Chapter 18.71 RCW
PHYSICIANS

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Reviser's note: Certain powers and duties of the department of social and health services and the secretary of social and health services transferred to the department of health and the secretary of health. See RCW 43.70.060.

Abortion: Chapter 9.02 RCW.

Accepted medical procedures not to include adjustment by hand of any articulation of the spine: RCW 18.25.005.

Actions against, limitation of: RCW 4.16.350.

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Audits and investigations: RCW 74.09.290.

Crimes relating to pregnancy and childbirth: RCW 9A.32.060.

Health professions account—Fees credited—Requirements for biennial budget request—Unappropriated funds: RCW 43.70.320.

Homeless person vision services: RCW 43.20A.800 through 43.20A.845.

License of doctors as event physician for contestants in boxing, kickboxing, martial arts, and wrestling events: RCW 67.08.090.

Lien of doctors: Chapter 60.44 RCW.

Rebating by practitioners of healing professions prohibited: Chapter 19.68 RCW.

Regulation of practice of medicine and surgery, sale of drugs and medicines: State Constitution Art. 20 s 2.

RCW 18.71.002 Purpose. It is the purpose of the commission to regulate the competency and quality of professional health care providers under its jurisdiction by establishing, monitoring, and enforcing qualifications for licensing, consistent standards of practice, continuing competency mechanisms, and discipline. Rules, policies, and procedures developed by the commission must promote the delivery of quality health care to the residents of the state of Washington. [2019 c 55 s 2; 1994 sp.s. c 9 s 301.]

Severability—Headings and captions not law—Effective date—1994 sp.s. c 9: See RCW 18.79.900 through 18.79.902.

RCW 18.71.003 Declaration of purpose. This chapter is passed:

(1) In the exercise of the police power of the state to protect public health, to promote the welfare of the state, and to provide an adequate public agency to act as a disciplinary body for the members of the medical profession licensed to practice medicine and surgery in this state;

(2) Because the health and well-being of the people of this state are of paramount importance;

(3) Because the conduct of members of the medical profession licensed to practice medicine and surgery in this state plays a vital role in preserving the health and well-being of the people of the state; and

(4) Because the agency which now exists to handle disciplinary proceedings for members of the medical profession licensed to practice medicine and surgery in this state is ineffective and very infrequently employed, and consequently there is no effective means of handling such disciplinary proceedings when they are necessary for the protection of the public health. [1955 c 202 s 1. Formerly RCW 18.72.010.]

RCW 18.71.010 Definitions. The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

(1) "Commission" means the Washington medical commission.

(2) "Emergency medical care" or "emergency medical service" has the same meaning as in chapter 18.73 RCW.

(3) "Maintenance of certification" means the satisfactory participation in a formal recertification program to maintain board certification after initial certification from the American board of medical specialties or other accrediting organization recognized by the commission.

(4) "Resident physician" means an individual who has graduated from a school of medicine which meets the requirements set forth in

RCW 18.71.055 and is serving a period of postgraduate clinical medical training sponsored by a college or university in this state or by a hospital accredited by this state. For purposes of this chapter, the term includes individuals designated as intern or medical fellow.

(5) "Secretary" means the secretary of health. [2019 c 55 s 3; 2018 c 211 s 1; 1994 sp.s. c 9 s 302; 1991 c 3 s 158; 1988 c 104 s 1; 1979 c 158 s 51; 1975 1st ex.s. c 171 s 1; 1961 c 284 s 1; 1957 c 60 s 2. Prior: 1947 c 168 s 1, part; 1919 c 134 s 3, part; 1909 c 192 s 6, part; Rem. Supp. 1947 s 10008, part; prior: 1905 c 41 s 1, part; 1901 c 42 s 1, part; 1890 p 115 s 3, part; Code 1881 s 2285, part.]

Severability—Headings and captions not law—Effective date—1994 sp.s. c 9: See RCW 18.79.900 through 18.79.902.

Uniform Anatomical Gift Act: Chapter 68.64 RCW.

RCW 18.71.011 Definition of practice of medicine—Engaging in practice of chiropractic prohibited, when. A person is practicing medicine if he or she does one or more of the following:

(1) Offers or undertakes to diagnose, cure, advise, or prescribe for any human disease, ailment, injury, infirmity, deformity, pain or other condition, physical or mental, real or imaginary, by any means or instrumentality;

(2) Administers or prescribes drugs or medicinal preparations to be used by any other person;

(3) Severs or penetrates the tissues of human beings;

(4) Uses on cards, books, papers, signs, or other written or printed means of giving information to the public, in the conduct of any occupation or profession pertaining to the diagnosis or treatment of human disease or conditions the designation "doctor of medicine," "physician," "surgeon," "m.d.," or any combination thereof unless such designation additionally contains the description of another branch of the healing arts for which a person has a license: PROVIDED HOWEVER, That a person licensed under this chapter shall not engage in the practice of chiropractic as defined in RCW 18.25.005. [2011 c 336 s 496; 1975 1st ex.s. c 171 s 15.]

RCW 18.71.015 Commission established—Membership—Qualifications—Duties and powers—Compensation—Order of removal—Vacancies. The Washington medical commission is established, consisting of thirteen individuals licensed to practice medicine in the state of Washington under this chapter, two individuals who are licensed in the state of Washington as physician assistants under chapter 18.71A RCW, and six individuals who are members of the public. At least two of the public members shall not be from the health care industry. Each congressional district now existing or hereafter created in the state must be represented by at least one physician member of the commission. The terms of office of members of the commission are not affected by changes in congressional district boundaries. Public members of the commission may not be a member of any other health care licensing board or commission, or have a fiduciary obligation to a facility rendering health services regulated by the commission, or have a material or financial interest in the rendering of health services regulated by the commission.

The members of the commission shall be appointed by the governor, and all terms of appointment shall be for four years. The governor shall consider such physician and physician assistant members who are recommended for appointment by the appropriate professional associations in the state. No member may serve more than two consecutive full terms. Each member shall hold office until a successor is appointed.

Each member of the commission must be an actual resident of this state, and, if a physician or physician assistant, must have been licensed to practice medicine in this state for at least five years.

The commission shall meet as soon as practicable after appointment and elect officers each year. Meetings shall be held at least four times a year and at such place as the commission determines and at such other times and places as the commission deems necessary. A majority of the commission members appointed and serving constitutes a quorum for the transaction of commission business.

The affirmative vote of a majority of a quorum of the commission is required to carry any motion or resolution, to adopt any rule, or to pass any measure. The commission may appoint panels consisting of at least three members. A quorum for the transaction of any business by a panel is a minimum of three members. A majority vote of a quorum of the panel is required to transact business delegated to it by the commission.

Each member of the commission shall be compensated in accordance with RCW 43.03.265 and in addition thereto shall be reimbursed for travel expenses incurred in carrying out the duties of the commission in accordance with RCW 43.03.050 and 43.03.060. Any such expenses shall be paid from funds appropriated to the department of health.

Whenever the governor is satisfied that a member of a commission has been guilty of neglect of duty, misconduct, or malfeasance or misfeasance in office, the governor shall file with the secretary of state a statement of the causes for and the order of removal from office, and the secretary shall forthwith send a certified copy of the statement of causes and order of removal to the last known post office address of the member.

Vacancies in the membership of the commission shall be filled for the unexpired term by appointment by the governor.

The members of the commission are immune from suit in an action, civil or criminal, based on its disciplinary proceedings or other official acts performed in good faith as members of the commission.

Whenever the workload of the commission requires, the commission may request that the secretary appoint pro tempore members of the commission. When serving, pro tempore members of the commission have all of the powers, duties, and immunities, and are entitled to all of the emoluments, including travel expenses, of regularly appointed members of the commission. [2022 c 240 s 34; 2019 c 55 s 4; 2006 c 8 s 103; 1999 c 366 s 4; 1994 sp.s. c 9 s 303. Prior: 1991 c 44 s 1; 1991 c 3 s 159; 1990 c 196 s 11; 1987 c 116 s 1; 1984 c 287 s 44; 1979 c 158 s 52; 1975-'76 2nd ex.s. c 34 s 41; 1975 1st ex.s. c 171 s 2; 1961 c 284 s 2.]

Findings—Intent—Part headings and subheadings not law—Severability—2006 c 8: See notes following RCW 5.64.010.

Severability—Headings and captions not law—Effective date—1994 sp.s. c 9: See RCW 18.79.900 through 18.79.902.

Legislative findings—Severability—Effective date—1984 c 287: See notes following RCW 43.03.220.

Effective date—Severability—1975-'76 2nd ex.s. c 34: See notes following RCW 2.08.115.

Secretary of health or designee ex officio member of health professional licensure and disciplinary boards: RCW 43.70.300.

RCW 18.71.017 Rules by commission—Successor to other boards. (1) The commission may adopt such rules as are not inconsistent with the laws of this state as may be determined necessary or proper to carry out the purposes of this chapter. The commission is the successor in interest of the board of medical examiners and the medical disciplinary board. All contracts, undertakings, agreements, rules, regulations, and policies continue in full force and effect on July 1, 1994, unless otherwise repealed or rejected by this chapter or by the commission.

(2) The commission may adopt rules governing the administration of sedation and anesthesia in the offices of persons licensed under this chapter, including necessary training and equipment. [2007 c 273 s 26; 2000 c 171 s 23; 1994 sp.s. c 9 s 304; 1961 c 284 s 11.]

Effective date—Implementation—2007 c 273: See RCW 70.230.900 and 70.230.901.

Severability—Headings and captions not law—Effective date—1994 sp.s. c 9: See RCW 18.79.900 through 18.79.902.

RCW 18.71.019 Application of Uniform Disciplinary Act—Request for review of revocation order. The Uniform Disciplinary Act, chapter 18.130 RCW, governs unlicensed practice and the issuance and denial of licenses and discipline of licensees under this chapter. When a panel of the commission revokes a license, the respondent may request review of the revocation order of the panel by the remaining members of the commission not involved in the initial investigation. The respondent's request for review must be filed within twenty days of the effective date of the order revoking the respondent's license. The review shall be scheduled for hearing by the remaining members of the commission not involved in the initial investigation within sixty days. The commission shall adopt rules establishing review procedures. [1996 c 195 s 1; 1994 sp.s. c 9 s 305; 1987 c 150 s 45; 1986 c 259 s 105.]

Severability—Headings and captions not law—Effective date—1994 sp.s. c 9: See RCW 18.79.900 through 18.79.902.

Severability—1987 c 150: See RCW 18.122.901.

Severability—1986 c 259: See note following RCW 18.130.010.

RCW 18.71.0195 Disciplinary reports—Confidentiality—Immunity. (1) The contents of any report filed under RCW 18.130.070 shall be confidential and exempt from public disclosure pursuant to chapter

42.56 RCW, except that it may be reviewed (a) by the licensee involved or his or her counsel or authorized representative who may submit any additional exculpatory or explanatory statements or other information, which statements or other information shall be included in the file, or (b) by a representative of the commission, or investigator thereof, who has been assigned to review the activities of a licensed physician.

Upon a determination that a report is without merit, the commission's records may be purged of information relating to the report.

(2) Every individual, medical association, medical society, hospital, ambulatory surgical facility, medical service bureau, health insurance carrier or agent, professional liability insurance carrier, professional standards review organization, agency of the federal, state, or local government, or the entity established by RCW 18.71.300 and its officers, agents, and employees are immune from civil liability, whether direct or derivative, for providing information to the commission under RCW 18.130.070, or for which an individual health care provider has immunity under the provisions of RCW 4.24.240, 4.24.250, or 4.24.260. [2007 c 273 s 24; 2005 c 274 s 227; 1998 c 132 s 2; 1994 sp.s. c 9 s 328; 1986 c 259 s 117; 1979 ex.s. c 111 s 15. Formerly RCW 18.72.265.]

Effective date—Implementation—2007 c 273: See RCW 70.230.900 and 70.230.901.

Finding—Intent—1998 c 132: "The legislature finds that the self-imposed license surcharge on physician licenses to fund a program to help physicians with chemical dependency or mental illness is not being fully spent on that program. It is the intent of the legislature that the program be fully funded and that funds collected into the impaired physician account be spent only on the program." [1998 c 132 s 1.]

Severability—1998 c 132: "If any provision of this act or its application to any person or circumstance is held invalid, the remainder of the act or the application of the provision to other persons or circumstances is not affected." [1998 c 132 s 15.]

Severability—Headings and captions not law—Effective date—1994 sp.s. c 9: See RCW 18.79.900 through 18.79.902.

Severability—1986 c 259: See note following RCW 18.130.010.

RCW 18.71.021 License required. No person may practice or represent himself or herself as practicing medicine without first having a valid license to do so. [1987 c 150 s 46.]

Severability—1987 c 150: See RCW 18.122.901.

RCW 18.71.030 Exemptions. ***(Effective until June 30, 2027.)*** Nothing in this chapter shall be construed to apply to or interfere in any way with the practice of religion or any kind of treatment by prayer; nor shall anything in this chapter be construed to prohibit:

(1) The furnishing of medical assistance in cases of emergency requiring immediate attention;

(2) The domestic administration of family remedies;

(3) The administration of oral medication of any nature to students by public school district employees or private elementary or secondary school employees as provided for in chapter 28A.210 RCW;

(4) The practice of dentistry, osteopathic medicine and surgery, nursing, chiropractic, podiatric medicine and surgery, optometry, naturopathy, or any other healing art licensed under the methods or means permitted by such license;

(5) The practice of medicine in this state by any commissioned medical officer serving in the armed forces of the United States or public health service or any medical officer on duty with the United States veterans administration while such medical officer is engaged in the performance of the duties prescribed for him or her by the laws and regulations of the United States;

(6) The consultation through telemedicine or other means by a practitioner, licensed by another state or territory in which he or she resides, with a practitioner licensed in this state who has responsibility for the diagnosis and treatment of the patient within this state;

(7) The in-person practice of medicine by any practitioner licensed by another state or territory in which he or she resides, provided that such practitioner shall not open an office or appoint a place of meeting patients or receiving calls within this state;

(8) The practice of medicine by a person who is a regular student in a school of medicine approved and accredited by the commission if:

(a) The performance of such services is only pursuant to a regular course of instruction or assignments from his or her instructor; or

(b) Such services are performed only under the supervision and control of a person licensed pursuant to this chapter; or

(c)(i) Such services are performed without compensation or expectation of compensation as part of a volunteer activity;

(ii) The student is under the direct supervision and control of a pharmacist licensed under chapter 18.64 RCW, an osteopathic physician and surgeon licensed under chapter 18.57 RCW, or a registered nurse or *advanced registered nurse practitioner licensed under chapter 18.79 RCW;

(iii) The services the student performs are within the scope of practice of: (A) A physician licensed under this chapter; and (B) the person supervising the student;

(iv) The school in which the student is enrolled verifies the student has demonstrated competency through his or her education and training to perform the services; and

(v) The student provides proof of current malpractice insurance to the volunteer activity organizer prior to performing any services;

(9) The practice of medicine by a person serving a period of postgraduate medical training in a program of clinical medical training sponsored by a college or university in this state or by a hospital accredited in this state, however, the performance of such services shall be only pursuant to his or her duties as a trainee;

(10) The practice of medicine by a person who is regularly enrolled in a physician assistant program approved by the commission, however, the performance of such services shall be only pursuant to a regular course of instruction in said program and such services are

performed only under the supervision and control of a person licensed pursuant to this chapter;

(11) The practice of medicine by a licensed physician assistant which practice is performed under the supervision of or in collaboration with a physician licensed pursuant to this chapter;

(12) The practice of medicine, in any part of this state which shares a common border with Canada and which is surrounded on three sides by water, by a physician licensed to practice medicine and surgery in Canada or any province or territory thereof;

(13) The administration of nondental anesthesia by a dentist who has completed a residency in anesthesiology at a school of medicine approved by the commission, however, a dentist allowed to administer nondental anesthesia shall do so only under authorization of the patient's attending surgeon, obstetrician, or psychiatrist, and the commission has jurisdiction to discipline a dentist practicing under this exemption and enjoin or suspend such dentist from the practice of nondental anesthesia according to this chapter and chapter 18.130 RCW;

(14) Emergency lifesaving service rendered by a physician's trained advanced emergency medical technician and paramedic, as defined in RCW 18.71.200, if the emergency lifesaving service is rendered under the responsible supervision and control of a licensed physician;

(15) The provision of clean, intermittent bladder catheterization for students by public school district employees or private school employees as provided for in RCW 18.79.290 and 28A.210.280. [2024 c 62 s 14; 2021 c 247 s 1; 2019 c 270 s 3; 1996 c 178 s 4; 1995 c 65 s 1; 1994 sp.s. c 9 s 306. Prior: 1990 c 196 s 12; 1990 c 33 s 552; 1988 c 48 s 4; 1986 c 259 s 108; 1983 c 2 s 1; prior: 1982 c 195 s 3; 1982 c 51 s 1; 1975 1st ex.s. c 171 s 5; 1973 1st ex.s. c 110 s 1; 1961 c 284 s 4; 1919 c 134 s 12; 1909 c 192 s 19; RRS s 10024.]

***Reviser's note:** The term "advanced registered nurse practitioner" was changed to "advanced practice registered nurse" by 2024 c 239 s 1, effective June 30, 2027.

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—1996 c 178: See note following RCW 18.35.110.

Severability—Headings and captions not law—Effective date—1994 sp.s. c 9: See RCW 18.79.900 through 18.79.902.

Purpose—Statutory references—Severability—1990 c 33: See RCW 28A.900.100 through 28A.900.102.

Severability—1986 c 259: See note following RCW 18.130.010.

Severability—1983 c 2: "If any provision of this act or its application to any person or circumstance is held invalid, the remainder of the act or the application of the provision to other persons or circumstances is not affected." [1983 c 2 s 21.]

Severability—1982 c 195: See note following RCW 28A.210.260.

RCW 18.71.030 Exemptions. ***(Effective June 30, 2027.)*** Nothing in this chapter shall be construed to apply to or interfere in any way with the practice of religion or any kind of treatment by prayer; nor shall anything in this chapter be construed to prohibit:

(1) The furnishing of medical assistance in cases of emergency requiring immediate attention;

(2) The domestic administration of family remedies;

(3) The administration of oral medication of any nature to students by public school district employees or private elementary or secondary school employees as provided for in chapter 28A.210 RCW;

(4) The practice of dentistry, osteopathic medicine and surgery, nursing, chiropractic, podiatric medicine and surgery, optometry, naturopathy, or any other healing art licensed under the methods or means permitted by such license;

(5) The practice of medicine in this state by any commissioned medical officer serving in the armed forces of the United States or public health service or any medical officer on duty with the United States veterans administration while such medical officer is engaged in the performance of the duties prescribed for him or her by the laws and regulations of the United States;

(6) The consultation through telemedicine or other means by a practitioner, licensed by another state or territory in which he or she resides, with a practitioner licensed in this state who has responsibility for the diagnosis and treatment of the patient within this state;

(7) The in-person practice of medicine by any practitioner licensed by another state or territory in which he or she resides, provided that such practitioner shall not open an office or appoint a place of meeting patients or receiving calls within this state;

(8) The practice of medicine by a person who is a regular student in a school of medicine approved and accredited by the commission if:

(a) The performance of such services is only pursuant to a regular course of instruction or assignments from his or her instructor; or

(b) Such services are performed only under the supervision and control of a person licensed pursuant to this chapter; or

(c)(i) Such services are performed without compensation or expectation of compensation as part of a volunteer activity;

(ii) The student is under the direct supervision and control of a pharmacist licensed under chapter 18.64 RCW, an osteopathic physician and surgeon licensed under chapter 18.57 RCW, or a registered nurse or advanced practice registered nurse licensed under chapter 18.79 RCW;

(iii) The services the student performs are within the scope of practice of: (A) A physician licensed under this chapter; and (B) the person supervising the student;

(iv) The school in which the student is enrolled verifies the student has demonstrated competency through his or her education and training to perform the services; and

(v) The student provides proof of current malpractice insurance to the volunteer activity organizer prior to performing any services;

(9) The practice of medicine by a person serving a period of postgraduate medical training in a program of clinical medical training sponsored by a college or university in this state or by a hospital accredited in this state, however, the performance of such services shall be only pursuant to his or her duties as a trainee;

(10) The practice of medicine by a person who is regularly enrolled in a physician assistant program approved by the commission,

however, the performance of such services shall be only pursuant to a regular course of instruction in said program and such services are performed only under the supervision and control of a person licensed pursuant to this chapter;

(11) The practice of medicine by a licensed physician assistant which practice is performed under the supervision of or in collaboration with a physician licensed pursuant to this chapter;

(12) The practice of medicine, in any part of this state which shares a common border with Canada and which is surrounded on three sides by water, by a physician licensed to practice medicine and surgery in Canada or any province or territory thereof;

(13) The administration of nondental anesthesia by a dentist who has completed a residency in anesthesiology at a school of medicine approved by the commission, however, a dentist allowed to administer nondental anesthesia shall do so only under authorization of the patient's attending surgeon, obstetrician, or psychiatrist, and the commission has jurisdiction to discipline a dentist practicing under this exemption and enjoin or suspend such dentist from the practice of nondental anesthesia according to this chapter and chapter 18.130 RCW;

(14) Emergency lifesaving service rendered by a physician's trained advanced emergency medical technician and paramedic, as defined in RCW 18.71.200, if the emergency lifesaving service is rendered under the responsible supervision and control of a licensed physician;

(15) The provision of clean, intermittent bladder catheterization for students by public school district employees or private school employees as provided for in RCW 18.79.290 and 28A.210.280. [2025 c 58 s 5077; 2024 c 62 s 14; 2021 c 247 s 1; 2019 c 270 s 3; 1996 c 178 s 4; 1995 c 65 s 1; 1994 sp.s. c 9 s 306. Prior: 1990 c 196 s 12; 1990 c 33 s 552; 1988 c 48 s 4; 1986 c 259 s 108; 1983 c 2 s 1; prior: 1982 c 195 s 3; 1982 c 51 s 1; 1975 1st ex.s. c 171 s 5; 1973 1st ex.s. c 110 s 1; 1961 c 284 s 4; 1919 c 134 s 12; 1909 c 192 s 19; RRS s 10024.]

Effective date—2025 c 58 ss 5058-5170: See note following RCW 7.68.030.

Explanatory note—2025 c 58: See note following RCW 1.16.050.

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—1996 c 178: See note following RCW 18.35.110.

Severability—Headings and captions not law—Effective date—1994 sp.s. c 9: See RCW 18.79.900 through 18.79.902.

Purpose—Statutory references—Severability—1990 c 33: See RCW 28A.900.100 through 28A.900.102.

Severability—1986 c 259: See note following RCW 18.130.010.

Severability—1983 c 2: "If any provision of this act or its application to any person or circumstance is held invalid, the

remainder of the act or the application of the provision to other persons or circumstances is not affected." [1983 c 2 s 21.]

Severability—1982 c 195: See note following RCW 28A.210.260.

RCW 18.71.040 Application—Fee. Every applicant for a license to practice medicine and surgery shall pay a fee determined by the secretary as provided in RCW 43.70.250. [2003 c 275 s 1; 1991 c 3 s 160; 1985 c 322 s 1. Prior: 1975 1st ex.s. c 171 s 6; 1975 1st ex.s. c 30 s 61; 1955 c 202 s 35; prior: 1941 c 166 s 1, part; 1913 c 82 s 1, part; 1909 c 192 s 7, part; Rem. Supp. 1941 s 10010-1, part.]

RCW 18.71.050 Application—Eligibility requirements—United States and Canadian graduates. (1) Each applicant who has graduated from a school of medicine located in any state, territory, or possession of the United States, the District of Columbia, or the Dominion of Canada, shall file an application for licensure with the commission on a form prepared by the secretary with the approval of the commission. Each applicant shall furnish proof satisfactory to the commission of the following:

(a) That the applicant has attended and graduated from a school of medicine approved by the commission;

(b) That the applicant has completed two years of postgraduate medical training in a program acceptable to the commission, provided that applicants graduating before July 28, 1985, may complete only one year of postgraduate medical training;

(c) That the applicant is of good moral character; and

(d) That the applicant is physically and mentally capable of safely carrying on the practice of medicine. The commission may require any applicant to submit to such examination or examinations as it deems necessary to determine an applicant's physical and/or mental capability to safely practice medicine.

(2) Nothing in this section shall be construed as prohibiting the commission from requiring such additional information from applicants as it deems necessary. The issuance and denial of licenses are subject to chapter 18.130 RCW, the Uniform Disciplinary Act. [1994 sp.s. c 9 s 307; 1991 c 3 s 161. Prior: 1986 c 259 s 109; 1985 c 322 s 2; 1975 1st ex.s. c 171 s 7; 1961 c 284 s 5; 1957 c 60 s 3; prior: 1947 c 168 s 1, part; 1919 c 134 s 3, part; 1909 c 192 s 6, part; Rem. Supp. 1947 s 10008, part; prior: 1905 c 41 s 1, part; 1901 c 42 s 1, part; 1890 p 115 s 3, part; Code 1881 s 2285, part.]

Severability—Headings and captions not law—Effective date—1994 sp.s. c 9: See RCW 18.79.900 through 18.79.902.

Severability—1986 c 259: See note following RCW 18.130.010.

RCW 18.71.051 Application—Eligibility requirements—Foreign graduates—Waivers. (1) Applicants for licensure to practice medicine who have graduated from a school of medicine located outside of the states, territories, and possessions of the United States, the District of Columbia, or the Dominion of Canada, shall file an application for licensure with the commission on a form prepared by

the secretary with the approval of the commission. Each applicant shall furnish proof satisfactory to the commission of the following:

(a) That he or she has completed in a school of medicine a resident course of professional instruction equivalent to that required in this chapter for applicants generally;

(b) That he or she meets all the requirements which must be met by graduates of the United States and Canadian school of medicine except that he or she need not have graduated from a school of medicine approved by the commission;

(c) That he or she has satisfactorily passed the examination given by the educational commission for foreign medical graduates or has met the requirements in lieu thereof as set forth in rules adopted by the commission;

(d) That he or she has the ability to read, write, speak, understand, and be understood in the English language.

(2) An applicant may obtain an exceptional qualification waiver, waiving requirements determined by the commission in rule, if they possess an acceptable body of work related to research, medical excellence, or employment, and have the recommendation of other national or international experts in the same specialty or field.

(3) The commission may adopt rules to establish a primary care license for applicants who have successfully completed the clinical experience graduate pilot program as outlined in RCW 18.71.480. [2026 c 154 s 1; 2020 c 325 s 4; 2011 c 138 s 1; 1994 sp.s. c 9 s 308; 1991 c 3 s 162; 1975 1st ex.s. c 171 s 16.]

Severability—Headings and captions not law—Effective date—1994 sp.s. c 9: See RCW 18.79.900 through 18.79.902.

RCW 18.71.055 Schools of medicine—Requirements for approval. The commission may approve any school of medicine which is located in any state, territory, or possession of the United States, the District of Columbia, or in the Dominion of Canada, provided that it:

(1) Requires collegiate instruction which includes courses deemed by the commission to be prerequisites to medical education;

(2) Provides adequate instruction in the following subjects: Anatomy, biochemistry, microbiology and immunology, pathology, pharmacology, physiology, anaesthesiology, dermatology, gynecology, internal medicine, neurology, obstetrics, ophthalmology, orthopedic surgery, otolaryngology, pediatrics, physical medicine and rehabilitation, preventive medicine and public health, psychiatry, radiology, surgery, and urology, and such other subjects determined by the commission;

(3) Provides clinical instruction in hospital wards and outpatient clinics under guidance.

Approval may be withdrawn by the commission at any time a medical school ceases to comply with one or more of the requirements of this section.

(4) Nothing in this section shall be construed to authorize the commission to approve a school of osteopathic medicine and surgery, or osteopathic medicine, for purposes of qualifying an applicant to be licensed under this chapter by direct licensure, reciprocity, or otherwise. [1996 c 178 s 5; 1994 sp.s. c 9 s 309; 1975 1st ex.s. c 171 s 8; 1961 c 284 s 6; 1957 c 60 s 4.]

Effective date—1996 c 178: See note following RCW 18.35.110.

Severability—Headings and captions not law—Effective date—1994 sp.s. c 9: See RCW 18.79.900 through 18.79.902.

RCW 18.71.060 Record of proceedings of commission and of applications. The commission shall keep an official record of all its proceedings, a part of which record shall consist of a register of all applicants for licensure under this chapter, with the result of each application. The record shall be evidence of all the proceedings of the commission that are set forth in it. [1994 sp.s. c 9 s 310; 1975 1st ex.s. c 171 s 9; 1961 c 284 s 7; 1909 c 192 s 8; RRS s 10011.]

Severability—Headings and captions not law—Effective date—1994 sp.s. c 9: See RCW 18.79.900 through 18.79.902.

RCW 18.71.070 Examination—Record. With the exception of those applicants granted licensure through the provisions of RCW 18.71.090 or 18.71.095, applicants for licensure must successfully complete an examination administered by the commission to determine their professional qualifications. The commission shall prepare and give, or approve the preparation and giving of, an examination which shall cover those general subjects and topics, a knowledge of which is commonly and generally required of candidates for the degree of doctor of medicine conferred by approved colleges or schools of medicine in the United States. Notwithstanding any other provision of law, the commission has the sole responsibility for determining the proficiency of applicants under this chapter, and, in so doing, may waive any prerequisite to licensure not set forth in this chapter.

The commission may by rule establish the passing grade for the examination.

Examination results shall be part of the records of the commission and shall be permanently kept with the applicant's file. [1994 sp.s. c 9 s 311; 1985 c 322 s 3; 1975 1st ex.s. c 171 s 10; 1961 c 284 s 8; 1919 c 134 s 4; 1909 c 192 s 6; RRS s 10009.]

Severability—Headings and captions not law—Effective date—1994 sp.s. c 9: See RCW 18.79.900 through 18.79.902.

RCW 18.71.080 License renewal—Human trafficking information—Continuing education requirement—Failure to renew, procedure. (1)(a) Every person licensed to practice medicine in this state shall pay licensing fees and renew his or her license in accordance with administrative procedures and administrative requirements adopted as provided in RCW 43.70.250 and 43.70.280.

(b) The commission shall request licensees to submit information about their current professional practice at the time of license renewal and licensees must provide the information requested. This information may include practice setting, medical specialty, board certification, or other relevant data determined by the commission.

(c) A physician who resides and practices in Washington and obtains or renews a retired active license shall be exempt from licensing fees imposed under this section. The commission may

establish rules governing mandatory continuing education requirements which shall be met by physicians applying for renewal of licenses. The rules shall provide that mandatory continuing education requirements may be met in part by physicians showing evidence of the completion of approved activities relating to professional liability risk management. The number of hours of continuing education for a physician holding a retired active license shall not exceed fifty hours per year.

(2) The office of crime victims advocacy shall supply the commission with information on methods of recognizing victims of human trafficking, what services are available for these victims, and where to report potential trafficking situations. The information supplied must be culturally sensitive and must include information relating to minor victims. The commission shall disseminate this information to licensees by: Providing the information on the commission's website; including the information in newsletters; holding trainings at meetings attended by organization members; or another distribution method determined by the commission. The commission shall report to the office of crime victims advocacy on the method or methods it uses to distribute information under this subsection.

(3) The commission, in its sole discretion, may permit an applicant who has not renewed his or her license to be licensed without examination if it is satisfied that such applicant meets all the requirements for licensure in this state, and is competent to engage in the practice of medicine. [2015 c 252 s 8; 2011 c 178 s 1. Prior: 2009 c 492 s 5; 2009 c 403 s 2; 1996 c 191 s 52; 1994 sp.s. c 9 s 312; prior: 1991 c 195 s 1; 1991 c 3 s 163; 1985 c 322 s 4; prior: 1979 c 158 ss 53, 54, 55; 1975 1st ex.s. c 171 s 11; 1971 ex.s. c 266 s 12; 1955 c 202 s 36; prior: 1941 c 166 s 1, part; 1913 c 82 s 1, part; 1909 c 192 s 7, part; Rem. Supp. 1941 s 10010-1, part.]

Intent—2015 c 252: See note following RCW 70.112.010.

Finding—Intent—2009 c 403: "The legislature finds that increasing the number of retired physicians who provide volunteer health care services is a cost-effective way to improve access to health care for many citizens of this state. Physicians holding a retired active license must currently meet many of the same requirements as physicians in active practice, including at least fifty hours of continuing education a year, despite the fact that retired active physicians may only practice a maximum of ninety days a year, are limited to providing primary care services, and are limited to providing such services only in community clinics that are operated by public or private tax-exempt corporations. This presents both financial and practical barriers for retired physicians who wish to provide health care services on a volunteer basis, barriers that are not as stringent in other states that provide similar licenses for retired physicians. It is therefore the intent of the legislature to ease some of these barriers in a manner that does not adversely affect public safety." [2009 c 403 s 1.]

Severability—Headings and captions not law—Effective date—1994 sp.s. c 9: See RCW 18.79.900 through 18.79.902.

RCW 18.71.083 Maintenance of certification. (1) Except as provided in subsection (2) of this section, the commission may not require a physician to participate in a maintenance of certification requirement as a condition of licensure or license renewal. The commission may allow a physician to fulfill license renewal requirements through satisfactory participation in a recognized maintenance of certification program.

(2) This section does not apply to board certification requirements or maintenance of certification requirements included in any of the following:

(a) A stipulation to informal disposition under RCW 18.130.172;

(b) An order issued to resolve a statement of charges under RCW 18.130.090;

(c) An order issued under RCW 18.130.160; or

(d) A reinstatement order issued under RCW 18.130.150. [2018 c 211 s 2.]

RCW 18.71.085 Inactive licenses—Renewal—Application of disciplinary provisions. The commission may adopt rules pursuant to this section authorizing an inactive license status.

(1) An individual licensed pursuant to chapter 18.71 RCW may place his or her license on inactive status. The holder of an inactive license shall not practice medicine and surgery in this state without first activating the license.

(2) The administrative procedures, administrative requirements, and fee for inactive renewal shall be established pursuant to RCW 43.70.250 and 43.70.280.

(3) An inactive license may be placed in an active status upon compliance with rules established by the commission.

(4) Provisions relating to disciplinary action against a person with a license shall be applicable to a person with an inactive license, except that when disciplinary proceedings against a person with an inactive license have been initiated, the license shall remain inactive until the proceedings have been completed. [1996 c 191 s 53; 1994 sp.s. c 9 s 313; 1991 c 44 s 2.]

Severability—Headings and captions not law—Effective date—1994 sp.s. c 9: See RCW 18.79.900 through 18.79.902.

RCW 18.71.090 License without examination—Reciprocity—National board examinees—Fee. Any applicant who meets the requirements of RCW 18.71.050 and has been licensed under the laws of another state, territory, or possession of the United States, or of any province of Canada, or an applicant who has satisfactorily passed examinations given by the national board of medical examiners may, in the discretion of the commission, be granted a license without examination on the payment of the fees required by this chapter: PROVIDED, That the applicant must file with the commission a copy of the license certified by the proper authorities of the issuing state to be a full, true copy thereof, and must show that the standards, eligibility requirements, and examinations of that state are at least equal in all respects to those of this state. [1994 sp.s. c 9 s 314; 1985 c 322 s 5. Prior: 1975 1st ex.s. c 171 s 12; 1975 1st ex.s. c 30 s 63; 1961 c 284 s 9; 1957 c 60 s 5; 1919 c 134 s 11; RRS s 10023.]

Severability—Headings and captions not law—Effective date—1994 sp.s. c 9: See RCW 18.79.900 through 18.79.902.

RCW 18.71.095 Limited licenses. The commission may, without examination, issue a limited license to persons who possess the qualifications set forth herein:

(1) The commission may, upon the written request of the secretary of the department of social and health services, the secretary of children, youth, and families, or the secretary of corrections, issue a limited license to practice medicine in this state to persons who have been accepted for employment by the department of social and health services, the department of children, youth, and families, or the department of corrections as physicians; who are licensed to practice medicine in another state of the United States or in the country of Canada or any province or territory thereof; and who meet all of the qualifications for licensure set forth in RCW 18.71.050.

Such license shall permit the holder thereof to practice medicine only in connection with patients, residents, or inmates of the state institutions under the control and supervision of the secretary of the department of social and health services, the department of children, youth, and families, or the department of corrections.

(2) The commission may issue a limited license to practice medicine in this state to persons who have been accepted for employment by a county or city health department as physicians; who are licensed to practice medicine in another state of the United States or in the country of Canada or any province or territory thereof; and who meet all of the qualifications for licensure set forth in RCW 18.71.050.

Such license shall permit the holder thereof to practice medicine only in connection with his or her duties in employment with the city or county health department.

(3) Upon receipt of a completed application showing that the applicant meets all of the requirements for licensure set forth in RCW 18.71.050 except for completion of two years of postgraduate medical training, and that the applicant has been appointed as a resident physician in a program of postgraduate clinical training in this state approved by the commission, the commission may issue a limited license to a resident physician. Such license shall permit the resident physician to practice medicine only in connection with his or her duties as a resident physician and shall not authorize the physician to engage in any other form of practice. Each resident physician shall practice medicine only under the supervision and control of a physician licensed in this state, but such supervision and control shall not be construed to necessarily require the personal presence of the supervising physician at the place where services are rendered.

(4)(a) Upon nomination by the dean of an accredited school of medicine in the state of Washington or the chief executive officer of a hospital or other appropriate health care facility licensed in the state of Washington, the commission may issue a limited license to a physician applicant invited to serve as a teaching-research member of the institution's instructional staff if the sponsoring institution and the applicant give evidence that he or she has graduated from a recognized medical school and has been licensed or otherwise privileged to practice medicine at his or her location of origin. Such license shall permit the recipient to practice medicine only within

the confines of the instructional program specified in the application and shall terminate whenever the holder ceases to be involved in that program, or at the end of one year, whichever is earlier. Upon request of the applicant and the institutional authority, the license may be renewed. The holder of a teaching research license under this subsection (4)(a) is eligible for full licensure if the following conditions are met:

(i) If the applicant has not graduated from a school of medicine located in any state, territory, or possession of the United States, the District of Columbia, or the Dominion of Canada, the applicant must satisfactorily pass the certification process by the educational commission for foreign medical graduates;

(ii) The applicant has successfully completed the exam requirements set forth by the commission by rule;

(iii) The applicant has the ability to read, write, speak, understand, and be understood in the English language at a level acceptable for performing competent medical care in all practice settings;

(iv) The applicant has continuously held a position of associate professor or higher at an accredited Washington state medical school for no less than three years; and

(v) The applicant has had no disciplinary action taken in the previous five years.

(b) Upon nomination by the dean of an accredited school of medicine in the state of Washington or the chief executive officer of any hospital or appropriate health care facility licensed in the state of Washington, the commission may issue a limited license to an applicant selected by the sponsoring institution to be enrolled in one of its designated departmental or divisional fellowship programs provided that the applicant shall have graduated from a recognized medical school and has been granted a license or other appropriate certificate to practice medicine in the location of the applicant's origin. Such license shall permit the holder only to practice medicine within the confines of the fellowship program to which he or she has been appointed and, upon the request of the applicant and the sponsoring institution, the license may be renewed by the commission.

All persons licensed under this section shall be subject to the jurisdiction of the commission to the same extent as other members of the medical profession, in accordance with this chapter and chapter 18.130 RCW.

Persons applying for licensure and renewing licenses pursuant to this section shall comply with administrative procedures, administrative requirements, and fees determined as provided in RCW 43.70.250 and 43.70.280. Any person who obtains a limited license pursuant to this section may apply for licensure under this chapter, but shall submit a new application form and comply with all other licensing requirements of this chapter.

(5)(a) Upon nomination by the chief medical officer of any hospital, appropriate medical practice or physician employment group located in the state of Washington, the department of social and health services, the department of children, youth, and families, the department of corrections, or a county or city health department, the commission may issue a limited license to an international medical graduate for the purpose of gaining clinical experience if the applicant:

(i) Provides proof the applicant is certified by the educational commission for foreign medical graduates;

(ii) Has passed steps one and two of the United States medical licensing examination; and

(iii) Submits to the commission background check process required of applicants generally.

(b) The commission at its sole discretion may elect to waive requirements in statute and rule when considering internationally trained applicants experiencing hardship in providing required documents for license applications. The commission may also require alternate demonstrations of competence that may include examinations or specialty assessments, a period of supervised practice, or other tools as appropriate for evaluation of an applicant to the satisfaction of the commission. Hardship scenarios the commission may consider include, but are not limited to, refugee status, persecution in the home country of the applicant due to beliefs, ethnicity, or other demographic considerations. The commission may not consider as a hardship the inability of the applicant to complete the certification and examination processes administered by the educational commission on foreign medical graduates or the failure of required examinations.

(c) A license holder under this subsection may only practice:

(i) Under the supervision and control of a physician who is licensed in this state under this chapter or chapter 18.57 RCW and is of the same or substantially similar clinical specialty; and

(ii) Within the nominating facility or organization.

(d) A license holder must file with the commission a practice agreement between the license holder and the supervising physician who is of the same or substantially similar clinical specialty prior to beginning practice under this license.

(e) A supervising physician may supervise no more than four license holders under this subsection unless the commission grants a request to increase this limit.

(f) A limited license issued under this subsection is valid for two years and may be renewed three times by the commission upon application for renewal by the nominating entity for a total of eight years. Prior to the third renewal, the applicant must attest to the commission that they applied to one or more residency programs.

(g) The scope of practice of an individual licensed and practicing under authority of this license shall be defined in the practice agreement between the supervising physician and the licensee. For purposes of medical practice, employment role definition, malpractice coverage, credentialing, and insurance billing for plans described in, but not limited to, Title 48 RCW, the licensee shall be considered a full scope physician, unless disciplinary action limits the scope of the license held by the licensee or the supervising physician.

(h) All persons licensed under this subsection are subject to the jurisdiction of the commission to the same extent as other members of the medical profession, in accordance with this chapter and chapter 18.130 RCW.

(i) Persons applying for licensure and renewing licenses under this subsection shall comply with administrative procedures, administrative requirements, and fees determined as provided in RCW 43.70.250 and 43.70.280.

(j) The supervising physician shall retain professional and personal responsibility for any act which constitutes the practice of medicine as defined in RCW 18.71.011 or the practice of osteopathic medicine and surgery as defined in RCW 18.57.001 when performed by an international medical graduate practicing under their supervision.

[2025 c 3 s 1; 2023 c 14 s 1; 2021 c 204 s 1; 2020 c 325 s 5; 2017 c 45 s 1; 2001 c 114 s 1; 1996 c 191 s 54; 1994 sp.s. c 9 s 315; 1991 c 3 s 164; 1990 c 160 s 1; 1987 c 129 s 1. Prior: 1986 c 259 s 110; 1985 c 322 s 6; 1975 1st ex.s. c 171 s 13; 1973 1st ex.s. c 4 s 1; 1967 c 138 s 1; 1965 c 29 s 1; 1959 c 189 s 1.]

Effective date—2001 c 114: "This act is necessary for the immediate preservation of the public peace, health, or safety, or support of the state government and its existing public institutions, and takes effect immediately [April 27, 2001]." [2001 c 114 s 2.]

Severability—Headings and captions not law—Effective date—1994 sp.s. c 9: See RCW 18.79.900 through 18.79.902.

Severability—1986 c 259: See note following RCW 18.130.010.

RCW 18.71.097 Provisional emergency services provider certification—Eligibility. (1) Emergency medical services providers who are currently licensed or certified in another state or who hold a current certification from a national certifying agency approved by the department [of health] are eligible for a Washington provisional emergency services provider certification.

(2) To be eligible for a Washington provisional emergency services provider certification, the applicant shall:

(a) Be currently licensed or certified in another state and be in good standing with the emergency medical services board of that state or hold a current emergency medical services provider certification from a national certifying agency approved by the department [of health];

(b) Be employed or have a valid employment offer from a Washington emergency medical services agency; and

(c) Be approved for a provisional status from the county medical program director in which the applicant is or will be employed.

(3) If the employer or host agency has:

(a) Fewer than 25 employees holding a current emergency medical technician or paramedic certification or license, up to 20 percent of those employees, rounded to the next whole number, may practice under a provisional certification; or

(b) Twenty-five or more employees holding a current emergency medical technician or paramedic certification or license, up to 10 percent of those employees, rounded to the next whole number, may practice under a provisional certification. [2022 c 136 s 2.]

RCW 18.71.100 Applicability of health regulations. All persons granted licenses or certificates under this chapter, shall be subject to the state and municipal regulations relating to the control of contagious diseases, the reporting and certifying to births and deaths, and all matters pertaining to public health; and all such reports shall be accepted as legal. [1909 c 192 s 18; RRS s 10022.]

Public health and safety: Title 70 RCW.

Vital statistics: Chapter 70.58A RCW.

RCW 18.71.190 False personation. Every person filing for record, or attempting to file for record, the certificate issued to another, falsely claiming himself or herself to be the person named in such certificate, or falsely claiming himself or herself to be the person entitled to the same, is guilty of forgery under RCW 9A.60.020. [2003 c 53 s 138; 1909 c 192 s 16; RRS s 10019.]

Intent—Effective date—2003 c 53: See notes following RCW 2.48.180.

False personation in the first or second degree: RCW 9A.60.040, 9A.60.045.

RCW 18.71.200 Physician's trained advanced emergency medical technician and paramedic—Definition. As used in this chapter, a "physician's trained advanced emergency medical technician and paramedic" means a person who:

(1) Has successfully completed an emergency medical technician course as described in chapter 18.73 RCW;

(2) Is trained under the supervision of an approved medical program director according to training standards prescribed in rule to perform specific phases of advanced cardiac and trauma life support under written or oral authorization of an approved licensed physician; and

(3) Has been examined and certified as a physician's trained advanced emergency medical technician and paramedic, by level, by the University of Washington's school of medicine or the department of health. [2015 c 93 s 2; 1995 c 65 s 2; 1991 c 3 s 165; 1986 c 259 s 111; 1983 c 112 s 1; 1977 c 55 s 2; 1973 1st ex.s. c 52 s 1; 1971 ex.s. c 305 s 2.]

Severability—1986 c 259: See note following RCW 18.130.010.

Effective date—1973 1st ex.s. c 52: See note following RCW 43.22.010.

RCW 18.71.205 Physician's trained advanced emergency medical technician and paramedic—Certification. (1) The secretary of the department of health shall prescribe:

(a) Practice parameters, training standards for, and levels of, physician's trained advanced emergency medical technicians and paramedics;

(b) Minimum standards and performance requirements for the certification and recertification of physician's trained advanced emergency medical technicians and paramedics; and

(c) Procedures for provisional certification, certification, recertification, and decertification of physician's trained advanced emergency medical technicians and paramedics.

(2) Initial certification shall be for a period established by the secretary pursuant to RCW 43.70.250 and 43.70.280.

(3) Recertification shall be granted upon proof of continuing satisfactory performance and education, and shall be for a period established by the secretary pursuant to RCW 43.70.250 and 43.70.280.

(4) As used in this chapter and chapter 18.73 RCW, "approved medical program director" means a person who:

(a) Is licensed to practice medicine and surgery pursuant to this chapter or osteopathic medicine and surgery pursuant to chapter 18.57 RCW; and

(b) Is qualified and knowledgeable in the administration and management of emergency care and services; and

(c) Is so certified by the department of health for a county, group of counties, or cities with populations over four hundred thousand in coordination with the recommendations of the local medical community and local emergency medical services and trauma care council.

(5) The uniform disciplinary act, chapter 18.130 RCW, governs uncertified practice, the issuance and denial of certificates, and the disciplining of certificate holders under this section. The secretary shall be the disciplining authority under this section. Disciplinary action shall be initiated against a person credentialed under this chapter in a manner consistent with the responsibilities and duties of the medical program director under whom such person is responsible.

(6) Such activities of physician's trained advanced emergency medical technicians and paramedics shall be limited to actions taken under the express written or oral order of medical program directors and shall not be construed at any time to include freestanding or nondirected actions, for actions not presenting an emergency or life-threatening condition, except nonemergency activities performed pursuant to subsection (7) of this section.

(7) Nothing in this section prohibits a physician's trained advanced emergency medical technician or paramedic, acting under the responsible supervision and direction of an approved medical program director, from participating in a community assistance referral and education services program established under RCW 35.21.930 if such participation does not exceed the participant's training and certification. [2022 c 136 s 4; 2015 c 93 s 3; 2010 1st sp.s. c 7 s 24. Prior: 1996 c 191 s 55; 1996 c 178 s 6; 1995 c 65 s 3; 1994 sp.s. c 9 s 316; 1992 c 128 s 1; 1990 c 269 s 18; 1986 c 68 s 1; 1983 c 112 s 2; 1977 c 55 s 3.]

Effective date—2010 1st sp.s. c 26; 2010 1st sp.s c 7: See note following RCW 43.03.027.

Effective date—1996 c 178: See note following RCW 18.35.110.

Severability—Headings and captions not law—Effective date—1994 sp.s. c 9: See RCW 18.79.900 through 18.79.902.

RCW 18.71.210 Physician's trained advanced emergency medical technician and paramedic—Liability. (1) No act or omission of any physician's trained advanced emergency medical technician and paramedic, as defined in RCW 18.71.200, or any emergency medical technician or first responder, as defined in RCW 18.73.030, done or omitted in good faith while rendering emergency medical service under the responsible supervision and control of a licensed physician or an approved medical program director or delegate(s) to a person who has suffered illness or bodily injury shall impose any liability upon:

(a) The physician's trained advanced emergency medical technician and paramedic, emergency medical technician, or first responder;

(b) The medical program director;

(c) The supervising physician(s);

(d) Any hospital, the officers, members of the staff, nurses, or other employees of a hospital;

(e) Any training agency or training physician(s);

(f) Any licensed ambulance service; or

(g) Any federal, state, county, city, or other local governmental unit or employees of such a governmental unit.

(2) This section shall apply to an act or omission committed or omitted in the performance of the actual emergency medical procedures and not in the commission or omission of an act which is not within the field of medical expertise of the physician's trained advanced emergency medical technician and paramedic, emergency medical technician, or first responder, as the case may be.

This section shall apply also to emergency medical technicians, advanced emergency medical technicians, paramedics, and medical program directors participating in a community assistance referral and education services program established under RCW 35.21.930.

(3) This section shall apply also, as to the entities and personnel described in subsection (1) of this section, to any act or omission committed or omitted in good faith by such entities or personnel in rendering services at the request of an approved medical program director in the training of emergency medical service personnel for certification or recertification pursuant to this chapter.

(4) This section shall apply also, as to the entities and personnel described in subsection (1) of this section, to any act or omission committed or omitted in good faith by such entities or personnel involved in the transport of patients to mental health facilities or chemical dependency programs, in accordance with applicable alternative facility procedures adopted under RCW 70.168.100.

(5) This section shall not apply to any act or omission which constitutes either gross negligence or willful or wanton misconduct. [2015 c 157 s 5; 2015 c 93 s 4; 1997 c 275 s 1; 1997 c 245 s 1. Prior: 1995 c 103 s 1; 1995 c 65 s 4; 1989 c 260 s 4; 1987 c 212 s 502; 1986 c 68 s 4; 1983 c 112 s 3; 1977 c 55 s 4; 1971 ex.s. c 305 s 3.]

Reviser's note: This section was amended by 2015 c 93 s 4 and by 2015 c 157 s 5, each without reference to the other. Both amendments are incorporated in the publication of this section under RCW 1.12.025(2). For rule of construction, see RCW 1.12.025(1).

Effective date—1995 c 103: "This act is necessary for the immediate preservation of the public peace, health, or safety, or support of the state government and its existing public institutions, and shall take effect immediately [April 19, 1995]." [1995 c 103 s 3.]

RCW 18.71.212 Medical program directors—Certification. The secretary of the department of health, in conjunction with the state emergency medical services and trauma care committee, shall evaluate, certify and terminate certification of medical program directors, and prescribe minimum standards defining duties and responsibilities and

performance of duties and responsibilities. [1990 c 269 s 19; 1986 c 68 s 2.]

RCW 18.71.213 Medical program directors—Termination—Temporary delegation of authority. If a medical program director terminates certification, that medical program director's authority may be delegated by the department to any other licensed physician for a period of thirty days, or until a new medical program director is certified, whichever comes first. [1986 c 68 s 3.]

RCW 18.71.215 Medical program directors—Liability for acts or omissions of others. The department of health shall defend and hold harmless approved medical program directors, delegates, or agents, including but not limited to hospitals and hospital personnel in their capacity of training emergency service medical personnel for certification or recertification pursuant to this chapter at the request of such directors, for any act or omission committed or omitted in good faith in the performance of their duties. [1995 c 103 s 2; 1990 c 269 s 20; 1986 c 68 s 5; 1983 c 112 s 4.]

Effective date—1995 c 103: See note following RCW 18.71.210.

RCW 18.71.220 Rendering emergency care—Immunity of physician or hospital from civil liability. No physician or hospital licensed in this state shall be subject to civil liability, based solely upon failure to obtain consent in rendering emergency medical, surgical, hospital, or health services to any individual regardless of age where its patient is unable to give his or her consent for any reason and there is no other person reasonably available who is legally authorized to consent to the providing of such care: PROVIDED, That such physician or hospital has acted in good faith and without knowledge of facts negating consent. [2011 c 336 s 497; 1971 ex.s. c 305 s 4.]

Immunity from liability for certain types of medical care: RCW 4.24.300.

RCW 18.71.230 Disciplinary action against persons exempt from licensure. A right to practice medicine and surgery by an individual in this state pursuant to *RCW 18.71.030 (5) through (12) shall be subject to discipline by order of the commission upon a finding by the commission of an act of unprofessional conduct as defined in RCW 18.130.180 or that the individual is unable to practice with reasonable skill or safety due to a mental or physical condition as described in RCW 18.130.170. Such physician shall have the same rights of notice, hearing, and judicial review as provided licensed physicians generally under this chapter and chapter 18.130 RCW. [1994 sp.s. c 9 s 317; 1986 c 259 s 112; 1979 c 158 s 57; 1973 1st ex.s. c 110 s 2.]

***Reviser's note:** RCW 18.71.030 was amended by 2021 c 247 s 1, changing subsection (12) to subsection (13).

Severability—Headings and captions not law—Effective date—1994 sp.s. c 9: See RCW 18.79.900 through 18.79.902.

Severability—1986 c 259: See note following RCW 18.130.010.

RCW 18.71.240 Abortion—Right to medical treatment of infant born alive. The right of medical treatment of an infant born alive in the course of an abortion procedure shall be the same as the right of an infant born prematurely of equal gestational age. [1981 c 328 s 1.]

RCW 18.71.250 Down syndrome—Parent information. A physician licensed under this chapter who provides a parent with a positive prenatal or postnatal diagnosis of Down syndrome shall provide the parent with the information prepared by the department under RCW 43.70.738 at the time the physician provides the parent with the Down syndrome diagnosis. [2016 c 70 s 5.]

RCW 18.71.300 Physician health program—Definitions. The definitions in this section apply throughout RCW 18.71.310 through 18.71.340 unless the context clearly requires otherwise.

(1) "Entity" means a nonprofit corporation formed by physicians who have expertise in substance use disorders, mental illness, and other potentially impairing health conditions and who broadly represent the physicians of the state and that has been designated to perform any or all of the activities set forth in RCW 18.71.310(1) by the commission.

(2) "Impaired" or "impairment" means the inability to practice medicine with reasonable skill and safety to patients by reason of a health condition.

(3) "Physician health program" means the program for the prevention, detection, intervention, referral for evaluation and treatment, and monitoring of impaired or potentially impaired physicians established by the commission pursuant to RCW 18.71.310(1). [2022 c 43 s 4; 1998 c 132 s 3; 1994 sp.s. c 9 s 329; 1989 c 119 s 1; 1987 c 416 s 1. Formerly RCW 18.72.301.]

Finding—Intent—Severability—1998 c 132: See notes following RCW 18.71.0195.

Severability—Headings and captions not law—Effective date—1994 sp.s. c 9: See RCW 18.79.900 through 18.79.902.

Effective date—1987 c 416: "This act is necessary for the immediate preservation of the public peace, health, and safety, the support of the state government and its existing public institutions, and shall take effect July 1, 1987." [1987 c 416 s 10.]

RCW 18.71.310 Physician health program—License surcharge—Payment of funds. (1) The commission shall enter into a contract with the entity to implement a physician health program. The commission may

enter into a contract with the entity for up to six years in length. The physician health program may include any or all of the following:

(a) Entering into relationships supportive of the physician health program with professionals who provide either evaluation or treatment services, or both;

(b) Receiving and assessing reports of suspected impairment from any source;

(c) Intervening in cases of verified impairment, or in cases where there is reasonable cause to suspect impairment;

(d) Upon reasonable cause, referring suspected or verified impaired physicians for evaluation or treatment;

(e) Monitoring the treatment and rehabilitation of participants including those ordered by the commission;

(f) Providing monitoring and care management support of program participants;

(g) Performing such other activities as agreed upon by the commission and the entity; and

(h) Providing prevention and education services.

(2) A contract entered into under subsection (1) of this section shall be financed by a surcharge of $70 per year or equivalent on each license renewal or issuance of a new license to be collected by the department of health from every physician, surgeon, and physician assistant licensed under this chapter in addition to other license fees. These moneys shall be placed in the impaired physician account to be used solely to support the physician health program.

(3) All funds in the impaired physician account shall be paid to the contract entity within sixty days of deposit. [2024 c 15 s 2; 2022 c 43 s 5; 2009 c 98 s 1; 2001 c 109 s 1; 1998 c 132 s 4; 1997 c 79 s 2; 1994 sp.s. c 9 s 330; 1991 c 3 s 169; 1989 c 119 s 2; 1987 c 416 s 2. Formerly RCW 18.72.306.]

Findings—2024 c 15: "The legislature finds that for over 30 years the Washington physicians health program has been the approved therapeutic alternative to discipline for Washington physicians, physician assistants, dentists, osteopathic physicians, podiatric physicians, and veterinarians with impairing or potentially impairing health conditions. To best support health care professionals and remain a model physician health program nationally, the license surcharge fees that provide the majority of program funding must be periodically increased to sustain and enhance services for impairing or potentially impairing health conditions and hiring qualified staff to handle the increased caseload complexity. More than ever, the legislature finds it is critical to maintain our current physician workforce and authorizing this fee increase, which is supported and paid for by the health care professionals that the program benefits, will provide the resources necessary for the program to continue essential services to the health care workforce." [2024 c 15 s 1.]

Finding—Intent—Severability—1998 c 132: See notes following RCW 18.71.0195.

Effective date—1997 c 79: See note following RCW 18.71.401.

Severability—Headings and captions not law—Effective date—1994 sp.s. c 9: See RCW 18.79.900 through 18.79.902.

Effective date—1987 c 416: See note following RCW 18.71.300.

RCW 18.71.315 Impaired physician account—Created. The impaired physician account is created in the custody of the state treasurer. All receipts from RCW 18.71.310 from license surcharges on physicians and physician assistants shall be deposited into the account. Expenditures from the account may only be used for the physician health program under this chapter. Only the secretary of health or the secretary's designee may authorize expenditures from the account. No appropriation is required for expenditures from this account. [2022 c 43 s 6; 1998 c 132 s 12.]

Finding—Intent—Severability—1998 c 132: See notes following RCW 18.71.0195.

RCW 18.71.320 Physician health program—Procedures. The entity shall develop procedures in consultation with the commission for:

(1) Periodic reporting of statistical information regarding physician health program participant activity;

(2) Periodic disclosure and joint review of such information as the commission may deem appropriate regarding reports received, contacts or investigations made, and the disposition of each report. However, the entity shall not disclose any personally identifiable information except as provided in subsections (3) and (4) of this section;

(3) Immediate reporting to the commission of the name and results of any contact or investigation regarding any suspected or verified impaired physician who is reasonably believed probably to constitute an imminent danger to himself or herself or to the public;

(4) Reporting to the commission, in a timely fashion, any suspected or verified impaired physician who fails to cooperate with the entity, fails to submit to evaluation or treatment, or whose impairment is not substantially alleviated through treatment, or who, in the opinion of the entity, is probably unable to practice medicine with reasonable skill and safety;

(5) Informing each participant of the physician health program of the program procedures, the responsibilities of program participants, and the possible consequences of noncompliance with the program. [2022 c 43 s 7; 1998 c 132 s 5; 1994 sp.s. c 9 s 331; 1987 c 416 s 3. Formerly RCW 18.72.311.]

Finding—Intent—Severability—1998 c 132: See notes following RCW 18.71.0195.

Severability—Headings and captions not law—Effective date—1994 sp.s. c 9: See RCW 18.79.900 through 18.79.902.

Effective date—1987 c 416: See note following RCW 18.71.300.

RCW 18.71.330 Impaired physician program—Evaluation of physician. If the commission has reasonable cause to believe that a physician is impaired, the commission shall cause an evaluation of such physician to be conducted by the entity or the entity's designee

or the commission's designee for the purpose of determining if there is an impairment. The entity or appropriate designee shall report the findings of its evaluation to the commission. [1998 c 132 s 6; 1994 sp.s. c 9 s 332; 1987 c 416 s 4. Formerly RCW 18.72.316.]

Finding—Intent—Severability—1998 c 132: See notes following RCW 18.71.0195.

Severability—Headings and captions not law—Effective date—1994 sp.s. c 9: See RCW 18.79.900 through 18.79.902.

Effective date—1987 c 416: See note following RCW 18.71.300.

RCW 18.71.340 Impaired physician program—Entity records protected. All entity records are not subject to disclosure pursuant to chapter 42.56 RCW. [2005 c 274 s 228; 1998 c 132 s 7; 1987 c 416 s 6. Formerly RCW 18.72.321.]

Finding—Intent—Severability—1998 c 132: See notes following RCW 18.71.0195.

Effective date—1987 c 416: See note following RCW 18.71.300.

RCW 18.71.350 Report of malpractice payments by insurers. (1) Every institution or organization providing professional liability insurance to physicians shall send a complete report to the commission of all malpractice settlements, awards, or payments in excess of twenty thousand dollars as a result of a claim or action for damages alleged to have been caused by an insured physician's incompetency or negligence in the practice of medicine. Such institution or organization shall also report the award, settlement, or payment of three or more claims during a five-year time period as the result of the alleged physician's incompetence or negligence in the practice of medicine regardless of the dollar amount of the award or payment.

(2) Reports required by this section shall be made within sixty days of the date of the settlement or verdict. Failure to comply with this section is punishable by a civil penalty not to exceed two hundred fifty dollars. [1994 sp.s. c 9 s 333; 1993 c 367 s 17; 1986 c 300 s 6. Formerly RCW 18.72.340.]

Severability—Headings and captions not law—Effective date—1994 sp.s. c 9: See RCW 18.79.900 through 18.79.902.

Legislative findings—Severability—1986 c 300: See notes following RCW 18.57.245.

RCW 18.71.360 Driving records. To assist in identifying impairment related to alcohol abuse, the commission may obtain a copy of the driving record of a physician or a physician assistant maintained by the department of licensing. [1994 sp.s. c 9 s 334; 1991 c 215 s 2. Formerly RCW 18.72.345.]

Severability—Headings and captions not law—Effective date—1994 sp.s. c 9: See RCW 18.79.900 through 18.79.902.

RCW 18.71.401 Funds collected—Where deposited. All assessments, fines, and other funds collected or received under this chapter must be deposited in the health professions account and used solely to administer and implement this chapter. [1997 c 79 s 1.]

Effective date—1997 c 79: "This act is necessary for the immediate preservation of the public peace, health, or safety, or support of the state government and its existing public institutions, and takes effect July 1, 1997." [1997 c 79 s 6.]

RCW 18.71.420 Allocation of all appropriated funds. The secretary of health shall allocate all appropriated funds to accomplish the purposes of this chapter. [1991 c 3 s 171; 1983 c 71 s 3. Formerly RCW 18.72.400.]

RCW 18.71.430 Secretary and commission relationship. (1) The secretary shall employ an executive director that is:

(a) Hired by and serves at the pleasure of the commission;

(b) Exempt from the provisions of the civil service law, chapter 41.06 RCW and whose salary is established by the commission in accordance with RCW 43.03.028; and

(c) Responsible for performing all administrative duties of the commission, including preparing an annual budget, and any other duties as delegated to the executive director by the commission.

(2) Consistent with the budgeting and accounting act, the commission is responsible for proposing its own biennial budget which the secretary must submit to the office of financial management.

(3) Prior to adopting credentialing fees under RCW 43.70.250, the secretary shall collaborate with the commission to determine the appropriate fees necessary to support the activities of the commission.

(4) Prior to the secretary exercising the secretary's authority to adopt uniform rules and guidelines, or any other actions that might impact the licensing or disciplinary authority of the commission, the secretary shall first meet with the commission to determine how those rules or guidelines, or changes to rules or guidelines, might impact the commission's ability to effectively carry out its statutory duties. If the commission, in consultation with the secretary, determines that the proposed rules or guidelines, or changes to existing rules or guidelines, will negatively impact the commission's ability to effectively carry out its statutory duties, then the individual commission shall collaborate with the secretary to develop alternative solutions to mitigate the impacts. If an alternative solution cannot be reached, the parties may resolve the dispute through a mediator as set forth in subsection (6) of this section.

(5) The commission shall negotiate with the secretary to develop performance-based expectations, including identification of key performance measures. The performance expectations should focus on consistent, timely regulation of health care professionals.

(6) In the event there is a disagreement between the commission and the secretary, that is unable to be resolved through negotiation, a representative of both parties shall agree on the designation of a third party to mediate the dispute.

(7) The secretary shall employ staff that are hired and managed by the executive director provided that nothing contained in this section may be construed to alter any existing collective bargaining unit or the provisions of any existing collective bargaining agreement. [2013 c 81 s 3; 2011 c 60 s 7; 2008 c 134 s 29.]

Effective date—2013 c 81: See note following RCW 18.25.0167.

Effective date—2011 c 60: See note following RCW 29B.20.030.

Finding—Intent—Severability—2008 c 134: See notes following RCW 18.130.020.

RCW 18.71.440 Commission to consider amending rules—Retired active physicians. (1) The commission shall consider amending its rules on retired active physicians in a manner that improves access to health care services for the citizens of this state without compromising public safety. When considering whether to amend its rules, the commission shall, at a minimum, consider the following:

(a) Whether physicians holding retired active licenses should be allowed to provide health care services beyond primary care;

(b) Whether physicians holding retired active licenses should be allowed to provide health care services in settings beyond community clinics operated by public or private tax-exempt corporations; and

(c) The number and type of continuing education hours that physicians holding retired active licenses shall be required to obtain.

(2) The commission shall determine whether it will amend its rules in the manner suggested by this section no later than November 15, 2009. If the commission determines that it will not amend its rules, it shall provide a written explanation of its decision to the appropriate committees of the legislature no later than December 1, 2009. [2009 c 403 s 4.]

Finding—Intent—2009 c 403: See note following RCW 18.71.080.

RCW 18.71.450 Pain management rules—Repeal—Adoption of new rules. (1) By June 30, 2011, the commission shall repeal its rules on pain management, WAC 246-919-800 through 246-919-830.

(2) By June 30, 2011, the commission shall adopt new rules on chronic, noncancer pain management that contain the following elements:

(a)(i) Dosing criteria, including:

(A) A dosage amount that must not be exceeded unless a physician first consults with a practitioner specializing in pain management; and

(B) Exigent or special circumstances under which the dosage amount may be exceeded without consultation with a practitioner specializing in pain management.

(ii) The rules regarding consultation with a practitioner specializing in pain management must, to the extent practicable, take into account:

(A) Circumstances under which repeated consultations would not be necessary or appropriate for a patient undergoing a stable, ongoing course of treatment for pain management;

(B) Minimum training and experience that is sufficient to exempt a physician from the specialty consultation requirement;

(C) Methods for enhancing the availability of consultations;

(D) Allowing the efficient use of resources; and

(E) Minimizing the burden on practitioners and patients;

(b) Guidance on when to seek specialty consultation and ways in which electronic specialty consultations may be sought;

(c) Guidance on tracking clinical progress by using assessment tools focusing on pain interference, physical function, and overall risk for poor outcome; and

(d) Guidance on tracking the use of opioids, particularly in the emergency department.

(3) The commission shall consult with the agency medical directors' group, the department of health, the University of Washington, and the largest professional association of physicians in the state.

(4) The rules adopted under this section do not apply:

(a) To the provision of palliative, hospice, or other end-of-life care; or

(b) To the management of acute pain caused by an injury or a surgical procedure. [2010 c 209 s 5.]

RCW 18.71.460 Commission—Information to legislature. In addition to the authority provided in RCW 42.52.804, the commission, its members, or staff as directed by the commission, may communicate, present information requested, volunteer information, testify before legislative committees, and educate the legislature, as the commission may from time to time see fit. [2013 c 81 s 4.]

Effective date—2013 c 81: See note following RCW 18.25.0167.

RCW 18.71.472 International medical graduates—Clinical assessment. Based on recommendations from the international medical graduate implementation work group, the commission shall adopt a clinical assessment to determine the readiness of international medical graduates to apply and serve in residency programs and adopt a grant award process for distributing funds pursuant to RCW 18.71.475. [2020 c 325 s 2.]

RCW 18.71.475 International medical graduates—Grant funding. Subject to appropriation by the legislature and donations received from public and private entities, the department of health shall award grant funding to:

(1) Approved entities for career guidance and support services to international medical graduates including, but not limited to, assistance with educational commission for foreign medical graduates

certification application and United States medical licensing examination preparation; and

(2) Health care facilities or clinical programs to provide supervised clinical training to international medical graduates. [2020 c 325 s 3.]

RCW 18.71.480 Graduate pilot program—International medical graduates—Pathways to licensure. ***(Expires June 30, 2035.)*** (1) The commission shall establish and administer the clinical experience graduate pilot program.

(2) The pilot program must allow an international medical graduate to participate in the program if the applicant:

(a) Holds a clinical experience license issued on or before July 1, 2026;

(b) Has completed two years of continuous supervised clinical practice under a clinical experience license;

(c) Does not have any active disciplinary action or significant disciplinary history as determined by the commission;

(d) Has obtained satisfactory clinical assessment evaluations from the supervising physician in all categories in a clinical assessment evaluation approved by the commission for the period of supervised practice;

(e) Has obtained an attestation from the supervising physician; and

(f) Has obtained a written endorsement from the medical director of the practice site if different than the supervising physician.

(3) The Washington medical commission shall engage with the American board of medical specialties to consider a process for board certification for program participants.

(4) The pilot program shall create a pathway to full, unrestricted medical licensure to provide primary care upon successful completion of the following:

(a) Two years of supervised clinical experience license practice in addition to the two years of continuous supervised clinical practice under a clinical experience license needed to qualify for the pilot program;

(b) Requirements of the clinical experience license program;

(c) Step 3 of the United States medical licensing examination; and

(d) Passing a clinical competency assessment approved by the commission.

(5) Practice sites eligible for the program include:

(a) Hospitals;

(b) Federally qualified health centers;

(c) Government entities;

(d) Private practices or physician employment groups with at least 10 full-time equivalent, board-certified physicians that deliver in-person patient care in Washington state; and

(e) Mental and behavioral health facilities, upon approval by the commission.

(6) By November 1, 2027, and until November 1, 2035, the commission must provide an annual report on the clinical experience graduate pilot program to the legislature. The report must include:

(a) Data about practice patterns of program participants, including, but not limited to, practice locations and specialty;

(b) Relevant disciplinary actions taken against pilot program participants; and

(c) Recommendations for how the pilot program could be expanded to include graduates of medical schools in the United States.

(7) This section expires June 30, 2035. [2026 c 154 s 2.]

RCW 18.71.800 Opioid drug prescribing rules—Adoption. (1) By January 1, 2019, the commission must adopt rules establishing requirements for prescribing opioid drugs. The rules may contain exemptions based on education, training, amount of opioids prescribed, patient panel, and practice environment.

(2) In developing the rules, the commission must consider the agency medical directors' group and centers for disease control guidelines, and may consult with the department of health, the University of Washington, and the largest professional association of physicians in the state. [2017 c 297 s 6.]

Findings—Intent—2017 c 297: See note following RCW 18.22.800.

RCW 18.71.810 Opioid drugs—Right to refuse. By January 1, 2020, the commission must adopt or amend its rules to require physicians who prescribe opioids to inform patients of their right to refuse an opioid prescription or order for any reason. If a patient indicates a desire to not receive an opioid, the physician must document the patient's request and avoid prescribing or ordering opioids, unless the request is revoked by the patient. [2019 c 314 s 8.]

Declaration—2019 c 314: See note following RCW 18.22.810.

RCW 18.71.910 Repeal—1909 c 192. All acts, or parts of acts, in any wise conflicting with the provisions of this act, are hereby repealed. [1909 c 192 s 22.]

RCW 18.71.920 Repeal—1957 c 60. All acts and parts of acts to the extent that the same are in conflict herewith are hereby repealed. [1957 c 60 s 6.]