

HOUSE BILL REPORT

HB 2405

As Reported By House Committee On:
Health Care

Title: An act relating to continuing education on domestic violence for physicians and nurses.

Brief Description: Requiring continuing education in the dynamics of domestic violence for physicians and nurses.

Sponsors: Representatives Cody, Dyer, Murray, Skinner, Costa, Morris, H. Sommers, Hymes, Conway, Campbell, R. Fisher, Wolfe, Quall, Patterson, Dickerson, Chopp, Keiser, Mason, Linville and Kessler.

Brief History:

Committee Activity:

Health Care: 2/1/96, 2/2/96 [DPS].

HOUSE COMMITTEE ON HEALTH CARE

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 13 members: Representatives Dyer, Chairman; Backlund, Vice Chairman; Hymes, Vice Chairman; Cody, Ranking Minority Member; Murray, Assistant Ranking Minority Member; Campbell; Casada; Conway; Crouse; Morris; Sherstad; Skinner and H. Sommers.

Staff: John Welsh (786-7133).

Background: A number of state health professions' disciplinary authorities, such as the Medical Quality Assurance Commission, authorize or require licensees to take courses in continuing education as a condition of the renewal of their licenses. Some continuing education is voluntary.

Continuing education courses in the dynamics of domestic violence are currently not among those that are authorized or required by law for the renewal of professional licenses.

Summary of Substitute Bill: There is a legislative finding that domestic violence is the leading cause of injury among women and is linked to numerous other health problems, including depression, abuse of alcohol and other drugs, and suicide.

Training to identify and treat victims of domestic violence can benefit women in treatment and appropriate referrals to shelters and criminal justice agencies.

The health professions; disciplinary authorities may provide by rule continuing education requirements which may be met by applicants who take approved courses in the dynamics of domestic violence. The course should include the recognition of symptoms and appropriate treatment and responses, including referrals.

The Department of Health, in consultation with the disciplinary authorities, is required to establish a domestic violence education program, within available resources, as an integral part of its health efforts, to raise awareness and to educate health professionals regarding the identification and appropriate treatment of victims of domestic violence.

No funds from the health professions account may be utilized to fund these activities, unless the disciplinary authorities authorize expenditures from their proportion of the account. However, fees to defray costs for participants or materials relating to any sponsored educational program may be authorized.

Substitute Bill Compared to Original Bill: The provision of continuing education courses under rules of the Medical and Nursing Quality Assurance Commissions is no longer mandatory. The various boards and commissions may provide training in the dynamics of domestic violence. The Department of Health is to work with the various boards in developing an ongoing educational program.

Appropriation: None.

Fiscal Note: Not requested.

Effective Date of Substitute Bill: Ninety days after adjournment of session in which bill is passed.

Testimony For: The goal of the bill is to improve the health care response to the problem of domestic violence, to stop the cycle of abuse and save not only lives but money. The U.S. Centers for Disease Control lists violence as a major health care problem. The national public health objective is that 90 percent of hospital emergency departments operate under protocols for routinely identifying, treating, and referring victims of sexual assault and spousal abuse.

Testimony Against: There is a concern in the original bill about mandating continuing education on health issues and problems when that is best left to the discretion of the professions. The substitute bill reflects a voluntary approach, leaving this issue to the discretion of the boards and commissions.

Testified: (Pro) Ron Weaver, Department of Health; Lisa Thatcher, Washington State Nurses Association; Leslie Harris, citizen; Sally Nelson, Human Services Roundtable; Leigh Hofheimer, National State Coalition Against Domestic Violence; (Con) Carl Nelson, Washington State Medical Association; and Ken Bertrand, Group Health Cooperative.