

HOUSE BILL REPORT

HB 2788

As Reported by House Committee On:
Health Care

Title: An act relating to the liability insurance program for retired primary care providers volunteering to serve low-income patients.

Brief Description: Establishing priority for funds in the liability insurance program for retired primary care providers volunteering to serve low-income patients.

Sponsors: Representatives Kessler, Schual-Berke, Cody, Morrell, Clibborn, Campbell, Moeller, Darneille, Buck and Kagi.

Brief History:

Committee Activity:

Health Care: 1/27/04, 2/3/04 [DPS].

Brief Summary of Substitute Bill

- Broadens eligibility for participation in state-paid liability insurance programs for health care providers to include private for-profit clinics.

HOUSE COMMITTEE ON HEALTH CARE

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 11 members: Representatives Cody, Chair; Morrell, Vice Chair; Bailey, Ranking Minority Member; Alexander, Campbell, Clibborn, Darneille, Moeller, Rodne, Schual-Berke and Skinner.

Staff: Chris Blake (786-7392).

Background:

The Department of Health administers a program to purchase malpractice insurance for certain retired primary health care providers who volunteer their services at community clinics. In order to qualify, the provider must be a physician, naturopath, physician assistant, advanced registered nurse practitioner, dentist, or other health care provider whose profession is determined to be in short supply. Providers may only perform primary health care services which are limited to noninvasive procedures. Providers may

not perform any obstetrical care or specialized care and procedures. Providers may only practice at community clinics that are public or private nonprofit organizations.

Summary of Substitute Bill:

Requirements that the Department of Health's retired liability insurance purchasing program only be available to volunteers at public or private nonprofit community clinics is broadened to include any clinic serving low-income patients that is a public entity, private nonprofit corporation, or other established practice setting as defined by the Department of Health. If program funding does not cover all applicants, priority is given to providers practicing at public or nonprofit entities.

The definition of a primary care provider is broadened to include specialists practicing in a primary care capacity.

Substitute Bill Compared to Original Bill:

It is specified that the definition of a primary care provider includes specialists who are practicing in a primary care capacity.

Appropriation: None.

Fiscal Note: Available.

Effective Date of Substitute Bill: The bill takes effect 90 days after adjournment of session in which bill is passed.

Testimony For: Doctors are hesitant to volunteer their services because of fears of liability. This bill will help recruit volunteer health care providers.

Testimony Against: None.

Persons Testifying: (In support) Kris Sparks, Department of Health; and Steve Albrecht, Thurston-Mason County Medical Society.

Persons Signed In To Testify But Not Testifying: None.