

HOUSE BILL REPORT

HB 2865

As Reported by House Committee On:
Health Care & Wellness

Title: An act relating to hospital privileges for advanced registered nurse practitioners and physician assistants.

Brief Description: Requiring hospitals to request information on advanced registered nurse practitioners and physician assistants.

Sponsors: Representatives Cody, Harris and Ormsby.

Brief History:

Committee Activity:

Health Care & Wellness: 1/29/16 [DPS].

Brief Summary of Substitute Bill

- Requires hospitals or facilities to request specified employment and professional discipline information from advanced registered nurse practitioners and physician assistants before granting or renewing clinical privileges or association.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 12 members: Representatives Cody, Chair; Schmick, Ranking Minority Member; Caldier, Clibborn, DeBolt, Jinkins, Johnson, Moeller, Robinson, Short, Tharinger and Van De Wege.

Staff: Ariele Landstrom (786-7190).

Background:

Advanced Registered Nurse Practitioners.

Advanced registered nursing practice is defined as the performance of the acts of a registered nurse and the performance of an expanded role in providing health care services as recognized by the medical and nursing professions. Advanced Registered Nurse Practitioners

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

(ARNPs) are authorized to perform all activities that registered nurses perform, perform specialized and advanced levels of nursing, and prescribe legend drugs and certain controlled substances. The NCQAC regulates the nursing profession in Washington and establishes, monitors, and enforces licensing, standards of practice, and discipline.

There are currently no provisions in statute that require a hospital to request certain information from ARNPs, or ARNPs to provide certain information to hospitals, before granting clinical privileges or association.

Physician Assistants.

A physician assistant is defined as a person who is licensed by the Medical Quality Assurance Commission (Medical Commission) to practice medicine to a limited extent only under the supervision and control of a physician and who is academically and clinically prepared to provide health care services and perform diagnostic, therapeutic, preventative, and health maintenance services. A physician assistant may practice medicine only under a delegation agreement with a sponsoring physician and the delegation agreement must be approved by the Medical Commission.

There are currently no provisions in statute that require a hospital to request certain information from physician assistants, or physician assistants to provide certain information to hospitals, before granting clinical privileges or association.

Physician Privileging.

Before granting or renewing clinical privileges or association of any physician or hiring a physician, a hospital or facility must request from the physician and the physician must provide the following information:

- the name of any facility at which the physician had or has any association, employment, privileges, or practice during the prior five years;
- whether the physician has ever been or is in the process of being denied, revoked, terminated, suspended, or other adverse action for specified professional activities or has ever relinquished, withdrawn, or failed to proceed with an application in order to avoid an adverse action or to preclude an investigation or while under investigation relating to professional competence or conduct;
- any pending professional misconduct proceedings in this or any state;
- the substance of the findings in any actions or proceedings;
- a waiver of confidentiality; and
- verification that the information provided is accurate and complete.

During this process, a hospital or facility must also request the following information from any hospital or facility at which the physician has or had privileges:

- any pending professional misconduct proceedings or malpractice actions in this or any state;
- any judgment or settlement of a medical malpractice action and any finding of professional misconduct in this or another state by a licensing or disciplinary board; and
- any information required to be reported by hospitals to the Medical Commission .

The Medical Commission or Board of Osteopathic Medicine and Surgery (BOMS) must be advised within 30 days of the name of any physician denied staff privileges, association, or employment on the basis of adverse findings.

A hospital or facility that receives a request for information concerning a physician must provide the information to the extent the information is known to the hospital or facility, including the reasons for suspension, termination, or curtailment of employment or privileges.

Hospitals must be granted access to information held by the Medical Commission or the BOMS pertinent to decisions of the hospital regarding credentialing and recredentialing of practitioners.

Telemedicine.

Telemedicine is the delivery of health care services through the use of interactive audio and video technology, permitting real-time communication between the patient at the originating site and the provider, for the purpose of diagnosis, consultation, or treatment.

When granting or renewing privileges or association of any physician providing telemedicine services, an originating site hospital may rely on a distant site hospital's decision to grant or renew clinical privileges or association of the physician if the originating site hospital obtains reasonable assurances, through a written agreement with the distant site hospital, that:

- the distant site hospital providing the telemedicine services is a Medicare participating hospital;
- any physician providing telemedicine services at the distant site hospital is fully privileged to provide the services by the distant site hospital;
- any physician providing telemedicine services holds and maintains a valid license to perform the services issued or recognized by Washington; and
- the originating site hospital has evidence of an internal review of the distant site physician's performance and sends the distant site hospital performance information for use in the periodic appraisal of the distant site hospital. The information must include all adverse events that result from the telemedicine services and all complaints the originating site hospital has received about the physician.

Summary of Substitute Bill:

Before granting or renewing clinical privileges or association of any ARNP or physician assistant, a hospital or facility must request from the ARNP or physician assistant and the ARNP or physician assistant must provide the same information as is requested from a physician.

During this process, a hospital or facility must also request from any hospital or facility at which the ARNP or physician assistant has or had privileges the same information that is requested from a physician.

The NCQAC must be advised within 30 days of the name of any ARNP denied staff privileges or association on the basis of adverse findings.

The Medical Commission must be advised within 30 days of the name of any physician assistant denied staff privileges, association, or employment on the basis of adverse findings.

A hospital or facility that receives a request for information concerning an ARNP or physician assistant must provide the information to the extent the information is known to the hospital or facility, including the reasons for suspension, termination or curtailment of employment or privileges.

Hospitals must be granted access to information held by the Medical Commission or the NCQAC pertinent to decisions of the hospital regarding credentialing and recredentialing of practitioners.

When granting or renewing privileges or association of any ARNP or physician assistant providing telemedicine services, the provisions that apply to physicians apply to the ARNPs or physician assistants.

Substitute Bill Compared to Original Bill:

The substitute bill:

- removes provisions related to the request for credentialing information from an ARNP for the purposes of hiring an ARNP; and
- adds physician assistants as a practitioner subject to privileging provisions of the bill.

Appropriation: None.

Fiscal Note: Not requested.

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

Staff Summary of Public Testimony:

(In support-from testimony on HB 2485, which is identical to HB 2865 except for the title, on 1/22/2016) The current statute only reflects what a physicians have to submit for privileging; ARNPs do have privileges in hospitals. The statute should reflect current practice. Some hospitals are denying privileging to ARNPs because there is no language about ARNPs in statute. This bill will give an ARNP the ability to go show that ARNPs are in the statute. This bill doesn't require ARNPs to be allowed privileges. Physician assistants are similarly situated to ARNPs; they have hospital privileges and admit patients to hospitals. When physician assistants are not included in statute, then some administrators don't allow privileging of physician assistants. Physician assistants won't apply independently, but in conjunction with a supervising physician.

(Opposed) None.

(Other-from testimony on HB 2485, which is identical to HB 2865 except for the title, on 1/22/2016) Surveys of hospitals show that they are privileging ARNPs. This is about the credentialing process prior to granting privileges. There's a distinction between hiring an ARNP and granting privileges. When you hire an ARNP, they would have to go through the credentialing process and that should not be the case if the hospital is not hiring an ARNP for privileging purposes. Not sure how this would work for physician assistants because of the supervision piece.

Persons Testifying: (In support-from testimony on HB 2485, which is identical to HB 2865 except for the title, on 1/22/2016) Representative Cody, prime sponsor; Melissa Johnson, Advanced Registered Nurse Practitioners United of Washington; and Kate White Tudor, Washington Academy of Physician Assistants.

(Other-from testimony on HB 2485, which is identical to HB 2865 except for the title, on 1/22/2016) Lisa Thatcher, Washington State Hospital Association.

Persons Signed In To Testify But Not Testifying: None.