

RCW 18.130.020 Definitions. The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

(1) "Board" means any of those boards specified in RCW 18.130.040.

(2) "Clinical expertise" means the proficiency or judgment that a license holder in a particular profession acquires through clinical experience or clinical practice and that is not possessed by a lay person.

(3) "Commission" means any of the commissions specified in RCW 18.130.040.

(4) (a) "Conversion therapy" means a regime that seeks to change an individual's sexual orientation or gender identity. The term includes efforts to change behaviors or gender expressions, or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of the same sex. The term includes, but is not limited to, practices commonly referred to as "reparative therapy."

(b) "Conversion therapy" does not include counseling or psychotherapies that provide acceptance, support, and understanding of clients or the facilitation of clients' coping, social support, and identity exploration and development that do not seek to change sexual orientation or gender identity.

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

(6) "Disciplinary action" means sanctions identified in RCW 18.130.160.

(7) "Disciplining authority" means the agency, board, or commission having the authority to take disciplinary action against a holder of, or applicant for, a professional or business license upon a finding of a violation of this chapter or a chapter specified under RCW 18.130.040.

(8) "Health agency" means city and county health departments and the department of health.

(9) "License," "licensing," and "licensure" shall be deemed equivalent to the terms "license," "licensing," "licensure," "certificate," "certification," and "registration" as those terms are defined in RCW 18.120.020.

(10) (a) "Physician well-being program" means a formal program established for the purpose of addressing issues related to career fatigue and well-being in physicians licensed under chapter 18.71 RCW, osteopathic physicians and surgeons licensed under chapter 18.57 RCW, physicians licensed under chapter 18.71B RCW, and physician assistants licensed under chapters 18.71A and 18.71C RCW, that:

(i) Uses one-on-one, peer-to-peer interactions and connects participants to physical and behavioral health resources and professional supports when appropriate;

(ii) Is limited to no more than three sessions per participant every 12 months;

(iii) May include discussions pertaining to general career fatigue and well-being arising from the physician's or physician assistant's professional obligations, but not for other purposes such as evaluation of specific care or harm of specific patients, discipline, quality improvement, or the identification and prevention of medical malpractice or misconduct of specific providers;

(iv) Is established in writing and contracted for, in advance of any peer-to-peer interactions or referrals, by an employer of physicians and physician assistants, a nonprofit professional medical

organization representing a specialty of physicians, or a statewide organization representing physicians and physician assistants;

(v) Does not allow as participants any person employed by, or with a financial ownership interest in, the program; and

(vi) Does not include the monitoring of physicians or physician assistants who may be unable to practice medicine with reasonable skill and safety.

(b) A quality improvement plan established under RCW 43.70.510 or 70.41.200 is not a physician well-being program for purposes of this section. RCW 43.70.510 and 70.41.200 therefore do not apply to a physician well-being program established under this section.

(11) "Practice review" means an investigative audit of records related to the complaint, without prior identification of specific patient or consumer names, or an assessment of the conditions, circumstances, and methods of the professional's practice related to the complaint, to determine whether unprofessional conduct may have been committed.

(12) "Secretary" means the secretary of health or the secretary's designee.

(13) "Standards of practice" means the care, skill, and learning associated with the practice of a profession.

(14) "Unlicensed practice" means:

(a) Practicing a profession or operating a business identified in RCW 18.130.040 without holding a valid, unexpired, unrevoked, and unsuspended license to do so; or

(b) Representing to a consumer, through offerings, advertisements, or use of a professional title or designation, that the individual is qualified to practice a profession or operate a business identified in RCW 18.130.040, without holding a valid, unexpired, unrevoked, and unsuspended license to do so. [2025 c 97 s 1; 2018 c 300 s 3; 2008 c 134 s 2; 1995 c 336 s 1; 1994 sp.s. c 9 s 602; 1989 1st ex.s. c 9 s 312; 1986 c 259 s 2; 1984 c 279 s 2.]

Intent—Finding—Construction—2018 c 300: See notes following RCW 18.130.180.

Alphabetization—2008 c 134 s 2: "The code reviser is directed to put the defined terms in RCW 18.130.020 in alphabetical order." [2008 c 134 s 39.]

Finding—Intent—2008 c 134: "From statehood, Washington has constitutionally provided for the regulation of the practice of medicine and the sale of drugs and medicines. This constitutional recognition of the importance of regulating health care practitioners derives not from providers' financial interest in their license, but from the greater need to protect the public health and safety by assuring that the health care providers and medicines that society relies upon meet certain standards of quality.

The legislature finds that the issuance of a license to practice as a health care provider should be a means to promote quality and not be a means to provide financial benefit for providers. Statutory and administrative requirements provide sufficient due process protections to prevent the unwarranted revocation of a health care provider's license. While those due process protections must be maintained, there is an urgent need to return to the original constitutional mandate that patients be ensured quality from their health care providers. The

legislature has recognized and medical malpractice reforms have recognized the importance of quality and patient safety through such measures as a new adverse events reporting system. Reforms to the health care provider licensing system is another step toward improving quality in health care. Therefore, the legislature intends to increase the authority of those engaged in the regulation of health care providers to swiftly identify and remove health care providers who pose a risk to the public." [2008 c 134 s 1.]

Severability—2008 c 134: "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." [2008 c 134 s 38.]

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

Effective date—Severability—1989 1st ex.s. c 9: See RCW 43.70.910 and 43.70.920.

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