

SENATE BILL REPORT

ESHB 1960

AS REPORTED BY COMMITTEE ON HEALTH & LONG-TERM CARE,
APRIL 3, 1991

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

SPONSORS: 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).

HOUSE COMMITTEE ON HEALTH CARE

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Majority Report: Do pass as amended and be referred to Committee on Ways & Means.

Signed by Senators West, Chairman; L. Smith, Vice Chairman; Johnson, L. Kreidler, Niemi, and Wojahn.

Staff: Scott Plack (786-7409)

Hearing Dates: April 1, 1991; April 3, 1991

BACKGROUND:

The shortage of health care professionals is receiving increased attention among policymakers, 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.

The state currently is an "importer" of many of its primary health care professionals and current regulatory policies often result in the slow processing of Washington credentials for these individuals. The state also does not have a comprehensive statewide strategy for addressing the short-and long-term training and education needs of health care workers.

New health care professions seeking certification or licensure and existing professions seeking to upgrade their regulatory statutes to certification or licensure may be required to undergo a "sunrise" review. The sunrise review requires the profession to prepare a written proposal discussing the social and financial implications of licensure. Currently, there is no specific requirement that proposals address issues concerning the cost and statewide availability of educational programs necessary to meet licensure or certification requirements. Education and training programs that are not geographically accessible or affordable may contribute to health professional shortages.

The state operates three health professional loan repayment and scholarship programs. There is a continual demand by other providers to establish their own program. The state currently lacks an effective data base to substantiate shortages among health care professionals and to verify the need to provide scholarships or loan repayments to new professions.

There are numerous professions whose practice acts do not allow for credentialing by endorsement. They include hearing aid fitters, midwives, opticians and optometrists. Credentialing by endorsement permits health care professionals licensed or certified in another state to be licensed or certified in Washington without taking the state licensing exam or meeting other requirements.

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.

SUMMARY:

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 Statewide Health Personnel Resources Plan is created. Various health and education related agencies are directed to form a committee and 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.

The committee is responsible for preparing the non-higher education portion of the plan. The Higher Education Coordinating Board is responsible for preparing the higher education portion of the plan. Institutional plans are required from colleges, universities and vocational technical institutions specifying how they will implement the elements identified in the statewide plan. The Higher Education Coordinating Board will determine whether institutional plans meet the statewide plans. Implementation of the institutional plans is contingent on additional funding.

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 current three 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 two ways. One 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. Another 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 use of 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 bill contains a null and void clause on the health professional shortage portion of the bill.

Appropriation: none

Revenue: none

Fiscal Note: requested February 4, 1991

SUMMARY OF PROPOSED SENATE AMENDMENT:

In addition to the provisions in the House version, the disciplining authorities for each of the regulated health care professions subject to the Uniform Disciplinary Act may voluntarily participate in continued competency demonstration projects. The projects will explore flexible, cost efficient and geographically accessible models for assuring continued

provider competency after initial credentialing of such professionals.

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.

Modifications in the statewide health personnel resource plan are made as compared with the House version. The higher education portion of the plan is combined into the statewide plan and the committee is given responsibility for establishing the entire plan. The committee is required to consult with education and training programs, consumers, health care providers, third-party payers and others when establishing the statewide plan. The committee is further directed to form subcommittees for the purposes of developing the academic portions of the statewide plan as well as the institutional plans. In preparing the higher education institutional plan the subcommittee must be comprised of at least the Higher Education Coordinating Board and the four-year higher education institutions.

The committee is directed to review the institutional plans, assess whether they meet the requirements of the statewide plan and prepare a report with its determination. The institutional plans are to be submitted with the institutional biennial budget submissions. Provisions are deleted that make any implementation of the institutional plans dependent on additional funding.

TESTIMONY FOR:

The health professional shortage provisions in the bill will help address problems associated with training, recruitment, retention and credentialing of health care providers in the state.

TESTIMONY AGAINST: None

TESTIFIED: Dr. Glen Warner, Professional League of Alternative Health Care (pro); Elizabeth Sprinter (pro); Dr. Bob Kimmel (pro); Dr. James Rotchford (pro); Ferri Friedin, Citizens for Alternative Health Care (pro); Al Schaefer (pro); Symma Winston, Citizens for Alternative Health Care (pro); Sue Hegyvary, Dan Hunt, Wayne Kradjen, Abdel-Monem, Thelma Cleveland, WSU (pro)