

SENATE BILL REPORT

SHB 1075

As Reported By Senate Committee On:
Health & Long-Term Care, March 21, 2005

Title: An act relating to the nursing care quality assurance commission.

Brief Description: Modifying the composition of the nursing care quality assurance commission.

Sponsors: House Committee on Health Care (originally sponsored by Representatives Kenney, Morrell, Campbell, Cody, Santos, Skinner, Green, Bailey, Schual-Berke and Chase).

Brief History: Passed House: 3/07/05, 94-2.

Committee Activity: Health & Long-Term Care: 3/17/05, 3/21/05 [DP].

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Majority Report: Do pass.

Signed by Senators Keiser, Chair; Thibaudeau, Vice Chair; Deccio, Ranking Minority Member; Benson, Brandland, Franklin, Johnson, Kastama, Kline, Parlette and Poulsen.

Staff: Stephanie Yurcisin (786-7438)

Background: The Nursing Care Quality Assurance Commission (Commission) is responsible for the regulation of advanced registered nurse practitioners, licensed practical nurses, registered nurses, certified nursing assistants, and registered nursing assistants. This constitutes approximately 136,000 credentialed health care professionals. Among its duties, the Commission approves curricula and functions as the disciplining authority for the purposes of the Uniform Disciplinary Act.

The Commission currently has 11 members consisting of: two advanced registered nurse practitioners; three registered nurses; three licensed practical nurses; two members of the public; and a midwife.

Summary of Bill: The member of the Commission is increased from 11 to 15 members.

The number of registered nurse members is increased from three to seven. Of the members who are registered nurses: at least one must be on the faculty at a four-year university nursing program; at least one must be a faculty at a two-year college nursing program; at least two must be staff nurses providing direct patient care; and at least one must be a nurse manager or a nurse executive. Experience requirements for all members of the Commission who are nurses are reduced from five years to three.

The number of public members on the Commission is increased from two to three. The nonvoting midwife member of the Commission is eliminated.

When appointing members of the Commission, the Governor must consider the recommendations of appropriate professional associations. When appointing pro tem members, reasonable efforts should be made to appoint one practicing registered nurse who graduated from a nursing program within three years of appointment.

Appropriation: None.

Fiscal Note: Available.

Committee/Commission/Task Force Created: No.

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

Testimony For: The Commission is the smallest but still regulates more individuals than the other medical quality assurance commissions. Having a larger body will help to ensure that the Commission can handle the workload demands and that different points of view are taken into consideration. Perhaps this bill could be amended to include a long-term care nurse who practices in a community-based care setting, as these are specialties that deserve specific representation on the Commission due to the coming boom in older patients. However, further testimony stated that because the makeup of the Commission changes, it would be more equitable to try to rotate through the various different specialties instead of specifying that one particular specialty should receive a seat.

Testimony Against: None.

Who Testified: PRO: Representative Phyllis Kenney, prime sponsor; Lauri St. Ours, Northwest Assisted Living Facilities Association; Joanna Boatman, Washington State Nurses.