

FINAL BILL REPORT

2SHB 1518

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Synopsis as Enacted

Brief Description: Providing certain disciplining authorities with additional authority over budget development, spending, and staffing.

Sponsors: House Committee on Appropriations Subcommittee on Health & Human Services (originally sponsored by Representatives Cody, Schmick, Ryu and Pollet).

House Committee on Health Care & Wellness
House Committee on Appropriations Subcommittee on Health & Human Services
Senate Committee on Health Care

Background:

The regulation of the 83 health professions in Washington is divided between the Secretary of Health (Secretary), the 11 health professions boards, and the four health professions commissions. Responsibilities for licensing, examination, discipline, and rulemaking vary between the entities as do membership requirements.

Until 2008 the four health professions commissions generally had full authority over licensing, examination, discipline, and rulemaking. Administrative support to the commissions was provided by the Secretary who hired and managed staff, developed budgets, and established fee amounts.

In 2008 the Medical Quality Assurance Commission and the Nursing Care Quality Assurance Commission were selected to participate in a pilot project to expand the responsibilities of the commissions. Although the Chiropractic Quality Assurance Commission and the Dental Quality Assurance Commission were permitted to participate in the pilot project if the members of the commissions approved, neither of those commissions chose to participate. Under the pilot project, responsibilities were shifted to allow the participating commissions to:

- hire their own executive directors;
- propose their own biennial budgets which the Secretary must submit directly to the Office of Financial Management;
- collaborate with the Secretary when he or she adopts credentialing fees;
- be consulted by the Secretary when he or she is adopting uniform rules and guidelines that may negatively impact the commissions' ability to carry out their duties; and

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- develop performance measures related to the consistent, timely regulation of health care professionals.

The pilot projects expire on June 30, 2013.

Summary:

Continuation of Current Commission Independence Pilot Projects.

The expiration date is removed for the pilot projects that expand the authority of the Medical Quality Assurance Commission (MQAC) and the Nursing Care Quality Assurance Commission (NCQAC). The MQAC and the NCQAC are given permanent authority to hire their executive directors, develop their budgets, collaborate with the Secretary of Health (Secretary) on credentialing fees, comment on uniform rules and guidelines, and develop performance measures.

By December 31, 2013, the NCQAC must report to the Governor and the Legislature with recommendations related to evidence-based and research-based practices used by the NCQAC and other nursing boards with respect to licensing, education, disciplinary, and financial outcomes, and compare the NCQAC's outcomes with those of other nursing boards.

New Chiropractic Quality Assurance Commission Independence Pilot Project.

The Chiropractic Quality Assurance Commission (CQAC) may elect to participate in a pilot project to allow it to hire its own executive director and permit the executive director to carry out the administrative duties of the CQAC and manage the Department of Health (Department) staff that are assigned to the CQAC. Under the pilot project, the CQAC is responsible for establishing its own biennial budget, collaborating with the Secretary on credentialing fees, consulting with the Secretary on uniform rules and guidelines, and developing its own performance measures related to the consistent and timely regulation of health care professionals.

By December 15, 2017, the Secretary and the CQAC must report to the Governor and the Legislature on the results of the pilot project. The report must compare the CQAC's effectiveness to that of other disciplining authorities with respect to licensing and disciplinary activities, efficiency related to timeliness and personnel resources, budgetary activity, and the ability to meet performance measures.

Written Operating Agreements.

The intent of the written operating agreements that exist between the Department and health professions boards and commissions is to assure that each board or commission acts in a manner that supports the health care delivery system and evidence-based practices across all health professions. The agreements must address the use of performance audits to evaluate the consistent use of common business practices and the calculation and reporting of timelines and performance measures. The agreements must be reviewed every biennium instead of annually. The Office of Financial Management is designated as the entity to mediate disputes between a board and the Department.

Communications with the Legislature.

The CQAC, the NCQAC, and the MQAC, their members, or their staff may communicate with, present information to, testify before, or educate the Legislature as the commissions see fit.

Votes on Final Passage:

House	84	13
Senate	46	2

Effective: July 1, 2013