applicable to the same activity or subject matter and, if so, determine that the difference is justified by an explicit state statute or by substantial evidence that the difference is necessary.

The proposed rule does not differ from any federal regulation or statute applicable to the same activity or subject matter.

Demonstrate that the rule has been coordinated, to the maximum extent practicable, with other federal, state, and local laws applicable to the same activity or subject matter.

Yes, the rule is coordinated to the maximum extent practicable with other applicable laws, including current allopathic PA law (chapter 18.71A RCW) and osteopathic PA law (chapter 18.57A RCW).