

CERTIFICATION OF ENROLLMENT  
**ENGROSSED SUBSTITUTE HOUSE BILL 1718**

69th Legislature  
2025 Regular Session

Passed by the House March 8, 2025  
Yeas 96 Nays 0

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**Speaker of the House of  
Representatives**

Passed by the Senate April 8, 2025  
Yeas 48 Nays 0

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**President of the Senate**

Approved

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**Governor of the State of Washington**

CERTIFICATE

I, Bernard Dean, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **ENGROSSED SUBSTITUTE HOUSE BILL 1718** as passed by the House of Representatives and the Senate on the dates hereon set forth.

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**Chief Clerk**

FILED

**Secretary of State  
State of Washington**

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ENGROSSED SUBSTITUTE HOUSE BILL 1718

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Passed Legislature - 2025 Regular Session

State of Washington

69th Legislature

2025 Regular Session

By House Health Care & Wellness (originally sponsored by Representatives Thai, Shavers, Parshley, Zahn, and Scott)

READ FIRST TIME 02/21/25.

1 AN ACT Relating to well-being programs for certain health care  
2 professionals; amending RCW 18.130.020 and 18.130.070; and adding a  
3 new section to chapter 18.130 RCW.

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

5 **Sec. 1.** RCW 18.130.020 and 2018 c 300 s 3 are each amended to  
6 read as follows:

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

9 (1) "Board" means any of those boards specified in RCW  
10 18.130.040.

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

15 (3) "Commission" means any of the commissions specified in RCW  
16 18.130.040.

17 (4)(a) "Conversion therapy" means a regime that seeks to change  
18 an individual's sexual orientation or gender identity. The term  
19 includes efforts to change behaviors or gender expressions, or to  
20 eliminate or reduce sexual or romantic attractions or feelings toward

1 individuals of the same sex. The term includes, but is not limited  
2 to, practices commonly referred to as "reparative therapy."

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

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

9 (6) "Disciplinary action" means sanctions identified in RCW  
10 18.130.160.

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

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

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

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

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

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

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

39 (iv) Is established in writing and contracted for, in advance of  
40 any peer-to-peer interactions or referrals, by an employer of

1 physicians and physician assistants, a nonprofit professional medical  
2 organization representing a specialty of physicians, or a statewide  
3 organization representing physicians and physician assistants;

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

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

9 (b) A quality improvement plan established under RCW 43.70.510 or  
10 70.41.200 is not a physician well-being program for purposes of this  
11 section. RCW 43.70.510 and 70.41.200 therefore do not apply to a  
12 physician well-being program established under this section.

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

19 ((+11+)) (12) "Secretary" means the secretary of health or the  
20 secretary's designee.

21 ((+12+)) (13) "Standards of practice" means the care, skill, and  
22 learning associated with the practice of a profession.

23 ((+13+)) (14) "Unlicensed practice" means:

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

27 (b) Representing to a consumer, through offerings,  
28 advertisements, or use of a professional title or designation, that  
29 the individual is qualified to practice a profession or operate a  
30 business identified in RCW 18.130.040, without holding a valid,  
31 unexpired, unrevoked, and unsuspended license to do so.

32 **Sec. 2.** RCW 18.130.070 and 2022 c 43 s 9 are each amended to  
33 read as follows:

34 (1)(a) The secretary shall adopt rules requiring every license  
35 holder to report to the appropriate disciplining authority any  
36 conviction, determination, or finding that another license holder has  
37 committed an act which constitutes unprofessional conduct, or to  
38 report information to the disciplining authority, physician health  
39 program, or voluntary substance use disorder monitoring program

1 approved by the disciplining authority, which indicates that the  
2 other license holder may not be able to practice his or her  
3 profession with reasonable skill and safety to consumers as a result  
4 of a mental or physical condition.

5 (b) The secretary may adopt rules to require other persons,  
6 including corporations, organizations, health care facilities,  
7 physician health programs, or voluntary substance use disorder  
8 monitoring programs approved by the disciplining authority, and state  
9 or local government agencies, to report:

10 (i) Any conviction, determination, or finding that a license  
11 holder has committed an act which constitutes unprofessional conduct;  
12 or

13 (ii) Information to the disciplining authority, physician health  
14 program, or voluntary substance use disorder monitoring program  
15 approved by the disciplining authority, which indicates that the  
16 license holder may not be able to practice his or her profession with  
17 reasonable skill and safety to consumers as a result of a mental or  
18 physical condition.

19 (c) If a report has been made by a hospital to the department  
20 pursuant to RCW 70.41.210 or by an ambulatory surgical facility  
21 pursuant to RCW 70.230.110, a report to the disciplining authority is  
22 not required. To facilitate meeting the intent of this section, the  
23 cooperation of agencies of the federal government is requested by  
24 reporting any conviction, determination, or finding that a federal  
25 employee or contractor regulated by the disciplining authorities  
26 enumerated in this chapter has committed an act which constituted  
27 unprofessional conduct and reporting any information which indicates  
28 that a federal employee or contractor regulated by the disciplining  
29 authorities enumerated in this chapter may not be able to practice  
30 his or her profession with reasonable skill and safety as a result of  
31 a mental or physical condition.

32 (d) Reporting under this section is not required by:

33 (i) Any entity with a peer review committee, quality improvement  
34 committee or other similarly designated professional review  
35 committee, or by a license holder who is a member of such committee,  
36 during the investigative phase of the respective committee's  
37 operations if the investigation is completed in a timely manner;  
38 ((or))

39 (ii) A physician health program or voluntary substance use  
40 disorder monitoring program approved by a disciplining authority

1 under RCW 18.130.175 if the license holder is currently enrolled in  
2 the program, so long as the license holder actively participates in  
3 the program and the license holder's impairment does not constitute a  
4 clear and present danger to the public health, safety, or welfare; or

5 (iii) A physician well-being program, so long as the license  
6 holder is competent to practice with reasonable skill and safety. If  
7 the license holder is not competent to practice with reasonable skill  
8 and safety, or if a patient has been harmed, the license holder shall  
9 be reported by the physician well-being program medical director or  
10 other licensee to the disciplining authority according to  
11 requirements established and adopted in rule by the Washington  
12 medical commission or, if permitted by rule, referred to a physicians  
13 health program or voluntary substance use disorder monitoring program  
14 approved under RCW 18.130.175. Any report made to the disciplining  
15 authority under this section is not privileged or confidential and is  
16 subject to the public records act.

17 (2) If a person fails to furnish a required report, the  
18 disciplining authority may petition the superior court of the county  
19 in which the person resides or is found, and the court shall issue to  
20 the person an order to furnish the required report. A failure to obey  
21 the order is a contempt of court as provided in chapter 7.21 RCW.

22 (3) A person is immune from civil liability, whether direct or  
23 derivative, for providing information to the disciplining authority  
24 pursuant to the rules adopted under subsection (1) of this section.

25 (4)(a) The holder of a license subject to the jurisdiction of  
26 this chapter shall report to the disciplining authority:

27 (i) Any conviction, determination, or finding that he or she has  
28 committed unprofessional conduct or is unable to practice with  
29 reasonable skill or safety; and

30 (ii) Any disqualification from participation in the federal  
31 medicare program, under Title XVIII of the federal social security  
32 act or the federal medicaid program, under Title XIX of the federal  
33 social security act.

34 (b) Failure to report within thirty days of notice of the  
35 conviction, determination, finding, or disqualification constitutes  
36 grounds for disciplinary action.

37 NEW SECTION. Sec. 3. A new section is added to chapter 18.130  
38 RCW to read as follows:

1       (1)(a) Physician well-being program records relating to well-  
2 being program participants created specifically for, and collected  
3 and maintained by the physician well-being program, are confidential  
4 and exempt from disclosure under chapter 42.56 RCW and shall not be  
5 subject to discovery by subpoena or admissible as evidence. This  
6 privilege does not protect facts, information, communications, or  
7 documents available from other original sources and does not protect  
8 any document outside the scope of the privilege established under  
9 this section.

10       (b) This section does not apply to the organizing documents or  
11 contracts establishing a physician well-being program or to records  
12 created prior to the establishment of the physician well-being  
13 program.

14       (c) Nothing in this section precludes introduction into evidence  
15 information about a license holder collected and maintained in a  
16 physician well-being program in any civil action by the license  
17 holder regarding:

18       (i) The individual's participation in the program;

19       (ii) The restriction of the license holder's clinical or staff  
20 privileges when a report has been made under RCW  
21 18.130.070(1)(d)(iii); or

22       (iii) Termination of the license holder's employment when a  
23 report has been made under RCW 18.130.070(1)(d)(iii).

24       (d) The information admitted under (c) of this subsection must  
25 not be reasonably discoverable, given the scope and limits of  
26 discovery, from other nonprivileged sources.

27       (2) In the case that the license holder is unable to practice  
28 with reasonable skill and safety or a patient has been harmed, a  
29 report must be made to the disciplinary authority or the physicians  
30 health program or voluntary substance use disorder monitoring program  
31 approved by a disciplining authority under RCW 18.130.175 in  
32 accordance with RCW 18.130.070(1)(d)(iii) and rules adopted by the  
33 Washington medical commission. Any report made to the disciplining  
34 authority under this section is not privileged or confidential and is  
35 subject to the public records act.

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