



PREPROPOSAL STATEMENT OF INQUIRY

**CR-101 (October 2017)
(Implements RCW 34.05.310)**

Do **NOT** use for expedited rule making

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FILED

DATE: May 13, 2026

TIME: 4:55 PM

WSR 26-11-021

Agency: Department of Health-Washington Medical Commission

Subject of possible rule making: Anesthesiologist Assistants - Continuing Medical Education (CME) renewal cycle. The Washington Medical Commission (commission) is considering amending WAC 246-921-125 to align the anesthesiologist assistant CME renewal cycle with the physician assistant renewal cycles.

Statutes authorizing the agency to adopt rules on this subject: RCW 18.71D.020, and 18.130.050.

Reasons why rules on this subject may be needed and what they might accomplish:

The commission is considering amending WAC 246-921-125 to align the anesthesiologist assistant CME renewal cycle with the PA cycle.

Aligning WAC 246-921-125 with the physician assistant CME renewal cycle would promote greater consistency between anesthesiologist assistants and physician assistants, two professions that often practice in similar clinical environments. A uniform approach to CME requirements helps reduce confusion, particularly for individuals working in team-based care settings, and creates a more cohesive regulatory framework that is easier to understand and apply. This alignment is also important given that there may be interest from physician assistants in becoming dually licensed as anesthesiologist assistants. Consistent CME cycles would reduce administrative burden for those individuals, allowing them to meet requirements for both credentials more efficiently without navigating conflicting timelines or duplicate tracking obligations.

Additionally, the commission is in the process of updating chapter 246-919 WAC for allopathic physicians to align with these same concepts. This effort reflects a broader, coordinated approach to modernizing continuing medical education requirements across professions regulated by the commission. Aligning anesthesiologist assistant requirements with the physician assistant CME cycle is consistent with this larger initiative. It helps ensure that similarly situated professions are held to comparable standards and timelines, which promotes fairness and transparency. It also allows the commission to implement parallel compliance and auditing processes, rather than maintaining separate frameworks that may differ in structure but not in substance.

As updates to chapter 246-919 WAC move forward, bringing other professions into alignment where appropriate supports a more unified regulatory model. This approach also positions the commission to more efficiently administer, communicate, and enforce CME requirements across all credential types.

Currently, the anesthesiologist assistant rule states that the review period begins at the second renewal after initial licensure, which can create confusion for anesthesiologist assistants. This approach makes it difficult to determine when CME obligations actually begin and how they align with renewal deadlines, particularly for newly licensed individuals. Changing this to first renewal would provide a clearer starting point.

Identify other federal and state agencies that regulate this subject and the process coordinating the rule with these agencies: None

Process for developing new rule (check all that apply):

- Negotiated rule making
- Pilot rule making
- Agency study
- Other (describe) Collaborative Rulemaking

Interested parties can participate in the decision to adopt the new rule and formulation of the proposed rule before publication by contacting:

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Additional comments: Interested persons will be notified via GovDelivery, asked to participate in public rules workshops, and submit written comments for consideration. To join the commission's rules interested parties email list, please visit https://public.govdelivery.com/accounts/WAMC/subscriber/new?topic_id=WAMC_2

Date: May 13, 2026

Name: Kyle Karinen

Title: Washington Medical Commission, Executive Director

Signature:

