HOUSE BILL REPORT HB 2879

As Reported by House Committee On:

Health Care

Title: An act relating to health professions disciplinary procedures.

Brief Description: Revising the department of health's health professions disciplinary authority.

Sponsors: Representatives Cody, Campbell and Schual-Berke; by request of Department of

Health.

Brief History:

Committee Activity:

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

Brief Summary of Substitute Bill

• Creates a course of action for a disciplining authority to use in matters involving licensed health care providers who may default in a disciplinary action.

HOUSE COMMITTEE ON HEALTH CARE

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 7 members: Representatives Cody, Chair; Morrell, Vice Chair; Campbell, Clibborn, Darneille, Moeller and Schual-Berke.

Minority Report: Do not pass. Signed by 4 members: Representatives Bailey, Ranking Minority Member; Alexander, Rodne and Skinner.

Staff: Chris Blake (786-7392).

Background:

When the Secretary of Health (Secretary) or a health professions board or commission determines upon investigation that there has been a violation of the Uniform Disciplinary Act, they may file a statement of charges. Upon being served with a statement of charges, a licensed health care provider or applicant may request a hearing within 20 days to contest the charges. A 60-day extension may be granted for good cause. If no hearing is requested, then the matter is considered to be in default and the Secretary or board or commission may enter a decision based on the facts determined from the investigation.

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Summary of Substitute Bill:

As an alternative to a statement of charges, the Secretary of Health or health professions board or commission may issue a written notice of action. The written notice of action shall state the reasons for the action and impose a specified sanction, other than revocation. If the person who is the subject of the action requests an adjudicative proceeding within 20 days of being served, the action has no effect and the matter will be determined by a hearing. The person may also request a 60-day extension for good cause. If no request for an adjudicative hearing is made before the time to respond, then the action becomes effective and the sanction may be imposed without a hearing.

Substitute Bill Compared to Original Bill:

The Secretary of Health's authority to obtain copies of records on demand during an investigation and to inspect property through a warrant are removed. A written notice of action does not apply where the proposed sanction is revocation of a license. Written notices of action must be sent to the subject of the action by certified mail, with return receipt requested.

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, except for section 2, relating to practice without a license, which takes effect January 1, 2005.

Testimony For: This bill will help the Department of Health to investigate dangerous health care providers. This will protect against destruction of physical evidence. Streamlining the disciplinary process can save money spent on investigations.

Testimony Against: There should be a warrant with probable cause for turning over records. The defendant should have the opportunity to contest the warrant. The default proceedings assume that it is the person's fault for the default.

Persons Testifying: (In support) Ron Weaver, Department of Health.

(Opposed) Melanie Stewart, Washington Osteopathic Medical Association, Washington Podiatric Medicine Association, Licensed Mental Health Counselors, and American Massage Therapy Association/Washington Chapter; Andy Dolan, Washington State Medical Association; and Lisa Thatcher, Washington State Hospital Association.

Persons Signed In To Testify But Not Testifying: (With concerns) Joanna Boatman.

(Opposed) Kristen Rogers, National Association of Social Workers; and Laura Groshong, Washington State Society for Clinical Social Work and Washington State Coalition of Mental Health Professionals and Consumers.