
SUBSTITUTE HOUSE BILL 2139

State of Washington 63rd Legislature 2014 Regular Session

By House Health Care & Wellness (originally sponsored by Representatives Harris, Morrell, and Cody)

READ FIRST TIME 01/28/14.

1 AN ACT Relating to creation of a quality improvement program for
2 the licensees of the medical quality assurance commission; adding new
3 sections to chapter 18.71 RCW; creating a new section; and providing an
4 expiration date.

5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

6 NEW SECTION. **Sec. 1.** The legislature considers physicians and
7 physician assistants as lifelong learners. The legislature further
8 recognizes the nature of this learning, practice correction, and
9 practice improvement typically occurs in an environment that is
10 conducive to learning but not without consequence. This learning or
11 guidance occurs at the direction of more learned peers. Historically,
12 this would occur through the actions of professional associations
13 intended to maintain and improve levels of competency through
14 instruction and guidance. It was through this process that senior
15 members of the association identified and addressed potentially harmful
16 practice deficits before these deficits developed into habits that
17 could harm the patient and by extension the profession. As not all
18 licensed practitioners in the state of Washington are members of
19 professional associations, but all medical practitioners are licensed

1 by the medical quality assurance commission, it is appropriate that the
2 commission fulfill the role of providing practice correction to those
3 practitioners in need.

4 NEW SECTION. **Sec. 2.** The definitions in this section apply
5 throughout sections 3 through 9 of this act unless the context clearly
6 requires otherwise.

7 (1) "Nondisciplinary resolution" means a resolution authorized by
8 sections 3 through 9 of this act.

9 (2) "Practitioner" means a person licensed under this chapter or
10 chapter 18.71A RCW.

11 (3) "Quality improvement program" means a program that seeks to
12 educate and improve practitioner proficiency with regard to quality of
13 care, professional standards, ethical guidelines, and other practice
14 standard issues established by the commission pursuant to sections 3
15 through 9 of this act. The quality improvement program consists of
16 nondisciplinary and nonreportable tools for use by the commission at
17 its discretion to resolve issues relating to medical practice.

18 NEW SECTION. **Sec. 3.** (1) The commission shall conduct a pilot
19 project to evaluate the efficacy of a nondisciplinary quality
20 improvement program for its license holders. The purpose of the
21 program is to address concerns in practice that do not constitute
22 unprofessional conduct or pose a threat to patient safety. The goal of
23 the program is to improve the care of practitioners in a nonpunitive
24 environment that will result in safer and higher quality care to the
25 citizens of this state. The quality improvement program is educational
26 and nondisciplinary. The commission may initiate one or more elements
27 of the quality improvement program with a practitioner at any time,
28 including during the complaint process prior to the commission filing
29 charges or allegations against a respondent.

30 (2) The commission may initiate one or more elements of the quality
31 improvement program with a practitioner through the formal complaint
32 process, the investigative process, or concerns shared informally with
33 the commission by peers, employers, or other concerned parties
34 associated with the practitioner.

35 (3) A nondisciplinary resolution may not:

1 (a) Revoke, suspend, limit, or restrict a license or other
2 authorization to practice medicine;

3 (b) Assess an administrative penalty; or

4 (c) Resolve a complaint:

5 (i) Concerning a patient death or the commission of a felony;

6 (ii) Concerning a matter in which the practitioner engaged in
7 inappropriate sexual behavior or contact with a patient or became
8 financially or personally involved with a patient in an inappropriate
9 manner; or

10 (iii) For which the appropriate resolution may involve a
11 restriction on the manner in which the practitioner practices medicine.

12 (4) A nondisciplinary resolution is not a disciplinary action or
13 adjudication. No failure to adhere to the applicable standard of care
14 or violation of this chapter or chapter 18.71A RCW may be implied by
15 participation in the quality improvement program or the adoption of a
16 nondisciplinary resolution. A nondisciplinary resolution and entity
17 records and findings pursuant to this section and sections 4 through 9
18 of this act are not admissible in any civil, criminal, or
19 administrative action, except that a nondisciplinary resolution is
20 admissible in any disciplinary proceeding by the commission.

21 (5) A meeting of the commission for the purpose of discussing or
22 adopting a nondisciplinary resolution under this section is not subject
23 to the administrative procedure act, chapter 34.05 RCW, or the open
24 public meetings act, chapter 42.30 RCW.

25 NEW SECTION. **Sec. 4.** The establishment of the quality improvement
26 program authorizes the commission to perform any or all of the
27 following:

28 (1) Entering into relationships supportive of the quality
29 improvement program with professionals who provide the following
30 services: Evaluation, education, or quality care improvement;

31 (2) Receiving and assessing reports from any source raising issues
32 with a practitioner's care or conduct that may need improvement;

33 (3) Intervening in cases of questionable behavior or care, or in
34 cases where there is reasonable cause to suspect there is a quality of
35 care or behavior issue but not unprofessional conduct as set forth in
36 RCW 18.130.180;

1 (4) Upon reasonable cause, referring a practitioner for education
2 or quality improvement;

3 (5) Monitoring the education and quality improvement of a
4 practitioner through meetings with the practitioner and individuals
5 assisting the practitioner pursuant to this section;

6 (6) Providing monitoring and continuing rehabilitative support of
7 practitioners;

8 (7) Performing such other activities as agreed upon by the
9 commission and the practitioner; and

10 (8) Providing education, prevention, or guidance where appropriate.

11 NEW SECTION. **Sec. 5.** (1) The commission may enter into a written
12 agreement with a practitioner for a professional development plan to
13 resolve a concern, complaint, or investigation of a complaint received
14 by the commission.

15 (2) The commission may issue a professional development plan to
16 resolve a complaint against a practitioner only if the practitioner has
17 not previously entered into a professional development plan within the
18 last five years.

19 (3) The practitioner participating in a professional development
20 plan shall cover the cost of any education or other course of action
21 required by the plan.

22 NEW SECTION. **Sec. 6.** The commission may issue a letter of
23 guidance to a practitioner to resolve a concern, complaint, or
24 investigation of a complaint received by the commission. The letter of
25 guidance may detail alleged areas of concern relating to medical
26 practice of a practitioner and possible remedies the practitioner may
27 undertake to educate himself or herself on the subject.

28 NEW SECTION. **Sec. 7.** (1) The commission may compel a practitioner
29 to attend an informal interview to resolve a concern, complaint, or
30 investigation of a complaint received by the commission.

31 (2) The purpose of the informal interview is to conduct a candid
32 discussion between medical professionals regarding a specific area of
33 practice or situation of concern relating to practice.

34 (3) The practitioner may choose to attend the informal interview
35 with legal representation.

1 (4) An informal interview does not preclude the commission from
2 proceeding with further investigation and disciplinary actions.

3 NEW SECTION. **Sec. 8.** The commission shall adopt rules necessary
4 to implement sections 2 through 7 of this act.

5 NEW SECTION. **Sec. 9.** By December 1, 2015, the department of
6 health and the commission shall submit a joint report to the
7 appropriate committees of the legislature on the results of the pilot
8 project. The report must include a recommendation of whether the
9 quality improvement program should be extended to all health care
10 professions listed in RCW 18.130.040.

11 NEW SECTION. **Sec. 10.** If any provision of this act or its
12 application to any person or circumstance is held invalid, the
13 remainder of the act or the application of the provision to other
14 persons or circumstances is not affected.

15 NEW SECTION. **Sec. 11.** Sections 2 through 9 of this act are each
16 added to chapter 18.71 RCW.

17 NEW SECTION. **Sec. 12.** This act expires July 1, 2016.

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