CONCISE EXPLANATORY STATEMENT
Summary of Public Comments on Health Equity Continuing Education Model Rules for Health Professionals Credentialed under RCW 18.130.040 with a CE Requirement.
October 2022

The Department of Health (department) adopted new rules in chapter 246-12 WAC to implement Engrossed Substitute Senate Bill 5229 (ESSB 5229) (Chapter 276, Laws 2021). ESSB 5229, codified as RCW 43.70.613, directs the department to establish model rules creating minimum standards for health equity continuing education (CE) training programs.

RCW 43.70.613(3)(b) directed the department to consult with patients and communities with lived experiences of health inequities or racism in the health care system when developing the adopted rules. The department held four listening sessions that invited individuals with lived experiences of health inequities or racism in the health care system to share their experiences, which the department used to develop rule language. A department epidemiologist also created a demographic survey to evaluate whether the listening sessions reached different geographic regions of the state, races, age, gender, and professional backgrounds. The department also conducted four rules workshops where the adopted rule language was developed together with the public and boards and commission members.

The adopted rules create four new sections in chapter 246-12 WAC to implement RCW 43.70.613: WAC 246-12-800 Purpose, WAC 246-12-810 Definitions, WAC 246-12-820 Health Equity Continuing Education Training Minimum Hours, and WAC 246-12-830 Health Equity Continuing Education Training Content. The adopted rules require completion of two hours of health equity CE every four years for health professionals credentialed under Title 18 RCW with a CE requirement. The adopted rules also require that the two CE hours include implicit bias training to identify strategies to reduce bias during assessment and diagnosis.

Rulemaking authorities for each profession may create standards that exceed the minimum standards in the model rules.

Summary of Written and Oral Comments Received and the Department's Response

The department did not change the rule as proposed based on comments received as part of the public hearing.

Comment/recommended change to proposed rule	Department Response
Approximately 19 comments discuss not supporting this legislation or rulemaking.	RCW 43.70.613(3)(b) requires the department to adopt model rules establishing the minimum standards for health equity continuing

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	education by January 1, 2023. The department must engage in rulemaking to adopt health equity CE rules. The content of the rules was developed in collaboration with the public and boards/commissions.
Approximately 7 comments discuss that current healthcare discrimination laws are sufficient and health equity CE rules are not needed.	RCW 43.70.613(3)(b) requires the department to adopt model rules establishing the minimum standards for health equity continuing education by January 1, 2023. The department must engage in rulemaking to adopt health equity CE rules and cannot rely on state discrimination laws to enforce RCW 43.70.613.
Approximately 6 comments discuss that by adding more continuing education, the less other subjects (like updates in treatment methods, new emerging therapies, law/ethics, etc.) get addressed through continuing education.	RCW 43.70.613(3)(b) requires the department to adopt model rules establishing the minimum standards for health equity continuing education by January 1, 2023. Profession specific rulemakings will consider whether health equity CE can be combined with other CE topics, so additional subjects can be combined with health equity CE.
Approximately 6 comments discuss that by creating additional continuing education requirements there is less time to spend with patients, which is bad for healthcare access.	RCW 43.70.613(3)(b) requires the department to adopt model rules establishing the minimum standards for health equity continuing education by January 1, 2023. Profession specific rulemakings will consider whether health equity CE can be combined with other CE topics, so additional subjects can be combined with health equity CE.
Approximately 5 comments discuss that managing different continuing education requirements with different time frames is burdensome on health care professionals.	RCW 43.70.613(2) states that health equity continuing education training must be completed at least once every four years. Each identified profession under Title 18 RCW, subject to continuing education requirements, have a different cycle for requiring continuing education.
Approximately 4 comments discuss supporting this rulemaking.	The department appreciates this feedback.

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Approximately 3 comments discuss that 2 hours of health equity continuing education every 4 years is not enough training.	Each identified profession under Title 18 RCW and subject to continuing education requirements have different CE hour requirements they must complete. Two (2) hours of health equity continuing education every four (4) years was agreed upon during public rules workshops as a minimum standard. The rulemaking authority for each profession with this requirement may exceed these minimum standards in rule. Healthcare professionals can take additional courses that exceed standards as well.
Approximately 3 comments discuss that 2 hours of health equity continuing education every 4 years for health care professionals is overly burdensome.	Through working with interested parties in rules workshops, individuals agreed that a minimum of two (2) hours of health equity continuing education every four (4) years is appropriate for minimum standards to gain a foundation for learning health equity concepts, and that any less time would diminish the intent of the bill.
Approximately 3 comments discuss that health equity continuing education should be incorporated into current ethics requirements for health care professionals.	RCW 43.70.613(3)(b) requires the department to adopt model rules establishing the minimum standards for health equity continuing education by January 1, 2023. Profession specific rulemakings will consider whether health equity CE can be combined with other CE topics, such as profession ethics requirements.
Approximately 3 comments discuss that implicit bias training should not be a required topic for health equity continuing education.	RCW 43.70.613(3) states that the department must have minimum standards that include instruction on skills to address the structural factors, such as bias, racism, and poverty, that manifest as health inequities. RCW 43.70.613((3)(c) identifies implicit bias training as a course topic that health professionals may complete. Participants in the rules workshops stated that implicit bias is an important topic and needs to be included as a minimum standard in the model rules.
Approximately 2 comments discuss that more clarity and specificity are needed to define the	Demonstrated knowledge and experience was used, as rules workshop participants did not

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phrase "demonstrated knowledge and experience," used at WAC 246-12-830(2), including what qualifications course developers and course trainers must have.	want to limit training. Individuals with lived experience, as well as those with different educational backgrounds, can successfully present training. This acknowledges these individual's ability while supporting the minimum standards. The department does not further define developers and course trainers in its model rules to prevent creating barriers to potential trainers.
Approximately 2 comments discuss allowing health care professionals to use employer-based health equity training to satisfy the health equity continuing education requirement.	The model rules do not prohibit health care professionals from participating in employer-based health equity training to satisfy health equity continuing education requirements if the employer-based health equity training meets the minimum requirements in the model rules.
Approximately 2 comments discuss that the cost of completing health equity continuing education is difficult for some health care professionals.	RCW 43.70.613(3)(a) directs the department to identify a free training program that meets minimum standards for health equity continuing education. Health professionals will have the option to take this training, instead of a paid training.
Approximately 2 comments discuss that the department should provide a health equity continuing education course at no cost or identify a specific course that will satisfy the health equity continuing education requirement.	RCW 43.70.613(3)(a) directs the department to identify a free training program that meets minimum standards for health equity continuing education. Professionals will have the option to take this training, instead of a paid training.
Approximately 2 comments discuss allowing those health care professionals who are actively researching health equity to attest and show proof of that activity to satisfy the health equity continuing education requirement.	Profession specific rulemakings may consider whether health equity CE can be completed based on health equity-based research. RCW 43.70.613 (1) states profession specific rulemaking must be completed by January 1, 2024.
1 comment discusses amending the definition of "health equity" in WAC 246-12-810(3). The comments states that the definition of health equity should be revised to center and better reflect the needs of the marginalized groups the originating legislation intends to serve. What is	The department is aware that equality does not equate to equity, as equality gives everyone the same resources, instead of equity, which gives everyone the resources they need to have the same opportunity. We did not change the definition, as it has been used in our one-pager,

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particularly problematic with the current definition, as delineated above, is the conceptualization of health equity as "same opportunities and equal access." Conventional understanding is that sameness or equality do not translate to equity, which rather conveys that opportunities and resources to achieve optimal health and wellness are distributed proportionally according to need which is dictated by various demographic identities and lived experiences. To reflect such, the U.S. Centers for Disease Control and Prevention characterizes health equity as follows: Health equity is the state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving this requires ongoing societal efforts to address historical and contemporary injustices; overcome economic, social, and other obstacles to health and health care; and eliminate preventable health disparities. There are other definitions from other authoritative sources that articulate this perspective. The definition of health equity used for these model rules should reflect such accordingly.	listening sessions, and rules workshops, with a consensus that this language is acceptable to all workshop participants in attendance.
1 comment discusses that some of the course topics listed in RCW 43.70.613(3)(c) should be required topics that health care professionals must complete as part of the health equity continuing education training.	The list provided in RCW 43.70.613(3)(c) was considered during our four (4) rules workshops. To require all topics would limit the professional's ability to find health equity continuing education training that meets all requirements, as well as limit rulemaking authorities for each profession to tailor health equity continuing education to meet the unique needs and scope of their profession. RCW 43.70.613(3) states that course topics may include but are not limited to these. Requiring implicit bias training, allows all professionals to have the same foundation. Professionals can choose which additional topics to pursue that will further enhance their continuing education.
1 comment discusses that further clarification is needed for the terms "best known practices" and "current" empirical research in WAC 246-12-830(2).	The department has used language that mirrors WAC 246-12-640, which describes the training quality for the minimum standards for suicide

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	prevention training for health care professionals.
1 comment discusses that it would be helpful for the model rules to explicitly stipulate and characterize, beyond simply knowledge gain, how a continuing education offering should be designed and structured to achieve the gaining of skills along with definition/characterization of what qualifies as expected level of competency in those skills. This is further underscored by the phrase in WAC 246-12-830(3), "licensee's ability to apply health equity concepts into practice;" which points to the licensee's ability and not simply knowledge. "Ability" in this case needs to be explicitly defined.	A licensee's ability to apply health equity concepts into practice is difficult to measure across all professions, which have a different scope of practice and work in unique settings. Because ability differs between each profession, and through collaboration in our rule workshops, ability has not been further defined.
1 comment discusses that RCW 43.70.613(3)(c) states "the courses must assess the licensee's ability to apply health equity concepts into practice," and asks what the parameters are for the assessment, how should this assessment be carried out, and what standards qualify to determine whether a continuing education participant has successfully "passed" this assessment?	The courses must access the licensee's ability to apply health equity concepts into practice and states that courses must assess the licensee's ability to apply health equity concepts into practice. This assessment varies between each profession and training provider. Each rulemaking authority for each profession can further define what assessment qualifies, as it relates to that profession, as these are model rules that determine the minimum standard for health equity continuing education.
1 comment discusses requiring health care professionals to attend one training that is with a population or group that they do not identify with.	Through collaboration during the rule workshop process, participants shared about remaining close to the language of ESSB 5229, so that professions can tailor health equity continuing education requirements further to be reflective of their professions. There were also concerns that if the model rules were too restrictive, providers may not be as open to learn and instead just complete the requirement.
1 comment discusses if practicing physicians review this proposal and determine it will improve patient care and outcomes, they will happily comply.	Physicians received notice to participate in listening sessions and the rulemaking process for developing model rules. Physicians also were able to view the draft and comment during the public comment period. The Washington Medical Commission will also be

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	required to adopt the model rules or exceed them. This will be an opportunity for physicians to participate in the future profession specific rulemaking process for implementing ESSB 5229.

Please direct any questions regarding this rule adoption to healthequityimplementation@doh.wa.gov.