

HOUSE BILL REPORT

SHB 1559

As Passed Legislature

Title: An act relating to higher education programs at Washington State University and the University of Washington.

Brief Description: Concerning higher education programs at Washington State University and the University of Washington.

Sponsors: House Committee on Higher Education (originally sponsored by Representatives Riccelli, Johnson, Wylie, Parker, MacEwen, Harris, Rodne, Schmick, Short, Pettigrew, Ormsby, Robinson, Van De Wege, Klippert, Reykdal, Sawyer, Holy, Walsh, S. Hunt, Kretz, Vick, Gregerson, McCaslin, Pike, Scott, Smith, Lytton, Hudgins, Ryu, Condotta, Sells, Moscoso, Hurst, Santos, Buys, Fey, Takko, Blake, Dent, Nealey, Kilduff, Chandler, Wilcox, Haler, Magendanz, Peterson, Ortiz-Self, Appleton, Manweller, Shea, Senn, Hayes, Kochmar, Hargrove, Muri, Stanford, Fagan, Griffey, Van Werven, Wilson, Harmsworth, Kirby, Tharinger, McBride and Goodman).

Brief History:

Committee Activity:

Higher Education: 1/27/15, 2/10/15 [DPS];

Appropriations: 2/25/15, 2/27/15 [DPS(HE)].

Floor Activity:

Passed House: 3/9/15, 81-17.

Passed Senate: 3/25/15, 47-1.

Passed Legislature.

Brief Summary of Substitute Bill

- Provides that Washington State University (WSU) may offer and teach medicine and forestry as major lines of study.
- Authorizes the board of regents at WSU to establish, operate, and maintain a school of medicine.

HOUSE COMMITTEE ON HIGHER EDUCATION

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass.
Signed by 12 members: Representatives Hansen, Chair; Zeiger, Ranking Minority Member;

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Haler, Assistant Ranking Minority Member; Bergquist, Gregory, Hargrove, Holy, Reykdal, Sells, Stambaugh, Tarleton and Van Werven.

Minority Report: Do not pass. Signed by 1 member: Representative Pollet, Vice Chair.

Staff: Megan Wargacki (786-7194).

HOUSE COMMITTEE ON APPROPRIATIONS

Majority Report: The substitute bill by Committee on Higher Education be substituted therefor and the substitute bill do pass. Signed by 24 members: Representatives Hunter, Chair; Ormsby, Vice Chair; Chandler, Ranking Minority Member; Parker, Assistant Ranking Minority Member; Wilcox, Assistant Ranking Minority Member; Buys, Condotta, Dent, Fagan, Haler, Hansen, Hudgins, G. Hunt, S. Hunt, MacEwen, Magendanz, Pettigrew, Sawyer, Schmick, Senn, Springer, Stokesbary, Sullivan and Van Werven.

Minority Report: Do not pass. Signed by 9 members: Representatives Carlyle, Cody, Dunshee, Jinkins, Kagi, Lytton, Taylor, Tharinger and Walkinshaw.

Staff: Catrina Lucero (786-7192).

Background:

State laws stipulate that only the University of Washington (UW) or Washington State University (WSU) may offer degrees in particular major lines of study. Degrees in particular major lines of study:

1. offered only by the UW include: law, medicine, forest products, logging engineering, library sciences, and fisheries.
2. offered only by WSU include: agriculture (in all its branches and subdivisions), veterinary medicine, and economic science in its application to agriculture and rural life.
3. offered only by the UW or WSU include: pharmacy, architecture, and forest management.

Summary of Substitute Bill:

The board of regents of WSU may offer and teach medicine as a major line of study, and is authorized to establish, operate, and maintain a school of medicine at the university. The board of regents may also offer and teach forestry as a major line.

Appropriation: None.

Fiscal Note: Available.

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

Staff Summary of Public Testimony (Higher Education):

(In support) This bill amends a 1917 law that created a monopoly at the UW for medicine. There are many people that need access to doctors and do not live near a doctor. By 2030 we will need 17,000 more primary-care physicians. This bill will reduce the doctor shortage across the state, particularly in rural communities where they are needed the most. Washington State University has a model in place to offer community-based medicine that engages the hospitals to offer clinical medicine and integrates telemedicine. About 20 percent of physicians are at or near retirement, so there is a current and emerging shortage. There is a maldistribution; most physicians are in urban King County. The federal Affordable Care Act requires states to have more physicians. Many states have solved their capacity issue by having more than one medical school. Washington medical schools have 4,000 qualified medical applicants but only accept 120, the rest must go out-of-state for their education. It is very important to educate students in the state if you want to keep them here to practice medicine. Training students in a community setting gives them the chance to develop relationships, and has a profound effect to keeping students in more rural areas after graduation. Residency slots are also maldistributed, and there is 3.5 times as many residency slots as graduating medical students. The UW, WSU, and Pacific Northwest University of Health Sciences (PNWU) have an opportunity to create a rich and robust delivery mechanism for clinical education. The collaborative approach will result in better quality for patients. It is important, from a cost standpoint, to use the economies that are already in place. The PNWU was formed to address the rural physician crisis. The current programming is insufficient to meet the need and there is no way that the combining classes can meet the shortage. A second funded medical school would be a welcome partner. In Washington there is no infrastructure outside of Seattle built for medical education; not even in the other Washington, Wyoming, Alaska, Montana, and Idaho Collaboration (WAMMI) states. In the midwest almost all hospitals are teaching hospitals, but not in Washington. This bill is about providing accessible education. Students should not have to travel and incur out-of-state debt to become trained. Spokane has a plan for robust academic medical education, which will provide long-term benefits to the state, such as expanding undergraduate medical education, expanding graduate medical residencies, growing academic research in biosciences, and supporting research spinoffs.

(With concerns) Authorizing a new medical school is not the concern of the UW, but the UW is concerned about the fiscal request by WSU because it may harm the UW's program currently operating in Spokane. Students do not just attend medical school in Seattle, but all over Washington. The UW is considered a national pioneer in this model. The Legislature has funded the WWAMI for 40 years in order to educate first and second year medical students. The relationship between the UW and WSU has broken down and WSU is leaving the collaboration to seek its own accreditation, which will have a detrimental effect on the 40 students who are supposed to be educated in Spokane this fall. The UW has a request to expand medical education in Spokane and has been working on it with WSU for years. The UW has concerns about the financial assumptions that go with proposing a new medical school. Washington State University has proposed to repurpose the money that was allocated to the current medical students in Spokane in the WWAMI program. A new school of medicine must come with new funding. The UW is one of the most cost efficient medical schools in the country due to its size, though there is some debate about this.

(Opposed) None.

Staff Summary of Public Testimony (Appropriations):

(In support) There is bipartisan support for this bill. This bill removes a restriction from 1970 that created a monopoly on medical education in the state. The UW does not have enough slots for all the people that would like to attend medical school in Washington. There is a growing need for more primary care physicians. Where students go to medical school and do their residency is a strong predictor of where they will stay to practice. The state currently graduates about 120 medical students per year. There are around 400 residency slots open each year. Many students must go out of state to attend medical school. The additional debt these students incur by paying out-of-state tuition rates creates a disincentive to go into primary care. The community-based model that WSU is pursuing would be cost effective and leverage local investments. Washington State University would also implement a recruitment model that reaches out to students in rural and underserved communities. There would be no need for capital investment for a new teaching hospital under this model. Washington needs another medical school. All these things can help solve the misdistribution of doctors in the state. A WSU medical school and an expanded Washington, Wyoming, Alaska, Montana, and Idaho Collaboration (WWAMI) program in Spokane are both important strategies for increasing the number of doctors in Washington.

(Opposed) None.

(Other) It is important that a new medical school not be created at the detriment of the current WWAMI program.

Persons Testifying (Higher Education): (In support) Representative Riccelli, prime sponsor; Elson Floyd and Ken Roberts, Washington State University; Keith Watson and Robert Sutton, Pacific North Western University of Health Science; Hayley Hohman, Associated Students of Washington State University; and Steve Stevens, Greater Spokane Incorporated.

(With concerns) Ian Goodhew, University of Washington Medicine; and Genesee Adkins, University of Washington.

Persons Testifying (Appropriations): (In support) Representative Riccelli, prime sponsor; Representative Parker; and Chris Mulick and Ken Roberts, Washington State University.

(Other) Ian Goodhew and Jim Justin, University of Washington School of Medicine.

Persons Signed In To Testify But Not Testifying (Higher Education): None.

Persons Signed In To Testify But Not Testifying (Appropriations): None.