

HOUSE BILL REPORT

ESHB 1503

As Passed Legislature

Title: An act relating to the collection of health care professionals' information at the time of license application and license renewal.

Brief Description: Collecting health care professionals' information at the time of license application and license renewal.

Sponsors: House Committee on Postsecondary Education & Workforce (originally sponsored by Representatives Riccelli, Santos, Reeves, Macri and Reed).

Brief History:

Committee Activity:

Postsecondary Education & Workforce: 1/31/23, 2/3/23 [DPS].

Floor Activity:

Passed House: 3/8/23, 94-0.

Senate Amended.

Passed Senate: 4/6/23, 47-1.

House Concurred.

Passed House: 4/13/23, 96-0.

Passed Legislature.

Brief Summary of Engrossed Substitute Bill

- Requires health professionals to submit demographic information upon initial licensure and renewal.

HOUSE COMMITTEE ON POSTSECONDARY EDUCATION & WORKFORCE

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 13 members: Representatives Slatter, Chair; Entenman, Vice Chair; Reed, Vice Chair; Ybarra, Ranking Minority Member; Waters, Assistant Ranking Minority Member; Chandler, Hansen, Klicker, Leavitt, Paul, Pollet, Schmidt and Timmons.

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

Staff: Jim Morishima (786-7191).

Background:

Health Professions Licensing.

Health professions are registered, certified, or licensed by various disciplining authorities. Some professions have their own boards and commissions as their disciplining authorities, such as the Washington Medical Commission (WMC), the Board of Osteopathic Medicine and Surgery, and the Dental Quality Assurance Commission. The disciplining authority for the remaining professions is the Department of Health.

The disciplining authorities generally do not collect demographic information from licensees, either upon issuance of an initial credential or upon renewal. The WMC, however, is required to collect demographic data on physicians and physician assistants at the time of license renewal. The information may include practice setting, medical specialty, board certification, or other relevant data determined by the WMC. The WMC's form for submitting this information requests information on race, ethnicity, gender, spoken language, and specialty.

School District Reporting.

School districts must submit demographic data on students to the Office of the Superintendent of Public Instruction (OSPI) using federal guidelines on the reporting of ethnicity and race. In addition to the federal standards, the school districts must:

- disaggregate the Black category to differentiate students of African origin and students native to the United States with African ancestors;
- disaggregate countries of origin for Asian students;
- disaggregate the White category to include subethnic categories for Eastern European nationalities; and
- collect racial and ethnic combinations for students who report as multiracial.

Student data-related reports required of the OSPI must be disaggregated by certain ethnic and racial categories, including White, Black, Hispanic, American Indian/Alaskan Native, Asian, and Pacific Islander/Hawaiian Native.

Summary of Engrossed Substitute Bill:

Beginning January 1, 2025, all registered, certified, and licensed health professionals must provide the following information with their applications for initial licensure:

- race;
- ethnicity;
- gender;
- languages spoken;

- provider specialty, when applicable;
- primary practice location, if known; and
- secondary practice location, if known.

The same information must be provided upon renewal. In addition, the individual must indicate whether they are currently practicing, the primary practice location at the time of renewal, and the secondary practice location if applicable.

The Department of Health may not sell the information to any third party.

These requirements do not apply to physicians and physician assistants licensed by the Washington Medical Commission.

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) This bill is about advancing health equity in Washington. It is a step toward ensuring the state is inclusive and equitable in all communities. Consumers who are seeking referrals for diverse providers experience difficulties locating providers from their own communities. This can make people reluctant to seek care because of the discrimination they have faced. Demographic data on health professionals are needed for program evaluation and to make informed decisions on the supply and distribution of the health care workforce. Currently, data on work location and field of practice can be hard to find, which makes the development of workforce initiatives more difficult.

Voluntary workforce surveys currently exist, but only a handful of professions require them. The Washington Medical Commission currently collects these data. The data have been used for workforce initiatives, state forecasting, grant applications, and providing deidentified information to the public.

This bill needs better disclosure protections for these data to prevent targeting, harassment, and abuse of licensees. This bill should require licensees to include their city and state when providing location information. Licensees should also be required to indicate their field of practice instead of just their place of work because it can be difficult to extrapolate field of work from location data.

(Opposed) None.

Persons Testifying: LoLinda Turner, Delta Dental of Washington; Micah Matthews, Washington Medical Commission; Jenny Arnold, Washington State Pharmacy Association; and Renee Fullerton, Health Workforce Council.

Persons Signed In To Testify But Not Testifying: None.