

**SENATE BILL REPORT**

**SB 5802**

**AS OF MARCH 1, 1991**

**Brief Description:** Regulating the delegation of preoperative and postoperative surgical care.

**SPONSORS:** Senators Wojahn, Sellar, West, Saling and Vognild.

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

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

**Hearing Dates:** March 6, 1991

**BACKGROUND:**

Most surgeons receive referrals from various allied health care professionals. Current law prohibits health care providers from charging a referral fee (Chapter 19.68 RCW). Some practitioners have allegedly circumvented the law by referring patients to surgeons in exchange for the right to bill for preoperative and/or postoperative care.

Because of advances in technology new surgical techniques are being employed which do not fit the traditional scalpel intrusive concept of surgery. As the new techniques become available, health care practitioners who currently do not have surgery as part of their scope of practice may argue for using these techniques because they do not fit the traditional concept of surgery. They may not have the training to safely use such treatments. In addition, no clear distinctions exist between surgery and preoperative or postoperative care. The statutes currently do not have definition of surgery or pre-operative or postoperative surgical care.

**SUMMARY:**

Surgical, preoperative and postoperative care are defined. Surgical care includes, but is not limited to, the treatment of diseases, injury and deformity by manual operative procedures or localized application of mechanical or other energy to repair, remove, disrupt, or otherwise physically alter biological tissue for the intended treatment of disease, injury or deformity. It includes such treatments as laser, thermal, cryotherapy or instrumentation, chemical, ultrasound, implantable devices, extricating or removing substances from tissue and other means commonly accepted by the medical community.

Preoperative care includes, but is not limited to, the evaluation, diagnosis, selection of treatment alternatives, discussion of advisability of surgery and related tasks.

Postoperative care includes, but is not limited to, the evaluation, management, and treatment of the patient's condition related to surgery and complication arising thereafter until healing and recuperation are complete.

Preoperative and postoperative surgical care can be performed away from the surgical site only by practitioners licensed to provide such care (physicians, dentists and podiatrists). Preoperative and postoperative care may be delegated to other health care providers (registered nurses, practical nurses and physician assistants) when such care is performed on-site and under the supervision of a physician, podiatrist or dentist. These provisions are not intended to invalidate surgical procedures established by hospitals.

The requirements of the act may be waived by the examining board of the profession doing the surgery. The waiver is limited to care provided in rural or institutional settings where it is determined to be impractical to relocate the patient and adequate guarantees are in place to assure quality. The waivers are not intended to allow any practitioner to exceed their scope of practice.

Violations of these provisions constitute unfair and deceptive trade, violation of the Uniform Disciplinary Act (Chapter 18.130 RCW), and shall be considered negligence per se.

**Appropriation:** none

**Revenue:** none

**Fiscal Note:** available