

HOUSE BILL REPORT

SHB 2264

As Passed House:
February 12, 2018

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

Brief Description: Concerning hospital privileges for advanced registered nurse practitioners and physician assistants.

Sponsors: House Committee on Health Care & Wellness (originally sponsored by Representatives Cody, Harris, Slatter, Macri, Stonier, Robinson, DeBolt, Johnson, McBride, Tharinger, Dolan, Kloba, Appleton, Jinkins and Ormsby).

Brief History:

Committee Activity:

Health Care & Wellness: 1/10/18, 1/17/18 [DPS].

Floor Activity:

Passed House: 2/12/18, 97-0.

Brief Summary of Substitute Bill

- Requires hospitals to request certain information from any advanced registered nurse practitioner or physician assistant prior to granting or renewing clinical privileges or association with the hospital, and advanced registered practice nurses or physician assistants must provide that information.
- Requires a hospital or facility to request certain information from any hospital or facility at which the advanced registered nurse practitioner or physician assistant has or had privileges.
- Requires hospitals or facilities to notify the Nursing Care Quality Assurance Commission or Medical Quality Assurance Commission of any denied privileges.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

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.

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 17 members: Representatives Cody, Chair; Macri, Vice Chair; Schmick, Ranking Minority Member; Graves, Assistant Ranking Minority Member; Caldier, Clibborn, DeBolt, Harris, Jinkins, MacEwen, Maycumber, Riccelli, Robinson, Rodne, Slatter, Stonier and Tharinger.

Staff: Kim Weidenaar (786-7120).

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 (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 Nursing Care Quality Assurance Commission (Nursing Commission) 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 for ARNPs to provide certain information to hospitals, before granting or renewing 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 for 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 (Osteopathic Board) 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 Osteopathic Board 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. Telemedicine can also include store and forward technology, which is the use of asynchronous transmission of a patient's medical information from an originating site to the health care provider at a distant site which results in medical diagnosis and management of the patient. 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:

When granting or renewing privileges or association of any advanced registered nurse practitioner (ARNP) or physician assistant or the hiring of any ARNP or physician assistant, the provisions that apply to physicians apply to ARNPs and physician assistants. Those provisions include:

- a hospital or facility must request certain information from the ARNP or physician assistant prior to granting or renewing privileges or association with the hospital or the hiring of any ARNP or physician assistant;
- ARNP or physician assistant must provide the same information as is requested from a physician;
- the appropriate board or commission, including the Nursing Care Quality Assurance Commission (Nursing Commission), the Medical Quality Assurance Commission (Medical Commission) or Board of Osteopathic Medicine and Surgery (Osteopathic Board), must be advised within 30 days of the name of any ARNP or physician assistant denied staff privileges, association, or employment on the basis of adverse findings;
- hospitals must be granted access to information held by the Medical Commission, Osteopathic Board, or the Nursing Commission pertinent to decisions of the hospital regarding credentialing and recredentialing of practitioners; and
- allowing an originating site hospital to rely on a distant site hospital's decision to grant or renew clinical privileges or association of an ARNP or physician assistant if the originating site hospital obtains reasonable assurances.

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:

(In support) Currently hospitals are only required to check the history of and perform thorough background checks on physicians. At the time the law was written Advanced Registered Nurse Practitioners (ARNPs) rarely worked in hospitals unlike today, where ARNPs are now providing care in hospitals across the state in a number of roles and settings. Privileging protects patients and the statute should be updated to include ARNPs.

Physician assistants have worked in hospitals throughout their 50 years of existence, and support the bill which will better reflect this reality. However, today many hospitals around the state have and are being bought by nationwide groups that may not be fully aware of how physician assistants operate in Washington. Physician assistants have not had problems with obtaining hospital privileges to date, but want to update the law to make sure there are not problems in the future.

The removal of the RCW chapters that specify the chapters that license physicians, ARNPs, and physician assistants is supported to be inclusive of other health care providers.

(Opposed) None.

(Other) The reference to RCW chapters that provide for licensure of physicians, ARNPs, and physician assistants should be removed to ensure that podiatrists are included in the privileging statute as they have been included as physicians.

Persons Testifying: (In support) Nancy Lawton, Advanced Registered Nurse Practitioners United of Washington State; and Linda Dale, Washington Academy of Physician Assistants.

(Other) Gail McGaffick, Washington State Podiatric Medical Association.

Persons Signed In To Testify But Not Testifying: None.