
ENGROSSED SUBSTITUTE SENATE BILL 5688

State of Washington

66th Legislature

2019 Regular Session

By Senate Health & Long Term Care (originally sponsored by Senators Cleveland, Walsh, and Becker)

READ FIRST TIME 02/22/19.

1 AN ACT Relating to athletic trainers; amending RCW 18.250.010,
2 18.250.040, 18.250.050, 43.70.442, and 43.70.442; reenacting and
3 amending RCW 69.41.010; adding a new section to chapter 18.250 RCW;
4 providing an effective date; and providing an expiration date.

5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

6 **Sec. 1.** RCW 18.250.010 and 2016 c 41 s 22 are each amended to
7 read as follows:

8 The definitions in this section apply throughout this chapter
9 unless the context clearly requires otherwise.

10 (1) "Athlete" means a person who participates in exercise,
11 recreation, sport, or games requiring physical strength,
12 range-of-motion, flexibility, body awareness and control, speed,
13 stamina, or agility, and the exercise, recreation, sports, or games
14 are of a type conducted in association with an educational
15 institution or professional, amateur, or recreational sports club or
16 organization.

17 (2) "Athletic injury" means an injury or condition sustained by
18 an athlete that affects the person's participation or performance in
19 exercise, recreation, sport, or games and the injury or condition is
20 within the professional preparation and education of an athletic
21 trainer.

1 (3) "Athletic trainer" means a person who is licensed as a health
2 care professional under this chapter. An athletic trainer can
3 practice athletic training through the consultation, referral, or
4 guidelines of a licensed health care provider as defined under
5 subsection (7) of this section working within their scope of
6 practice.

7 (4) (a) "Athletic training" means the application of the following
8 principles and methods as provided by a licensed athletic trainer:

9 (i) Risk management and prevention of athletic injuries through
10 preactivity screening and evaluation, educational programs, physical
11 conditioning and reconditioning programs, application of commercial
12 products, use of protective equipment, promotion of healthy
13 behaviors, and reduction of environmental risks;

14 (ii) Recognition, evaluation, and assessment of athletic injuries
15 by obtaining a history of the athletic injury, inspection and
16 palpation of the injured part and associated structures, and
17 performance of specific testing techniques related to stability and
18 function to determine the extent of an injury;

19 (iii) Immediate care of athletic injuries, including emergency
20 medical situations through the application of first-aid and emergency
21 procedures and techniques for nonlife-threatening or life-threatening
22 athletic injuries;

23 (iv) Treatment, rehabilitation, and reconditioning of athletic
24 injuries through the application of physical agents and modalities,
25 therapeutic activities and exercise, standard reassessment techniques
26 and procedures, commercial products, and educational programs, in
27 accordance with guidelines established with a licensed health care
28 provider as provided in RCW 18.250.070;

29 (v) Treatment, rehabilitation, and reconditioning of work-related
30 injuries through the application of physical agents and modalities,
31 therapeutic activities and exercise, standard reassessment techniques
32 and procedures, commercial products, and educational programs, under
33 the direct supervision of and in accordance with a plan of care for
34 an individual worker established by a provider authorized to provide
35 physical medicine and rehabilitation services for injured workers;
36 and

37 (vi) Referral of an athlete to an appropriately licensed health
38 care provider if the athletic injury requires further definitive care
39 or the injury or condition is outside an athletic trainer's scope of
40 practice, in accordance with RCW 18.250.070.

- 1 (b) "Athletic training" does not include:
- 2 (i) The use of spinal adjustment or manipulative mobilization of
- 3 the spine and its immediate articulations;
- 4 (ii) Orthotic or prosthetic services with the exception of
- 5 evaluation, measurement, fitting, and adjustment of temporary,
- 6 prefabricated or direct-formed orthosis as defined in chapter 18.200
- 7 RCW;
- 8 (iii) The practice of occupational therapy as defined in chapter
- 9 18.59 RCW;
- 10 (iv) The practice of East Asian medicine as defined in chapter
- 11 18.06 RCW;
- 12 (v) Any medical diagnosis; and
- 13 (vi) Prescribing legend drugs or controlled substances, or
- 14 surgery.
- 15 (5) "Committee" means the athletic training advisory committee.
- 16 (6) "Department" means the department of health.
- 17 (7) "Licensed health care provider" means a physician, physician
- 18 assistant, osteopathic physician, osteopathic physician assistant,
- 19 advanced registered nurse practitioner, naturopath, physical
- 20 therapist, chiropractor, dentist, massage therapist, acupuncturist,
- 21 occupational therapist, or podiatric physician and surgeon.
- 22 (8) "Secretary" means the secretary of health or the secretary's
- 23 designee.

24 **Sec. 2.** RCW 18.250.040 and 2007 c 253 s 5 are each amended to

25 read as follows:

26 (1) It is unlawful for any person to practice or offer to

27 practice as an athletic trainer, or to represent themselves or other

28 persons to be legally able to provide services as an athletic

29 trainer, unless the person is licensed under the provisions of this

30 chapter.

31 (2) No person may use the title "athletic trainer," the letters

32 "ATC" or "LAT," the terms "sports trainer," "team trainer," or any

33 other words, abbreviations, or insignia in connection with his or her

34 name to indicate or imply, directly or indirectly, that he or she is

35 an athletic trainer without being licensed in accordance with this

36 chapter as an athletic trainer.

37 **Sec. 3.** RCW 18.250.050 and 2007 c 253 s 6 are each amended to

38 read as follows:

1 Nothing in this chapter may prohibit, restrict, or require
2 licensure of:

3 (1) Any person licensed, certified, or registered in this state
4 and performing services within the authorized scope of practice;

5 (2) The practice by an individual employed by the government of
6 the United States as an athletic trainer while engaged in the
7 performance of duties prescribed by the laws of the United States;

8 (3) Any person pursuing a supervised course of study in an
9 accredited athletic training educational program, if the person is
10 designated by a title that clearly indicates a student or trainee
11 status;

12 (4) An athletic trainer from another state for purposes of
13 continuing education, consulting, or performing athletic training
14 services while accompanying his or her group, individual, or
15 representatives into Washington state on a temporary basis for no
16 more than ninety days in a calendar year;

17 (5) Any elementary, secondary, or postsecondary school teacher,
18 educator, or coach(~~(, or authorized volunteer)~~) who does not
19 represent themselves to the public as an athletic trainer; or

20 (6) A personal or fitness trainer employed by an athletic club or
21 fitness center and not representing themselves as an athletic trainer
22 or performing the duties of an athletic trainer provided under RCW
23 18.250.010(4)(a)(ii) through (vi).

24 NEW SECTION. **Sec. 4.** A new section is added to chapter 18.250
25 RCW to read as follows:

26 (1) An athletic trainer licensed under this chapter may purchase,
27 store, and administer over-the-counter medications such as pain
28 relievers, hydrocortisone, fluocinonide, topical anesthetics, silver
29 sulfadiazine, lidocaine, magnesium sulfate, zinc oxide, and other
30 similar medications, as prescribed by an authorized health care
31 practitioner for the practice of athletic training.

32 (a) An athletic trainer may not administer any medications to a
33 student in a public school as defined in RCW 28A.150.010 or private
34 schools governed by chapter 28A.195 RCW.

35 (b) An athletic trainer may administer medications consistent
36 with this section to a minor in a setting other than a school, if the
37 minor's parent or guardian provides written consent.

38 (2) An athletic trainer licensed under this chapter who has
39 completed an anaphylaxis training program in accordance with RCW

1 70.54.440 may administer an epinephrine autoinjector to any
2 individual who the athletic trainer believes in good faith is
3 experiencing anaphylaxis as authorized by RCW 70.54.440.

4 **Sec. 5.** RCW 43.70.442 and 2016 c 90 s 5 are each amended to read
5 as follows:

6 (1)(a) Each of the following professionals certified or licensed
7 under Title 18 RCW shall, at least once every six years, complete
8 training in suicide assessment, treatment, and management that is
9 approved, in rule, by the relevant disciplining authority:

- 10 (i) An adviser or counselor certified under chapter 18.19 RCW;
- 11 (ii) A chemical dependency professional licensed under chapter
12 18.205 RCW;
- 13 (iii) A marriage and family therapist licensed under chapter
14 18.225 RCW;
- 15 (iv) A mental health counselor licensed under chapter 18.225 RCW;
- 16 (v) An occupational therapy practitioner licensed under chapter
17 18.59 RCW;
- 18 (vi) A psychologist licensed under chapter 18.83 RCW;
- 19 (vii) An advanced social worker or independent clinical social
20 worker licensed under chapter 18.225 RCW; and
- 21 (viii) A social worker associate—advanced or social worker
22 associate—independent clinical licensed under chapter 18.225 RCW.

23 (b) The requirements in (a) of this subsection apply to a person
24 holding a retired active license for one of the professions in (a) of
25 this subsection.

26 (c) The training required by this subsection must be at least six
27 hours in length, unless a disciplining authority has determined,
28 under subsection (10)(b) of this section, that training that includes
29 only screening and referral elements is appropriate for the
30 profession in question, in which case the training must be at least
31 three hours in length.

32 (d) Beginning July 1, 2017, the training required by this
33 subsection must be on the model list developed under subsection (6)
34 of this section. Nothing in this subsection (1)(d) affects the
35 validity of training completed prior to July 1, 2017.

36 (2)(a) Except as provided in (b) of this subsection, a
37 professional listed in subsection (1)(a) of this section must
38 complete the first training required by this section by the end of
39 the first full continuing education reporting period after January 1,

1 2014, or during the first full continuing education reporting period
2 after initial licensure or certification, whichever occurs later.

3 (b) A professional listed in subsection (1)(a) of this section
4 applying for initial licensure may delay completion of the first
5 training required by this section for six years after initial
6 licensure if he or she can demonstrate successful completion of the
7 training required in subsection (1) of this section no more than six
8 years prior to the application for initial licensure.

9 (3) The hours spent completing training in suicide assessment,
10 treatment, and management under this section count toward meeting any
11 applicable continuing education or continuing competency requirements
12 for each profession.

13 (4)(a) A disciplining authority may, by rule, specify minimum
14 training and experience that is sufficient to exempt an individual
15 professional from the training requirements in subsections (1) and
16 (5) of this section. Nothing in this subsection (4)(a) allows a
17 disciplining authority to provide blanket exemptions to broad
18 categories or specialties within a profession.

19 (b) A disciplining authority may exempt a professional from the
20 training requirements of subsections (1) and (5) of this section if
21 the professional has only brief or limited patient contact.

22 (5)(a) Each of the following professionals credentialed under
23 Title 18 RCW shall complete a one-time training in suicide
24 assessment, treatment, and management that is approved by the
25 relevant disciplining authority:

26 (i) A chiropractor licensed under chapter 18.25 RCW;

27 (ii) A naturopath licensed under chapter 18.36A RCW;

28 (iii) A licensed practical nurse, registered nurse, or advanced
29 registered nurse practitioner, other than a certified registered
30 nurse anesthetist, licensed under chapter 18.79 RCW;

31 (iv) An osteopathic physician and surgeon licensed under chapter
32 18.57 RCW, other than a holder of a postgraduate osteopathic medicine
33 and surgery license issued under RCW 18.57.035;

34 (v) An osteopathic physician assistant licensed under chapter
35 18.57A RCW;

36 (vi) A physical therapist or physical therapist assistant
37 licensed under chapter 18.74 RCW;

38 (vii) A physician licensed under chapter 18.71 RCW, other than a
39 resident holding a limited license issued under RCW 18.71.095(3);

40 (viii) A physician assistant licensed under chapter 18.71A RCW;

1 (ix) A pharmacist licensed under chapter 18.64 RCW; (~~and~~)
2 (x) An athletic trainer licensed under chapter 18.250 RCW; and
3 (xi) A person holding a retired active license for one of the
4 professions listed in (a) (i) through (~~(ix)~~) (x) of this subsection.

5 (b) (i) A professional listed in (a) (i) through (viii) of this
6 subsection or a person holding a retired active license for one of
7 the professions listed in (a) (i) through (viii) of this subsection
8 must complete the one-time training by the end of the first full
9 continuing education reporting period after January 1, 2016, or
10 during the first full continuing education reporting period after
11 initial licensure, whichever is later. Training completed between
12 June 12, 2014, and January 1, 2016, that meets the requirements of
13 this section, other than the timing requirements of this subsection
14 (5) (b), must be accepted by the disciplining authority as meeting the
15 one-time training requirement of this subsection (5).

16 (ii) A licensed pharmacist or a person holding a retired active
17 pharmacist license must complete the one-time training by the end of
18 the first full continuing education reporting period after January 1,
19 2017, or during the first full continuing education reporting period
20 after initial licensure, whichever is later.

21 (c) The training required by this subsection must be at least six
22 hours in length, unless a disciplining authority has determined,
23 under subsection (10) (b) of this section, that training that includes
24 only screening and referral elements is appropriate for the
25 profession in question, in which case the training must be at least
26 three hours in length.

27 (d) Beginning July 1, 2017, the training required by this
28 subsection must be on the model list developed under subsection (6)
29 of this section. Nothing in this subsection (5) (d) affects the
30 validity of training completed prior to July 1, 2017.

31 (6) (a) The secretary and the disciplining authorities shall work
32 collaboratively to develop a model list of training programs in
33 suicide assessment, treatment, and management.

34 (b) The secretary and the disciplining authorities shall update
35 the list at least once every two years.

36 (c) By June 30, 2016, the department shall adopt rules
37 establishing minimum standards for the training programs included on
38 the model list. The minimum standards must require that six-hour
39 trainings include content specific to veterans and the assessment of
40 issues related to imminent harm via lethal means or self-injurious

1 behaviors and that three-hour trainings for pharmacists include
2 content related to the assessment of issues related to imminent harm
3 via lethal means. When adopting the rules required under this
4 subsection (6)(c), the department shall:

5 (i) Consult with the affected disciplining authorities, public
6 and private institutions of higher education, educators, experts in
7 suicide assessment, treatment, and management, the Washington
8 department of veterans affairs, and affected professional
9 associations; and

10 (ii) Consider standards related to the best practices registry of
11 the American foundation for suicide prevention and the suicide
12 prevention resource center.

13 (d) Beginning January 1, 2017:

14 (i) The model list must include only trainings that meet the
15 minimum standards established in the rules adopted under (c) of this
16 subsection and any three-hour trainings that met the requirements of
17 this section on or before July 24, 2015;

18 (ii) The model list must include six-hour trainings in suicide
19 assessment, treatment, and management, and three-hour trainings that
20 include only screening and referral elements; and

21 (iii) A person or entity providing the training required in this
22 section may petition the department for inclusion on the model list.
23 The department shall add the training to the list only if the
24 department determines that the training meets the minimum standards
25 established in the rules adopted under (c) of this subsection.

26 (7) The department shall provide the health profession training
27 standards created in this section to the professional educator
28 standards board as a model in meeting the requirements of RCW
29 28A.410.226 and provide technical assistance, as requested, in the
30 review and evaluation of educator training programs. The educator
31 training programs approved by the professional educator standards
32 board may be included in the department's model list.

33 (8) Nothing in this section may be interpreted to expand or limit
34 the scope of practice of any profession regulated under chapter
35 18.130 RCW.

36 (9) The secretary and the disciplining authorities affected by
37 this section shall adopt any rules necessary to implement this
38 section.

39 (10) For purposes of this section:

1 (a) "Disciplining authority" has the same meaning as in RCW
2 18.130.020.

3 (b) "Training in suicide assessment, treatment, and management"
4 means empirically supported training approved by the appropriate
5 disciplining authority that contains the following elements: Suicide
6 assessment, including screening and referral, suicide treatment, and
7 suicide management. However, the disciplining authority may approve
8 training that includes only screening and referral elements if
9 appropriate for the profession in question based on the profession's
10 scope of practice. The board of occupational therapy may also approve
11 training that includes only screening and referral elements if
12 appropriate for occupational therapy practitioners based on practice
13 setting.

14 (11) A state or local government employee is exempt from the
15 requirements of this section if he or she receives a total of at
16 least six hours of training in suicide assessment, treatment, and
17 management from his or her employer every six years. For purposes of
18 this subsection, the training may be provided in one six-hour block
19 or may be spread among shorter training sessions at the employer's
20 discretion.

21 (12) An employee of a community mental health agency licensed
22 under chapter 71.24 RCW or a chemical dependency program certified
23 under chapter (~~70.96A~~) 71.24 RCW is exempt from the requirements of
24 this section if he or she receives a total of at least six hours of
25 training in suicide assessment, treatment, and management from his or
26 her employer every six years. For purposes of this subsection, the
27 training may be provided in one six-hour block or may be spread among
28 shorter training sessions at the employer's discretion.

29 **Sec. 6.** RCW 43.70.442 and 2017 c 262 s 4 are each amended to
30 read as follows:

31 (1)(a) Each of the following professionals certified or licensed
32 under Title 18 RCW shall, at least once every six years, complete
33 training in suicide assessment, treatment, and management that is
34 approved, in rule, by the relevant disciplining authority:

35 (i) An adviser or counselor certified under chapter 18.19 RCW;

36 (ii) A chemical dependency professional licensed under chapter
37 18.205 RCW;

38 (iii) A marriage and family therapist licensed under chapter
39 18.225 RCW;

- 1 (iv) A mental health counselor licensed under chapter 18.225 RCW;
2 (v) An occupational therapy practitioner licensed under chapter
3 18.59 RCW;
4 (vi) A psychologist licensed under chapter 18.83 RCW;
5 (vii) An advanced social worker or independent clinical social
6 worker licensed under chapter 18.225 RCW; and
7 (viii) A social worker associate—advanced or social worker
8 associate—independent clinical licensed under chapter 18.225 RCW.

9 (b) The requirements in (a) of this subsection apply to a person
10 holding a retired active license for one of the professions in (a) of
11 this subsection.

12 (c) The training required by this subsection must be at least six
13 hours in length, unless a disciplining authority has determined,
14 under subsection (10)(b) of this section, that training that includes
15 only screening and referral elements is appropriate for the
16 profession in question, in which case the training must be at least
17 three hours in length.

18 (d) Beginning July 1, 2017, the training required by this
19 subsection must be on the model list developed under subsection (6)
20 of this section. Nothing in this subsection (1)(d) affects the
21 validity of training completed prior to July 1, 2017.

22 (2)(a) Except as provided in (b) of this subsection, a
23 professional listed in subsection (1)(a) of this section must
24 complete the first training required by this section by the end of
25 the first full continuing education reporting period after January 1,
26 2014, or during the first full continuing education reporting period
27 after initial licensure or certification, whichever occurs later.

28 (b) A professional listed in subsection (1)(a) of this section
29 applying for initial licensure may delay completion of the first
30 training required by this section for six years after initial
31 licensure if he or she can demonstrate successful completion of the
32 training required in subsection (1) of this section no more than six
33 years prior to the application for initial licensure.

34 (3) The hours spent completing training in suicide assessment,
35 treatment, and management under this section count toward meeting any
36 applicable continuing education or continuing competency requirements
37 for each profession.

38 (4)(a) A disciplining authority may, by rule, specify minimum
39 training and experience that is sufficient to exempt an individual
40 professional from the training requirements in subsections (1) and

1 (5) of this section. Nothing in this subsection (4)(a) allows a
2 disciplining authority to provide blanket exemptions to broad
3 categories or specialties within a profession.

4 (b) A disciplining authority may exempt a professional from the
5 training requirements of subsections (1) and (5) of this section if
6 the professional has only brief or limited patient contact.

7 (5)(a) Each of the following professionals credentialed under
8 Title 18 RCW shall complete a one-time training in suicide
9 assessment, treatment, and management that is approved by the
10 relevant disciplining authority:

11 (i) A chiropractor licensed under chapter 18.25 RCW;

12 (ii) A naturopath licensed under chapter 18.36A RCW;

13 (iii) A licensed practical nurse, registered nurse, or advanced
14 registered nurse practitioner, other than a certified registered
15 nurse anesthetist, licensed under chapter 18.79 RCW;

16 (iv) An osteopathic physician and surgeon licensed under chapter
17 18.57 RCW, other than a holder of a postgraduate osteopathic medicine
18 and surgery license issued under RCW 18.57.035;

19 (v) An osteopathic physician assistant licensed under chapter
20 18.57A RCW;

21 (vi) A physical therapist or physical therapist assistant
22 licensed under chapter 18.74 RCW;

23 (vii) A physician licensed under chapter 18.71 RCW, other than a
24 resident holding a limited license issued under RCW 18.71.095(3);

25 (viii) A physician assistant licensed under chapter 18.71A RCW;

26 (ix) A pharmacist licensed under chapter 18.64 RCW;

27 (x) A dentist licensed under chapter 18.32 RCW;

28 (xi) A dental hygienist licensed under chapter 18.29 RCW; (~~and~~)

29 (xii) An athletic trainer licensed under chapter 18.250 RCW; and

30 (xiii) A person holding a retired active license for one of the
31 professions listed in (a)(i) through (~~(xi)~~) (xii) of this
32 subsection.

33 (b)(i) A professional listed in (a)(i) through (viii) of this
34 subsection or a person holding a retired active license for one of
35 the professions listed in (a)(i) through (viii) of this subsection
36 must complete the one-time training by the end of the first full
37 continuing education reporting period after January 1, 2016, or
38 during the first full continuing education reporting period after
39 initial licensure, whichever is later. Training completed between
40 June 12, 2014, and January 1, 2016, that meets the requirements of

1 this section, other than the timing requirements of this subsection
2 (5)(b), must be accepted by the disciplining authority as meeting the
3 one-time training requirement of this subsection (5).

4 (ii) A licensed pharmacist or a person holding a retired active
5 pharmacist license must complete the one-time training by the end of
6 the first full continuing education reporting period after January 1,
7 2017, or during the first full continuing education reporting period
8 after initial licensure, whichever is later.

9 (iii) A licensed dentist, a licensed dental hygienist, or a
10 person holding a retired active license as a dentist shall complete
11 the one-time training by the end of the full continuing education
12 reporting period after August 1, 2020, or during the first full
13 continuing education reporting period after initial licensure,
14 whichever is later. Training completed between July 23, 2017, and
15 August 1, 2020, that meets the requirements of this section, other
16 than the timing requirements of this subsection (5)(b)(iii), must be
17 accepted by the disciplining authority as meeting the one-time
18 training requirement of this subsection (5).

19 (c) The training required by this subsection must be at least six
20 hours in length, unless a disciplining authority has determined,
21 under subsection (10)(b) of this section, that training that includes
22 only screening and referral elements is appropriate for the
23 profession in question, in which case the training must be at least
24 three hours in length.

25 (d) Beginning July 1, 2017, the training required by this
26 subsection must be on the model list developed under subsection (6)
27 of this section. Nothing in this subsection (5)(d) affects the
28 validity of training completed prior to July 1, 2017.

29 (6)(a) The secretary and the disciplining authorities shall work
30 collaboratively to develop a model list of training programs in
31 suicide assessment, treatment, and management.

32 (b) The secretary and the disciplining authorities shall update
33 the list at least once every two years.

34 (c) By June 30, 2016, the department shall adopt rules
35 establishing minimum standards for the training programs included on
36 the model list. The minimum standards must require that six-hour
37 trainings include content specific to veterans and the assessment of
38 issues related to imminent harm via lethal means or self-injurious
39 behaviors and that three-hour trainings for pharmacists or dentists
40 include content related to the assessment of issues related to

1 imminent harm via lethal means. When adopting the rules required
2 under this subsection (6)(c), the department shall:

3 (i) Consult with the affected disciplining authorities, public
4 and private institutions of higher education, educators, experts in
5 suicide assessment, treatment, and management, the Washington
6 department of veterans affairs, and affected professional
7 associations; and

8 (ii) Consider standards related to the best practices registry of
9 the American foundation for suicide prevention and the suicide
10 prevention resource center.

11 (d) Beginning January 1, 2017:

12 (i) The model list must include only trainings that meet the
13 minimum standards established in the rules adopted under (c) of this
14 subsection and any three-hour trainings that met the requirements of
15 this section on or before July 24, 2015;

16 (ii) The model list must include six-hour trainings in suicide
17 assessment, treatment, and management, and three-hour trainings that
18 include only screening and referral elements; and

19 (iii) A person or entity providing the training required in this
20 section may petition the department for inclusion on the model list.
21 The department shall add the training to the list only if the
22 department determines that the training meets the minimum standards
23 established in the rules adopted under (c) of this subsection.

24 (7) The department shall provide the health profession training
25 standards created in this section to the professional educator
26 standards board as a model in meeting the requirements of RCW
27 28A.410.226 and provide technical assistance, as requested, in the
28 review and evaluation of educator training programs. The educator
29 training programs approved by the professional educator standards
30 board may be included in the department's model list.

31 (8) Nothing in this section may be interpreted to expand or limit
32 the scope of practice of any profession regulated under chapter
33 18.130 RCW.

34 (9) The secretary and the disciplining authorities affected by
35 this section shall adopt any rules necessary to implement this
36 section.

37 (10) For purposes of this section:

38 (a) "Disciplining authority" has the same meaning as in RCW
39 18.130.020.

1 (b) "Training in suicide assessment, treatment, and management"
2 means empirically supported training approved by the appropriate
3 disciplining authority that contains the following elements: Suicide
4 assessment, including screening and referral, suicide treatment, and
5 suicide management. However, the disciplining authority may approve
6 training that includes only screening and referral elements if
7 appropriate for the profession in question based on the profession's
8 scope of practice. The board of occupational therapy may also approve
9 training that includes only screening and referral elements if
10 appropriate for occupational therapy practitioners based on practice
11 setting.

12 (11) A state or local government employee is exempt from the
13 requirements of this section if he or she receives a total of at
14 least six hours of training in suicide assessment, treatment, and
15 management from his or her employer every six years. For purposes of
16 this subsection, the training may be provided in one six-hour block
17 or may be spread among shorter training sessions at the employer's
18 discretion.

19 (12) An employee of a community mental health agency licensed
20 under chapter 71.24 RCW or a chemical dependency program certified
21 under chapter (~~70.96A~~) 71.24 RCW is exempt from the requirements of
22 this section if he or she receives a total of at least six hours of
23 training in suicide assessment, treatment, and management from his or
24 her employer every six years. For purposes of this subsection, the
25 training may be provided in one six-hour block or may be spread among
26 shorter training sessions at the employer's discretion.

27 **Sec. 7.** RCW 69.41.010 and 2016 c 148 s 10 and 2016 c 97 s 2 are
28 each reenacted and amended to read as follows:

29 As used in this chapter, the following terms have the meanings
30 indicated unless the context clearly requires otherwise:

31 (1) "Administer" means the direct application of a legend drug
32 whether by injection, inhalation, ingestion, or any other means, to
33 the body of a patient or research subject by:

34 (a) A practitioner; or

35 (b) The patient or research subject at the direction of the
36 practitioner.

37 (2) "Commission" means the pharmacy quality assurance commission.

38 (3) "Community-based care settings" include: Community
39 residential programs for persons with developmental disabilities,

1 certified by the department of social and health services under
2 chapter 71A.12 RCW; adult family homes licensed under chapter 70.128
3 RCW; and assisted living facilities licensed under chapter 18.20 RCW.
4 Community-based care settings do not include acute care or skilled
5 nursing facilities.

6 (4) "Deliver" or "delivery" means the actual, constructive, or
7 attempted transfer from one person to another of a legend drug,
8 whether or not there is an agency relationship.

9 (5) "Department" means the department of health.

10 (6) "Dispense" means the interpretation of a prescription or
11 order for a legend drug and, pursuant to that prescription or order,
12 the proper selection, measuring, compounding, labeling, or packaging
13 necessary to prepare that prescription or order for delivery.

14 (7) "Dispenser" means a practitioner who dispenses.

15 (8) "Distribute" means to deliver other than by administering or
16 dispensing a legend drug.

17 (9) "Distributor" means a person who distributes.

18 (10) "Drug" means:

19 (a) Substances recognized as drugs in the official United States
20 pharmacopoeia, official homeopathic pharmacopoeia of the United
21 States, or official national formulary, or any supplement to any of
22 them;

23 (b) Substances intended for use in the diagnosis, cure,
24 mitigation, treatment, or prevention of disease in human beings or
25 animals;

26 (c) Substances (other than food, minerals or vitamins) intended
27 to affect the structure or any function of the body of human beings
28 or animals; and

29 (d) Substances intended for use as a component of any article
30 specified in (a), (b), or (c) of this subsection. It does not include
31 devices or their components, parts, or accessories.

32 (11) "Electronic communication of prescription information" means
33 the transmission of a prescription or refill authorization for a drug
34 of a practitioner using computer systems. The term does not include a
35 prescription or refill authorization transmitted verbally by
36 telephone nor a facsimile manually signed by the practitioner.

37 (12) "In-home care settings" include an individual's place of
38 temporary and permanent residence, but does not include acute care or
39 skilled nursing facilities, and does not include community-based care
40 settings.

1 (13) "Legend drugs" means any drugs which are required by state
2 law or regulation of the pharmacy quality assurance commission to be
3 dispensed on prescription only or are restricted to use by
4 practitioners only.

5 (14) "Legible prescription" means a prescription or medication
6 order issued by a practitioner that is capable of being read and
7 understood by the pharmacist filling the prescription or the nurse or
8 other practitioner implementing the medication order. A prescription
9 must be hand printed, typewritten, or electronically generated.

10 (15) "Medication assistance" means assistance rendered by a
11 nonpractitioner to an individual residing in a community-based care
12 setting or in-home care setting to facilitate the individual's self-
13 administration of a legend drug or controlled substance. It includes
14 reminding or coaching the individual, handing the medication
15 container to the individual, opening the individual's medication
16 container, using an enabler, or placing the medication in the
17 individual's hand, and such other means of medication assistance as
18 defined by rule adopted by the department. A nonpractitioner may help
19 in the preparation of legend drugs or controlled substances for self-
20 administration where a practitioner has determined and communicated
21 orally or by written direction that such medication preparation
22 assistance is necessary and appropriate. Medication assistance shall
23 not include assistance with intravenous medications or injectable
24 medications, except prefilled insulin syringes.

25 (16) "Person" means individual, corporation, government or
26 governmental subdivision or agency, business trust, estate, trust,
27 partnership or association, or any other legal entity.

28 (17) "Practitioner" means:

29 (a) A physician under chapter 18.71 RCW, an osteopathic physician
30 or an osteopathic physician and surgeon under chapter 18.57 RCW, a
31 dentist under chapter 18.32 RCW, a podiatric physician and surgeon
32 under chapter 18.22 RCW, an East Asian medicine practitioner to the
33 extent authorized under chapter 18.06 RCW and the rules adopted under
34 RCW 18.06.010(1)(j), a veterinarian under chapter 18.92 RCW, a
35 registered nurse, advanced registered nurse practitioner, or licensed
36 practical nurse under chapter 18.79 RCW, an optometrist under chapter
37 18.53 RCW who is certified by the optometry board under RCW
38 18.53.010, an osteopathic physician assistant under chapter 18.57A
39 RCW, a physician assistant under chapter 18.71A RCW, a naturopath
40 licensed under chapter 18.36A RCW, a licensed athletic trainer to the

1 extent authorized under chapter 18.250 RCW, a pharmacist under
2 chapter 18.64 RCW, or, when acting under the required supervision of
3 a dentist licensed under chapter 18.32 RCW, a dental hygienist
4 licensed under chapter 18.29 RCW;

5 (b) A pharmacy, hospital, or other institution licensed,
6 registered, or otherwise permitted to distribute, dispense, conduct
7 research with respect to, or to administer a legend drug in the
8 course of professional practice or research in this state; and

9 (c) A physician licensed to practice medicine and surgery or a
10 physician licensed to practice osteopathic medicine and surgery in
11 any state, or province of Canada, which shares a common border with
12 the state of Washington.

13 (18) "Secretary" means the secretary of health or the secretary's
14 designee.

15 NEW SECTION. **Sec. 8.** Section 5 of this act expires August 1,
16 2020.

17 NEW SECTION. **Sec. 9.** Section 6 of this act takes effect August
18 1, 2020.

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