

HOUSE BILL REPORT

HB 1718

As Reported by House Committee On:
Health Care & Wellness

Title: An act relating to well-being programs for certain health care professionals.

Brief Description: Concerning well-being programs for certain health care professionals.

Sponsors: Representatives Thai, Shavers, Parshley, Zahn and Scott.

Brief History:

Committee Activity:

Health Care & Wellness: 2/12/25, 2/19/25 [DPS].

Brief Summary of Substitute Bill

- Exempts, under certain circumstances, physician well-being programs from mandatory reporting requirements.
- Protects physician well-being program records from disclosure under certain circumstances.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 19 members: Representatives Bronoske, Chair; Lekanoff, Vice Chair; Rule, Vice Chair; Schmick, Ranking Minority Member; Caldier, Assistant Ranking Minority Member; Marshall, Assistant Ranking Minority Member; Davis, Engell, Low, Macri, Manjarrez, Obras, Parshley, Shavers, Simmons, Stonier, Stuebe, Thai and Tharinger.

Staff: Jim Morishima (786-7191).

Background:

A licensed health professional is required to report to the appropriate disciplining authority

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conduct by another provider that may constitute unprofessional conduct. The provider is also required to report to the disciplining authority (or a voluntary substance use disorder monitoring program such as the Physicians Health Program) when another provider is potentially unable to practice with reasonable skill and safety to consumers as a result of a mental or physical condition. Under rules adopted by the Department of Health, other persons and entities must make similar reports, including health care institutions, insurers, and employers.

Certain entities are exempt from the reporting requirement, including certain voluntary substance abuse monitoring programs, such as the Physicians Health Program, while the provider is actively participating in the program. The exemption does not apply if the provider's conduct constitutes a clear and present danger to the public health, safety, or welfare. Program records relating to the programs are generally confidential.

Summary of Substitute Bill:

A physician well-being program is exempt from the requirement of reporting potential unprofessional conduct or inability to practice with reasonable skill and safety if the provider is competent to practice with reasonable skill and safety. If the provider is not competent to practice with reasonable skill and safety, or if a patient has been harmed, the provider must be reported to the provider's disciplining authority or, if permitted, to a physicians health program or voluntary substance use disorder monitoring program.

Physician well-being program records relating to program participants created specifically for, and collected and maintained by the program, are confidential and exempt from disclosure. The records are not subject to discovery by subpoena or admissible as evidence. This privilege does not protect facts, information, communications, or documents available from other original sources and does not protect any document outside the scope of the privilege. The information subject to the privilege may not be reasonably discoverable from other non-privileged sources. The privilege does not apply to the program's organizing documents or contracts establishing the program.

The privilege does not apply to information introduced into evidence in any civil action by the provider regarding the provider's participation in the program, the restriction of the provider's staff privileges due to a mandatory report, or termination of the provider's employment due to a mandatory report.

A physician well-being program is defined as a formal program established for the purpose of addressing issues related to career fatigue and well-being in physicians, osteopathic physicians, and physician assistants that:

- uses one-on-one, peer-to-peer interactions and connects participants to physical and behavioral health resources and professional supports when appropriate;
- is limited to no more than three sessions per participant every 12 months;

- may include discussions pertaining to general career fatigue and wellness arising from the participant's professional obligations, but not for other purposes such as evaluation, discipline, quality improvement, or the identification and prevention of malpractice;
- is established in writing and contracted for, in advance of peer-to-peer interactions or referrals, by an employer of physicians and physician assistants, a nonprofit professional medical association representing a specialty of physicians, or a statewide organization representing physicians and physician assistants;
- does not allow as participants any person employed by, or with a financial interest in, the program; and
- does not include the monitoring of physicians who may be unable to practice medicine with reasonable skill and safety.

A quality improvement program is not a physician well-being program.

Substitute Bill Compared to Original Bill:

The substitute bill:

- changes the definition of "physician well-being program" to include programs that use one-on-one, peer-to-peer interactions, instead of programs that use "primarily" one-on-one, peer-to-peer interactions;
- allows well-being programs to include discussions pertaining to "general" career fatigue and well-being;
- requires the well-being program to be established in writing and contracted for, rather than established in writing or contracted for; and
- expands the information to which the privilege does not apply to include facts available from other original sources.

Appropriation: None.

Fiscal Note: Not requested.

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

Staff Summary of Public Testimony:

(In support) The practice of medicine has become uncertain. Providers know what their responsibilities are, but do not know what is legal or illegal. This is creating incredible stress, which is resulting in providers leaving the profession. Providers witness a lot of pain and help families with life's toughest moments, which is a privilege but takes a toll. Providers of reproductive health are particularly stressed because their practice is being restricted or criminalized, which impacts families and communities. Stigma often prevents

providers from seeking help. Individual providers feel like they are the only ones going through this. Emotional exhaustion can negatively impact patients. Safe spaces are needed. Providers need to care for themselves in order to care for others. This bill is about workforce retention. Investments in training and retention are expensive, and this bill will help providers have long, healthy careers. The investments in the provider pipeline must be coupled with retention strategies. The bill is an attempt at creating a space for peer-to-peer support with people who understand stress. Providers will be connected to resources, which will allow them to continue to provide needed services to communities. This bill will break the stigma on mental health. Confidentiality will encourage participation.

(Opposed) None.

(Other) This bill has good intentions and noble goals. Burnout and retention need to be addressed. These professionals dedicated their lives to serving their communities and deserve support. However, the root cause of these issues is the manner in which the business of health care is being managed. Implementation of this bill may mask the systemic challenges that are causing burnout.

Persons Testifying: (In support) Representative My-Linh Thai, prime sponsor; Hyolyn Yang; Alex Wehinger, WA State Medical Association (WSMA); Anne-Marie Amies Oelschlager, MD, WA Chapter of the American College of Obstetricians and Gynecologists; and Andrea Kalus, MD.

(Other) Colleen Durkin Peterson, Washington State Association for Justice.

Persons Signed In To Testify But Not Testifying: None.