

HOUSE BILL REPORT

SHB 1618

As Passed House

March 12, 1997

Title: An act relating to treatment programs for impaired physicians.

Brief Description: Modifying certain aspects of programs that treat impaired physicians.

Sponsors: By House Committee on Health Care (originally sponsored by Representatives Skinner, Dyer, Conway, Zellinsky, Cody, Backlund, Parlette and Clements).

Brief History:

Committee Activity:

Health Care: 2/14/97, 2/21/97 [DPS].

Floor Activity:

Passed House: 3/12/97, 95-2.

HOUSE COMMITTEE ON HEALTH CARE

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 10 members: Representatives Dyer, Chairman; Backlund, Vice Chairman; Skinner, Vice Chairman; Cody, Ranking Minority Member; Murray, Assistant Ranking Minority Member; Anderson; Conway; Sherstad; Wood and Zellinsky.

Staff: John Welsh (786-7133).

Background: The impaired physician program— is a program for the prevention, detection, intervention and monitoring of a physician impaired as a result of alcoholism, drug abuse, mental illness, or other debilitating conditions. This program also includes by contract the participation of osteopathic physicians, podiatrists, and veterinarians.

These programs involve physicians and other impaired health practitioners who volunteer or have been required to participate in treatment by their respective disciplinary authorities as a condition for deferring any action under the Uniform Disciplinary Act (UDA). A committee of physicians contracting with the program provides intervention, monitoring of the treatment and rehabilitation, prevention, and education services for impaired physicians.

A physician must be verified as impaired prior to intervention by the commission.

The impaired physician program– is funded by a \$25 annual surcharge on physician licenses which is deposited in the Medical Disciplinary Account for use solely for the impaired physician program. But there is no such surcharge on the licenses of physician assistants.

There is no immunity from civil or criminal liability provided for program committee members and staff in programs expressly for the impaired physician.

There is a declaration that impairment by itself does not give rise to a presumption of unskilled or unsafe practice.

Summary of Bill: The impaired physician program– is changed in several respects. Regulated health professions may contract with the Medical Quality Assurance Commission for providing services to other impaired health practitioners.

The requirement that the physician be verified as impaired before the commission can intervene is expanded to provide the commission with the ability to intervene when a non-compliant or non-cooperative physician is suspected of impairment.

Immunity from civil and criminal liability is provided for commission members and staff under the impaired physician program– and extended to program staff for information submitted to the disciplinary authorities.

The \$25 surcharge for funding the program is extended to physician assistants.

The declaration is repealed stating that an impaired physician is not presumed to be unable to practice with reasonable skill and safety.

Changes in terminology of a technical nature are made.

Appropriation: None.

Fiscal Note: Available.

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

Testimony For: The authority of the impaired physician program needs to be updated to reflect current usage and terminology. Immunity from legal liability needs to be clarified and extended to program staff.

Testimony Against: Immunity from liability should not be extended to contracted program staff in the private sector.

Testified: Representative Skinner, prime sponsor; Lynn Hankes and Andy Dolan, Washington State Medical Association (pro); and Ron Weaver, Department of Health (con).