
SENATE BILL 6067

State of Washington

65th Legislature

2018 Regular Session

By Senators Cleveland, Rivers, Keiser, and Conway

Prefiled 01/03/18. Read first time 01/08/18. Referred to Committee on Health & Long Term Care.

1 AN ACT Relating to hospital privileges for advanced registered
2 nurse practitioners and physician assistants; and amending RCW
3 70.41.230.

4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

5 **Sec. 1.** RCW 70.41.230 and 2016 c 68 s 6 are each amended to read
6 as follows:

7 (1) Except as provided in subsection (3) of this section, prior
8 to granting or renewing clinical privileges or association of any
9 physician, physician assistant, or advanced registered nurse
10 practitioner or hiring a physician, physician assistant, or advanced
11 registered nurse practitioner who will provide clinical care under
12 his or her license as authorized by chapter 18.71, 18.71A, 18.57,
13 18.57A, or 18.79 RCW, a hospital or facility approved pursuant to
14 this chapter shall request from the physician, physician assistant,
15 or advanced registered nurse practitioner and the physician,
16 physician assistant, or advanced registered nurse practitioner shall
17 provide the following information:

18 (a) The name of any hospital or facility with or at which the
19 physician, physician assistant, or advanced registered nurse
20 practitioner had or has any association, employment, privileges, or
21 practice during the prior five years: PROVIDED, That the hospital may

1 request additional information going back further than five years,
2 and the physician, physician assistant, or advanced registered nurse
3 practitioner shall use his or her best efforts to comply with such a
4 request for additional information;

5 (b) Whether the physician, physician assistant, or advanced
6 registered nurse practitioner has ever been or is in the process of
7 being denied, revoked, terminated, suspended, restricted, reduced,
8 limited, sanctioned, placed on probation, monitored, or not renewed
9 for any professional activity listed in (b)(i) through (x) of this
10 subsection, or has ever voluntarily or involuntarily relinquished,
11 withdrawn, or failed to proceed with an application for any
12 professional activity listed in (b)(i) through (x) of this subsection
13 in order to avoid an adverse action or to preclude an investigation
14 or while under investigation relating to professional competence or
15 conduct:

16 (i) License to practice any profession in any jurisdiction;

17 (ii) Other professional registration or certification in any
18 jurisdiction;

19 (iii) Specialty or subspecialty board certification;

20 (iv) Membership on any hospital medical staff;

21 (v) Clinical privileges at any facility, including hospitals,
22 ambulatory surgical centers, or skilled nursing facilities;

23 (vi) Medicare, medicaid, the food and drug administration, the
24 national institute of health (office of human research protection),
25 governmental, national, or international regulatory agency, or any
26 public program;

27 (vii) Professional society membership or fellowship;

28 (viii) Participation or membership in a health maintenance
29 organization, preferred provider organization, independent practice
30 association, physician-hospital organization, or other entity;

31 (ix) Academic appointment;

32 (x) Authority to prescribe controlled substances (drug
33 enforcement agency or other authority);

34 (c) Any pending professional medical misconduct proceedings or
35 any pending medical malpractice actions in this state or another
36 state, the substance of the allegations in the proceedings or
37 actions, and any additional information concerning the proceedings or
38 actions as the physician, physician assistant, or advanced registered
39 nurse practitioner deems appropriate;

1 (d) The substance of the findings in the actions or proceedings
2 and any additional information concerning the actions or proceedings
3 as the physician, physician assistant, or advanced registered nurse
4 practitioner deems appropriate;

5 (e) A waiver by the physician, physician assistant, or advanced
6 registered nurse practitioner of any confidentiality provisions
7 concerning the information required to be provided to hospitals
8 pursuant to this subsection; and

9 (f) A verification by the physician, physician assistant, or
10 advanced registered nurse practitioner that the information provided
11 by the physician, physician assistant, or advanced registered nurse
12 practitioner is accurate and complete.

13 (2) Except as provided in subsection (3) of this section, prior
14 to granting privileges or association to any physician, physician
15 assistant, or advanced registered nurse practitioner or hiring a
16 physician, physician assistant, or advanced registered nurse
17 practitioner who will provide clinical care under his or her license
18 as authorized by chapter 18.71, 18.71A, 18.57, 18.57A, or 18.79 RCW,
19 a hospital or facility approved pursuant to this chapter shall
20 request from any hospital with or at which the physician, physician
21 assistant, or advanced registered nurse practitioner had or has
22 privileges, was associated, or was employed, during the preceding
23 five years, the following information concerning the physician,
24 physician assistant, or advanced registered nurse practitioner:

25 (a) Any pending professional medical misconduct proceedings or
26 any pending medical malpractice actions, in this state or another
27 state;

28 (b) Any judgment or settlement of a medical malpractice action
29 and any finding of professional misconduct in this state or another
30 state by a licensing or disciplinary board; and

31 (c) Any information required to be reported by hospitals pursuant
32 to RCW 18.71.0195.

33 (3) In lieu of the requirements of subsections (1) and (2) of
34 this section, when granting or renewing privileges or association of
35 any physician, physician assistant, or advanced registered nurse
36 practitioner providing telemedicine or store and forward services, an
37 originating site hospital may rely on a distant site hospital's
38 decision to grant or renew clinical privileges or association of the
39 physician, physician assistant, or advanced registered nurse
40 practitioner if the originating site hospital obtains reasonable

1 assurances, through a written agreement with the distant site
2 hospital, that all of the following provisions are met:

3 (a) The distant site hospital providing the telemedicine or store
4 and forward services is a medicare participating hospital;

5 (b) Any physician, physician assistant, or advanced registered
6 nurse practitioner providing telemedicine or store and forward
7 services at the distant site hospital will be fully privileged to
8 provide such services by the distant site hospital;

9 (c) Any physician, physician assistant, or advanced registered
10 nurse practitioner providing telemedicine or store and forward
11 services will hold and maintain a valid license to perform such
12 services issued or recognized by the state of Washington; and

13 (d) With respect to any distant site physician, physician
14 assistant, or advanced registered nurse practitioner who holds
15 current privileges at the originating site hospital whose patients
16 are receiving the telemedicine or store and forward services, the
17 originating site hospital has evidence of an internal review of the
18 distant site physician's, physician assistant's, or advanced
19 registered nurse practitioner's performance of these privileges and
20 sends the distant site hospital such performance information for use
21 in the periodic appraisal of the distant site physician, physician
22 assistant, or advanced registered nurse practitioner. At a minimum,
23 this information must include all adverse events, as defined in RCW
24 70.56.010, that result from the telemedicine or store and forward
25 services provided by the distant site physician, physician assistant,
26 or advanced registered nurse practitioner to the originating site
27 hospital's patients and all complaints the originating site hospital
28 has received about the distant site physician, physician assistant,
29 or advanced registered nurse practitioner.

30 (4)(a) The medical quality assurance commission or the board of
31 osteopathic medicine and surgery shall be advised within thirty days
32 of the name of any physician or physician assistant denied staff
33 privileges, association, or employment on the basis of adverse
34 findings under subsection (1) of this section.

35 (b) The nursing care quality assurance commission shall be
36 advised within thirty days of the name of any advanced registered
37 nurse practitioner denied staff privileges, association, or
38 employment on the basis of adverse findings under subsection (1) of
39 this section.

1 (5) A hospital or facility that receives a request for
2 information from another hospital or facility pursuant to subsections
3 (1) through (3) of this section shall provide such information
4 concerning the physician, physician assistant, or advanced registered
5 nurse practitioner in question to the extent such information is
6 known to the hospital or facility receiving such a request, including
7 the reasons for suspension, termination, or curtailment of employment
8 or privileges at the hospital or facility. A hospital, facility, or
9 other person providing such information in good faith is not liable
10 in any civil action for the release of such information.

11 (6) Information and documents, including complaints and incident
12 reports, created specifically for, and collected, and maintained by a
13 quality improvement committee are not subject to discovery or
14 introduction into evidence in any civil action, and no person who was
15 in attendance at a meeting of such committee or who participated in
16 the creation, collection, or maintenance of information or documents
17 specifically for the committee shall be permitted or required to
18 testify in any civil action as to the content of such proceedings or
19 the documents and information prepared specifically for the
20 committee. This subsection does not preclude: (a) In any civil
21 action, the discovery of the identity of persons involved in the
22 medical care that is the basis of the civil action whose involvement
23 was independent of any quality improvement activity; (b) in any civil
24 action, the testimony of any person concerning the facts which form
25 the basis for the institution of such proceedings of which the person
26 had personal knowledge acquired independently of such proceedings;
27 (c) in any civil action by a health care provider regarding the
28 restriction or revocation of that individual's clinical or staff
29 privileges, introduction into evidence information collected and
30 maintained by quality improvement committees regarding such health
31 care provider; (d) in any civil action, disclosure of the fact that
32 staff privileges were terminated or restricted, including the
33 specific restrictions imposed, if any and the reasons for the
34 restrictions; or (e) in any civil action, discovery and introduction
35 into evidence of the patient's medical records required by regulation
36 of the department of health to be made regarding the care and
37 treatment received.

38 (7) Hospitals shall be granted access to information held by the
39 medical quality assurance commission ~~((and))~~, the board of
40 osteopathic medicine and surgery, and the nursing care quality

1 assurance commission pertinent to decisions of the hospital regarding
2 credentialing and recredentialing of practitioners.

3 (8) Violation of this section shall not be considered negligence
4 per se.

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