- 2 **SHB 1618** S COMM AMD
- 3 By Committee on Health & Long-Term Care

4

- 5 Strike everything after the enacting clause and insert the 6 following:
- 7 "Sec. 1. RCW 18.71.0195 and 1994 sp.s. c 9 s 328 are each amended 8 to read as follows:
- 9 (1) The contents of any report file under RCW 18.130.070 shall be
- 10 confidential and exempt from public disclosure pursuant to chapter
- 11 42.17 RCW, except that it may be reviewed (a) by the licensee involved
- 12 or his or her counsel or authorized representative who may submit any
- 13 additional exculpatory or explanatory statements or other information,
- 14 which statements or other information shall be included in the file, or
- 15 (b) by a representative of the commission, or investigator thereof, who
- 16 has been assigned to review the activities of a licensed physician.
- 17 Upon a determination that a report is without merit, the
- 18 commission's records may be purged of information relating to the
- 19 report.
- 20 (2) Every individual, medical association, medical society,
- 21 hospital, medical service bureau, health insurance carrier or agent,
- 22 professional liability insurance carrier, professional standards review
- 23 organization, ((and)) agency of the federal, state, or local government
- 24 ((shall be)), or the entity established by RCW 18.71.300 and its
- 25 officers, agents, and employees are immune from civil liability,
- 26 whether direct or derivative, for providing information to the
- 27 commission under RCW 18.130.070, or for which an individual health care
- 28 provider has immunity under the provisions of RCW 4.24.240, 4.24.250,
- 29 or 4.24.260.
- 30 **Sec. 2.** RCW 18.71.300 and 1994 sp.s. c 9 s 329 are each amended to
- 31 read as follows:
- 32 ((Unless the context clearly requires otherwise,)) The definitions
- 33 in this section apply throughout RCW 18.71.310 through 18.71.340 unless
- 34 the context clearly requires otherwise.

- (1) (("Committee")) "Entity" means a nonprofit corporation formed by physicians who have expertise in the areas of ((alcoholism)) alcohol abuse, drug abuse, ((or)) alcoholism, other drug addictions, and mental illness and who broadly represent the physicians of the state and that has been designated to perform any or all of the activities set forth in RCW 18.71.310(1) ((pursuant to rules adopted)) by the commission ((under chapter 34.05 RCW)).
- 8 (2) "Impaired" or "impairment" means the ((presence of the diseases
 9 of alcoholism, drug abuse, mental illness)) inability to practice
 10 medicine with reasonable skill and safety by reason of physical or
 11 mental illness including alcohol abuse, drug abuse, alcoholism, other
 12 drug addictions, or other debilitating conditions.
- (3) "Impaired physician program" means the program for the prevention, detection, intervention, ((and)) monitoring, and treatment of impaired physicians established by the commission pursuant to RCW 18.71.310(1).
- (4) "Physician" means a person licensed under this chapter, chapter
 18 18.71A RCW, or a professional licensed under another chapter of Title
 19 18 RCW whose disciplinary authority has a contract with the entity for
 20 a program for its license holders.
- (5) "Treatment program" means a plan of care and rehabilitation services provided by those organizations or persons authorized to provide such services to be approved by the commission or entity for impaired physicians taking part in the impaired physician program created by RCW 18.71.310.
- 26 **Sec. 3.** RCW 18.71.310 and 1994 sp.s. c 9 s 330 are each amended to 27 read as follows:
- 28 (1) The commission shall enter into a contract with the 29 ((committee)) entity to implement an impaired physician program. The 30 impaired physician program may include any or all of the following:
- (a) ((Contracting)) Entering into contractual or other relationships supportive of the impaired physician program with ((providers of)) professionals who provide either evaluation or treatment ((programs)) services, or both;
- 35 (b) Receiving and ((evaluating)) assessing reports of suspected 36 impairment from any source;
- 37 (c) Intervening in cases of ((verified)) <u>actual</u> impairment, or in 38 cases where there is reasonable cause to suspect impairment;

- 1 (d) Referring <u>suspected or actual</u> impaired physicians ((to)) <u>for</u> 2 <u>evaluation or treatment ((programs));</u>
- 3 (e) Monitoring the treatment and rehabilitation of impaired 4 physicians including those ordered by the commission;
- 5 (f) Providing ((post-treatment)) monitoring and continuing 6 treatment and rehabilitative support of ((rehabilitative impaired)) 7 physicians;
- 8 (g) Performing such other activities as agreed upon by the 9 commission and the ((committee)) entity; and
- 10 (h) Providing prevention and education services.
- (2) A contract entered into under subsection (1) of this section 11 shall be financed by a surcharge of ((up to)) twenty-five dollars per 12 13 year on each license renewal or issuance of a new license to be collected by the department of health from every physician and 14 15 ((surgeon)) physician assistant licensed under this chapter in addition 16 to other license fees and the medical discipline assessment fee established under RCW ((18.72.380)) 18.71.400. These moneys shall be 17 placed in the health professions account to be used solely for the 18 19 implementation of the impaired physician program.
- 20 **Sec. 4.** RCW 18.71.320 and 1994 sp.s. c 9 s 331 are each amended to 21 read as follows:
- The ((committee)) entity shall develop procedures in consultation with the commission for:
- 24 (1) Periodic reporting of statistical information regarding 25 impaired physician activity;
- (2) Periodic disclosure and joint review of such information as the commission may deem appropriate regarding reports received, contacts or investigations made, and the disposition of each report((: PROVIDED, That)). However, the ((committee)) entity shall not disclose any personally identifiable information except as provided in subsections (3) and (4) of this section;
- 32 (3) Immediate reporting to the commission of the name and results 33 of any contact or investigation regarding any <u>suspected or actual</u> 34 impaired physician who is <u>reasonably</u> believed to constitute an imminent
- 35 danger to himself or herself or to the public;
- 36 (4) Reporting to the commission, in a timely fashion, any <u>suspected</u>
 37 <u>or actual</u> impaired physician who ((refuses)) <u>fails</u> to cooperate with
 38 the ((committee, refuses)) <u>entity</u>, <u>fails</u> to submit to <u>evaluation or</u>

- 1 treatment, or whose impairment is not substantially alleviated through
- 2 treatment, ((and)) or who, in the opinion of the ((committee)) entity,
- 3 is unable to practice medicine with reasonable skill and safety((\div
- 4 However, impairment, in and of itself, shall not give rise to a
- 5 presumption of the inability to practice medicine with reasonable skill
- 6 and safety));
- 7 (5) Informing each participant of the impaired physician program of
- 8 the program procedures, the responsibilities of program participants,
- 9 and the possible consequences of noncompliance with the program.
- 10 **Sec. 5.** RCW 18.71.330 and 1994 sp.s. c 9 s 332 are each amended to
- 11 read as follows:
- 12 If the commission has reasonable cause to believe that a physician
- 13 is impaired, the commission shall cause an evaluation of such physician
- 14 to be conducted by the ((committee)) entity or the ((committee's))
- 15 <u>entity's</u> designee or the commission's designee for the purpose of
- 16 determining if there is an impairment. The ((committee)) entity or
- 17 appropriate designee shall report the findings of its evaluation to the
- 18 commission.
- 19 **Sec. 6.** RCW 18.71.340 and 1987 c 416 s 6 are each amended to read
- 20 as follows:
- 21 All ((committee)) entity records are not subject to disclosure
- 22 pursuant to chapter 42.17 RCW.
- NEW SECTION. Sec. 7. A new section is added to chapter 18.71 RCW
- 24 to read as follows:
- The secretary, members of the commission, an impaired practitioner
- 26 program approved by the commission, or individuals acting on their
- 27 behalf are immune from suit in any civil action based on any
- 28 disciplinary proceedings or other official acts performed in the course
- 29 of their duties."

32

- 30 **SHB 1618** S COMM AMD
- 31 By Committee on Health & Long-Term Care

On page 1, line 1 of the title, after "physicians;" strike the

34 remainder of the title and insert "amending RCW 18.71.0195, 18.71.300,

- 1 18.71.310, 18.71.320, 18.71.330, and 18.71.340; and adding a new
- 2 section to chapter 18.71 RCW."

--- END ---