

**Chapter 18.71A RCW
PHYSICIAN ASSISTANTS**

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Reviser's note: Certain powers and duties of the department of licensing and the director of licensing transferred to the department of health and the secretary of health. See RCW 43.70.220.

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

RCW 18.71A.010 Definitions. (Effective until January 1, 2025.)

The definitions set forth in this section apply throughout this chapter.

- (1) "Commission" means the Washington medical commission.
- (2) "Department" means the department of health.
- (3) "Physician" means a physician licensed under chapter 18.57 or 18.71 RCW.
- (4) "Physician assistant" means a person who is licensed by the commission to practice medicine according to a practice agreement with one or more participating physicians, with at least one of the physicians working in a supervisory capacity, and who is academically and clinically prepared to provide health care services and perform diagnostic, therapeutic, preventative, and health maintenance services.
- (5) "Practice agreement" means an agreement entered under RCW 18.71A.120.
- (6) "Practice medicine" has the meaning defined in RCW 18.71.011 and also includes the practice of osteopathic medicine and surgery as defined in RCW 18.57.001.
- (7) "Secretary" means the secretary of health or the secretary's designee. [2020 c 80 s 2. Prior: 2019 c 55 s 5; 1994 sp.s. c 9 s 318; 1990 c 196 s 1; 1988 c 113 s 1; 1975 1st ex.s. c 190 s 1; 1971 ex.s. c 30 s 1.]

Reviser's note: The definitions in this section have been alphabetized pursuant to RCW 1.08.015(2)(k).

Effective date—2020 c 80 ss 1-10 and 60: "Sections 1 through 10 and 60 of this act take effect July 1, 2021." [2020 c 80 s 61.]

Intent—2020 c 80: "The legislature intends to modernize the practice of physician assistants in order to increase access to care, reduce barriers to employment of physician assistants, and optimize the manner in which physician assistants deliver quality medical care." [2020 c 80 s 1.]

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

Severability—1971 ex.s. c 30: "If any provision of this 1971 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." [1971 ex.s. c 30 s 13.]

Washington medical commission: Chapter 18.71 RCW.

RCW 18.71A.010 Definitions. (Effective January 1, 2025.) The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

(1) "Collaboration" means how physician assistants shall interact with, consult with, or refer to a physician or other appropriate member or members of the health care team as indicated by the patient's condition, the education, experience, and competencies of the physician assistant, and the standard of care. The degree of collaboration must be determined by the practice, which may include decisions made by the physician assistant's employer, group, hospital service, and credentialing and privileging systems of licensed facilities.

(2) "Collaboration agreement" means a written agreement that describes the manner in which the physician assistant is supervised by or collaborates with at least one physician and that is signed by the physician assistant and one or more physicians or the physician assistant's employer.

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

(4) "Department" means the department of health.

(5) "Employer" means the scope appropriate clinician, such as a medical director, who is authorized to enter into the collaboration agreement with a physician assistant on behalf of the facility, group, clinic, or other organization that employs the physician assistant.

(6) "Participating physician" means a physician that supervises or collaborates with a physician assistant pursuant to a collaboration agreement.

(7) "Physician" means a physician licensed under chapter 18.57 or 18.71 RCW.

(8) "Physician assistant" means a person who is licensed by the commission to practice medicine according to a collaboration agreement with one or more participating physicians and who is academically and clinically prepared to provide health care services and perform

diagnostic, therapeutic, preventative, and health maintenance services.

(9) "Practice medicine" has the meaning defined in RCW 18.71.011 and also includes the practice of osteopathic medicine and surgery as defined in RCW 18.57.001.

(10) "Secretary" means the secretary of health or the secretary's designee. [2024 c 62 s 2. Prior: 2020 c 80 s 2; prior: 2019 c 55 s 5; 1994 sp.s. c 9 s 318; 1990 c 196 s 1; 1988 c 113 s 1; 1975 1st ex.s. c 190 s 1; 1971 ex.s. c 30 s 1.]

Effective date—2024 c 62 ss 1-8, 10-18, 20-26, 28, and 30-32: "Sections 1 through 8, 10 through 18, 20 through 26, 28, and 30 through 32 of this act take effect January 1, 2025." [2024 c 62 s 33.]

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

Effective date—2020 c 80 ss 1-10 and 60: "Sections 1 through 10 and 60 of this act take effect July 1, 2021." [2020 c 80 s 61.]

Intent—2020 c 80: "The legislature intends to modernize the practice of physician assistants in order to increase access to care, reduce barriers to employment of physician assistants, and optimize the manner in which physician assistants deliver quality medical care." [2020 c 80 s 1.]

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

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Washington medical commission: Chapter 18.71 RCW.

RCW 18.71A.020 Rules fixing qualifications and restricting practice—Applications—Discipline—Payment of funds. (Effective until January 1, 2025.) (1) The commission shall adopt rules fixing the qualifications and the educational and training requirements for licensure as a physician assistant or for those enrolled in any physician assistant training program. The requirements shall include completion of an accredited physician assistant training program approved by the commission and within one year successfully take and pass an examination approved by the commission, if the examination tests subjects substantially equivalent to the curriculum of an accredited physician assistant training program. An interim permit may be granted by the department of health for one year provided the applicant meets all other requirements. Physician assistants licensed by the board of medical examiners, or the commission as of July 1, 1999, shall continue to be licensed.

(2) (a) The commission shall adopt rules governing the extent to which:

(i) Physician assistant students may practice medicine during training; and

(ii) Physician assistants may practice after successful completion of a physician assistant training course.

(b) Such rules shall provide:

(i) That the practice of a physician assistant shall be limited to the performance of those services for which he or she is trained; and

(ii) That each physician assistant shall practice medicine only under the terms of one or more practice agreements, each signed by one or more supervising physicians licensed in this state. A practice agreement may be signed electronically using a method for electronic signatures approved by the commission. Supervision shall not be construed to necessarily require the personal presence of the supervising physician or physicians at the place where services are rendered.

(3) Applicants for licensure shall file an application with the commission on a form prepared by the secretary with the approval of the commission, detailing the education, training, and experience of the physician assistant and such other information as the commission may require. The application shall be accompanied by a fee determined by the secretary as provided in RCW 43.70.250 and 43.70.280. A surcharge of \$70 per year shall be charged on each license renewal or issuance of a new license to be collected by the department and deposited into the impaired physician account for physician assistant participation in the impaired physician program. Each applicant shall furnish proof satisfactory to the commission of the following:

(a) That the applicant has completed an accredited physician assistant program approved by the commission and is eligible to take the examination approved by the commission;

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

(c) That the applicant is physically and mentally capable of practicing medicine as a physician assistant with reasonable skill and safety. The commission may require an applicant to submit to such examination or examinations as it deems necessary to determine an applicant's physical or mental capability, or both, to safely practice as a physician assistant.

(4) (a) The commission may approve, deny, or take other disciplinary action upon the application for license as provided in the Uniform Disciplinary Act, chapter 18.130 RCW.

(b) The license shall be renewed as determined under RCW 43.70.250 and 43.70.280. 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, or other relevant data determined by the commission.

(5) All funds in the impaired physician account shall be paid to the contract entity within sixty days of deposit. [2024 c 15 s 3; 2020 c 80 s 3; 2019 c 55 s 6; 2015 c 252 s 9; 2011 c 178 s 2; 2009 c 98 s 2; 1999 c 127 s 1; 1998 c 132 s 14; 1996 c 191 s 57; 1994 sp.s. c 9 s 319; 1993 c 28 s 5; 1992 c 28 s 2; 1990 c 196 s 2; 1971 ex.s. c 30 s 2.]

Findings—2024 c 15: See note following RCW 18.71.310.

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

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

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

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.

RCW 18.71A.020 Rules fixing qualifications and restricting practice—Applications—Discipline—Payment of funds. (Effective January 1, 2025.) (1) The commission shall adopt rules fixing the qualifications and the educational and training requirements for licensure as a physician assistant or for those enrolled in any physician assistant training program. The requirements shall include completion of an accredited physician assistant training program approved by the commission and within one year successfully take and pass an examination approved by the commission, if the examination tests subjects substantially equivalent to the curriculum of an accredited physician assistant training program. An interim permit may be granted by the department of health for one year provided the applicant meets all other requirements. Physician assistants licensed by the board of medical examiners, or the commission as of July 1, 1999, shall continue to be licensed.

(2) (a) The commission shall adopt rules governing the extent to which:

(i) Physician assistant students may practice medicine during training; and

(ii) Physician assistants may practice after successful completion of a physician assistant training course.

(b) Such rules shall provide:

(i) That the practice of a physician assistant shall be limited to the performance of those services for which he or she is trained; and

(ii) That each physician assistant shall practice medicine only under the terms of one or more collaboration agreements, each signed by the physician assistant and one or more physicians licensed in this state or the physician assistant's employer. A collaboration agreement may be signed electronically using a method for electronic signatures approved by the commission.

(3) Applicants for licensure shall file an application with the commission on a form prepared by the secretary with the approval of the commission, detailing the education, training, and experience of the physician assistant and such other information as the commission may require. The application shall be accompanied by a fee determined by the secretary as provided in RCW 43.70.250 and 43.70.280. A surcharge of \$70 per year shall be charged on each license renewal or issuance of a new license to be collected by the department and deposited into the impaired physician account for physician assistant participation in the physician health program. Each applicant shall furnish proof satisfactory to the commission of the following:

(a) That the applicant has completed an accredited physician assistant program approved by the commission and is eligible to take the examination approved by the commission;

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

(c) That the applicant is physically and mentally capable of practicing medicine as a physician assistant with reasonable skill and safety. The commission may require an applicant to submit to such examination or examinations as it deems necessary to determine an applicant's physical or mental capability, or both, to safely practice as a physician assistant.

(4) (a) The commission may approve, deny, or take other disciplinary action upon the application for license as provided in the Uniform Disciplinary Act, chapter 18.130 RCW.

(b) The license shall be renewed as determined under RCW 43.70.250 and 43.70.280. 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, or other relevant data determined by the commission.

(5) All funds in the impaired physician account shall be paid to the contract entity within sixty days of deposit. [2024 c 62 s 3; 2024 c 15 s 3; 2020 c 80 s 3; 2019 c 55 s 6; 2015 c 252 s 9; 2011 c 178 s 2; 2009 c 98 s 2; 1999 c 127 s 1; 1998 c 132 s 14; 1996 c 191 s 57; 1994 sp.s. c 9 s 319; 1993 c 28 s 5; 1992 c 28 s 2; 1990 c 196 s 2; 1971 ex.s. c 30 s 2.]

Reviser's note: This section was amended by 2024 c 15 s 3 and by 2024 c 62 s 3, 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).

Intent—2024 c 62: "From March 2020 through October 2022, physician assistants were permitted under the governor's proclamation 20-32 to work without a delegation agreement signed by a supervising physician. During the public health emergency, physician assistants provided safe and efficient care, expanding access to necessary services and procedures statewide. There continues to be a great need for additional providers in primary care and specialty areas, especially in medically underserved and rural communities. Therefore, the legislature intends to authorize physician assistants to enter into collaborative practice with physicians to provide team-based care and enhance access to health care for the people of the state." [2024 c 62 s 1.]

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

Findings—2024 c 15: See note following RCW 18.71.310.

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

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

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

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.

RCW 18.71A.023 Practice requirements—Military training or experience. An applicant with military training or experience satisfies the training or experience requirements of this chapter unless the commission determines that the military training or experience is not substantially equivalent to the standards of this state. [2011 c 32 s 6.]

RCW 18.71A.025 Application of uniform disciplinary act. (Effective until January 1, 2025.) (1) The uniform disciplinary act, chapter 18.130 RCW, governs the issuance and denial of licenses and the discipline of licensees under this chapter.

(2) The commission shall consult with the board of osteopathic medicine and surgery when investigating allegations of unprofessional conduct against a licensee who has a supervising physician licensed under chapter 18.57 RCW. [2020 c 80 s 4; 1986 c 259 s 106.]

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

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

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

RCW 18.71A.025 Application of uniform disciplinary act. (Effective January 1, 2025.) (1) The uniform disciplinary act, chapter 18.130 RCW, governs the issuance and denial of licenses and the discipline of licensees under this chapter.

(2) The commission shall consult with the board of osteopathic medicine and surgery when investigating allegations of unprofessional conduct against a licensee who is supervised by or is collaborating with a physician licensed under chapter 18.57 RCW. [2024 c 62 s 4; 2020 c 80 s 4; 1986 c 259 s 106.]

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

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

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

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

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

RCW 18.71A.030 Limitations on practice—Scope of practice. (Effective until January 1, 2025.) (1) A physician assistant may practice medicine in this state to the extent permitted by the

practice agreement. A physician assistant shall be subject to discipline under chapter 18.130 RCW.

(2) Physician assistants may provide services that they are competent to perform based on their education, training, and experience and that are consistent with their practice agreement. The supervising physician and the physician assistant shall determine which procedures may be performed and the supervision under which the procedure is performed. Physician assistants may practice in any area of medicine or surgery as long as the practice is not beyond the supervising physician's own scope of expertise and clinical practice and the practice agreement.

(3) A physician assistant delivering general anesthesia or intrathecal anesthesia pursuant to a practice agreement with a physician shall show evidence of adequate education and training in the delivery of the type of anesthesia being delivered on his or her practice agreement. [2020 c 80 s 5; 2016 c 155 s 23; 2013 c 203 s 6; 1994 sp.s. c 9 s 320; 1993 c 28 s 6; 1990 c 196 s 3; 1971 ex.s. c 30 s 3.]

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

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

Rules—2013 c 203: "The medical quality assurance commission [medical commission] and board of osteopathic medicine and surgery, working in collaboration with a statewide organization representing the interests of physician assistants, shall adopt new rules modernizing the current rules regulating physician assistants and report to the legislature by December 31, 2014." [2013 c 203 s 8.]

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

RCW 18.71A.030 Limitations on practice—Scope of practice. (Effective January 1, 2025.) (1) A physician assistant may practice medicine in this state to the extent permitted by the collaboration agreement. A physician assistant shall be subject to discipline under chapter 18.130 RCW.

(2) (a) A physician assistant who has completed fewer than 4,000 hours of postgraduate clinical practice must work under the supervision of a participating physician, as described in the collaboration agreement and determined at the practice site. A physician assistant with 4,000 or more hours of postgraduate clinical practice may work in collaboration with a participating physician, if the physician assistant has completed 2,000 or more supervised hours in the physician assistant's chosen specialty.

(b) If a physician assistant chooses to change specialties after the completion of 4,000 hours of postgraduate clinical practice, the first 2,000 hours of postgraduate clinical practice in the new specialty must be completed under the supervision of a participating physician, as described in the collaboration agreement and determined at the practice site.

(c) Supervision shall not be construed to necessarily require the personal presence of the participating physician or physicians at the place where services are rendered.

(3) (a) Physician assistants may provide services that they are competent to perform based on their education, training, and experience and that are consistent with their collaboration agreement. The participating physician or physicians, or the physician assistant's employer, and the physician assistant shall determine which procedures may be performed and the degree of autonomy under which the procedure is performed.

(b) Physician assistants may practice in any area of medicine or surgery as long as the practice is not beyond the scope of expertise and clinical practice of the participating physician or physicians or the group of physicians within the department or specialty areas in which the physician assistant practices.

(c) A physician assistant who has at least 10 years or 20,000 hours of postgraduate clinical experience in a specialty may continue to provide those specialty services if the physician assistant is employed in a practice setting where those services are outside the specialty of the physician assistant's participating physician or physicians, as outlined in the collaboration agreement, if the practice is located in a rural area as identified by the department under RCW 70.180.011 or in an underserved area as designated by the health resources and services administration as a medically underserved area or having a medically underserved population. The physician assistant must complete continuing education related to that specialty while performing services outside the specialty of the physician assistant's participating physician or physicians.

(4) A physician assistant working with an anesthesiologist who is acting as a participating physician as defined in RCW 18.71A.010 to deliver general anesthesia or intrathecal anesthesia pursuant to a collaboration agreement shall show evidence of adequate education and training in the delivery of the type of anesthesia being delivered on the physician assistant's collaboration agreement as stipulated by the commission. [2024 c 62 s 5; 2020 c 80 s 5; 2016 c 155 s 23; 2013 c 203 s 6; 1994 sp.s. c 9 s 320; 1993 c 28 s 6; 1990 c 196 s 3; 1971 ex.s. c 30 s 3.]

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

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

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

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

Rules—2013 c 203: "The medical quality assurance commission [medical commission] and board of osteopathic medicine and surgery, working in collaboration with a statewide organization representing the interests of physician assistants, shall adopt new rules modernizing the current rules regulating physician assistants and report to the legislature by December 31, 2014." [2013 c 203 s 8.]

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

RCW 18.71A.045 Eligibility of foreign medical school graduates. Foreign medical school graduates shall not be eligible for licensing as physician assistants after July 1, 1989. [1994 sp.s. c 9 s 322; 1988 c 113 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 18.71A.050 Physician's liability, responsibility. (Effective until January 1, 2025.) No physician who enters into a practice agreement with a licensed physician assistant in accordance with and within the terms of any permission granted by the commission is considered as aiding and abetting an unlicensed person to practice medicine. The supervising physician and physician assistant shall each 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 the physician assistant. [2020 c 80 s 7; 1994 sp.s. c 9 s 323; 1993 c 28 s 8; 1990 c 196 s 5; 1986 c 259 s 114; 1971 ex.s. c 30 s 5.]

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

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

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 18.71A.050 Physician's and employer's liability, responsibility of physician assistant. (Effective January 1, 2025.) No physician or employer who enters into a collaboration agreement with a licensed physician assistant in accordance with and within the terms of any permission granted by the commission is considered as aiding and abetting an unlicensed person to practice medicine. The physician assistant shall retain 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 the physician assistant. [2024 c 62 s 6; 2020 c 80 s 7; 1994 sp.s. c 9 s 323; 1993 c 28 s 8; 1990 c 196 s 5; 1986 c 259 s 114; 1971 ex.s. c 30 s 5.]

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

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

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

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

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 18.71A.060 Limitations on health care services. No health care services may be performed under this chapter in any of the following areas:

(1) The measurement of the powers or range of human vision, or the determination of the accommodation and refractive state of the human eye or the scope of its functions in general, or the fitting or adaptation of lenses or frames for the aid thereof.

(2) The prescribing or directing the use of, or using, any optical device in connection with ocular exercises, visual training, vision training, or orthoptics.

(3) The prescribing of contact lenses for, or the fitting or adaptation of contact lenses to, the human eye.

(4) Nothing in this section shall preclude the performance of routine visual screening.

(5) The practice of dentistry or dental hygiene as defined in chapters 18.32 and 18.29 RCW respectively. The exemptions set forth in RCW 18.32.030 (1) and (8), shall not apply to a physician assistant.

(6) The practice of chiropractic as defined in chapter 18.25 RCW including the adjustment or manipulation of the articulations of the spine.

(7) The practice of podiatric medicine and surgery as defined in chapter 18.22 RCW. [1994 sp.s. c 9 s 324; 1990 c 196 s 6; 1973 c 77 s 21; 1971 ex.s. c 30 s 6.]

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

RCW 18.71A.085 Acupuncture. Any physician assistant acupuncturist currently licensed by the commission may continue to perform acupuncture under the physician assistant license as long as he or she maintains licensure as a physician assistant. [1994 sp.s. c 9 s 325; 1990 c 196 s 10.]

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

RCW 18.71A.090 Signing and attesting to required documentation. (Effective until January 1, 2025.) (1) A physician assistant may sign and attest to any certificates, cards, forms, or other required documentation that the physician assistant's supervising physician or physician group may sign, provided that it is within the physician assistant's scope of practice and is consistent with the terms of the physician assistant's practice agreement as required by this chapter.

(2) Notwithstanding any federal law, rule, or medical staff bylaw provision to the contrary, a physician is not required to countersign orders written in a patient's clinical record or an official form by a physician assistant with whom the physician has a practice agreement. [2020 c 80 s 8; 2007 c 264 s 3.]

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

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

Finding—Intent—2007 c 264: "The legislature finds that some state agencies and departments do not accept the signature of physician assistants on certain certificates, reports, and other documents that their supervising physician is permitted to sign, notwithstanding the fact that the signing of such documents is within the physician assistant's scope of practice, covered under their practice arrangement plan, and permitted pursuant to WAC 246-918-140.

It is therefore the intent of the legislature to clarify in statute what was adopted by rule in WAC 246-918-140, that a physician assistant may sign and attest to any document that might ordinarily be signed by the supervising physician and that is consistent with the terms of the practice arrangement plan." [2007 c 264 s 1.]

RCW 18.71A.090 Signing and attesting to required documentation. (Effective January 1, 2025.) (1) A physician assistant may sign and attest to any certificates, cards, forms, or other required documentation that the physician assistant's participating physician or physician group may sign, provided that it is within the physician assistant's scope of practice and is consistent with the terms of the physician assistant's collaboration agreement as required by this chapter.

(2) Notwithstanding any federal law, rule, or medical staff bylaw provision to the contrary, a physician is not required to countersign orders written in a patient's clinical record or an official form by a physician assistant with whom the physician has a collaboration agreement. [2024 c 62 s 7; 2020 c 80 s 8; 2007 c 264 s 3.]

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

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

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

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

Finding—Intent—2007 c 264: "The legislature finds that some state agencies and departments do not accept the signature of physician assistants on certain certificates, reports, and other documents that their supervising physician is permitted to sign, notwithstanding the fact that the signing of such documents is within the physician assistant's scope of practice, covered under their practice arrangement plan, and permitted pursuant to WAC 246-918-140.

It is therefore the intent of the legislature to clarify in statute what was adopted by rule in WAC 246-918-140, that a physician assistant may sign and attest to any document that might ordinarily be signed by the supervising physician and that is consistent with the terms of the practice arrangement plan." [2007 c 264 s 1.]

RCW 18.71A.100 Pain management rules—Criteria for new rules.

(1) 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 assistant 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 assistant 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.

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

(3) 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 6.]

RCW 18.71A.110 Down syndrome—Parent information. A physician assistant 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 assistant provides the parent with the Down syndrome diagnosis. [2016 c 70 s 6.]

RCW 18.71A.120 Practice agreement—Elements—Amendment—Disciplinary action. (Effective until January 1, 2025.) (1) Prior to

commencing practice, a physician assistant licensed in Washington state must enter into a practice agreement with a physician or group of physicians, at least one of whom must be working in a supervisory capacity.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(b) Any amendments to the practice agreement; and

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Effective date—2024 c 62 ss 1-8, 10-18, 20-26, 28, and 30-32:

See note following RCW 18.71A.010.

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

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

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

RCW 18.71A.140 Licenses issued under chapter 18.57A RCW. (1) On or after July 1, 2021, no new licenses may be issued under *chapter 18.57A RCW. The commission shall license physician assistants licensed under *chapter 18.57A RCW prior to July 1, 2021, as physician assistants under this chapter when they renew their licenses.

(2) The board of osteopathic medicine and surgery remains the disciplining authority under chapter 18.130 RCW for conduct occurring while a physician assistant is licensed under *chapter 18.57A RCW. [2020 c 80 s 10.]

***Reviser's note:** Chapter 18.57A RCW was repealed in its entirety by section 59, chapter 80, Laws of 2020, effective July 1, 2022.

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

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

RCW 18.71A.150 Rules—Collaboration agreements. The commission and the board of osteopathic medicine and surgery shall adopt any rules necessary to implement requirements related to collaboration

agreements entered into under this chapter. [2024 c 62 s 9; 2020 c 80 s 11.]

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

RCW 18.71A.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 physician assistants in the state. [2017 c 297 s 7.]

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

RCW 18.71A.810 Opioid drugs—Right to refuse. By January 1, 2020, the commission must adopt or amend its rules to require physician assistants 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 assistant must document the patient's request and avoid prescribing or ordering opioids, unless the request is revoked by the patient. [2019 c 314 s 9.]

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

RCW 18.71A.820 Practice agreements prior to July 1, 2025. (Effective January 1, 2025.) A physician assistant practicing under a practice agreement that was entered into before July 1, 2025, may continue to practice under the practice agreement until the physician assistant enters into a collaboration agreement, as defined in RCW 18.71A.010. A physician assistant described in this section shall enter into a collaboration agreement not later than the date on which the physician assistant's license is due for renewal or July 1, 2025, whichever is later. [2024 c 62 s 10.]

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.