
SUBSTITUTE SENATE BILL 5229

State of Washington

67th Legislature

2021 Regular Session

By Senate Health & Long Term Care (originally sponsored by Senators Randall, Das, Keiser, Lovelett, Nobles, Wilson, C., Dhingra, Hasegawa, Kuderer, Nguyen, and Stanford)

1 AN ACT Relating to health equity continuing education for health
2 care professionals; amending RCW 43.70.615; adding a new section to
3 chapter 43.70 RCW; and creating a new section.

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

5 NEW SECTION. **Sec. 1.** The legislature finds that:

6 (1) Healthy Washingtonians contribute to the economic and social
7 welfare of their families and communities, and access to health
8 services and improved health outcomes allows all Washington families
9 to enjoy productive and satisfying lives;

10 (2) The COVID-19 pandemic has further exposed that health
11 outcomes are experienced differently by different people based on
12 discrimination and bias by the health care system. Research shows
13 that health care resources are distributed unevenly by intersectional
14 categories including, but not limited to, race, gender, ability
15 status, religion, sexual orientation, socioeconomic status, and
16 geography; and

17 (3) These inequities have permeated health care delivery,
18 deepening adverse outcomes for marginalized communities. This bill
19 aims to equip health care workers with the skills to recognize and
20 reduce these inequities in their daily work. In addition to their

1 individual impact, health care workers need the skills to address
2 systemic racism and bias.

3 NEW SECTION. **Sec. 2.** A new section is added to chapter 43.70
4 RCW to read as follows:

5 (1) By January 1, 2023, the rule-making authority for each health
6 profession licensed under Title 18 RCW subject to continuing
7 education requirements must adopt rules requiring a licensee to
8 complete health equity continuing education training at least once
9 every four years.

10 (2) Health equity continuing education courses may be taken in
11 addition to or, if a rule-making authority determines the course
12 fulfills existing continuing education requirements, in place of
13 other continuing education requirements imposed by the rule-making
14 authority.

15 (3)(a) The secretary and the rule-making authorities must work
16 collaboratively to provide information to licensees about available
17 courses. The secretary and rule-making authorities shall consult with
18 patients or communities with lived experiences of health inequities
19 or racism in the health care system and relevant professional
20 organizations when developing the information and must make this
21 information available by July 1, 2022. The information should include
22 a course option that is free of charge to licensees. It is not
23 required that courses be included in the information in order to
24 fulfill the health equity continuing education requirement.

25 (b) By January 1, 2023, the department, in consultation with the
26 boards and commissions, shall adopt model rules establishing the
27 minimum standards for continuing education programs meeting the
28 requirements of this section. The department shall consult with
29 patients or communities with lived experience of health inequities or
30 racism in the health care system, relevant professional
31 organizations, and the rule-making authorities in the development of
32 these rules.

33 (c) The minimum standards must include instruction on skills to
34 address the structural factors, such as bias, racism, and poverty,
35 that manifest as health inequities. These skills include individual-
36 level and system-level intervention, and self-reflection to assess
37 how the licensee's social position can influence their relationship
38 with patients and their communities. These skills enable a health
39 care professional to care effectively for patients from diverse

1 cultures, groups, and communities, varying in race, ethnicity, gender
2 identity, sexuality, religion, age, ability, socioeconomic status,
3 and other categories of identity. The courses must assess the
4 licensee's ability to apply health equity concepts into practice.
5 Course topics may include, but are not limited to:

6 (i) Strategies for recognizing patterns of health care
7 disparities on an individual, institutional, and structural level and
8 eliminating factors that influence them;

9 (ii) Intercultural communication skills training, including how
10 to work effectively with an interpreter and how communication styles
11 differ across cultures;

12 (iii) Implicit bias training to identify strategies to reduce
13 bias during assessment and diagnosis;

14 (iv) Methods for addressing the emotional well-being of children
15 and youth of diverse backgrounds;

16 (v) Ensuring equity and antiracism in care delivery pertaining to
17 medical developments and emerging therapies;

18 (vi) Structural competency training addressing five core
19 competencies:

20 (A) Recognizing the structures that shape clinical interactions;

21 (B) Developing an extraclinical language of structure;

22 (C) Rearticulating "cultural" formulations in structural terms;

23 (D) Observing and imagining structural interventions; and

24 (E) Developing structural humility; and

25 (vii) Cultural safety training.

26 (4) The rule-making authority may adopt rules to implement and
27 administer this section, including rules to establish a process to
28 determine if a continuing education course meets the health equity
29 continuing education requirement established in this section.

30 (5) For purposes of this section the following definitions apply:

31 (a) "Rule-making authority" means the regulatory entities
32 identified in RCW 18.130.040 and authorized to establish continuing
33 education requirements for the health care professions governed by
34 those regulatory entities.

35 (b) "Structural competency" means a shift in medical education
36 away from pedagogic approaches to stigma and inequalities that
37 emphasize cross-cultural understandings of individual patients,
38 toward attention to forces that influence health outcomes at levels
39 above individual interactions. Structural competency reviews existing
40 structural approaches to stigma and health inequities developed

1 outside of medicine and proposes changes to United States medical
2 education that will infuse clinical training with a structural focus.

3 (c) "Cultural safety" means an examination by health care
4 professionals of themselves and the potential impact of their own
5 culture on clinical interactions and health care service delivery.
6 This requires individual health care professionals and health care
7 organizations to acknowledge and address their own biases, attitudes,
8 assumptions, stereotypes, prejudices, structures, and characteristics
9 that may affect the quality of care provided. In doing so, cultural
10 safety encompasses a critical consciousness where health care
11 professionals and health care organizations engage in ongoing self-
12 reflection and self-awareness and hold themselves accountable for
13 providing culturally safe care, as defined by the patient and their
14 communities, and as measured through progress towards achieving
15 health equity. Cultural safety requires health care professionals and
16 their associated health care organizations to influence health care
17 to reduce bias and achieve equity within the workforce and working
18 environment.

19 **Sec. 3.** RCW 43.70.615 and 2006 c 237 s 2 are each amended to
20 read as follows:

21 (1) For the purposes of this section, "multicultural health"
22 means the provision of health care services with the knowledge and
23 awareness of the causes and effects of the determinants of health
24 that lead to disparities in health status between different genders
25 and racial and ethnic populations and the practice skills necessary
26 to respond appropriately.

27 (2) The department, in consultation with the disciplining
28 authorities as defined in RCW 18.130.040, shall establish, within
29 available department general funds, an ongoing multicultural health
30 awareness and education program as an integral part of its health
31 professions regulation. The purpose of the education program is to
32 raise awareness and educate health care professionals regarding the
33 knowledge, attitudes, and practice skills necessary to care for
34 diverse populations to achieve a greater understanding of the
35 relationship between culture and health. (~~The disciplining
36 authorities having the authority to offer continuing education may
37 provide training in the dynamics of providing culturally competent,
38 multicultural health care to diverse populations.~~) Any such
39 education shall be developed in collaboration with education programs

1 that train students in that health profession. (~~(A disciplining~~
2 ~~authority may require that instructors of continuing education or~~
3 ~~continuing competency programs integrate multicultural health into~~
4 ~~their curricula when it is appropriate to the subject matter of the~~
5 ~~instruction.)) No funds from the health professions account may be
6 utilized to fund activities under this section unless the
7 disciplining authority authorizes expenditures from its proportions
8 of the account. (~~(A disciplining authority may defray costs by~~
9 ~~authorizing a fee to be charged for participants or materials~~
10 ~~relating to any sponsored program.))~~~~

11 (3) By July 1, 2008, each education program with a curriculum to
12 train health professionals for employment in a profession
13 credentialed by a disciplining authority under chapter 18.130 RCW
14 shall integrate into the curriculum instruction in multicultural
15 health as part of its basic education preparation curriculum. The
16 department may not deny the application of any applicant for a
17 credential to practice a health profession on the basis that the
18 education or training program that the applicant successfully
19 completed did not include integrated multicultural health curriculum
20 as part of its basic instruction.

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