

# SENATE BILL REPORT

## SSB 5492

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As Passed Senate, March 15, 2005

**Title:** An act relating to hospital reporting of restrictions on health care practitioners.

**Brief Description:** Modifying hospital reporting of restrictions on health care practitioners.

**Sponsors:** Senate Committee on Health & Long-Term Care (originally sponsored by Senators Keiser, Deccio, Kline, Parlette, Mulliken and Pflug; by request of Department of Health).

**Brief History:**

**Committee Activity:** Health & Long-Term Care: 2/10/05, 2/28/05 [DPS].

Passed Senate: 3/15/05, 47-0.

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### SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

**Majority Report:** That Substitute Senate Bill No. 5492 be substituted therefor, and the substitute bill do pass.

Signed by Senators Keiser, Chair; Thibaudeau, Vice Chair; Benson, Brandland, Franklin, Johnson, Kastama, Kline, Parlette and Poulsen.

**Staff:** Stephanie Yurcisin (786-7438)

**Background:** Hospitals are required to report to certain state or federal government agencies when they take specific actions to restrict or terminate some health care providers' licenses. In Washington, when a hospital terminates or restricts the clinical privileges of a physician because of his or her commission of any act of unprofessional conduct, it must notify the Medical Quality Assurance Commission within sixty days of the action.

Nationally, hospitals and other health care entities must report any professional review actions that adversely affect a physician's or dentist's clinical privileges to the National Practitioner Data Bank (NPDB). Hospitals also have the option of reporting to the NPDB when any adverse actions are taken against the clinical privileges of health care providers other than physicians and dentists. Reports must be made to the NPDB within fifteen days from the date that action was taken.

**Summary of Bill:** The requirement that hospitals report to the Medical Quality Assurance Commission the restriction or termination of a physician's privilege due to the commission of an act of unprofessional conduct is broadened to include additional categories of health care providers. The broader requirements direct hospitals to report to the Department of Health (Department) when the practice of a health care provider is restricted, suspended, limited, or terminated due to the commission of an act of unprofessional conduct, or if it is voluntarily or involuntarily restricted or terminated to avoid action by a hospital.

The health professions that are subject to the reports are: pharmacists, occupational therapists, physical therapists, audiologists, speech-language pathologists, advanced registered nurse

practitioners, dentists, naturopathic physicians, optometrists, osteopathic physicians and surgeons, osteopathic physicians assistants, physicians, physician assistants, podiatrists, and psychologists.

The time for a hospital to report to the Department is reduced from sixty days to fifteen days. The fifteen day period will begin tolling: (1) from the date of the finding by the hospital that the practitioner has committed unprofessional conduct or (2) from the date of the voluntary restriction or termination.

The maximum penalty for a hospital that does not comply with the reporting requirements remains \$250. A hospital, hospital administrator, or hospital executive officer that files a report is immune from liability related to the report.

The Department of Health must forward the reports received to the appropriate disciplining authority within fifteen days, and is also obliged to notify a hospital that has made a report of the results of a disposition as decided by the disciplining authority within fifteen days. The Department of Health may not increase hospital license fees to carry out this section before July 1, 2007.

**Appropriation:** None.

**Fiscal Note:** Available.

**Committee/Commission/Task Force Created:** No.

**Effective Date:** Ninety days after adjournment of session in which bill is passed.

**Testimony For:** This bill helps to prevent bad practitioners from being able to move from hospital to hospital. Currently, each hospital can define what to report, which leads to different standards. The current fine is too low to be a deterrent. Having all of the information flow through the Department of Health would help them to have complete knowledge of practitioner.

**Testimony Against:** Most of this type of reporting already occurs under federal and state law. The Department of Health has not offered up an objective standard for reporting. This is the only place in hospital licensing statutes with a possibility for a civil penalty; it would be better for the Department to use its sanctioning authority instead. The proposed fine is excessive. It doesn't make sense to limit the professions as listed; it should include all professionals licensed under chapter 18 of the RCW.

**Who Testified:** PRO: Laurie Jenkins, Department of Health.

CON: Lisa Thatcher, Washington State Hospital Association; Andy Dolan, Washington State Medical Association.

**House Amendment(s):** The House striker specifies that immunity for hospital reporting does not apply where the conviction, determination, or finding that is the basis of the report was not made in good faith. It allows the party that prevails in an action that alleges a lack of good faith to recover litigation costs, including reasonable attorney fees. Finally, it makes a technical change to terminology.

Passed House: 98-0.