

**SENATE BILL REPORT**

**SB 5514**

**AS REPORTED BY COMMITTEE ON HEALTH & LONG-TERM CARE,  
FEBRUARY 28, 1991**

**Brief Description:** Modifying statutes regarding health care professional shortages.

**SPONSORS:** Senators West, Niemi and L. Smith.

**SENATE COMMITTEE ON HEALTH & LONG-TERM CARE**

**Majority Report:** That Substitute Senate Bill No. 5514 be substituted therefor, and the substitute bill do pass and be referred to Committee on Ways & Means.

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

**Staff:** Scott Plack (786-7409)

**Hearing Dates:** January 24, 1991; February 12, 1991; February 28, 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.

Continuing education (CE) is required by some health care professions as a prerequisite for licensure renewal. Traditional methods of continuing education are often inflexible and may present a barrier to some providers who must leave their practice to attend CE. Recent years have

seen the advent of innovative methods to measure competency that may offer more flexibility to providers who have difficulty leaving their practice.

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.

Health care facilities in rural communities, state operated institutions, specialized health care providers serving subsidized or charity patients and urban clinics serving the poor often have chronic problems in attracting and retaining health care professionals. These health care settings generally offer lower salary and benefits when compared to other private settings, have patient populations which have difficult health care needs, may be located in remote areas of the state and often lack private incentives to attract employees. These employers are at a disadvantage in competing for health care professionals with other health care facilities who have the financial resources to offer better amenities.

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.

**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 disciplining authorities for each of the regulated health care professions may participate in voluntary continued competency projects when selected by the Secretary of Health.

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.

Community-based health professional recruitment and retention projects are authorized where health care professional shortages are acute. Technical and financial assistance is authorized. A Statewide Health Professional Recruitment and Retention Clearinghouse is also created in the state Department of Health.

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 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 bill contains a null and void clause.

**EFFECT OF PROPOSED SUBSTITUTE:**

Several changes are made to the temporary practice permits. The disciplinary authority for each profession may summarily suspend permits if necessary for disciplinary reasons. The temporary permits may reflect statutory limitation on scope of practice. Other grammatical changes were made in the bill.

**Appropriation:** none

**Revenue:** none

**Fiscal Note:** requested February 4, 1991

**TESTIMONY FOR:**

The bill represents a comprehensive effort to address health care provider shortages and should have an effective impact on the problem.

**TESTIMONY AGAINST:**

Temporary practice permits should be issued only to health care professionals serving this shortage on medically underserved areas.

**TESTIFIED:** Dr. Stephen Kriebel, WSMA, Washington Rural Health Association (pro); Roxanna Jackson, Washington State Rural Health Association (pro); Laurie Iversonm, Western Washington AHEC (pro); Steven Meltzer, Eastern Washington AHEC (pro); Dr. Ronald Schneeweiss, University of Washington School of Medicine; Verne Gibbs, Department of Health (pro); Thomas Miller, Group Health (pro); Debra Naubert, Good Samaritan (pro); Steve Smith, Mason General Hospital (pro); Marilyn Sjolund, HEC Board (pro); Carrie Bashaw, WA Health Care Association (pro); Marilyn Baker, HEC Board; Patty Joynes, WSNA (pro); Sharon Case, Physical Therapy Association, Opticians Association of Washington (pro); Anita Amomian, Yakima Neighborhood Health, WA Association of Community Health Centers (pro)