

RCW 18.71A.120 Practice agreement—Elements—Amendment—

Disciplinary action. (Effective until January 1, 2025.) (1) Prior to commencing practice, a physician assistant licensed in Washington state must enter into a practice agreement with a physician or group of physicians, at least one of whom must be working in a supervisory capacity.

(a) Entering into a practice agreement is voluntary for the physician assistant and the supervising physician. A physician may not be compelled to participate in a practice agreement as a condition of employment.

(b) Prior to entering into the practice agreement, the physician, physicians, or their designee must verify the physician assistant's credentials.

(c) The protections of RCW 43.70.075 apply to any physician who reports to the commission acts of retaliation or reprisal for declining to sign a practice agreement.

(d) The practice agreement must be maintained by the physician assistant's employer or at his or her place of work and must be made available to the commission upon request.

(e) The commission shall develop a model practice agreement.

(f) The commission shall establish administrative procedures, administrative requirements, and fees as provided in RCW 43.70.250 and 43.70.280.

(2) A practice agreement must include all of the following:

(a) The duties and responsibilities of the physician assistant, the supervising physician, and alternate physicians. The practice agreement must describe supervision requirements for specified procedures or areas of practice. The practice agreement may only include acts, tasks, or functions that the physician assistant and supervising physician or alternate physicians are qualified to perform by education, training, or experience and that are within the scope of expertise and clinical practice of both the physician assistant and the supervising physician or alternate physicians, unless otherwise authorized by law, rule, or the commission;

(b) A process between the physician assistant and supervising physician or alternate physicians for communication, availability, and decision making when providing medical treatment to a patient or in the event of an acute health care crisis not previously covered by the practice agreement, such as a flu pandemic or other unforeseen emergency. Communications may occur in person, electronically, by telephone, or by an alternate method;

(c) If there is only one physician party to the practice agreement, a protocol for designating an alternate physician for consultation in situations in which the physician is not available;

(d) The signature of the physician assistant and the signature or signatures of the supervising physician. A practice agreement may be signed electronically using a method for electronic signatures approved by the commission; and

(e) A termination provision. A physician assistant or physician may terminate the practice agreement as it applies to a single supervising physician without terminating the agreement with respect to the remaining participating physicians. If the termination results in no supervising physician being designated on the agreement, a new supervising physician must be designated for the agreement to be valid.

(i) Except as provided in (e)(ii) of this subsection, the physician assistant or supervising physician must provide written notice at least thirty days prior to the termination.

(ii) The physician assistant or supervising physician may terminate the practice agreement immediately due to good faith concerns regarding unprofessional conduct or failure to practice medicine while exercising reasonable skill and safety.

(3) A practice agreement may be amended for any reason, such as to add or remove supervising physicians or alternate physicians or to amend the duties and responsibilities of the physician assistant.

(4) Whenever a physician assistant is practicing in a manner inconsistent with the practice agreement, the commission may take disciplinary action under chapter 18.130 RCW.

(5) Whenever a physician is subject to disciplinary action under chapter 18.130 RCW related to the practice of a physician assistant, the case must be referred to the appropriate disciplining authority.

(6) A physician assistant or physician may participate in more than one practice agreement if he or she is reasonably able to fulfill the duties and responsibilities in each agreement.

(7) A physician may supervise no more than ten physician assistants. A physician may petition the commission for a waiver of this limit. The commission shall automatically grant a waiver to any physician who possesses, on July 1, 2021, a valid waiver to supervise more than ten physician assistants. A physician granted a waiver under this subsection may not supervise more physician assistants than the physician is able to adequately supervise.

(8) A physician assistant must file with the commission in a form acceptable to the commission:

(a) Each practice agreement into which the physician assistant enters under this section;

(b) Any amendments to the practice agreement; and

(c) Notice if the practice agreement is terminated. [2020 c 80 s 6.]

Effective date—2020 c 80 ss 1-10 and 60: See note following RCW 18.71A.010.

Intent—2020 c 80: See note following RCW 18.71A.010.

RCW 18.71A.120 Collaboration agreement—Elements—Amendment—Disciplinary action. (Effective January 1, 2025.) (1)(a) Prior to commencing practice, a physician assistant licensed in Washington state must enter into a collaboration agreement that identifies at least one participating physician and that is signed by one or more participating physicians or the physician assistant's employer.

(b) A collaboration agreement must be signed by a physician if the physician assistant's employer is not a physician.

(c) If a participating physician is not a signatory to the collaboration agreement, the participating physician must be provided notice of the agreement and an opportunity to decline participation. Entering into a collaboration agreement is voluntary for the physician assistant and the participating physician or employer. A physician may not be compelled to participate in a collaboration agreement as a condition of employment.

(d) Prior to entering into the collaboration agreement, the participating physician or physicians, employer, or their designee must verify the physician assistant's credentials.

(e) The protections of RCW 43.70.075 apply to any participating physician or employer who reports to the commission acts of retaliation or reprisal for declining to sign a collaboration agreement.

(f) The collaboration agreement must be available either electronically or on paper at the physician assistant's primary location of practice and made available to the commission upon request.

(g) The commission shall develop a model collaboration agreement.

(h) The commission shall establish administrative procedures, administrative requirements, and fees as provided in RCW 43.70.250 and 43.70.280.

(2) A collaboration agreement must include all of the following:

(a) The duties and responsibilities of the physician assistant and the participating physician or physicians. The collaboration agreement must describe the supervision or collaboration requirements for specified procedures or areas of practice, depending on the number of postgraduate clinical practice hours completed. The collaboration agreement may only include acts, tasks, or functions that the physician assistant is qualified to perform by education, training, or experience. The acts, tasks, or functions included in the collaboration agreement must also be within the scope of expertise and clinical practice of either the participating physician or physicians or the group of physicians within the department or specialty areas in which the physician assistant is practicing, unless otherwise authorized by law, rule, or the commission;

(b) A process between the physician assistant and participating physician or physicians for communication, availability, and decision making when providing medical treatment to a patient or in the event of an acute health care crisis not previously covered by the collaboration agreement, such as a flu pandemic or other unforeseen emergency. Communications may occur in person, electronically, by telephone, or by an alternate method;

(c) If there is only one participating physician identified in the collaboration agreement, a protocol for designating another participating physician for consultation in situations in which the physician is not available;

(d) The signature of the physician assistant and the signature or signatures of the participating physician or physicians, or employer;

(e) If the physician assistant is working under the supervision of a participating physician, in accordance with RCW 18.71A.030, a plan for how the physician assistant will be supervised;

(f) An attestation by the physician assistant of the number of postgraduate clinical practice hours completed, including the number of hours completed in a chosen specialty, at the time the physician assistant signs the collaboration agreement; and

(g) A termination provision. A physician assistant or physician may terminate the collaboration agreement as it applies to a single participating physician without terminating the agreement with respect to the remaining participating physicians. If the termination results in no participating physician being designated on the agreement, a new participating physician must be designated for the agreement to be valid.

(i) Except as provided in (g)(ii) of this subsection, the physician assistant or participating physician must provide written notice at least thirty days prior to the termination.

(ii) The physician assistant or participating physician may terminate the collaboration agreement immediately due to good faith concerns regarding unprofessional conduct or failure to practice medicine while exercising reasonable skill and safety.

(3) The physician assistant is responsible for tracking the number of postgraduate clinical hours completed, including the number of hours completed in a chosen specialty.

(4) A collaboration agreement may be amended for any reason.

(5) Whenever a physician assistant is practicing in a manner inconsistent with the collaboration agreement, the commission may take disciplinary action under chapter 18.130 RCW.

(6) Whenever a physician is subject to disciplinary action under chapter 18.130 RCW related to the practice of a physician assistant, the case must be referred to the appropriate disciplining authority.

(7) A physician assistant, physician, or employer may participate in more than one collaboration agreement if the physician or employer is reasonably able to fulfill the duties and responsibilities in each agreement.

(8) Nothing in this section shall be construed as prohibiting physician assistants from owning their own practice or clinic. [2024 c 62 s 8; 2020 c 80 s 6.]

Effective date—2024 c 62 ss 1-8, 10-18, 20-26, 28, and 30-32:
See note following RCW 18.71A.010.

Intent—2024 c 62: See note following RCW 18.71A.020.

Effective date—2020 c 80 ss 1-10 and 60: See note following RCW 18.71A.010.

Intent—2020 c 80: See note following RCW 18.71A.010.