

HOUSE BILL REPORT

ESHB 1960

As Passed Legislature

Title: An act relating to health professions regulation.

Brief Description: Redefining practice beyond the scope of practice for health professions.

Sponsor(s): By House Committee on Health Care (originally sponsored by Representatives Prentice, Paris, Day, Braddock, Cantwell, Edmondson, Franklin, Morris, Phillips, Pruitt, Basich, Leonard, Orr, Wood, R. Johnson, Heavey, Wineberry, May, D. Sommers, Beck and Dellwo).

Brief History:

Reported by House Committee on:
Health Care, March 4, 1991, DPS;
Passed House, March 19, 1991, 98-0;
Amended by Senate;
House concurred;
Passed Legislature, 83-0.

**HOUSE COMMITTEE ON
HEALTH CARE**

Majority Report: *That Substitute House Bill No. 1960 be substituted therefor, and the substitute bill do pass.*
Signed by 11 members: Representatives Braddock, Chair; Day, Vice Chair; Moyer, Ranking Minority Member; Casada, Assistant Ranking Minority Member; Cantwell; Edmondson; Franklin; Morris; Paris; Prentice; and Sprengle.

Staff: Bill Hagens (786-7131).

Background: The Uniform Disciplinary Act provides standardized procedures and sanctions for specified acts of unprofessional conduct governing the regulated health practitioners in this state.

The commission of an act of incompetence, negligence or malpractice which results in injury to a patient or which creates an unreasonable risk that a patient may be harmed constitutes unprofessional conduct.

The shortage of health care professionals is receiving increased attention among policy makers, health care providers, employers of providers and consumers. There are

reports of widespread personnel vacancies at health care facilities and steady or falling enrollments at the state's health professional training programs. Many health care employers claim that health care careers have lost their appeal because of low pay, long working hours and the risk of disease.

Demographic forecasts for the next 20 years predict population increases in the number of elderly and children. Both age groups tend to be high utilizers of health care services, and an increase in the demand for health care is expected. At the same time, an overall shrinkage of the work force age population is predicted to result in a smaller number of people available to fill health care occupations.

Regarding a completely unrelated matter, the current system of law actually discourages veterinary specialists from locating in the state since there is no mechanism for licensing the specialty so it may be legally advertised.

Summary of Bill: The use of a nontraditional treatment by itself shall not constitute unprofessional conduct provided that it does not result in injury to a patient or create an unreasonable risk that a patient may be harmed.

The licensing authorities for the health professions are directed to issue temporary practice permits. This allows licensed individuals from other states to practice in Washington while their applications are being completed. Only persons whose licenses have been verified in good standing are eligible. The disciplining authorities for each of the regulated health care professions may participate in voluntary continued competency projects when selected by the Secretary of Health.

Community-based recruitment and retention projects are also authorized. Up to three projects may be established by the Department of Health to assist local communities to recruit and retain health care professionals. A statewide health personnel recruitment and retention clearinghouse is also authorized to inventory and identify successful existing health professional recruitment and retention activities in the state, identify needed programs and provide this information to the public.

The Statewide Health Personnel Resources Plan is created. Various health and education related agencies are directed to prepare the plan which is to be approved by the governor and submitted to the Legislature. The plan includes, but is not limited to, an assessment of future health care training needs including medical care, long-term care, mental health

and other specialties; analysis of the need of multi-skilled personnel, education articulation, and the use of telecommunications and other innovative technologies to provide education to placebound students. Institutional plans are required from colleges, universities and vocational technical institutions specifying how they will implement the elements identified in the statewide plan.

New professions seeking credentialing, or existing ones upgrading the level of regulation, are required to describe the need for, location and cost of any proposed educational requirements.

The state's three current health professional loan repayment and scholarship programs are combined into one program. The program will terminate in June 1992 and will be replaced by an expanded comprehensive Health Professional Loan Repayment and Scholarship Program. Beginning in 1992, the designation of health care professions eligible for the Loan Repayment and Scholarship Program and the designation of shortage areas will be made using a data-based analysis. Scholarship and loan repayments are to be awarded in three ways. One portion is to be made available for use by participants of the community-based health professional recruitment and retention projects. A second portion is to be made available for use by state-operated institutions, county public health and human service agencies, community health clinics and other health care settings providing services to charity and subsidized patients. The third portion is to be made available for general use for eligible providers serving in any shortage area. A trust fund is created to hold funds appropriate to the program.

Credentialing by endorsement is authorized for optometry, hearing aid fitters, midwives and dispensing opticians.

The Department of Health may issue a license to practice specialized veterinary medicine in a specialty area recognized by the Veterinary Board of Governors by rule. The license may be issued to a national veterinarian who: is currently certified by a national specialty board or college recognized by the board by rule in the specialty area; is not subject to disciplinary action regarding a license in the United States, its territories, or Canada; has successfully completed a state exam on this state's laws and rules regulating the practice of veterinary medicine; and provides supporting information. The secretary of health must establish a fee for such a license.

The bill contains a null and void clause for the health professional shortage parts of the bill.

Fiscal Note: Available.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Testimony For: The state Medical Disciplinary Board has discriminated against physicians who practice alternative health care, considered nontraditional medicine. Many patients who received no satisfaction with traditional medical care have gotten relief from physicians who practice under other theories, including holistic medicine. The board should not discriminate unreasonably against these physicians as long as no harm is being done. Their patients demand a freedom to choose the health care that they believe is best for them, and this freedom is adversely affected by discrimination and harassment from state disciplinary authorities.

Testimony Against: None on substitute.

Witnesses: Glenn Warner (pro); Robert Kimmel (pro); Joseph Hatterslay (pro); Symma Winston (pro); Elizabeth Springer (pro); David Clumpner, Well Mind Association (pro); Dave Hamilton (pro); Beverly Haywood (pro); Bob Wheeler (pro); William Robertson, Washington State Medical Association (pro with amendment); Jan Polek, Medical Disciplinary Board (neutral); Jeff Larson, Washington Academy of Physicians Assistants (pro); and Steve Curry (pro).