

**SHB 2326** - H AMD TO H AMD (2326-S AMH CAMP H5079.1)  
By Representative Schual-Berke

1 On page 12, from the beginning on line 27, strike all material  
2 through "of three." on page 14, line 8 and insert the following:

3 "NEW SECTION. **Sec. 9.** (1) The task force on improvement of  
4 health professions discipline is established. The governor must  
5 appoint its members, and shall include:

6 (a) A representative of a medicare contracted professional  
7 review organization in Washington state;

8 (b) One or more representatives of the University of Washington  
9 school of health sciences or school of public health with expertise  
10 in health professions regulation;

11 (c) A representative of the foundation for health care quality;

12 (d) Two representatives of health care professionals, including  
13 one physician, neither of whom currently serve, or have served in  
14 the past, on a health professions disciplinary board or commission;

15 (e) A representative of hospital-based continuous quality  
16 improvement programs under RCW 70.41.200;

17 (f) A representative of a hospital peer review committee;

18 (g) The secretary of the department of health;

19 (h) A representative of the superior court judges association;

20 (i) A representative of the Washington state bar association  
21 who is an attorney with expertise in defending health professionals  
22 in health professions disciplinary proceedings in Washington;

23 (j) A representative of health care consumers, who does not  
24 currently serve and has not in the past served, on a health  
25 professions disciplinary board or commission;

26 (k) The attorney general or his or her designee; and

27 (l) A current or former public member of a disciplining  
28 authority included in chapter 18.130 RCW.

29 (2) The task force shall conduct an independent review of the  
30 funding of the health professions and all phases of the current  
31 health professions disciplinary process, from report intake through

1 final case closure, and shall, at a minimum, examine and address  
2 the following issues:

3 (a) The ability of the disciplining authorities identified in  
4 RCW 18.130.040 to effectively safeguard the public from potentially  
5 harmful health care practitioners while also ensuring the due  
6 process rights of credentialed health care practitioners;

7 (b) The feasibility of developing a uniform performance  
8 measurement system for health professions discipline;

9 (c) Whether there are components to the current health  
10 professions discipline system that serve as impediments to  
11 improving the quality of health professions discipline, including  
12 consideration of:

13 (i) The value of boards and commissions in the health  
14 professions disciplinary process; and

15 (ii) The respective roles of the secretary and boards and  
16 commissions in health professions disciplinary functions;

17 (d) The feasibility of allowing law enforcement agencies to  
18 share information from criminal investigations of credentialed  
19 health care providers regardless of whether the provider was not  
20 ultimately convicted;

21 (e) The extent to which investigation, charging, and  
22 sanctioning decisions are consistently applied across and within  
23 each of the disciplining authorities;

24 (f) The merits of limiting the public disclosure of certain  
25 information related to the health professions disciplinary process  
26 including complaint closure without investigation, complaint  
27 closure without after investigation, and findings after  
28 adjudication of no violation of the uniform disciplinary act;

29 (g) The value of establishing a system requiring the revocation  
30 of a health care professional's license upon the violation of  
31 specified acts of unprofessional conduct;

32 (h) The extent to which sanctions deviate from advisory  
33 guidelines regarding sanctions and the circumstances behind those  
34 deviations; and

35 (i) Alternative fee structures for health care professionals to  
36 simplify funding and the use of those funds across all health care  
37 professions.

38 (3) The task force may establish technical advisory committees  
39 to assist in its efforts, and shall provide opportunities for

1 interested parties to comment upon the task force's findings and  
2 recommendations prior to being finalized."

3 (4) Staff support to the task force shall be provided by the  
4 department of health and the office of financial management.

5 (5) The task force shall submit its report and recommendations  
6 for improvement of health professions discipline to the relevant  
7 committees of the legislature and the governor by October 1, 2005.

8 (6) Nothing in this act limits the secretary of health's  
9 authority to modify the internal processes or organizational  
10 framework of the department.

11 (7) Members of the task force shall be reimbursed for travel  
12 expenses as provided in RCW 43.03.050 and 43.03.060."  
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**EFFECT:** Eliminates provisions requiring the revocation of a health care professional's license upon three specified acts of unprofessional conduct. Adds a task force to review the funding and discipline of health care professionals, including