SENATE BILL 5907

State of Washington

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By Senator Keiser

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Read first time 02/06/2007. Referred to Committee on Health & Long-Term Care.

- 1 AN ACT Relating to mandatory reporting of unprofessional conduct;
- 2 and amending RCW 18.130.070 and 18.130.180.
- 3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:
- 4 **Sec. 1.** RCW 18.130.070 and 2006 c 99 s 2 are each amended to read 5 as follows:
 - (1)(a) The secretary shall adopt rules requiring every license holder to report to the appropriate disciplining authority any conviction, determination, or finding that another license holder has committed an act which constitutes unprofessional conduct, or to report information to the disciplining authority, an impaired practitioner program, or voluntary substance abuse monitoring program approved by the disciplining authority, which indicates that the other license holder may not be able to practice his or her profession with reasonable skill and safety to consumers as a result of a mental or physical condition.
- 16 (b) The secretary may adopt rules to require other persons, 17 including corporations, organizations, health care facilities, impaired 18 practitioner programs, or voluntary substance abuse monitoring programs

p. 1 SB 5907

approved by a disciplining authority, and state or local government agencies to report:

- (i) Any conviction, determination, or finding that a license holder has committed an act which constitutes unprofessional conduct; or
- (ii) Information to the disciplining authority, an impaired practitioner program, or voluntary substance abuse monitoring program approved by the disciplining authority, which indicates that the license holder may not be able to practice his or her profession with reasonable skill and safety to consumers as a result of a mental or physical condition.
- (c) If a report has been made by a hospital to the department pursuant to RCW 70.41.210, a report to the disciplining authority is not required. To facilitate meeting the intent of this section, the cooperation of agencies of the federal government is requested by reporting any conviction, determination, or finding that a federal employee or contractor regulated by the disciplining authorities enumerated in this chapter has committed an act which constituted unprofessional conduct and reporting any information which indicates that a federal employee or contractor regulated by the disciplining authorities enumerated in this chapter may not be able to practice his or her profession with reasonable skill and safety as a result of a mental or physical condition.
 - (d) Reporting under this section is not required by:
- (i) Any entity with a peer review committee, quality improvement committee or other similarly designated professional review committee, or by a license holder who is a member of such committee, during the investigative phase of the respective committee's operations if the investigation is completed in a timely manner; or
- (ii) An impaired practitioner program or voluntary substance abuse monitoring program approved by a disciplining authority under RCW 18.130.175 if the license holder is currently enrolled in the treatment program, so long as the license holder actively participates in the treatment program and the license holder's impairment does not constitute a clear and present danger to the public health, safety, or welfare.
- 36 (2) If a person fails to furnish a required report, the 37 disciplining authority may petition the superior court of the county in

SB 5907 p. 2

which the person resides or is found, and the court shall issue to the person an order to furnish the required report. A failure to obey the order is a contempt of court as provided in chapter 7.21 RCW.

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- (3) A person is immune from civil liability, whether direct or derivative, for providing information to the disciplining authority pursuant to the rules adopted under subsection (1) of this section.
- (4) Any member of a health profession listed under RCW 18.130.040 who has reasonable cause to believe that any other member of a health profession listed under RCW 18.130.040 has engaged in unprofessional conduct pursuant to RCW 18.130.180 is required to report such unprofessional conduct to the agency, board, or commission responsible for disciplinary activities for the person's profession under this chapter. Failure to report such unprofessional conduct constitutes unprofessional conduct under RCW 18.130.180. Any member of a health profession listed under RCW 18.130.040 who makes such a report of unprofessional conduct shall be immune from civil action for damages as provided in RCW 4.24.260.
- (5)(a) The holder of a license subject to the jurisdiction of this chapter shall report to the disciplining authority:
 - (i) Any conviction, determination, or finding that he or she has committed unprofessional conduct or is unable to practice with reasonable skill or safety; and
- (ii) Any disqualification from participation in the federal medicare program, under Title XVIII of the federal social security act or the federal medicaid program, under Title XIX of the federal social security act.
- (b) Failure to report within thirty days of notice of the conviction, determination, finding, or disqualification constitutes grounds for disciplinary action.
- 30 **Sec. 2.** RCW 18.130.180 and 1995 c 336 s 9 are each amended to read 31 as follows:
- The following conduct, acts, or conditions constitute unprofessional conduct for any license holder or applicant under the jurisdiction of this chapter:
- 35 (1) The commission of any act involving moral turpitude, 36 dishonesty, or corruption relating to the practice of the person's 37 profession, whether the act constitutes a crime or not. If the act

p. 3 SB 5907

- constitutes a crime, conviction in a criminal proceeding is not a 1 2 condition precedent to disciplinary action. Upon such a conviction, however, the judgment and sentence is conclusive evidence at the 3 ensuing disciplinary hearing of the guilt of the license holder or 4 applicant of the crime described in the indictment or information, and 5 of the person's violation of the statute on which it is based. For the 6 7 purposes of this section, conviction includes all instances in which a plea of guilty or nolo contendere is the basis for the conviction and 8 9 all proceedings in which the sentence has been deferred or suspended. 10 Nothing in this section abrogates rights guaranteed under chapter 9.96A 11 RCW;
- 12 (2) Misrepresentation or concealment of a material fact in obtaining a license or in reinstatement thereof;
 - (3) All advertising which is false, fraudulent, or misleading;
 - (4) Incompetence, negligence, or malpractice which results in injury to a patient or which creates an unreasonable risk that a patient may be harmed. The use of a nontraditional treatment by itself shall not constitute unprofessional conduct, provided that it does not result in injury to a patient or create an unreasonable risk that a patient may be harmed;
 - (5) Suspension, revocation, or restriction of the individual's license to practice any health care profession by competent authority in any state, federal, or foreign jurisdiction, a certified copy of the order, stipulation, or agreement being conclusive evidence of the revocation, suspension, or restriction;
 - (6) The possession, use, prescription for use, or distribution of controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes, diversion of controlled substances or legend drugs, the violation of any drug law, or prescribing controlled substances for oneself;
 - (7) Violation of any state or federal statute or administrative rule regulating the profession in question, including any statute or rule defining or establishing standards of patient care or professional conduct or practice;
 - (8) Failure to cooperate with the disciplining authority by:
 - (a) Not furnishing any papers or documents;
- 37 (b) Not furnishing in writing a full and complete explanation

SB 5907 p. 4

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1 covering the matter contained in the complaint filed with the 2 disciplining authority;

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- (c) Not responding to subpoenas issued by the disciplining authority, whether or not the recipient of the subpoena is the accused in the proceeding; or
- (d) Not providing reasonable and timely access for authorized representatives of the disciplining authority seeking to perform practice reviews at facilities utilized by the license holder;
- 9 (9) Failure to comply with an order issued by the disciplining 10 authority or a stipulation for informal disposition entered into with 11 the disciplining authority;
- 12 (10) Aiding or abetting an unlicensed person to practice when a license is required;
 - (11) Violations of rules established by any health agency;
- 15 (12) Practice beyond the scope of practice as defined by law or 16 rule;
- 17 (13) Misrepresentation or fraud in any aspect of the conduct of the business or profession;
- 19 (14) Failure to adequately supervise auxiliary staff to the extent 20 that the consumer's health or safety is at risk;
 - (15) Engaging in a profession involving contact with the public while suffering from a contagious or infectious disease involving serious risk to public health;
 - (16) Promotion for personal gain of any unnecessary or inefficacious drug, device, treatment, procedure, or service;
 - (17) Conviction of any gross misdemeanor or felony relating to the practice of the person's profession. For the purposes of this subsection, conviction includes all instances in which a plea of guilty or nolo contendere is the basis for conviction and all proceedings in which the sentence has been deferred or suspended. Nothing in this section abrogates rights guaranteed under chapter 9.96A RCW;
 - (18) The procuring, or aiding or abetting in procuring, a criminal abortion;
- 34 (19) The offering, undertaking, or agreeing to cure or treat 35 disease by a secret method, procedure, treatment, or medicine, or the 36 treating, operating, or prescribing for any health condition by a 37 method, means, or procedure which the licensee refuses to divulge upon 38 demand of the disciplining authority;

p. 5 SB 5907

- 1 (20) The willful betrayal of a practitioner-patient privilege as 2 recognized by law;
 - (21) Violation of chapter 19.68 RCW;
- (22) Interference with an investigation or disciplinary proceeding 4 by willful misrepresentation of facts before the disciplining authority 5 or its authorized representative, or by the use of threats or 6 7 harassment against any patient or witness to prevent them from providing evidence in a disciplinary proceeding or any other legal 8 action, or by the use of financial inducements to any patient or 9 witness to prevent or attempt to prevent him or her from providing 10 evidence in a disciplinary proceeding; 11
- 12 (23) Current misuse of:
- 13 (a) Alcohol;

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- 14 (b) Controlled substances; or
- 15 (c) Legend drugs;
- 16 (24) Abuse of a client or patient or sexual contact with a client 17 or patient;
 - (25) Acceptance of more than a nominal gratuity, hospitality, or subsidy offered by a representative or vendor of medical or health-related products or services intended for patients, in contemplation of a sale or for use in research publishable in professional journals, where a conflict of interest is presented, as defined by rules of the disciplining authority, in consultation with the department, based on recognized professional ethical standards;
- 25 (26) Failure to report unprofessional conduct as required by RCW 26 18.130.070(4) constitutes unprofessional conduct.

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SB 5907 p. 6