

HOUSE BILL REPORT

2SHB 1899

As Amended by the Senate

Title: An act relating to physicians holding a retired active license.

Brief Description: Concerning physicians holding a retired active license.

Sponsors: House Committee on Health & Human Services Appropriations (originally sponsored by Representatives Warnick and Hinkle).

Brief History:

Committee Activity:

Health Care & Wellness: 2/10/09, 2/20/09 [DPS];

Health & Human Services Appropriations: 2/25/09, 2/26/09 [DP2S(w/o sub HCW)].

Floor Activity

Passed House: 3/6/09, 96-0.

Senate Amended.

Passed Senate: 4/8/09, 44-0.

Brief Summary of Second Substitute Bill

- Exempts retired active physicians from the payment of licensing fees.
- Requires the Medical Quality Assurance Commission to study making further changes to the retired active physician license.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 13 members: Representatives Cody, Chair; Driscoll, Vice Chair; Ericksen, Ranking Minority Member; Bailey, Campbell, Clibborn, Green, Herrera, Hinkle, Kelley, Moeller, Morrell and Pedersen.

Staff: Jim Morishima (786-7191)

HOUSE COMMITTEE ON HEALTH & HUMAN SERVICES APPROPRIATIONS

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

Majority Report: The second substitute bill be substituted therefor and the second substitute bill do pass and do not pass the substitute bill by Committee on Health Care & Wellness. Signed by 15 members: Representatives Pettigrew, Chair; Seaquist, Vice Chair; Schmick, Ranking Minority Member; Alexander, Assistant Ranking Minority Member; Appleton, Cody, Dickerson, Ericksen, Johnson, Miloscia, Morrell, O'Brien, Roberts, Walsh and Wood.

Staff: Chris Blake (786-7392)

Background:

Disciplining authorities, such as the Medical Quality Assurance Commission (MQAC), are statutorily authorized to create a special license for retired active practitioners. Such a licensee may only practice in emergent or intermittent circumstances, must meet continuing education and competency requirements, is subject to the Uniform Disciplinary Act, and pays a reduced renewal fee.

The MQAC has established requirements for retired active physicians. Under rules promulgated by the MQAC, a retired active physician:

- must practice for no compensation; and
- may only provide primary care services in community clinics that are operated by public or private tax-exempt corporations.

Physicians holding a retired active license must meet the same continuing education requirement for all other physicians, which is 200 hours every four years. The renewal fee for a retired active physician is \$160 per year (active physicians pay \$645 every two years).

Summary of Second Substitute Bill:

The number of hours of continuing education for a retired active physician may not exceed 50 hours per year (as opposed to 200 hours every four years). Retired active physicians who reside and practice in Washington are exempt from licensing fees associated with their licenses.

The MQAC must consider amending its rules on retired active physicians in a manner that improves access to health care services without compromising public safety. The MQAC must consider, at a minimum:

- whether retired active physicians should be allowed to provide services beyond primary care; and
- whether retired active physicians should be allowed to provide services in settings beyond community clinics.

The MQAC must determine whether it will amend its rules by November 15, 2009. If the MQAC determines that it will not amend its rules, it must provide a written explanation of its decision to the Legislature no later than December 1, 2009.

EFFECT OF SENATE AMENDMENT(S):

When considering whether to amend its rules on retired active physicians, the Medical Quality Assurance Commission must consider the number and type of continuing education hours that retired active physicians are required to obtain.

Appropriation: None.

Fiscal Note: Requested on February 23, 2009.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the bill is passed.

Staff Summary of Public Testimony (Health Care & Wellness):

(In support) Retired active physicians practice in community clinics for no compensation. These physicians currently are prohibited from offering their services in other settings such as summer camps unless they have an active license. The expense of continuing education presents a barrier to these physicians, especially since they practice for no compensation. Continuing medical education enhances a physician's understanding of medical information, but does not enhance a physician's ability to relate to patients. This bill involves the MQAC in any expansion of practice in order to maintain patient safety.

(Opposed) The importance of retired physicians is already recognized through reduced licensing fees. Exempting retired physicians from continuing education will adversely affect patient care, especially for the poor; continuing education is currently the only way for retired physicians to keep current. Oregon, who exempts retired physicians from continuing education, is currently in the process of re-writing its rules to require such education. Exempting retired physicians from continuing education does not serve patient safety or the medical profession

Staff Summary of Public Testimony (Health & Human Services Appropriations):

(In support) The costs of maintaining an active retired physician license is prohibitive. The state should take advantage of all opportunities to make health care services available to volunteer organizations.

(With concerns) Many physicians who maintain a retired active license practice in other states while using that license to maintain their status in Washington. The exemption from licensing fees could severely impact the commission's revenues if it had to subsidize out-of-state physicians wanting to maintain a free license in Washington.

(Opposed) This impact on revenue to the Medical Commission could jeopardize its current pilot project. Recent legislation has increased the Medical Quality Assurance Commission's workload and this bill will reduce the revenue available to conduct that work.

Persons Testifying (Health Care & Wellness): (In support) Representative Warnick, prime sponsor; and Bruce Noonan MD, Grant-Adams County Medical Society.

(Opposed) Leslie Burger MD and Maryella Jansen, Medical Quality Assurance Commission.

Persons Testifying (Health & Human Services Appropriations): (In support) Representative Warnick, prime sponsor.

(With concerns) Maryella Jansen, Medical Quality Assurance Commission.

(Opposed) Carl Nelson, Washington State Medical Association.

Persons Signed In To Testify But Not Testifying (Health Care & Wellness): None.

Persons Signed In To Testify But Not Testifying (Health & Human Services Appropriations): None.