
Health Care Committee

HCR 4422

Brief Description: Establishing the health care work force commission.

Sponsors: Representatives Schual-Berke, Campbell, Cody, Skinner, Benson, Jackley and Haigh.

Brief Summary of Bill

- Establishes a Health Work Force Commission to develop a strategic plan for addressing shortages of health care personnel in the state.

Hearing Date: 1/29/02

Staff: John Welsh (786-7133).

Background:

There is evidence of a present and growing shortage of health care providers, with some in critically short supply, that is threatening public access to even basic health care services as well as medical specialties.

Summary of Bill:

There is a legislative declaration that Washington State is facing a growing public health crisis because of a shortage of health care personnel that threatens the ability of residents to continue to obtain quality and accessible health care.

A Health Work Force Commission is established with a maximum of 17 members. Members include two members of the House of Representatives and Senate respectively, and members appointed by the governor representing hospitals, public hospital districts, nurses, physicians, allied health professionals, long-term care providers, organized labor, and a public member as chair. In addition, representatives of the Department of Health, Workforce Training and Education Coordinating Board, Higher Education Coordinating Board, State Board for Community and Technical Colleges, and the Office of the Superintendent of Public Instruction shall be members.

The commission may hire staff, appoint technical advisory committees, and contract for professional assistance. The Senate and House of Representatives may supply additional staff support. The commission shall have access to health care personnel data and work force information requested of state agencies. Commission members may receive reimbursement for travel expenses, but not compensation.

The commission shall develop a state strategic plan for ensuring an adequate supply of health personnel to safeguard the provision of quality and accessible health care to state residents. The plan shall identify ways to increase the capacity of training programs with student recruitment; recommend changes to streamline entry into practice and overcome barriers to practice environments; recommend ways of increasing diversity of health professions; and identify funding mechanisms to implement the commission's recommendations.

The commission must submit an interim report to the governor and Legislature by December 31, 2002, and a final report by December 31, 2003, the date of the commission's expiration.

Appropriation: None.

Fiscal Note: Not Requested.