

SENATE BILL REPORT

2SHB 1518

As of March 27, 2013

Title: An act relating to providing certain disciplining authorities with additional authority over budget development, spending, and staffing.

Brief Description: Providing certain disciplining authorities with additional authority over budget development, spending, and staffing.

Sponsors: House Committee on Appropriations Subcommittee on Health & Human Services (originally sponsored by Representatives Cody, Schmick, Ryu and Pollet).

Brief History: Passed House: 3/11/13, 84-13.

Committee Activity: Health Care: 3/26/13.

SENATE COMMITTEE ON HEALTH CARE

Staff: Kathleen Buchli (786-7488)

Background: The regulation of the 83 health professions in Washington is divided between the Secretary of the Department of Health (Secretary), the 11 health profession boards, and the four health profession commissions. Responsibilities for licensing, examination, discipline, and rulemaking vary between the entities as do membership requirements. Until 2008, the four health profession commissions generally had full authority over licensing, examination, discipline, and rulemaking. Administrative support to the commissions was provided by the Secretary who hired and managed staff, developed budgets, and established fee amounts.

In 2008, the Medical Quality Assurance Commission (MQAC) and the Nursing Care Quality Assurance Commission (NCQAC) were selected to participate in a pilot project to expand the responsibilities of the commissions. Although the Chiropractic Quality Assurance Commission (CQAC) and the Dental Quality Assurance Commission were permitted to participate in the pilot project if the members of the commissions approved, neither of those commissions chose to participate. Under the pilot project, responsibilities were shifted to allow the participating commissions to hire their own executive directors; propose their own biennial budgets that the Secretary must submit directly to the Office of Financial Management; collaborate with the Secretary when the Secretary adopts credentialing fees; be consulted by the Secretary when the Secretary is adopting uniform rules and guidelines that may negatively impact the commissions' ability to carry out their duties; and develop

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performance measures related to the consistent, timely regulation of health care professionals.

The pilot projects expire June 30, 2013.

Summary of Bill: The expiration date is removed for the pilot projects that expand the authority of MQAC and NCQAC. MQAC and NCQAC are given permanent authority to hire their executive directors, develop their budgets, collaborate with the Secretary on credentialing fees, comment on uniform rules and guidelines, and develop performance measures. By December 31, 2013, NCQAC must report to the Governor and the Legislature with recommendations related to evidence-based and research-based practices used by NCQAC and other nursing boards and a comparison of NCQAC's licensing, education, disciplinary, and financial outcomes with those of other nursing boards.

CQAC may elect to participate in a pilot project to allow it to hire its own executive director and permit the executive director to carry out the administrative duties of CQAC and manage the Department of Health (DOH) staff that are assigned to CQAC. Under the pilot project, CQAC is responsible for establishing its own biennial budget, collaborating with the Secretary on credentialing fees, consulting with the Secretary on uniform rules and guidelines, and developing its own performance measures related to the consistent and timely regulation of health care professionals. By December 15, 2017, the Secretary and CQAC must report to the Governor and the Legislature on the results of the pilot project. The report must compare CQAC's effectiveness to that of other disciplining authorities with respect to licensing and disciplinary activities, efficiency related to timeliness and personnel resources, budgetary activity, and the ability to meet performance measures.

The intent of the written operating agreements that exist between DOH and health profession boards and commissions is to assure that each board or commission acts in a manner that supports the health care delivery system and evidence-based practices across all health professions. The agreements must address the use of performance audits to evaluate the consistent use of common business practices and the calculation and reporting of timelines and performance measures. The agreements must be reviewed every biennium instead of annually. The Office of Financial Management is designated as the entity to mediate disputes between a board and DOH.

CQAC, NCQAC, and MQAC, their members, or their staff may communicate, present information, or testify before legislative committees or educate the Legislature as the commissions see fit.

Appropriation: None.

Fiscal Note: Available.

Committee/Commission/Task Force Created: No.

Effective Date: The bill contains an emergency clause and takes effect on July 1, 2013.

Staff Summary of Public Testimony: PRO: This removes the sunset for MQAC and NCQAC pilot projects. The chiropractors were not interested in participating before and are now showing interest in forming their own commission. The results for the pilot projects are outstanding and these commissions are performing consistently above average when compared to other regulatory bodies. They reduced the turn-around time on applications and investigations of complaints. Retaining NCQAC will continue to decrease the backlog of investigations; we are now licensing on the same day of receipt of the last required document. NCQAC is asking to study other states' approaches in those states that have higher performance rates to continue improving NCQAC. The commission models are efficient and engaged. These models lead to enhanced patient safety and increased transparency. We improved and accomplished much. Chiropractors support the opportunity to develop a pilot project. The chiropractors want to improve the license renewal process which had some delays. The delays are a concern and the pilot project could address them. We understand that this will result in a fee increase to the chiropractors. We want to work like other commissions and not separate from other medical providers.

OTHER: We support continuing the current business model for MQAC and NCQAC. During the pilot project, these commissions worked together with DOH to form a cooperative, interdependent relationship that is working. We do not support expansion of this business model to other professions. Initiating a new pilot project for CQAC would involve substantial costs that must be supported by CQAC licensees of which there are approximately 2500. For a comparison, MQAC supports almost 29,000 licensees and NCQAC supports almost 100,000 licensees. The current regulatory structure of the Health Systems Quality Assurance division is effective. To support the nearly 80 health professions, work is organized around business functions. DOH shares best practices and operations efficiencies and minimizes the risk of inconsistent processes and procedures.

Persons Testifying: PRO: Representative Cody, prime sponsor; Carl Nelson, WA State Medical Assn.; Melissa Johnson, WA State Nurses Assn.; Paula Meyer, NCQAC; Mimi Pattison, Leslie Burger, Samuel Selinger, MQAC; Lori Grassi, WA State Chiropractic Assn.

OTHER: Mary Selecky, DOH.