H-1105.1	

HOUSE BILL 1618

State of Washington 55th Legislature 1997 Regular Session

By Representatives Skinner, Dyer, Conway, Zellinsky, Cody, Backlund, Parlette and Clements

Read first time 02/03/97. Referred to Committee on Health Care.

- 1 AN ACT Relating to treatment programs for impaired physicians; and
- 2 amending RCW 18.71.0195, 18.71.300, 18.71.310, 18.71.320, 18.71.330,
- 3 18.71.340, 18.71.410, 18.71.420, 18.130.070, 18.130.080, 18.130.175,
- 4 and 18.130.300.
- 5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:
- 6 **Sec. 1.** RCW 18.71.0195 and 1994 sp.s. c 9 s 328 are each amended 7 to read as follows:
- 8 (1) The contents of any report file under RCW 18.130.070 shall be
- 9 confidential and exempt from public disclosure pursuant to chapter
- 10 42.17 RCW, except that it may be reviewed (a) by the licensee involved
- 11 or his or her counsel or authorized representative who may submit any
- 12 additional exculpatory or explanatory statements or other information,
- 13 which statements or other information shall be included in the file, or
- 14 (b) by a representative of the commission, or investigator thereof, who
- 15 has been assigned to review the activities of a licensed physician.
- 16 Upon a determination that a report is without merit, the
- 17 commission's records may be purged of information relating to the
- 18 report.

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- (2) Every individual, medical association, medical society, 1 2 hospital, medical service bureau, health insurance carrier or agent, professional liability insurance carrier, professional standards review 3 organization, ((and)) agency of the federal, state, or local government 4 ((shall be)), or the entity established by RCW 18.71.300 and its 5 officers, agents, and employees are immune from civil liability, 6 whether direct or derivative, for providing information to the 7 commission under RCW 18.130.070, or for which an individual health care 8 provider has immunity under the provisions of RCW 4.24.240, 4.24.250, 9 10 or 4.24.260.
- 11 **Sec. 2.** RCW 18.71.300 and 1994 sp.s. c 9 s 329 are each amended to 12 read as follows:
- ((Unless the context clearly requires otherwise,)) The definitions in this section apply throughout RCW 18.71.310 through 18.71.340 unless 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)).
 - (2) "Impaired" or "impairment" means the ((presence of the diseases of alcoholism, drug abuse, mental illness)) inability to practice medicine with reasonable skill and safety to patients by reason of physical or mental illness including alcohol abuse, drug abuse, alcoholism, other 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
 33 18.71A RCW, or a professional licensed under another chapter of Title
 34 18 RCW whose disciplinary authority has a contract with the entity for
 35 a program for its license holders like the impaired physician program.
- 36 (5) "Treatment program" means a plan of care and rehabilitation 37 services provided by those organizations or persons authorized to 38 provide such services to be approved by the commission or entity for

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- 1 impaired physicians taking part in the impaired physician program
- 2 created by RCW 18.71.310.

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- 3 Sec. 3. RCW 18.71.310 and 1994 sp.s. c 9 s 330 are each amended to 4 read as follows:
- 5 (1) The commission shall enter into a contract with the 6 ((committee)) entity to implement an impaired physician program. The 7 impaired physician program may include any or all of the following:
- 8 (a) ((Contracting)) Entering into relationships supportive of the 9 impaired physician program with ((providers of)) professionals who 10 provide either evaluation or treatment ((programs)) services, or both;
- 11 (b) Receiving and ((evaluating)) assessing reports of suspected 12 impairment from any source;
- 13 (c) Intervening in cases of ((verified)) <u>actual</u> impairment, or in 14 cases where there is reasonable cause to suspect impairment;
- (d) Referring <u>suspected or verified</u> impaired physicians ((to)) <u>for</u>
 (evaluation or treatment ((programs));
- 17 (e) Monitoring the treatment and rehabilitation of impaired 18 physicians including those ordered by the commission;
- 19 (f) Providing ((post-treatment)) monitoring and continuing 20 treatment and rehabilitative support of ((rehabilitative impaired)) 21 physicians;
- 22 (g) Performing such other activities as agreed upon by the 23 commission and the ((committee)) entity; and
- 24 (h) Providing prevention and education services.
 - (2) A contract entered into under subsection (1) of this section shall be financed by a surcharge of ((up to)) twenty-five dollars per year on each license renewal or issuance of a new license to be collected by the department of health from every physician and ((surgeon)) physician assistant licensed under this chapter in addition to other license fees and the medical discipline assessment fee established under RCW ((18.72.380)) 18.72.400. These moneys shall be placed in the health professions account to be used solely for the implementation of the impaired physician program and are not subject to postappropriations impoundment or similar holdback by the executive branch of government. During the first quarter of each year, the department of health shall increase this surcharge by rule to compensate for inflation as found by the most recent report of the

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- 1 United States department of labor for consumer prices for all items for
- 2 all urban consumers in the West.
- 3 **Sec. 4.** RCW 18.71.320 and 1994 sp.s. c 9 s 331 are each amended to 4 read as follows:
- 5 The ((committee)) entity shall develop procedures in consultation 6 with the commission for:
- 7 (1) Periodic reporting of statistical information regarding 8 impaired physician activity;
- 9 (2) Periodic disclosure and joint review of such information as the 10 commission may deem appropriate regarding reports received, contacts or 11 investigations made, and the disposition of each report((: PROVIDED, 12 That)). However, the ((committee)) entity shall not disclose any 13 personally identifiable information except as provided in subsections
- 14 (3) and (4) of this section;
- 15 (3) Immediate reporting to the commission of the name and results
 16 of any contact or investigation regarding any <u>suspected or verified</u>
 17 impaired physician who is <u>reasonably</u> believed <u>probably</u> to constitute an
 18 imminent danger to <u>himself or herself or to</u> the public;
- 19 (4) Reporting to the commission, in a timely fashion, any suspected 20 or verified impaired physician who ((refuses)) fails to cooperate with the ((committee, refuses)) entity, fails to submit to evaluation or 21 22 treatment, or whose impairment is not substantially alleviated through 23 treatment, ((and)) or who, in the opinion of the ((committee)) entity, 24 is probably unable to practice medicine with reasonable skill and 25 safety((. However, impairment, in and of itself, shall not give rise to a presumption of the inability to practice medicine with reasonable 26 27 skill and safety));
- (5) Informing each participant of the impaired physician program of the program procedures, the responsibilities of program participants, and the possible consequences of noncompliance with the program.
- 31 **Sec. 5.** RCW 18.71.330 and 1994 sp.s. c 9 s 332 are each amended to 32 read as follows:
- If the commission has reasonable cause to believe that a physician is <u>probably</u> impaired, the commission shall cause an evaluation of such physician to be conducted by the ((committee)) <u>entity</u> or the ((committee's)) <u>entity</u>'s designee or the commission's designee for the

37 purpose of determining if there is an impairment. The ((committee))

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- 1 entity or appropriate designee shall report the findings of its
- 2 evaluation to the commission.
- 3 Sec. 6. RCW 18.71.340 and 1987 c 416 s 6 are each amended to read
- 4 as follows:
- 5 All ((committee)) entity records are not subject to disclosure
- 6 pursuant to chapter 42.17 RCW.
- 7 **Sec. 7.** RCW 18.71.410 and 1991 sp.s. c 13 s 17 are each amended to
- 8 read as follows:
- 9 Because it is the express purpose of this chapter to protect the
- 10 public health and to provide for a public agency to act as a
- 11 disciplinary body for members of the medical profession licensed to
- 12 practice medicine and surgery in this state, and because the health and
- 13 well-being of the people of this state are of paramount importance,
- 14 there is hereby created an account in the state treasury to be known as
- 15 the medical disciplinary account. All assessments, fines, and other
- 16 funds collected or received pursuant to this chapter shall be deposited
- 17 in the medical disciplinary account and used ((to)) during the time for
- 18 which they were appropriated unless the commission makes an affirmative
- 19 finding after a public hearing that the funds are not needed during
- 20 that time period to effectively administer and implement this chapter.
- 21 **Sec. 8.** RCW 18.71.420 and 1991 c 3 s 171 are each amended to read
- 22 as follows:
- 23 The secretary of health shall allocate <u>and not impound or withhold</u>
- 24 <u>in any way</u> all appropriated funds to accomplish the purposes of this
- 25 chapter.
- 26 Sec. 9. RCW 18.130.070 and 1989 c 373 s 19 are each amended to
- 27 read as follows:
- 28 (1) The disciplining authority may adopt rules requiring any
- 29 person, including, but not limited to, licensees, corporations,
- 30 organizations, health care facilities, impaired practitioner programs,
- 31 or voluntary substance abuse monitoring programs approved by the
- 32 <u>disciplinary authority</u> and state or local governmental agencies, to
- 33 report to the disciplining authority any conviction, determination, or
- 34 finding that a license holder has committed an act which constitutes
- 35 unprofessional conduct, or to report information to the disciplinary

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authority, an impaired practitioner program, or voluntary substance 1 abuse monitoring program approved by the disciplinary authority, which 2 indicates that the license holder may not be able to practice his or 3 4 her profession with reasonable skill and safety to consumers as a result of a mental or physical condition. To facilitate meeting the 5 intent of this section, the cooperation of agencies of the federal 6 7 government is requested by reporting any conviction, determination, or 8 finding that a federal employee or contractor regulated by the 9 disciplinary authorities enumerated in this chapter has committed an act which constituted unprofessional conduct and reporting any 10 information which indicates that a federal employee or contractor 11 12 regulated by the disciplinary authorities enumerated in this chapter 13 may not be able to practice his or her profession with reasonable skill and safety as a result of a mental or physical condition. 14

- (2) If a person fails to furnish a required report, the disciplining authority may petition the superior court of the county in which the person resides or is found, and the court shall issue to the person an order to furnish the required report. A failure to obey the order is a contempt of court as provided in chapter 7.21 RCW.
- 20 (3) A person is immune from civil liability, whether direct or 21 derivative, for providing information to the disciplining authority 22 pursuant to the rules adopted under subsection (1) of this section.
- (4) The holder of a license subject to the jurisdiction of this 23 24 chapter shall report to the disciplining authority any conviction, 25 determination, or finding that the licensee has 26 unprofessional conduct or is unable to practice with reasonable skill 27 or safety. Failure to report within thirty days of notice of the 28 conviction, determination, or finding constitutes grounds for 29 disciplinary action.
- 30 **Sec. 10.** RCW 18.130.080 and 1986 c 259 s 5 are each amended to 31 read as follows:

32 A person, including but not limited to consumers, licensees, 33 corporations, organizations, health facilities, care impaired 34 practitioner programs or voluntary substance abuse monitoring programs approved by disciplinary authorities, and state and local governmental 35 36 agencies, may submit a written complaint to the disciplining authority charging a license holder or applicant with unprofessional conduct and 37 38 specifying the grounds therefor or to report information to the

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disciplinary authority, or voluntary substance abuse monitoring 1 program, or an impaired practitioner program approved by the 2 disciplinary authority, which indicates that the license holder may not 3 4 be able to practice his or her profession with reasonable skill and safety to consumers as a result of a mental or physical condition. 5 the disciplining authority determines that the complaint merits 6 7 investigation, or if the disciplining authority has reason to believe, 8 without a formal complaint, that a license holder or applicant may have 9 engaged in unprofessional conduct, the disciplining authority shall 10 investigate to determine whether there has been unprofessional conduct. A person who files a complaint or reports information under this 11 section in good faith is immune from suit in any civil action related 12 13 to the filing or contents of the complaint.

14 **Sec. 11.** RCW 18.130.175 and 1993 c 367 s 3 are each amended to 15 read as follows:

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(1) In lieu of disciplinary action under RCW 18.130.160 and if the disciplining authority determines that the unprofessional conduct may be the result of substance abuse, the disciplining authority may refer the license holder to a voluntary substance abuse monitoring program approved by the disciplining authority.

The cost of the treatment shall be the responsibility of the license holder, but the responsibility does not preclude payment by an employer, existing insurance coverage, or other sources. alcoholism or drug treatment shall be provided by approved treatment programs under RCW 70.96A.020((: PROVIDED, That)). However, nothing shall prohibit the disciplining authority from approving additional services and programs as an adjunct to primary alcoholism or drug treatment. The disciplining authority may also approve the use of outof-state programs. Referral of the license holder to the program shall be done only with the consent of the license holder. Referral to the program may also include probationary conditions for a designated period of time. If the license holder does not consent to be referred to the program or does not successfully complete the program, the disciplining authority may take appropriate action under RCW 18.130.160. The secretary shall adopt uniform rules for the evaluation by the disciplinary authority of a relapse or program violation on the part of a license holder in the substance abuse monitoring program. The evaluation shall encourage program participation with additional

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1 conditions, in lieu of disciplinary action, when the disciplinary 2 authority determines that the license holder is able to continue to 3 practice with reasonable skill and safety.

- (2) In addition to approving substance abuse monitoring programs that may receive referrals from the disciplining authority, the disciplining authority may establish by rule requirements for participation of license holders who are not being investigated or monitored by the disciplining authority for substance abuse. License holders voluntarily participating in the approved programs without being referred by the disciplining authority shall not be subject to disciplinary action under RCW 18.130.160 for their substance abuse, and shall not have their participation made known to the disciplining authority, if they meet the requirements of this section and the program in which they are participating.
- (3) The license holder shall sign a waiver allowing the program to release information to the disciplining authority if the licensee does not comply with the requirements of this section or is unable to practice with reasonable skill or safety. The substance abuse program shall report to the disciplining authority any license holder who fails to comply with the requirements of this section or the program or who, in the opinion of the program, is unable to practice with reasonable skill or safety. License holders shall report to the disciplining authority if they fail to comply with this section or do not complete the program's requirements. License holders may, upon the agreement of the program and disciplining authority, reenter the program if they have previously failed to comply with this section.
 - (4) The treatment and pretreatment records of license holders referred to or voluntarily participating in approved programs shall be confidential, shall be exempt from RCW 42.17.250 through 42.17.450, and shall not be subject to discovery by subpoena or admissible as evidence except for monitoring records reported to the disciplining authority for cause as defined in subsection (3) of this section. Monitoring records relating to license holders referred to the program by the disciplining authority or relating to license holders reported to the disciplining authority by the program for cause, shall be released to the disciplining authority at the request of the disciplining authority. Records held by the disciplining authority under this section shall be exempt from RCW 42.17.250 through 42.17.450 and shall not be subject to discovery by subpoena except by the license holder.

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- (5) "Substance abuse," as used in this section, means the 1 impairment, as determined by the disciplining authority, of a license 2 3 holder's professional services by an addiction to, a dependency on, or the use of alcohol, legend drugs, or controlled substances. 4
 - (6) This section does not affect an employer's right or ability to make employment-related decisions regarding a license holder. section does not restrict the authority of the disciplining authority to take disciplinary action for any other unprofessional conduct.
- 9 (7) A person who, in good faith, reports information or takes action in connection with this section is immune from civil liability 10 for reporting information or taking the action. 11
- (a) The immunity from civil liability provided by this section 12 13 shall be liberally construed to accomplish the purposes of this section 14 and the persons entitled to immunity shall include:
 - (i) An approved monitoring treatment program;
- 16 (ii) The professional association operating the program;
- 17 (iii) Members, employees, or agents of the program or association;
- (iv) Persons reporting a license holder as being impaired or 18 19 providing information about the license holder's impairment; and
- 20 (v) Professionals supervising or monitoring the course of the impaired license holder's treatment or rehabilitation. 21
- (b) The courts are strongly encouraged to impose sanctions on 22 clients and their attorneys whose allegations under this subsection are 23 24 not made in good faith and are without either reasonable objective,
- substantive grounds, or both. 25

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- 26 (c) The immunity provided in this section is in addition to any 27 other immunity provided by law.
- Sec. 12. RCW 18.130.300 and 1994 sp.s. c 9 s 605 are each amended 28 29 to read as follows:
- 30 The secretary, members of the boards or commissions, a voluntary
- substance abuse monitoring program or an impaired practitioner program 31
- approved by a disciplinary authority, or individuals acting on their 32
- 33 behalf are immune from suit in any action, civil or criminal, based on
- 34 any disciplinary proceedings or other official acts performed in the
- 35 course of their duties.

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