2008 Annual Report

Health Professions Discipline and Regulatory Activities

December 2008

Washington State Department of Health

Health Systems Quality Assurance

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Overview

Changes to the Uniform Disciplinary Act (UDA) Report

Historically, the Department of Health has reported to the legislature every two years on its activities to regulate health professions. The legislature changed the Uniform Disciplinary Act during the 2008 session. The changes increase the frequency of this report to every year and permit boards and commissions to supplement the report.

This is the first annual report on health professions activities. It covers the period from July 1, 2007 through June 30, 2008. Boards and commissions provided additional information about disciplinary activities, rule making and policy activities, and receipts and expenditures.[1]

The report links to appendices, which can be printed as hard copies. Other links open external Web sites. The electronic paths for these documents are footnoted.

Purpose of the report

This report details the number of complaints made, investigated, and adjudicated. It also reports on the final disposition of cases. In addition, the report provides data on the department's background check activities and their effectiveness in identifying unqualified license holders.

Scope

The Health Systems Quality Assurance (HSQA) division regulates more than 320,000 health care professionals in 70 professions. This includes several new professions in 2008. For example, seven counselor professions were added. The division works with 12 boards and four commissions to license health professionals, investigate complaints against them and take disciplinary action. The division also supports the boards and commissions to develop rules and standards of practice. It oversees healthcare professionals' compliance with sanctions. Appendix A contains Department of Health and Health Systems Quality Assurance organization charts and contact information, as well as membership information for boards and commissions.

Funding

Regulating health professions costs about $28 million each year. Practitioners pay the cost of regulating through fees. Revenue and expenditures are tracked for each profession. Each profession must be self-supporting. All fees must be used to support the programs. However, budgets cannot exceed the amount approved in the Washington State Legislature's budget appropriation process. The department works with the Washington State Office of Financial Management to allocate the appropriation to each profession. Excess revenue can be carried forward from one biennium to the next, but spending authority cannot.

[1] 4SHB 1103, Section 13(2).

Credential types

The department issues three types of credentials:

1. License: This allows people to practice if they meet certain qualifications. Practice without a license is illegal. Licensing helps make sure practitioners only do what they are trained and licensed to do.
2. Certification: The state recognizes the person has met certain qualifications. The regulatory authority — a board, commission or the state secretary of health — sets the qualifications. A non-certified person may perform the same tasks, but may not use "certified" in the title.
3. Registration: The state keeps an official roster of names and addresses of the people in a given profession. If required, a description and the location of the service are included.

This report uses the terms "licensee" and "credential holder" interchangeably.

Division, board, and commission responsibilities

The secretary of the department directly regulates 27 professions. The department provides administrative support to 16 boards and commissions. Those 16 boards and commissions oversee 35 of the 70 professions. In the last two legislative sessions, the legislature has given the department, and the boards and commissions responsibility for regulating 14 newly created professions. This is an increase of nearly 23 percent.

Regulatory Authority	**Licensing**	**Disciplining Authority**
Secretary	35	37
Boards/commissions	35	33
Total	**70**	**70**

- Ten boards handle credentialing and discipline for 24 professions. These are the boards of hearing and speech, nursing home administrators, occupational therapy practice, optometry, osteopathic medicine and surgery, pharmacy, physical therapy, podiatric medicine, psychology, and veterinary medicine.
- Two boards do not have disciplinary authority: the Massage Board and the Denturist Board. They have only credentialing authority. The secretary oversees discipline for these professions.
- Four commissions oversee credentialing and discipline for nine professions. These include the Chiropractic Quality Assurance Commission, Dental Quality Assurance Commission, Medical Quality Assurance Commission, and Nursing Care Quality Assurance Commission.
- The secretary has credentialing authority for 35 professions and disciplining authority for 37 professions.
- The Nursing Care Quality Assurance Commission sets standards through rule making for both registered and certified nursing assistants. The secretary has authority to credential and discipline those professions.

State law allows each board and commission to adopt its own rules and standards. The governor appoints the members of 15 of the boards and commissions. The secretary of health appoints members of the Denturist Board. Eight other committees appointed by the secretary help set

licensing standards and discipline practitioners. The secretary may also appoint pro tem members to boards and commissions when workload demands become too great.

Workload

During the 2008 fiscal year, the department:

- Issued more than 40,000 new credentials and renewed more than 200,000. Laws passed in 2007 added five new professions with 11,000 practitioners. These started in July 2008.
- Processed more than 7,000 new complaints, while also working on more than 3,300 from the prior biennium.
- Issued about 1,200 disciplinary orders.
- Responded to more than 13,000 requests for public records.

The creation of 14 new professions in the 2007 and 2008 legislative sessions increased the HSQA workload. These professions include:

2007 Legislative Session:

- Athletic trainers
- Expanded dental function dental auxiliaries
- Dental assistants
- Physical therapist assistants
- Retired volunteer medical workers

2008 Legislative Session:

- Radiologist assistant
- Certified adviser
- Certified counselor
- Agency affiliated counselor
- Licensed social work associate – advanced
- Licensed social work associate – independent clinical
- Licensed mental health counselor associate
- Licensed marriage and family therapist associate
- Certified chemical dependency professional trainee

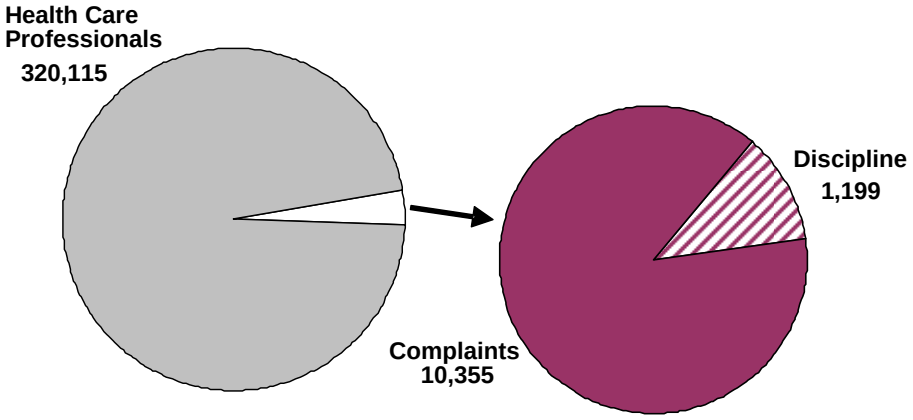
A note on new health professions

As new professions are added, it takes time to develop rules and credential the new professionals. This can take one to two years. For example, the department began issuing credentials for the professions authorized in the 2007 legislative session in the summer of 2008. Some new professions may not appear elsewhere in the report because they have not been in existence long enough to gather data.

Complaints and discipline

About one-third of one percent of all credentialed health care providers was disciplined in fiscal year 2008. The vast majority of health care providers provide high-quality care. About three percent of health care professionals had a complaint filed against them in fiscal year 2008. Of all complaints, about 12 percent, or 1,199 of 10,355, resulted in discipline.

Complaints and Discipline to Total Health Care Professionals



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Major Events

Several major events and milestones shaped the regulation of health professions during fiscal year 2008.

SAO performance audit — report in August 2007

In May of 2006 Gov. Gregoire requested the State Auditor conduct a performance audit of the Department of Health's health professions discipline process. She asked that the audit address how the state licenses, regulates, and disciplines health care providers. She asked the auditor to look for ways to conduct national criminal background checks on applicants and licensees. Her goal was to improve patient safety.

In addition to the statutory requirements for performance audits, the governor spelled out nine specific expectations for the audit. A complete listing of these requirements is on the agency's Web site.

The State Auditor's Office worked with a contracted auditing firm, Clifton Gunderson, to complete the audit between November 2006 and July 2007. A final report[2] was published on August 21, 2007. The report acknowledged the department had already been at work making improvements to its licensing and disciplinary processes. It noted that HSQA had already put into practice several best practices the auditors identified during their research. This included triaging complaints to ensure that the most serious complaints are promptly investigated and disciplinary action is taken. It also noted the spirit of collaboration with which the department approached the audit process.

In the report, the State Auditor's Office made 13 specific findings and recommendations to the Department of Health. The report also contained several recommendations to the legislature. These are findings and recommendations that specifically require legislative action in order to implement: Please see a complete listing of the findings and recommendations in the audit report on the department's Web site.

In responding to the report, the Department of Health developed an action plan involving 65 specific tasks. Many of these tasks were completed with existing resources within six months of the audit report being issued. Health Systems Quality Assurance completed the vast majority (83 percent) of these tasks within twelve months. Eight recommendations required legislative action and seven required funding. The legislature acted upon seven of the recommendations, including enactment of HB 1103 and creation of a new licensing structure for counselors. The budget items did not receive funding during the 2008 legislative session.

For a complete listing of the tasks completed in response to the State Auditor's Office performance audit, please see Appendix Z3.

The complete performance audit report can be accessed through the State Auditor's Office.

[2] http://www.sao.wa.gov/Reports/AuditReports/AuditReportFiles/ar1000002.pdf

Workload staffing study

In 2006 the legislature passed HB 2974. This law directed the department to create a standard formula for forecasting disciplinary staffing needs. The formula was intended to identify the appropriate number of full-time employees (investigators, attorneys, and supporting staff), based on the factors that drive disciplinary workload. During the 2006 and 2007 calendar years, the department developed an initial formula. It contracted with Sterling Associates Inc. to revise and refine the work. This included conducting an exhaustive time and motion study in August 2007.

The time and motion study involved 155 division staff, including 37 supervisors. Study participants carried pagers during a four-week period. They recorded their activities whenever they were paged. They were paged an average of 8.2 times per day. More than 20,000 responses were received during the month of August, representing about 23,750 hours. This led to a 99 percent confidence level that overall results were accurate.

In November 2007 Sterling presented a completed report to the division. This included a staffing model. The model can estimate by job function the number of full-time equivalent (FTE) positions needed for existing and future workloads. The model is also flexible enough to look at staffing needs by health profession. It can be adjusted for external process or organizational changes. The model is similar to ones used by the Departments of Social and Health Services and Department of Corrections.

The Department of Health proposed a decision package for the 2008 legislative session to increase staffing, based on the results of the model. The department will continue to develop future legislative proposals using the formula.

2008 legislative session

Fourth Substitute House Bill 1103 – Health Professions Regulation

Fourth Substitute House Bill 1103 had a wide range of provisions. These include:

- Allowing show cause hearings following summary action for imminent danger
- Prohibiting delegation of a final decision to a presiding officer in board/commission cases that involve standards of practice or clinical expertise
- Giving the secretary responsibility for all discipline for sexual misconduct that does not involve standard of care or clinical expertise
- Allowing the department to use non-conviction data from other jurisdictions
- Restoring criminal justice agency status to the department
- Providing authority for fingerprint-based national criminal background checks and expanding the list of crimes to be reported to the department
- Mandating that employers report determinations of unprofessional conduct against employees
- Mandating use of a consistent sanctioning schedule for all professions
- Changing the process to deny applications
- Adding a citation and fine process for failure to produce documents requested for investigation
- Allowing permanent license revocation under certain conditions
- Using unappropriated funds by health professions in some circumstances

- Establishing five-year pilot projects for the Medical Quality Assurance Commission and Nursing Care Quality Assurance Commissions[3]

For a more complete explanation of the provisions of HB 1103, please see the final Legislative Bill Report in Appendix Z4.

Second Substitute HB 2674 – Registered Counselors

Second Substitute House Bill 2674 focused on credentialing and regulation of behavioral health professions such as registered counselors, hypnotherapists, psychologists, chemical dependency professionals, mental health counselors, marriage and family therapists, and social workers. The reports of two separate work groups, one convened by the governor in 2006 and one mandated by the legislature in 2007, contributed to the provisions of the bill.

The bill divided the health profession of registered counselor into eight new categories of health professions. All registered counselors must obtain another health profession credential by July 1, 2010. On that date, the registered counselor credential will be eliminated.

For a more complete explanation of the provisions of Second Substitute House Bill 2674, please see the final Legislative Bill Report[4].

Implementation of ILRS

In February 2008 the department launched a new licensing and disciplinary information system. The system integrates licensing and regulatory functions. It replaced seven outdated legacy licensing and discipline systems. Maintenance and data entry for these systems required a great deal of staff time and resulted in inaccurate and redundant information.

The benefits of the new Integrated Licensing and Regulatory System, or ILRS, include:

- Direct access to basic data;
- Improved quality and reliability of information;
- Improved timeliness and efficiency of disciplinary reporting and tracking;
- Clearer decision-making structure and process;
- Enhanced capability for data sharing within Department of Health and with other agencies;
- Improved reconciliation of finances with program work; and
- Alignment of HSQA Information Systems with Department of Health technology standards;

After four years ILRS went "live" on February 19, 2008. During implementation, project staff converted 17 million electronic records, and configured the system to handle 259 different types of health care credentials. They also trained 400 division staff on how to use the system.

[3] With regard to this last action, the Dental Quality Assurance Commission and Chiropractic Quality Assurance Commission were given the option to participate but elected not to. The pilots allow expanded budget and staffing authority, and allow each to hire a dedicated executive director. The pilots must also be evaluated, with a report to the legislature by December 2013.

[4] http://apps.leg.wa.gov/documents/billdocs/2007-08/Pdf/Bill%20Reports/House%20Final/2674-S2.FBR.pdf

HSQA reorganization

In May and June of 2008 the division took a major step forward in integrating its regulation of health professions and facilities. After two years of planning and development, HSQA reorganized into five new offices that better represent the functions of the division.

Each of the new offices has a distinct role in realizing these strategic goals:

- Office of Health Professions and Facilities (HPF). This office provides direct program support to the professions, including boards and commissions. It regulates the health and safety of a variety of healthcare and other facilities. Staff in this office are involved in setting practice standards, developing rules and policies, and communicating with the public.
- Customer Service Office (CSO). The Customer Service Office serves as "one-stop shopping" for the public. CSO Call Center staff answer calls, intake and process applications for credentials. The office is responsible for complaint intake and public disclosure. It contains the Adjudicative Clerk Unit, whose staff schedule administrative proceedings.
- Office of Community Health Systems (CHS). The Office of Community Health Systems ensures strong health systems for underserved communities and promotes local access to health services. CHS staff administers the State Strategic EMS and Trauma Plan. This office also houses the division's Research, Analysis, and Data Unit.
- Legal Services Office (LSO). The Legal Services Office provides legal support to the other offices. This office monitors the compliance of health care professionals who have received disciplinary action. LSO staff provides legal review of cases, present cases to professions, including boards and commissions, and prepare and serve legal documents. They also participate in settlement negotiations on disciplinary actions.
- Investigation and Inspection Office (IIO). This office inspects medical and community facilities and investigates complaints on providers. It also coordinates disciplinary activities for health professions and facilities. The office performs Medicare certification for medical, health, child and residential care facilities.

For more information about each of the offices within Health Systems Quality Assurance, please see Appendix Z6.

In addition, the Adjudicative Service Unit (ASU) contains health law judges who preside over and make decisions in administrative hearings. For impartiality reasons, the judges and legal secretaries in ASU have remained a part of the Office of the Secretary through the reorganization.

Fee increases

During the spring of 2008 the department conducted a rulemaking process to increase application and renewal fees for many health professions. In the fall of 2007 Washington citizens passed Initiative 960, which requires legislative approval for fees. The 2008 Legislature approved fee increases up to specific amounts, by profession. All the fees the department adopted are within the legislatively approved levels.

Many factors influence fees and need for increases. They include:

- Increases in disciplinary activity
- Extensive rulemaking or other policy development work
- The number of licensees in a profession
- Increases in the amount or complexity of licensing activities
- Legislative initiatives, such as national background checks or electronic fingerprinting of applicants
- Other mandated fees that are mandated, such as a $25 surcharge to allow some health professionals access to the University of Washington library system
- Court rulings that increase the complexity of regulatory work
- Increased discipline costs, such as the use of expert witnesses
- Important administrative investments, such as ILRS

The agency carefully manages each profession's expenses and revenues. It anticipates and responds to factors that might increase spending. The department's goal is to collect enough revenue to pay for the services it provides and to maintain a modest reserve. Fees were relatively stable for a number of years. In fact, the department reduced fees between 2005 and 2007 for some professions.

The department reduced fees in 2005 to avoid growth in revenues beyond what the legislature had not authorized health professions to spend. In the agency's view, it was not fair to providers to continue to take in revenue that could not be used. New legislation, court cases, and workload increases made fee increases necessary.

The department will continue to evaluate fees on a yearly basis. Staff use a ten-year projection to detect the need for changes early. The goal is to change fees as gradually as possible. Additional environmental changes may affect these projections and cause fees to go up or down in the future.

For a complete listing of the specific fee increases by profession, please see the HSQA Website[5].

[5] http://www.doh.wa.gov/hsqa/FeeInformation/FeeInfoDefault.htm

Disciplinary Activities

This section of the report describes the major disciplinary activities during fiscal year 2008.

Background checks

The department has conducted in-state background checks on new applicants for credentials since 2000. Historically, the rate of positive hits has averaged about four percent of applicants.

The division did more than 45,000 criminal background checks on applications received in fiscal year 2008. These checks against the Washington State Patrol's (WSP) in-state database confirmed or revealed 1,904 convictions. Many of the hits led to investigations to gather more information. Fewer than half (44 percent) of the applicants with criminal convictions disclosed the conviction on the application. See Appendix E, Criminal Convictions for details about each profession.

Total Applicants	45,011
Applicants with Convictions	1,904
Applicants who Disclosed	847
Applicants Not Disclosing	1,057
% with Convictions	4%
% Disclosed	44%
% Non-Disclosed	56%

Starting in June 2006 all new applicants are also checked against federal data banks. These are the Healthcare Integrity Protection Data Bank (HIPDB) and National Practitioner Data Bank (NPDB). The NPDB and HIPDB provide information about actions in other states, including some criminal conviction data that helps determine the need for further review[6]. During fiscal year 2008 NPDB and HIPDB checks resulted in 1,900 positive hits.

The department will move beyond in-state background checks. The 2008 Legislature gave the department the authority to conduct fingerprint-based criminal background checks. We are working with the Washington State Patrol to coordinate fingerprint card scanning and exchange of data electronically.

[6] Healthcare Integrity and Protection Data Bank Website at http://www.npdb-hipdb.hrsa.gov/hipdb.html

Complaints

Most disciplinary activity starts with complaints from the public, practitioners, facilities, or insurance companies. The department also opens complaints based on media accounts or information from law enforcement. During fiscal year 2008 the department received 7,006 new complaints against credentialed health care providers and people practicing without a license. This represented a five percent increase from fiscal year 2007. In addition, 3,349 open complaints were carried over from fiscal year 2007. These resulted in a total of 10,355 complaints in the HSQA disciplinary system. See Appendix F, Investigation, Closure and Case Resolution for details about each profession.

Case disposition

Complaints are resolved before or after adjudication. The type of order issued to the health care provider indicates how the case was resolved. All orders are public records. Orders with actions against health care providers' credentials (since July 1998) are available on the Internet[7]. Appendix F provides information on closure types before and after adjudication, by profession and type of disciplining authority (board, commission, or secretary).

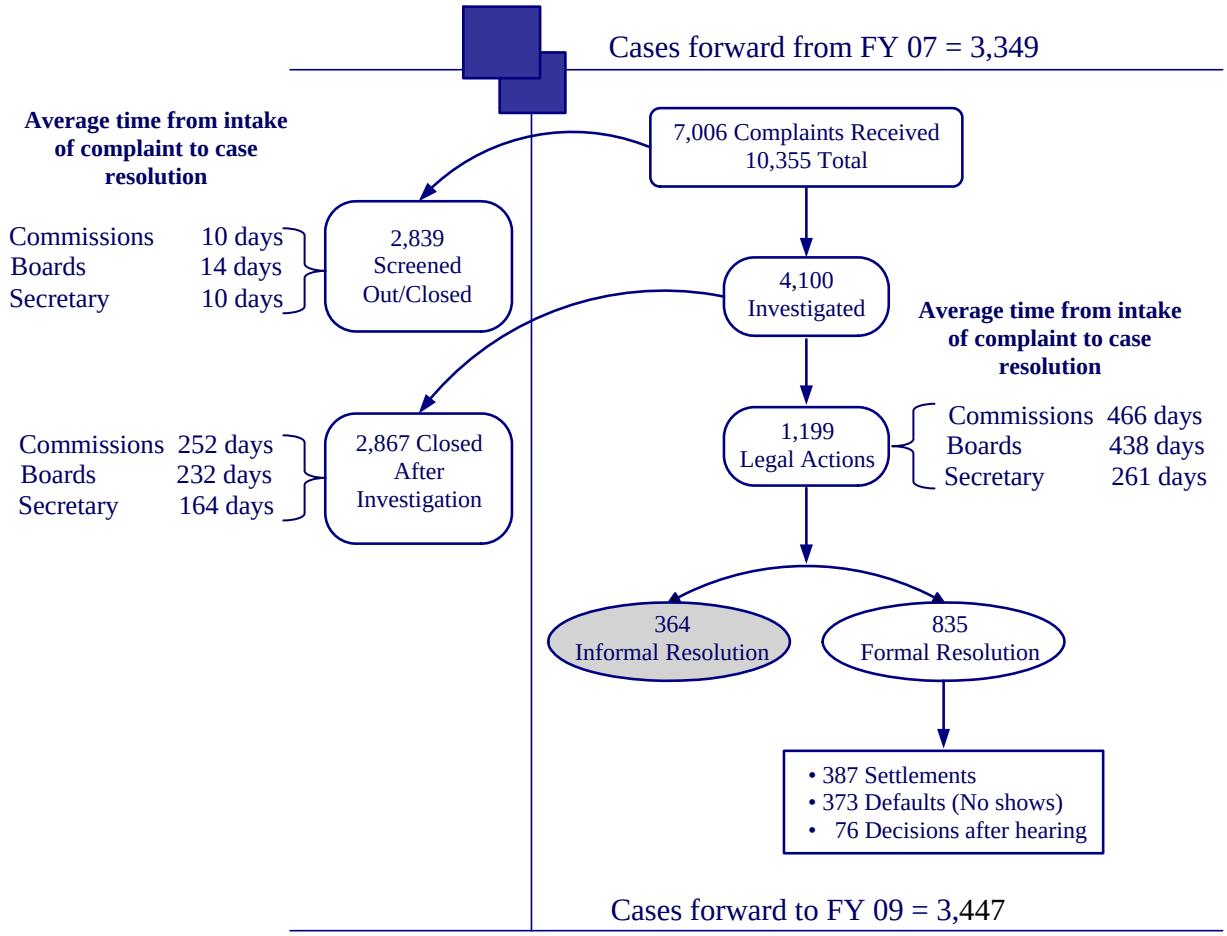
During fiscal year 2008:

- Board and commission disciplinary actions totaled 540 and secretary professions totaled 590.
- About 31 percent of complaints resolved after adjudicative proceedings were closed with informal dispositions and another 31 percent with agreed orders. About 33 percent were closed with default orders and five percent with final orders. Definitions are in Appendix G.
- Comparing complaints to actions, boards and commissions took action on nine percent of complaints and secretary professions took action on 15 percent of complaints.

Case process

The following chart shows the flow and disposition of complaints. The chart indicates the average length of time from complaint intake to the disposition of the complaint in each step.

[7] Web address: https://fortress.wa.gov/doh/providercredentialsearch/



See Appendix H for a five-year comparison of disciplinary trends.

Increased use of expert witnesses

Expert witnesses are used in more cases and in more professions than in the past. These specialists are hired on contract to review standard of care issues in investigation and medical files. During fiscal year 2008 the department spent about $300,000 for expert witnesses in 130 cases. This was an increase of nine percent from the previous two fiscal years.

The department has traditionally located and contracted with expert witnesses on a case-by-case basis. We have had difficulties locating experts who were both suitable and willing to serve, resulting in delays in the disciplinary process. However, in March 2008 we contracted with Medical Consultants Northwest, Inc. to help us identify expert witnesses.

The contract has made it easier for us to find expert witnesses in a variety of fields. This has shortened the time needed to locate experts and reduced delays in the disciplinary process.

Common violations of the law

The Uniform Disciplinary Act (UDA) regulates health care professionals. Violations are not considered criminal acts and the disciplining authority cannot send someone to jail. The disciplining authorities decide whether the health care professional can continue to practice and

under what conditions. If practitioners commit crimes not already known to law enforcement, the department notifies the appropriate jurisdiction.

About 62 percent of UDA violations fell into the five frequently reported categories:

Type	Percent
Violation of any state or federal statute or administrative rule[8]	19
Conviction of a gross misdemeanor or felony relating to the practice of a health care profession[9]	13
Incompetence, negligence, or malpractice [10]	13
Personal drug or alcohol abuse [11]	10
Failure to comply with an order issued by the disciplining authority[12]	5

Many violations also involve moral turpitude, dishonesty, or corruption[13]. More than 90 percent of the time, that violation of the law is combined with other violations, such as those noted above, when charges are issued.

Sanctions imposed on practitioners

This report divides sanctions into five categories: removal from practice, removal from practice with conditions, rehabilitative, deterrent, and voluntary surrender of the credential. Definitions can be found in Appendix G.

There are fewer final orders reported (951) than the number of cases with disciplinary sanctions (1,199). This is because sometimes one final order resolves multiple cases. Division reports to the data bank reflect this distinction. Thus, 951 orders were reported to the data bank as closing out 1,199 complaint cases. See Appendix J, Violations and Sanctions Imposed.

Sanctions imposed during the fiscal year 2008, as compared to fiscal year 2007:

- Removal from practice decreased from 294 to 264 (decrease of 10 percent).
- Removal from practice with conditions increased from 37 to 107 (increase of 189 percent).
- Rehabilitative sanctions increased from 457 to 546 (increase 19 percent).
- Deterrent sanctions decreased from 25 to 9 (decrease of 64 percent).
- Voluntary surrender sanctions increased from 20 to 25 (increase of 25 percent).

After a finding of unprofessional conduct, the disciplinary authority imposes sanctions, such as suspension of the license, a fine or conditions on practice of the profession

[8] RCW 18.130.180(7)
[9] RCW 18.130.180(17)
[10] RCW 18.130.180(4)
[11] RCW 18.130.180(6) or (23)
[12] RCW 18.130.180(9)
[13] RCW 18.130.180(1).

Sanctioning guidelines

In 2004 the Secretary of Health established a workgroup to create sanctions guidelines. The purpose of the guidelines was to promote consistent disciplinary sanctions for similar unprofessional conduct. The guidelines were adopted by the secretary for professions for which she has disciplinary oversight. Each of the fourteen boards and commissions with disciplinary authority later adopted the guidelines.

The Department of Health set goals for compliance with the guidelines in its 2007-09 Strategic Plan. Because cases sometimes arise that cannot be adequately addressed by the guidelines, the compliance targets were set at 95 percent for secretary professions and 80 percent for board and commission professions. These goals have been consistently met or exceeded on an aggregate basis.

Section 12 of 4SHB1103, passed in 2008 and codified as RCW 18.130.390, requires that each board and commission with disciplinary authority appoint a representative to meet and review the existing sanction guidelines. They were directed to then make recommendations to the secretary regarding adoption of a sanction schedule in rule. Those meetings were held during the summer of 2008. In accordance with the legislation, the rules will be effective January 1, 2009.

Unlicensed practice

When health care is beyond the scope of practice of a professional or is provided by unlicensed people, it is called unlicensed practice. The secretary is responsible for regulating unlicensed practice. The HSQA investigation unit manages these complaints. If unlicensed practice is found, the department can issue a Notice of Correction or a Cease and Desist Order.

A Notice of Correction warns individuals of further action if they continue to engage in unlicensed practice. A Cease and Desist Order requires the person to stop practice and may impose a fine. Continued unlicensed practice may result in court enforcement of the Cease and Desist Order or criminal prosecution. Due to limited resources, the department focuses on those cases with the highest risk to the public.

There were 458 unlicensed practice complaints during fiscal year 2008. This was an increase of three percent from the prior two years. The number of closures with a Notice of Correction or Cease and Desist Order declined to 24 from an average of 55 for the previous two years, a 56 percent decrease.

Total Complaints	458
Closed No Action Taken Before Investigation	174
Closed No Action Taken After Investigation	156
Cease and Desist Order Issued	24
Total Closed	354

A more detailed listing of unlicensed practice by type of profession is found in Appendix F.

Alternatives to Discipline

Substance abuse monitoring programs

HSQA uses three substance abuse monitoring programs. Two programs have contracts with the agency that are monitored by HSQA staff. A third program, Washington Health Professional Services, is staffed by department employees. Disciplining authorities can refer practitioners to a program. They may require practitioners to enter the program as a condition of practice or return to practice. Practitioners may also voluntarily participate in the programs if they have an active credential in Washington.

The programs must report practitioners to HSQA if they do not comply with the conditions of the monitoring contract. The disciplining authority may then take disciplinary action. See Appendix K, Alternative Programs – Chemically Impaired Practitioners for more information.

The three programs are:

- Washington Physicians Health Program (WPHP): it works with chemically impaired allopathic physicians and physician assistants, dentists, osteopathic physicians and physician assistants, veterinarians and podiatrists.

- Washington Recovery Assistance Program for Pharmacy (WRAPP): it monitors substance abuse for pharmacists and other pharmacy professionals. Only the Board of Pharmacy requires practitioners to enter the program, which also takes volunteers.

- Washington Health Professional Services (WHPS): the program for all remaining health professionals not covered by WPHP or WRAPP.

The Washington Health Professional Services (WHPS) has grown significantly in recent years. Caseload increased 49 percent between March 2006 and May 2008 with no increase in staff. In April 2008 the program had 432 participants and 85 cases in development, with an average of 47 new cases a month.

This growth forced the program to limit new admissions between April and July 2008. The program also sought interns from local colleges and employed a part-time volunteer to help with data management. This was a necessary, though not ideal, method for dealing with this population of health professionals.

Board and Commission Supplemental Reports

Fourth Substitute House Bill 1103 allows boards and commissions to provide supplements to this report. The supplements may provide "additional information about the disciplinary activities, rulemaking and policy activities, and receipts and expenditures for the individual disciplining authority."[14]

[14] 4SHB 1103, Section 13(2).

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The following two boards do not have disciplinary authority.

Budget – Board of Denturists

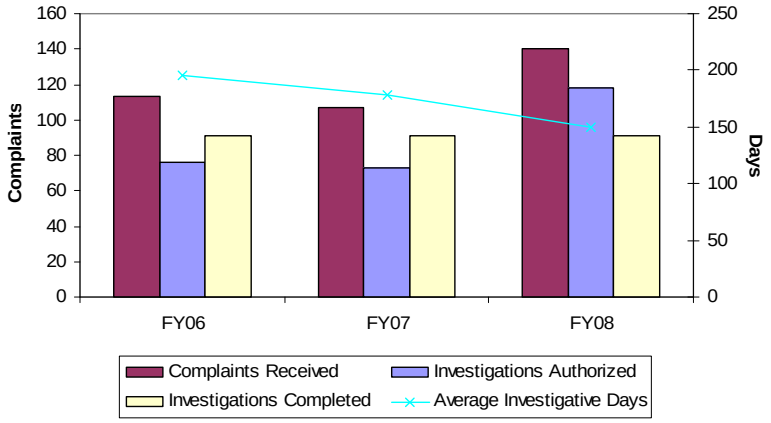
	Revenue	Expenditures	Balance
			$ 222,009.00
FY2006	$ 157,890.00	$ 245,529.56	$ 134,369.44
FY2007	$ 162,681.46	$ 250,980.12	$ 46,070.78
FY2008	$ 203,895.00	$ 230,171.10	$ 19,794.68

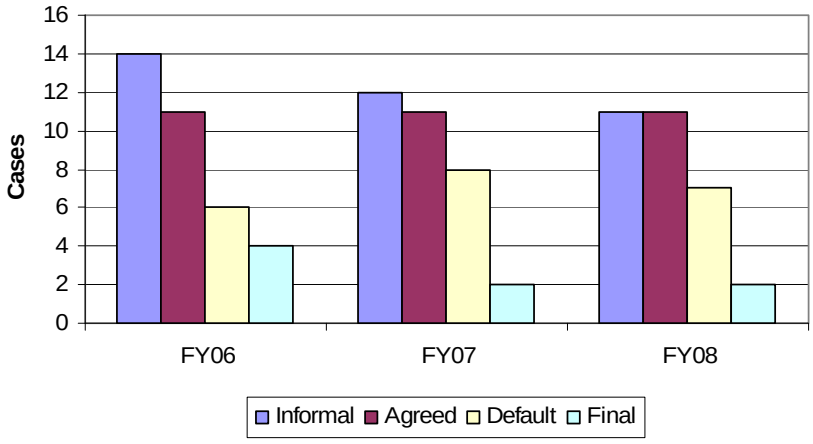
Budget – Board of Massage

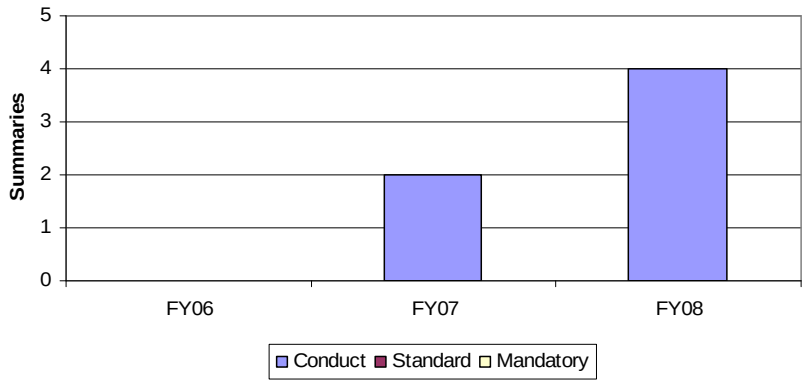
	Revenue	Expenditures	Balance
			$ 1,039,721.00
FY2006	$ 249,995.00	$ 643,917.95	$ 645,798.05
FY2007	$ 263,467.00	$ 766,943.47	$ 142,321.58
FY2008	$ 441,274.32	$ 785,344.82	$ (201,748.92)

The following boards and commissions have disciplinary and legislative authority.

Three year disciplinary summary – Chiropractic Quality Assurance Commission







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Rulemaking and policy activities –

- WAC 246-808-560 - Documentation of Care CR101 filed September 25, 2007. The commission is currently drafting language with stake holder input to clarify and strength the rule.

- WAC 246-808-640 – Scope of Practice, the commission is repealing this rule as it is redundant and outdated. The CR105 should be filed August 20, 2008.

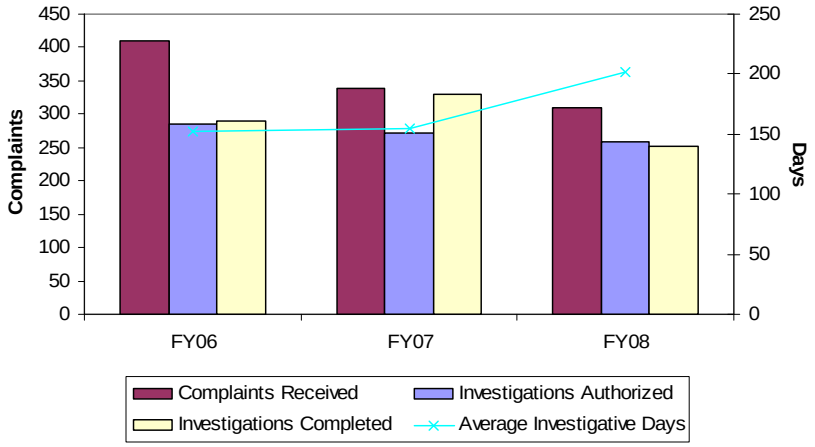
- The commission adopted the following policies in 2008.
  - Chiropractic Quality Assurance Commission Meetings – Adopted June 12, 2008.
  - Commission Member Information Requests – Adopted February 14, 2008.
  - Chiropractic Quality Assurance Commission -Commission Member Violation of a Policy – Adopted June 12, 2008.
  - Executive Committee: Membership, Duration, Removal, Delegation of Authority, Purpose – Adopted June 12, 2008.
  - Special Meeting Conference Call - Adopted June 12, 2008.

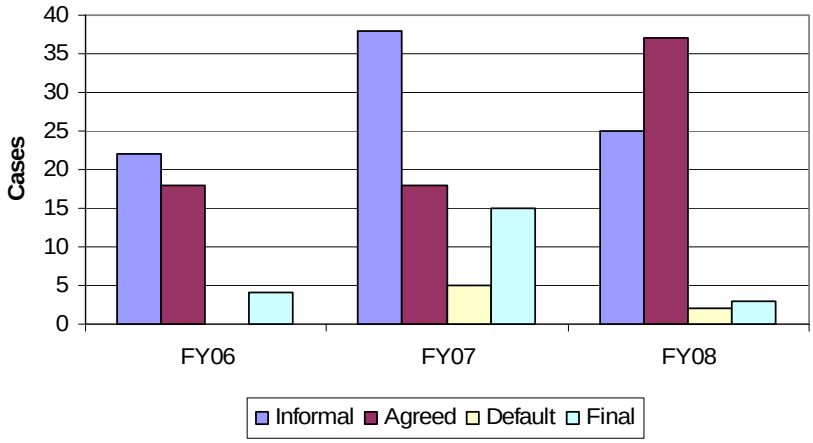
Budget

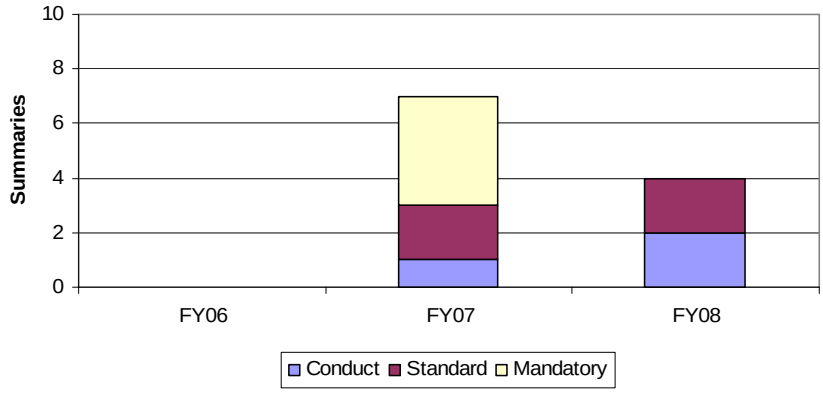
A three year summary showing starting and ending balances, revenue, and expenditures. Boards and commissions will be provided budget reports showing yearly expenditures by line item.

	Revenue	Expenditures	Balance
			$ 754,177.00
FY2006	$ 527,763.71	$ 728,344.72	$ 553,595.99
FY2007	$ 536,426.43	$ 848,672.57	$ 241,349.85
FY2008	$ 759,602.52	$ 1,216,504.12	$ (215,551.75)

Three year disciplinary summary – Dental Quality Assurance Commission







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Rulemaking and policy activities –

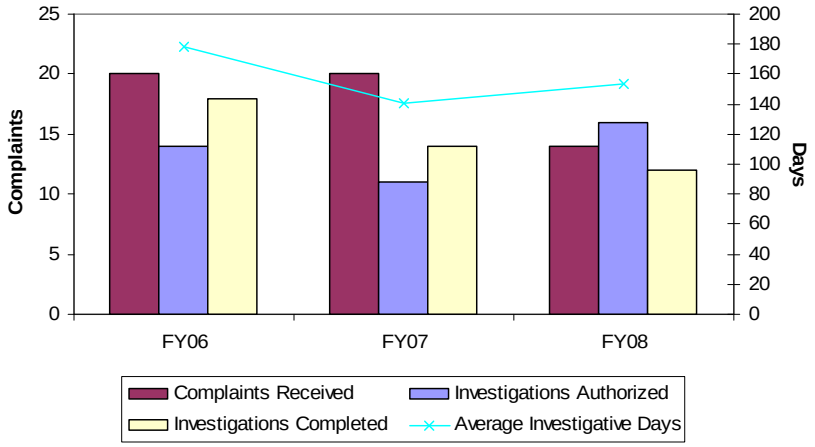
- Substitute House Bill 1099 created two new dental professions in the 2007 legislative session. Rules for credentialing and scope of practice for dental assistants and expanded function dental auxiliaries were filed on June 19, 2008. More than 8,000 dental assistants are expected to apply for registration and approximately 50 expanded function dental auxiliaries will apply for licensure by the end of 2008. Additional dental auxiliaries will follow as the education institutions roll out their new training programs.
- Substitute House Bill 2881, passed in the 2008 legislative session, provides an alternate path to dental licensure. The bill amends RCW 18.32.215 and adds a new section to chapter 18.32 RCW to address dental applicants applying for licensure who did not graduate from a Commission on Dental Accreditation (CODA) approved school. The new alternative allows a dental applicant that has practiced in another state for at least four years and has completed a one-year postdoctoral residency to apply for licensure.
- House Bill 3088, passed in the 2008 legislative session, amends RCW 18.260.110. The amendment provides an exemption from registration requirements for dental assistant students and volunteer dental assistants providing services in charitable dental clinics.
- The Dental Quality Assurance Commission (DQAC) appointed a sub-committee comprised of four commission members and eight specialists in the area of anesthesia to review and make recommendations regarding amendments to the regulations pertaining to the "Administration of Anesthetic Agents for Dental Procedures." The committee made over 30 recommendations, including amendment, relocation, and creation of approximately twenty separate rules.
- Amendment of six rules related to Application and Eligibility Requirements for dentists are in process. Amendments are needed to reflect significant changes to licensure and examination standards at the state, regional and national levels.
- Dental fee increases became effective September 2008. Significant increases in the disciplinary workload over the last two biennia have created a deficit in excess of $1.5 million dollars. The law requires that all health profession programs be self-supporting, and fees are the primary funding source. If fee increases are approved by the legislature in each of the next four legislative sessions, the current projection is to have the commission operating in the black by 2013.
- The commission reviewed and modified their existing policy on complaint threshold determination. The policy was updated as Initial Assessment Thresholds to include a new section for initial assessment of patient deaths related to dental procedures.

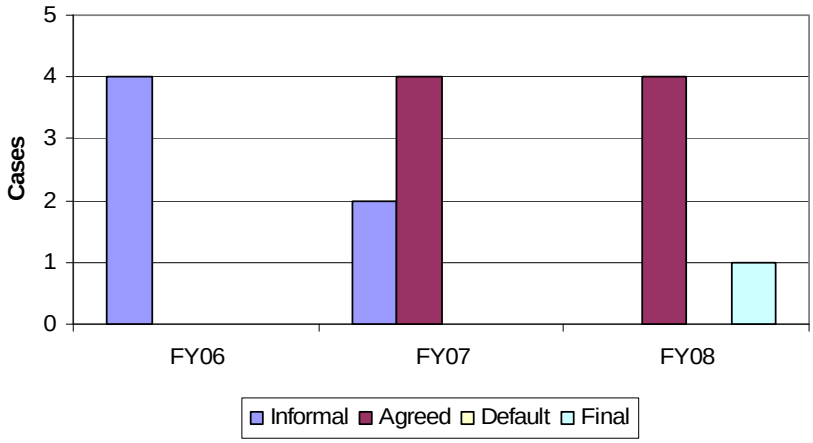
Budget

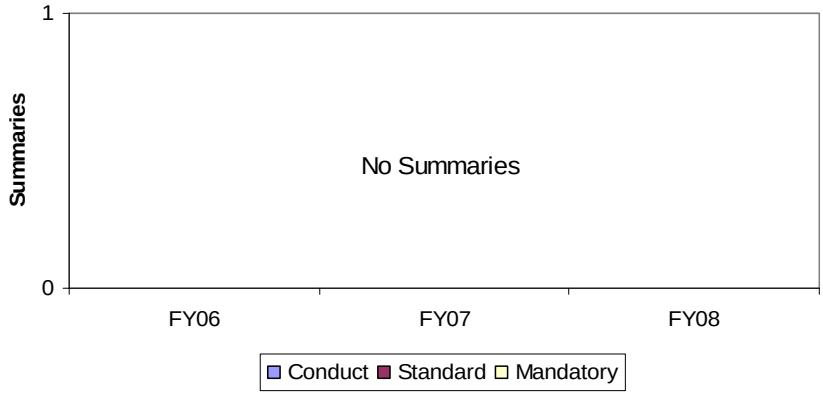
A three-year summary showing starting and ending balances, revenue, and expenditures. Boards and commissions will be provided budget reports showing yearly expenditures by line item.

	Revenue	Expenditures	Balance
			$ 563,672.00
FY2006	$ 1,550,047.94	$ 2,073,098.47	$ 40,621.47
FY2007	$ 1,584,831.07	$ 2,349,224.90	$ (723,772.36)
FY2008	$ 1,577,019.42	$ 2,432,238.04	$ (1,578,990.98)

Three year disciplinary summary – Board of Hearing and Speech







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Rulemaking and policy activities –
No input provided by board.

Budget
A three year summary showing starting and ending balances, revenue, and expenditures. Boards and commissions will be provided budget reports showing yearly expenditures by line item.

	Revenue	Expenditures	Balance
			$ 661,203.00
FY2006	$ 127,610.00	$ 208,059.02	$ 580,753.98
FY2007	$ 131,473.00	$ 248,163.63	$ 464,063.35
FY2008	$ 202,274.50	$ 297,962.24	$ 368,375.61

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Medical Quality Assurance Commission

Uniform Disciplinary Act (UDA) Supplemental Report for July 1, 2007 through June 30, 2008

December 2008

MQAC purpose and composition

- The Medical Quality Assurance Commission (MQAC) protects the public by licensing and disciplining physicians and physician assistants, and by developing rules, policies and guidelines regulating the practice of medicine. The governor appoints 21 members to four-year terms. The commission consists of thirteen physicians, six public members, and two physician assistants. The commission is governed by RCW 18.71, RCW 18.71A, RCW 18.130, WAC 246-918 and WAC 246-919. Their Web site provides the latest information about the commission.

Licensing statistics

The commission regulates 24,924 physicians (MDs) and 2,277 physician assistants (PAs).

Disciplinary statistics

The disposition of complaints consumes approximately 85 percent of the commission's time and resources. In the past year (July 1, 2007 to June 30, 2008), the commission received and assessed 1,114 complaints alleging unprofessional conduct or impairment. Complaints come from: the public; mandatory medical malpractice reports from insurance companies; adverse action reports from medical societies, hospitals, medical service bureaus, and professional standards review organizations; federal, state, and local agencies.

During the past year, the commission closed 1,118 complaints. It closed 192 cases prior to investigation and 856 after conducting an investigation. The rest were closed after disciplinary action was initiated.

The commission took formal disciplinary action in 76 cases and informal disciplinary action in 26 cases. It dismissed charges in two cases following a formal disciplinary hearing. And summarily suspended or limited the licenses of 11 practitioners.

Note: Some cases may take longer than one year to process because of the complexity of medical investigations and the legal process. Consequently the number of cases closed and the number of actions taken will not correspond to the number of complaints opened.

In most disciplinary actions, the commission monitors the practitioner's practice for a specified time period. As of June 30, 2008 the commission actively was monitoring 173 practitioners under disciplinary orders. The commission requires many of these practitioners to meet with the commission annually or semi-annually to demonstrate compliance with their orders. During the

time period of July 1, 2007 to June 30, 2008, 19 practitioners successfully completed the terms of their orders and returned to practice with unencumbered licenses.

MQAC goals and accomplishments 2007-2008

In addition to licensing and discipline, the commission develops rules which regulate the practice of medicine, establish polices and guidelines to ensure consistent standards of practice, and actively engage in educating the profession and the public.

Rulemaking

The commission is in the process of drafting the following rules:

- On Jan. 24, 2007, the commission filed the CR101 document with the Code Revisers Office to begin rulemaking on Safe and Effective Analgesia and Anesthesia Administration in Office-Based Settings for physicians and physician assistants. The commission will send out a draft of the proposed rule for public comments.
- On April 4, 2007, the commission filed a CR101 document with the Code Revisers Office to begin rulemaking on the Delegation of Non-Surgical Medical Cosmetic Procedures. The commission has sent out several drafts of the rule for public comments. The commission's goal is to file the CR102 by January 2009.

Rule Review

- The commission formed a Physician Assistant Advisory Committee to review all physician assistant rules and to make recommendations to the commission about revising or adding rules to ensure that physician assistants follow national standards of practice.

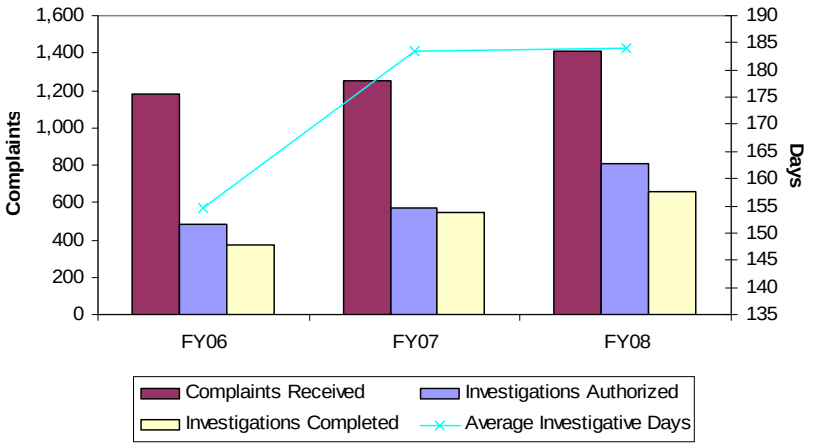
Policies and Guidelines

In the past 12 months the commission issued the following policies, procedures, and guidelines:

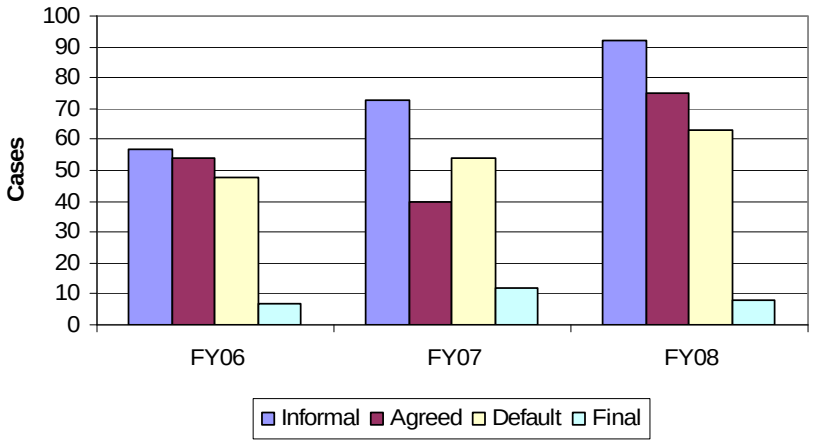
- In January 2008 the commission issued a policy on "Credentialing of Physicians for Reentry After Not Practicing for an Extended Amount of Time." This policy states that applicants who have been out of practice for more than two years may be asked to pass the Special Purpose Examination (SPEX) or any other examination deemed appropriate.
- In February 2008 the commission issued a policy on "Self-Treatment and Treatment of Immediate Family Members." This policy warns physicians about the risks of self-treatment and prescribing for family members.
- In May 2008 the commission issued a revised policy on "Treating Partners of Patients with Sexually Transmitted Chlamydia and Gonorrhea." This policy permits physicians to provide antibiotics, without prior examination, to the partners of persons with sexually transmitted diseases.
- In August 2008, the commission issued a revised policy, on "Intent on Opening an Investigation," listing cases requiring mandatory investigation, including allegations of sexual misconduct, patient abuse, death, serious harm or risk of harm, and "never events."
- "Patient Guide" brochures sent to complainants describing the MQAC process.
- "What Happens Next?" brochures sent to MDs and PAs with complaint notification.
- Sent out "Pain Management Guidelines" brochures to interested persons upon request and placed the guidelines on the Web site for reference.

Three year disciplinary summary – Nursing Care Quality Assurance Commission

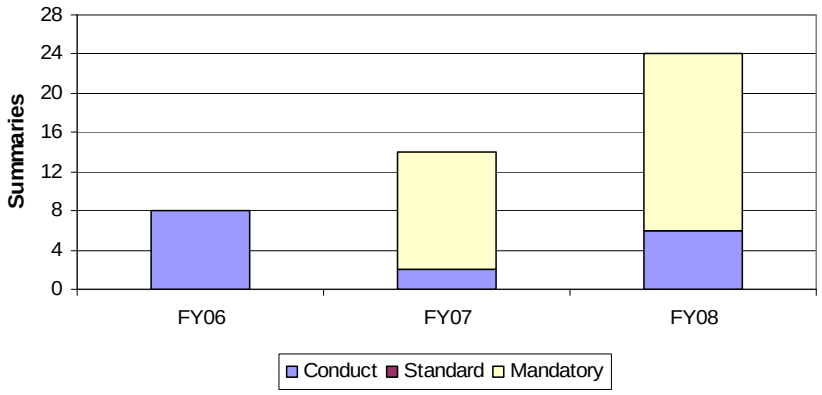
NCQAC received 1430 new complaints in FY08 (20 percent of HPQA new complaints). Authorized investigations increased by 68 percent. The average number of days in investigation for NCQAC cases increased from 150 days (FY06) to 185 days (FY08) due to the closure of a number of lower-priority-level backlogged cases. These cases were closed more slowly due to a primary emphasis on resolving an increased number of high-priority cases.



The number of disciplinary actions has increased, although the number of formal hearings has stayed steady. Cases commonly settle through an agreed order or through a Stipulation to Informal Disposition (STID). Default orders, STIDS, and agreed orders increased by 47 percent over the last 3 fiscal years.



Summary suspensions dramatically increased subsequent to 2007 legislation. This law mandates that licensees with orders prohibiting practice in another state be prohibited from practicing in Washington State. In FY 07 10 out of 14 summary suspensions were based on this new law. In FY08, 18 out of 24 summary actions were based on orders from other states against licensees.



Rulemaking and policy activities –
New regulations for nursing education programs became effective June 2005. At the end of FY08, six schools were on conditional approval for not meeting standards.

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Licensing regulation change was in process over the last three years, and became effective at the end of FY08. With good input from stakeholders, the regulations are much easier to understand, more consistent, and reasonable in required documentation.

Advanced registered nurse practitioners (ARNP) regulation change began in FY08. Numerous meetings with stakeholders, including statewide teleconferencing, were held. Finalizing the new ARNP regulations is anticipated in FY09.

Nursing Care Quality Assurance Commission (NCQAC) has had sexual misconduct rules in place (WAC 246-840-740) since February 1999. Sanctioning guidelines have also been in place, and were first revised in September 2003. In FY07 and 08, NCQAC participated with all of Health Professions Quality Assurance (HPQA) in establishing standards across professions for both sexual misconduct and disciplinary standards.

Budget

The increase in the number of investigations and disciplinary actions has severely impacted the 07-09 biennium budget. Investigation fees, legal fees, and increased workload/pay for commission members related to discipline activity are the main sources of increased expenditures. NCQAC is closely monitoring the budget, cutting expenditures wherever possible.

	Revenue	Expenditures	Balance
			$ 3,354,203.00
FY2006	$ 4,885,419.73	$ 3,895,896.41	$ 4,343,726.32
FY2007	$ 4,668,878.00	$ 5,617,539.71	$ 3,395,064.61
FY2008	$ 4,715,133.60	$ 6,187,057.06	$ 1,923,141.15

The Nursing Care Quality Assurance Commission (NCQAC) regulates licensed practical nurses (LPN), registered nurses (RN), nurse technicians, and advanced registered nurse practitioners (ARNP). The 15-member commission includes 7 RNs, 3 LPNs, 2 ARNPs, and 3 public members. The commission meets every other month for a business meeting. Sub-committees, charging panels, and other meetings are conducted at least monthly by teleconference.

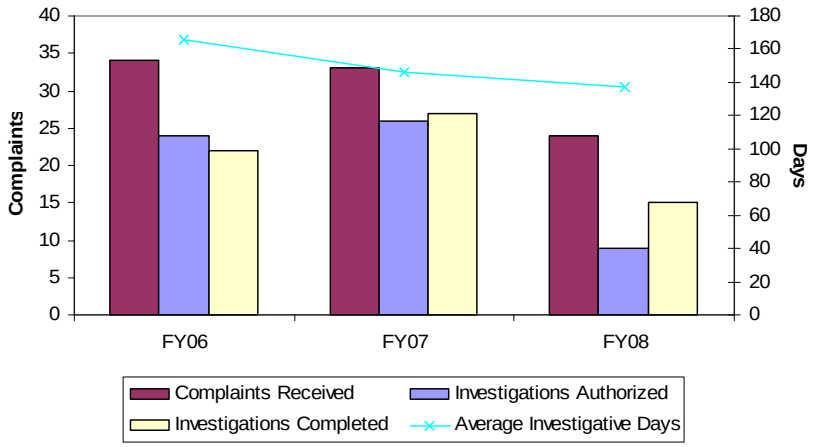
NCQAC also regulates pre-licensure nursing programs in Washington. Nursing programs have expanded enrollment, and new programs have been established. To meet the need, NCQAC has added a second panel of nurse educators to make decisions regarding nursing program approval. These monthly meetings also occur by teleconference.

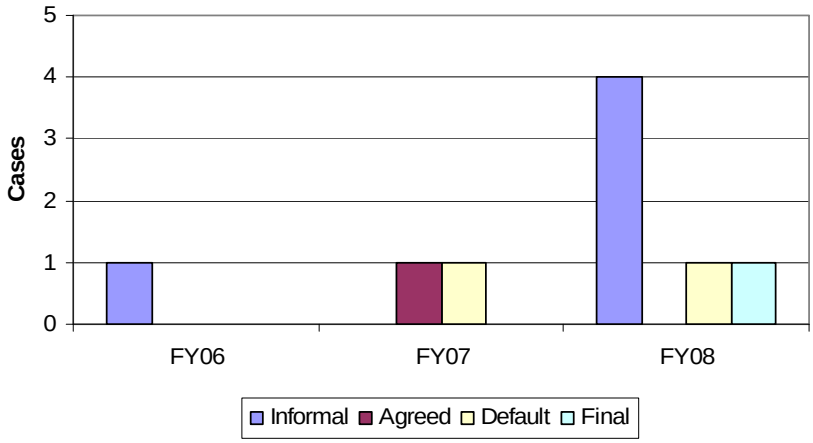
The commission has had a significant increase in its licensees. From July 1, 2007 to June 30, 2008, there was a 12 percent increase in just one year (from 91,838 to 102,711). The two previous biennia had increases of 5 percent and 5.5 percent over each of the two year time periods. HPQA had 319,001 licensees as of June 30, 2008. The nursing commission licensees comprise 32 percent of all HPQA licensees as of June 30, 2008. (see chart below)

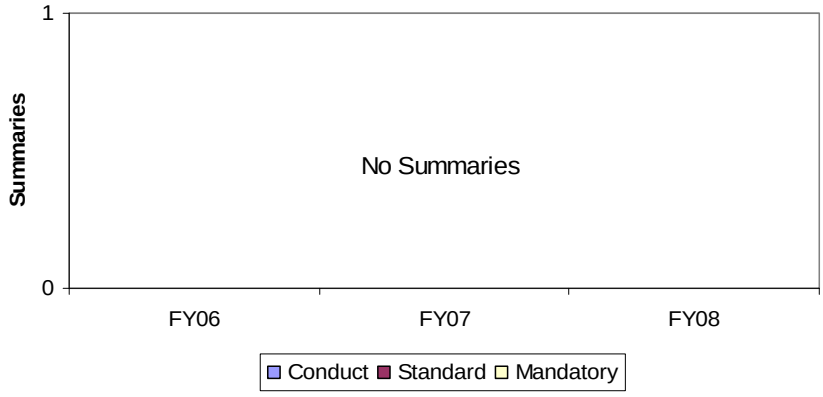
2001-2003:	83,014	(total number of LPN, RN, ARNP and nurse technicians with active licenses)
2003-2005:	87,074	5 percent increase in total number of licensees in two years
2005-2007:	91,838	5.5 percent increase in total number of licensees in two years
FY 2008 :	102,711	12 percent increase in total number of licensees in one year

Disciplinary numbers mirror the increase in the number of licensees.

Three-year disciplinary summary – Board of Nursing Home Administrators







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Rulemaking and policy activities –
No input provided by board.

Budget
A three-year summary showing starting and ending balances, revenue, and expenditures. Boards and commissions will be provided budget reports showing yearly expenditures by line item.

	Revenue	Expenditures	Balance
			$ 177,459.00
FY2006	$ 131,872.50	$ 129,241.38	$ 180,090.12
FY2007	$ 131,002.50	$ 183,863.63	$ 127,228.99
FY2008	$ 146,188.50	$ 238,708.37	$ 34,709.12

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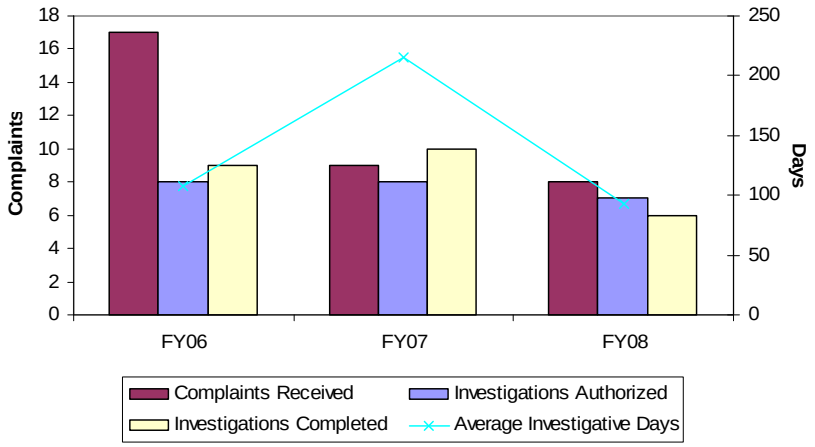
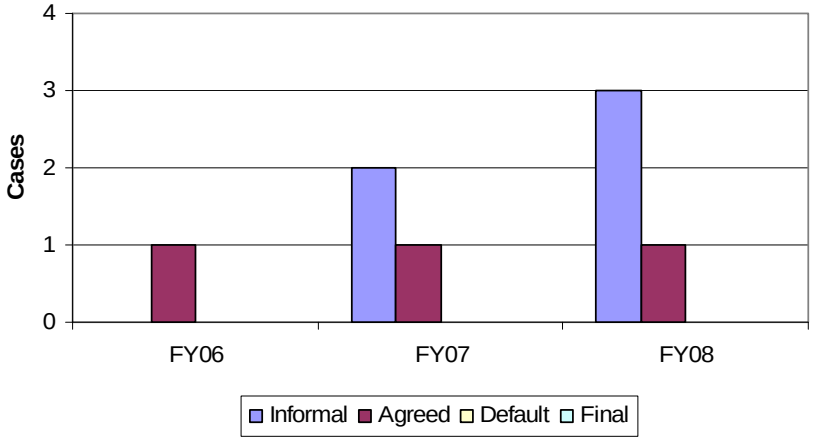
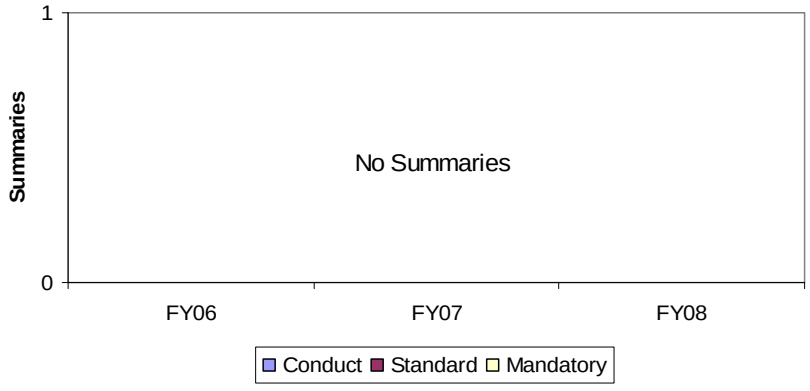
Three-year disciplinary summary – Board of Occupational Therapy







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Rulemaking and policy activities –
No input provided by board.

Budget
A three-year summary showing starting and ending balances, revenue, and expenditures. Boards and commissions will be provided budget reports showing yearly expenditures by line item.

	Revenue	Expenditures	Balance
			$ 266,015.00
FY2006	$ 177,865.00	$ 201,932.75	$ 241,947.25
FY2007	$ 166,046.28	$ 235,104.50	$ 172,889.03
FY2008	$ 188,630.00	$ 247,483.45	$ 114,035.58

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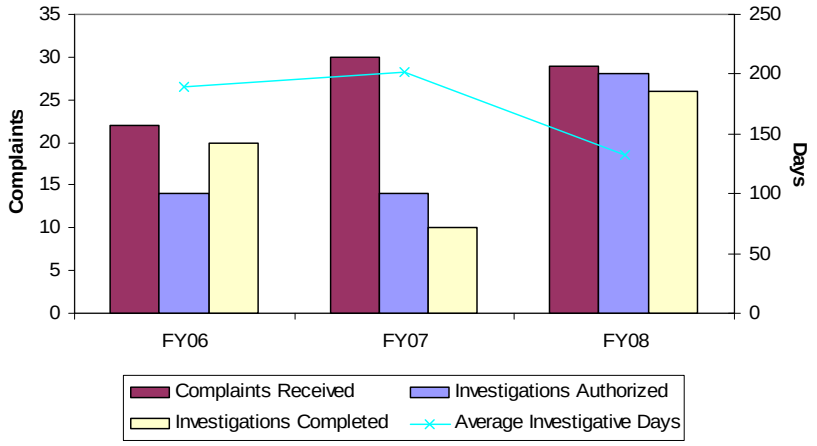
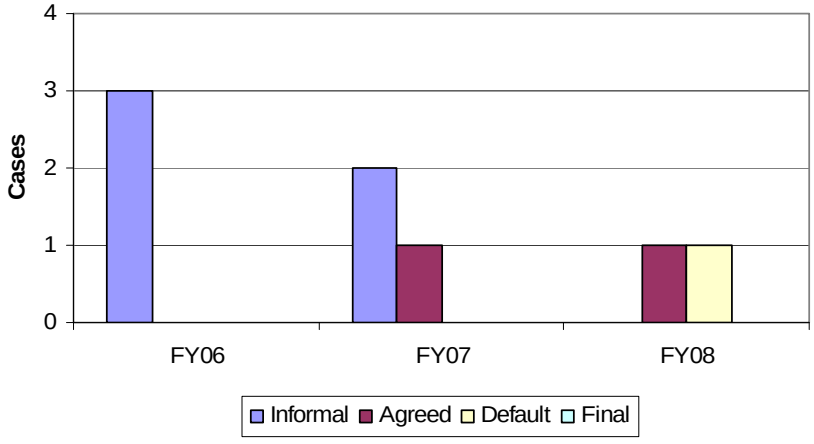
Three-year disciplinary summary – Board of Optometry

The Washington State Board of Optometry is made up of six members. Five members are licensed optometrists and one member represents the public. Members are appointed by the governor and serve three year terms.

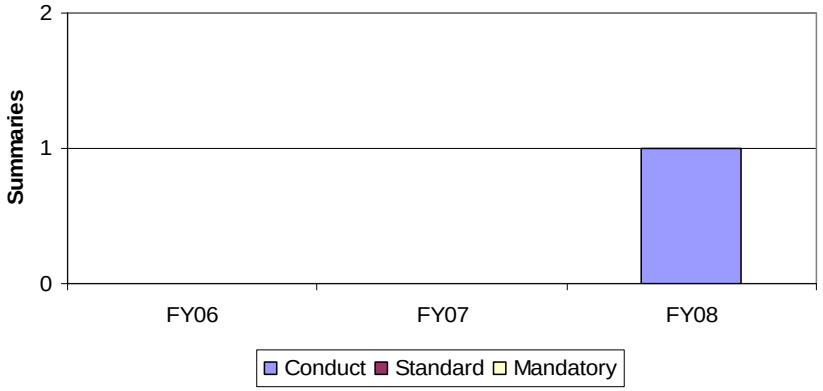
The number of complaints has not risen sharply since 2006. However, the number of investigations authorized by the board and completed by Department of Health investigators, has risen significantly in proportion to the number of complaints received. This increase is due, in part, to the increased public scrutiny of high profile cases. The average number of days required to complete an investigation has dropped since staff reorganization in 2007.



The board has few formal hearings. Cases are generally settled through a Stipulation to Informal Disposition (STID), an informal resolution, or through an agreed order.
Both the STID and agreed order are subject to national data bank reporting.



In this one case, the board issued a summary restriction which authorized the licensee to continue to practice but only under certain practice restrictions until the outcome of a formal hearing.



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Beginning January 1, 2009, licensed optometrists are scheduled to have access to HEAL-WA (Health Electronic Resource for Washington). It is the evidence-based health sciences information portal being developed by the University of Washington Health Sciences Libraries. It's being developed in response to Senate Bill 5930, enacted by the 2007 Legislature. Licensed optometrists will pay an assessment of $25 annually.

It will contact a variety of resources including:

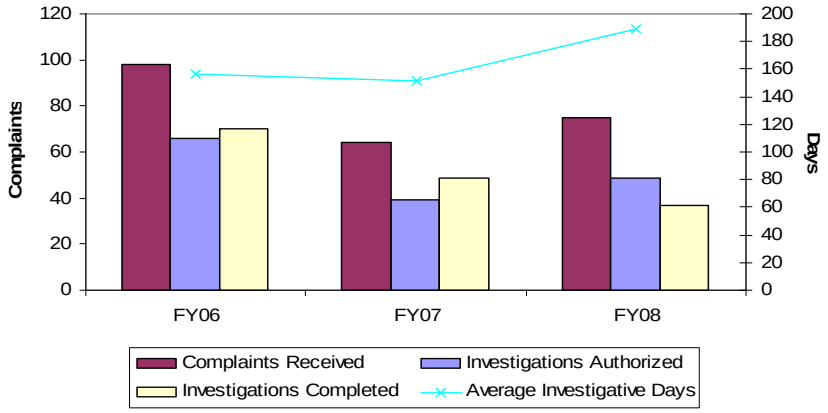
- Online databases
- Electronic journals
- Full text articles
- Electronic textbooks

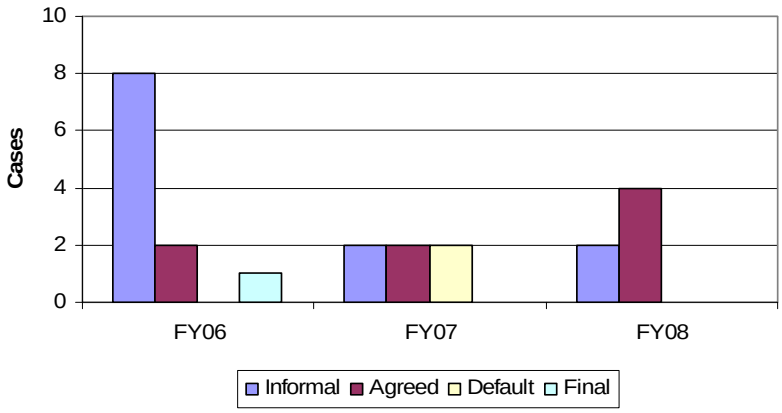
Budget

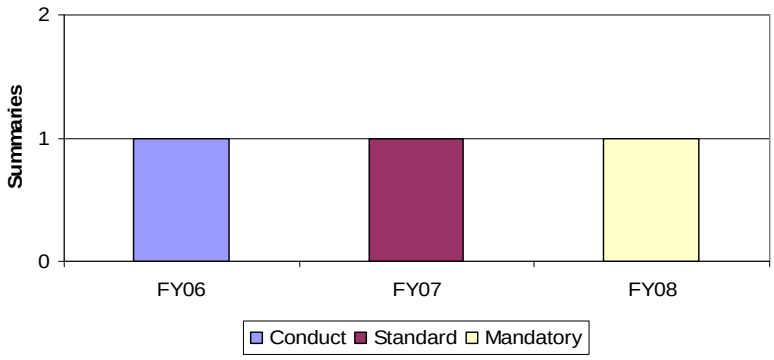
A three-year summary showing starting and ending balances, revenue, and expenditures. Boards and commissions will be provided budget reports showing yearly expenditures by line item. Fees for original application and renewal were recently increased. Both include the $25 University of Washington library access fee.

	Revenue	Expenditures	Balance
			$ 222,011.00
FY2006	$ 168,686.96	$ 225,405.84	$ 165,292.12
FY2007	$ 162,528.00	$ 181,906.71	$ 145,913.41
FY2008	$ 157,598.00	$ 227,556.26	$ 75,955.15

Three-year disciplinary summary – Board of Osteopathic Medicine and Surgery







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Rulemaking and policy activities –

Infection control policy replaces HIV/AIDS infectious disease guideline

The Board of Osteopathic Medicine and Surgery (board) renamed the policy "Infection Control". The policy will refer all osteopathic physicians and physician assistants to the Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), Infection Control Guidelines. This change will encourage consistency for treating infectious diseases among all health care providers.

Laser, light, radiofrequency, and plasma devices

Rules were adopted after a public hearing was held to consider proposed rules for use of laser, light, radiofrequency, and plasma devices as applied to the skin.

The rules clarify that the use of laser, light, radiofrequency, and plasma (LLRP) devices classified as prescriptive medical devices by the Food and Drug Administration are the practice of osteopathic medicine. The rules define the delegation and supervision for the use of LLRP devices by osteopathic physicians and osteopathic physician assistants.

Non-surgical medical cosmetic procedures

The board approved proposed language for Non-Surgical Medical Cosmetic Procedures rules for osteopathic physicians and osteopathic physician assistants. The board approved filing the CR102 for hearing.

Office-based surgery using sedation

The board continued development of rules for use of sedation in office-based surgeries as authorized in HB 1414 (2007 legislation). The rules are being coordinated with the Medical Quality Assurance Commission Podiatric Medical Board, and Facilities and Services Licensing (FSL) who are developing rules to regulate office-based surgeries using anesthesia.

Unintentional poisoning prevention workgroup participation

A representative of the board was appointed to participate in the Unintentional Poisoning Prevention Workgroup. Jennifer Sabel, Injury and Violence Prevention epidemiologist, Department of Health, is leading a workgroup of health care professionals to look at ways to prevent deaths which have occurred from medication overdoses.

Budget
A three-year summary showing starting and ending balances, revenue, and expenditures. Boards and commissions will be provided budget reports showing yearly expenditures by line item.

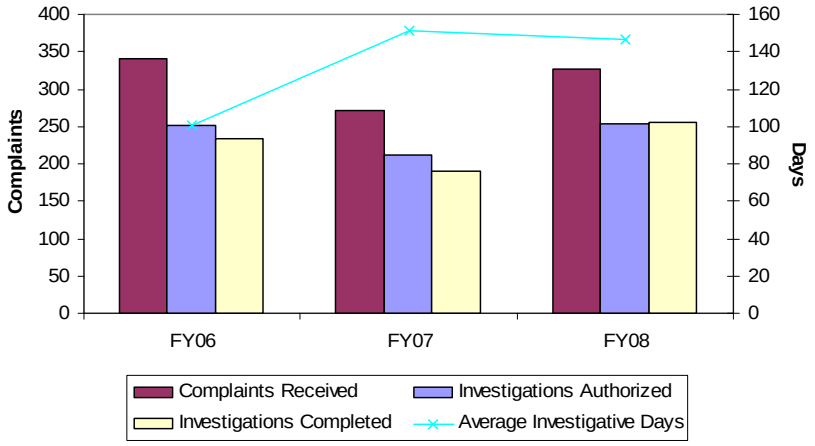
	Revenue	Expenditures	Balance
			$ 844,543.00
FY2006	$ 160,931.10	$ 505,261.35	$ 500,212.75
FY2007	$ 218,550.58	$ 540,526.51	$ 178,236.82
FY2008	$ 582,567.50	$ 640,251.96	$ 120,552.36

- The 2007-2009 biennium budget allocation exceeded $1 million for the first time. The disciplinary workload has attributed to the increased costs.

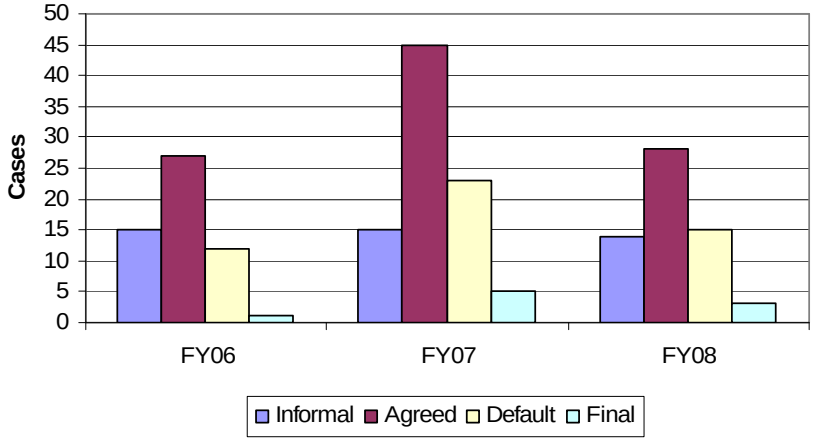
Three-year disciplinary summary –Washington State Board of Pharmacy

The Washington State Board of Pharmacy is made up of seven members. Five members are licensed pharmacists and two members represent the public. Members are appointed by the governor.

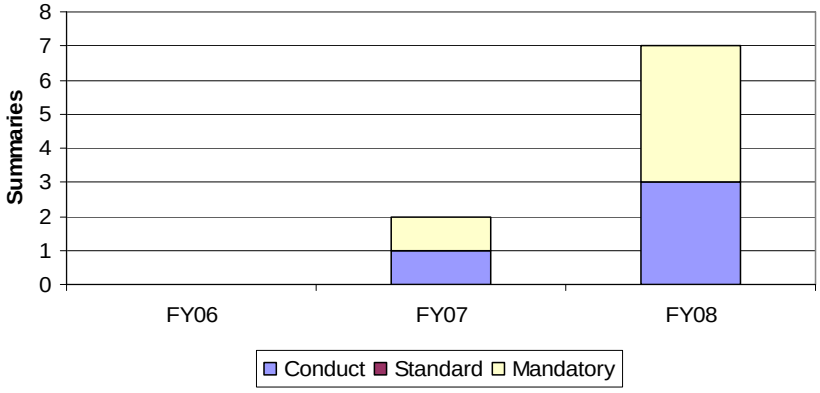
The number of complaints has remained approximately the same since 2006. The number of investigations authorized by the board and completed by Department of Health pharmacy investigators has risen slightly.



The board has very few formal hearings. Cases are generally settled through a Stipulation to Informal Disposition (STID), an informal resolution, or through an agreed order.
Both the STID and agreed order are reportable to the national data bank.



The board has the ability to issue summary suspensions and/or summary restrictions. A restriction allows the licensee to continue to practice but only under certain practice conditions until the outcome of a formal hearing.



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Rulemaking and policy activities – The Washington State Board of Pharmacy has adopted, amended or proposed the following rules:

- **Chapter 246-860 Professional Standards**. Establishes clear and consistent definitions for sexual misconduct. The rules are intended to help providers avoid sexual misconduct and to educate consumers on conduct that may be inappropriate.
- **WAC 246-869-030 Pharmacist's Responsibility and WAC 246-863-090**. Recognizing the vital role pharmacists and pharmacies have in patient care, the board adopted rules to promote patient safety and access to timely medication. Effective July 26, 2007. A preliminary injunction has been granted regarding the dispensing/delivery of emergency contraceptive related to pending litigation.
- **WAC 246-901-030 Technician Education and Training and WAC 246-901-060 Technician Certification**. These rules mandate exam requirements for certification as a pharmacy technician. In addition to exiting requirements, applicants for pharmacy technician must pass a board-approved national standardized exam. The use of an accredited national standardized exam will help to ensure that pharmacy technicians hold the basic knowledge needed to assist pharmacists and improve patient safety. This rule is effective Jan. 1, 2009.
- **Chapter 246-887 WAC Implementation of Uniform Controlled Substance Act**. The board has proposed rules to name carisoprodol (SOMA) as a schedule IV substance.
- **WAC 246-865-060 Extended Care Facility — Pharmaceutical Services**. The board filed a *Preproposal Statement of Inquiry* to consider rules allowing pharmacies to register as a controlled substance registrant to receive outdated, discontinued, or unwanted controlled substance prescription from extended care facilities.
- **Chapter 246-874 Pharmaceutical Services — Correctional Pharmacies/Facilities**. The board has filed a *Preproposal Statement of Inquiry* to consider developing rules specific to the practice of pharmacy in correctional facilities.

Other activities:

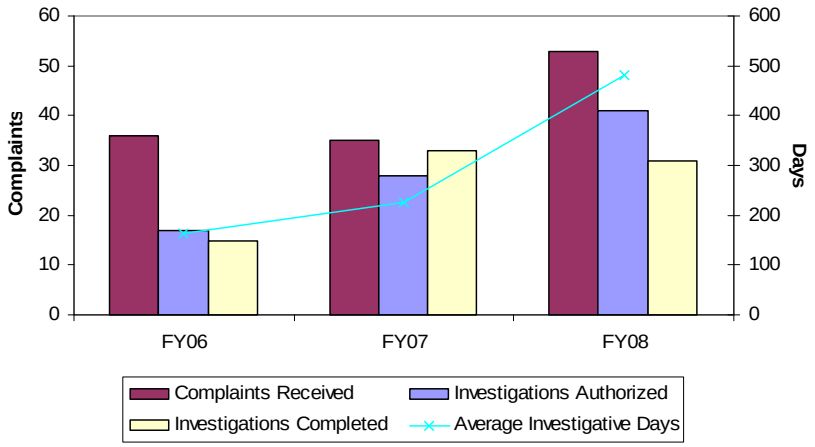
- The board adopted model policies and procedures for the *Administration and Recordkeeping of Legend Drugs Used by Animal Control Agencies and Humane Societies.*
- Methamphetamine Workgroup Report. The report was submitted to the Legislature in November 2007. The work group evaluated the effectiveness of retail sales transaction logs in restricting access to over-the-counter drugs for the illegal manufacturing of methamphetamine.
- The Board of Pharmacy launched electronic distribution of its quarterly newsletter. Currently there are 5015 subscribers.

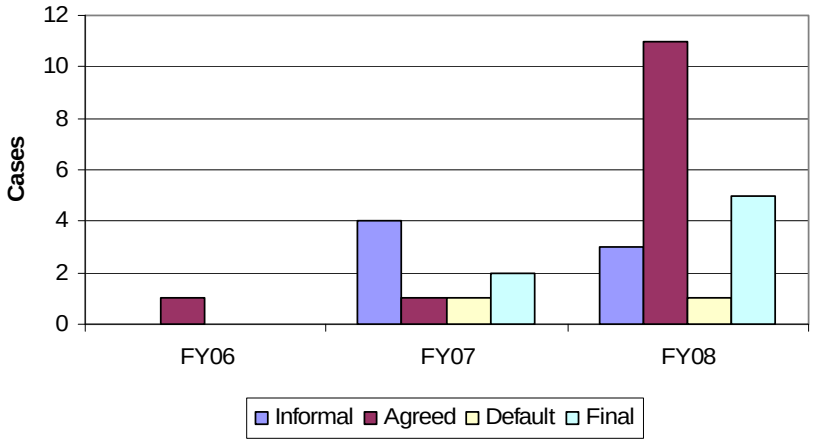
Budget

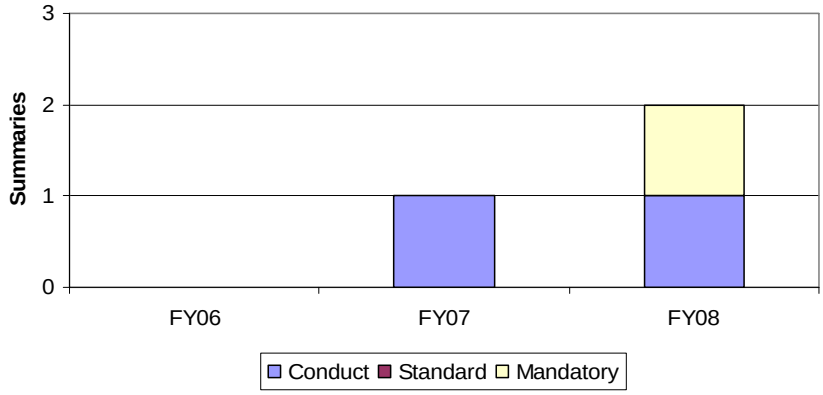
A three year summary showing starting and ending balances, revenue, and expenditures. Boards and commissions will be provided budget reports showing yearly expenditures by line item.

	Revenue	Expenditures	Balance
			$ 2,617,346.00
FY2006	$ 2,765,869.64	$ 2,886,977.84	$ 2,496,237.80
FY2007	$ 2,827,802.62	$ 3,145,374.23	$ 2,178,666.19
FY2008	$ 3,167,588.94	$ 3,895,620.84	$ 1,450,634.29

Three-year disciplinary summary – Board of Physical Therapy







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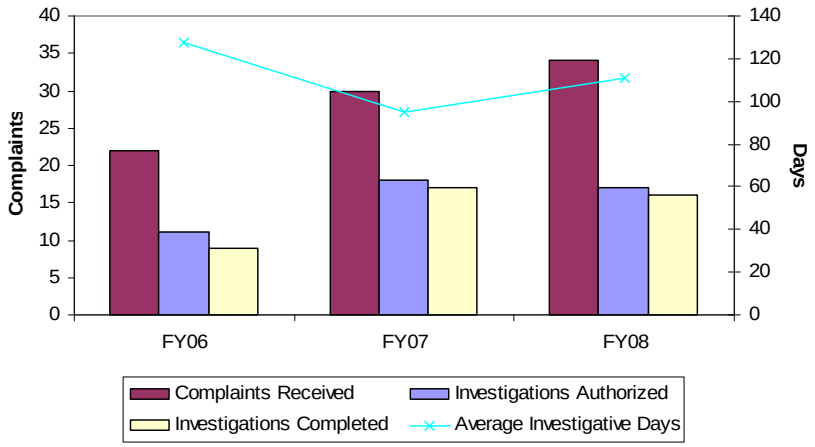
Rulemaking and policy activities –
Engrossed Substitute Senate Bill 5292, passed in the 2007 session, requires licensure for physical therapist assistants (PTA). Licensed physical therapists are authorized to employ and supervised both physical therapist assistants and aides. With licensure, the PTA now falls under the Uniform Disciplinary Act. The rules supporting the new legislation also define a PTA and the examination requirements for applicants. The new rules also establish standards of practice and allow the board to waive the examination requirement for PTAs that meet "grandfathering" requirements.

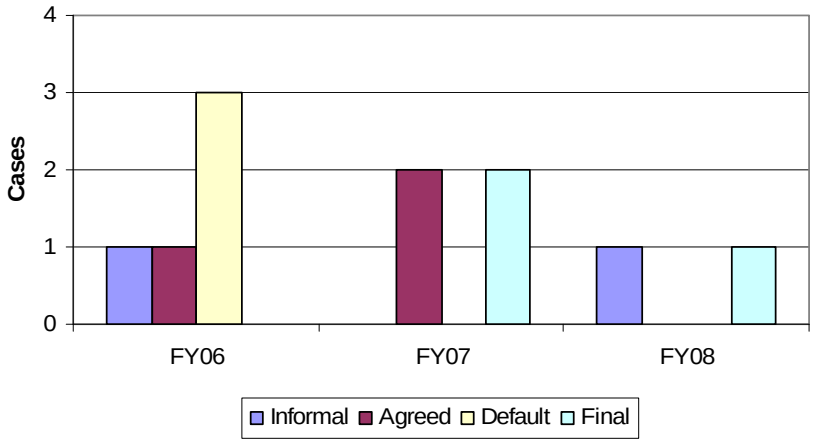
Budget
A three-year summary showing starting and ending balances, revenue, and expenditures. Boards and commissions will be provided budget reports showing yearly expenditures by line item.

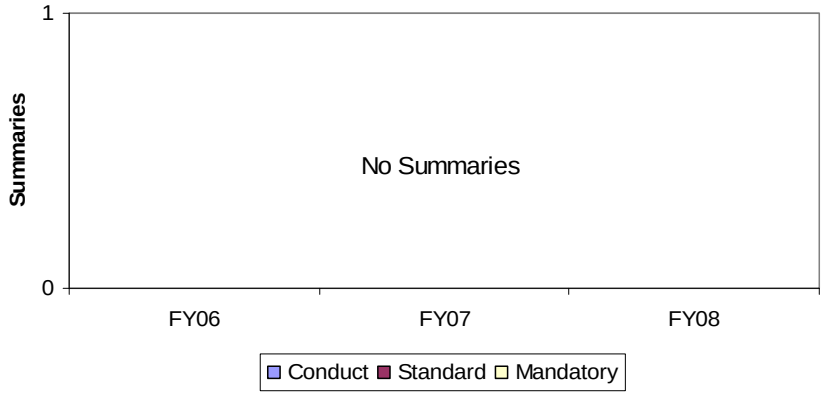
	Revenue	Expenditures	Balance
			$ 676,030.00
FY2006	$ 169,481.00	$ 270,455.11	$ 575,055.89
FY2007	$ 191,860.00	$ 416,385.94	$ 350,529.95
FY2008	$ 361,800.00	$ 572,067.20	$ 140,262.75

The fee increases approved by the legislature in the 2008 session increased the license renewal fee by $10 and did not change any of the other fees. If the expenditure trend continues the profession may move into a deficit position. Most of the significant costs related to higher expenditures have been driven by increases in discipline, particularly in multi-day hearings.

Three-year disciplinary summary – Podiatric Medical Board







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Rulemaking and policy activities –

Infection control policy updated

The Podiatric Medical Board's (board) HIV and Hepatitis Infection Control policy was developed and adopted in 1993. New infectious diseases have been identified and new treatments are being implemented in today's medical practices.

The board renamed the policy "Infection Control". For the purposes of infection control, the board refers all podiatric physicians to the Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), Infection Control Guidelines. This change will encourage consistency for treating infectious diseases among all health care providers.

Office-based surgeries using sedation

As required by HB 1414 (2007), the board is required to develop rules for using sedation in office-based surgeries. Facilities and Services Licensing (FSL) will be developing rules which will regulate Ambulatory Surgical Facilities using anesthesia. The board has reviewed several rule drafts and national guidelines. The board continues to coordinate its rule development with the Ambulatory Surgical Facilities rules and the Medical Quality Assurance Commission and Board of Osteopathic Medicine and Surgery.

Orthotic device definitions and prescribing

The board continues to work on clarifying definitions for orthotic devices. It's also pursuing a rule which will identify the differences between prescription and non-prescription orthotic devices.

Budget

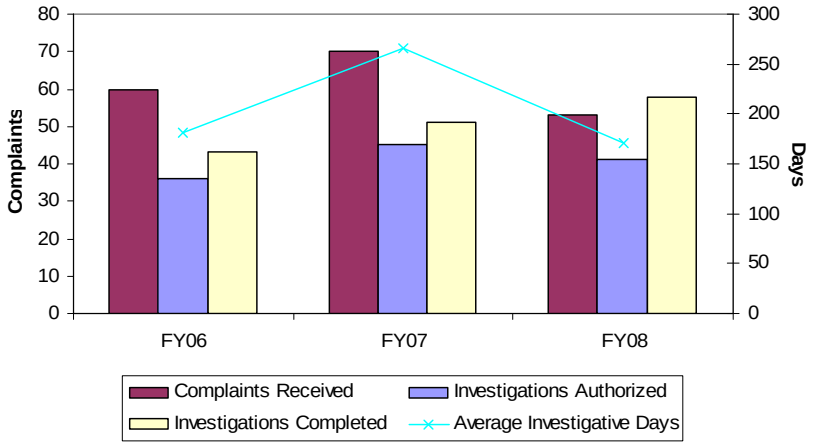
A three-year summary showing starting and ending balances, revenue, and expenditures. Boards and commissions will be provided budget reports showing yearly expenditures by line item.

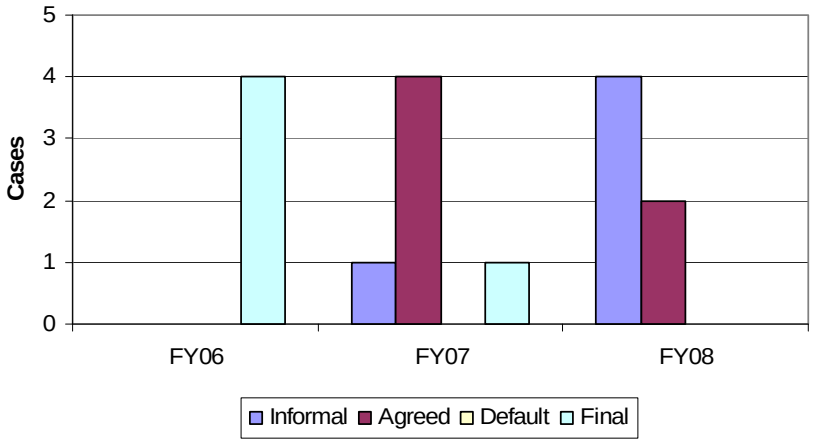
	Revenue	Expenditures	Balance
			$ 229,965.00
FY2006	$ 192,297.30	$ 198,624.46	$ 223,637.84
FY2007	$ 202,233.70	$ 265,994.98	$ 159,876.56
FY2008	$ 242,626.60	$ 248,660.05	$ 153,843.11

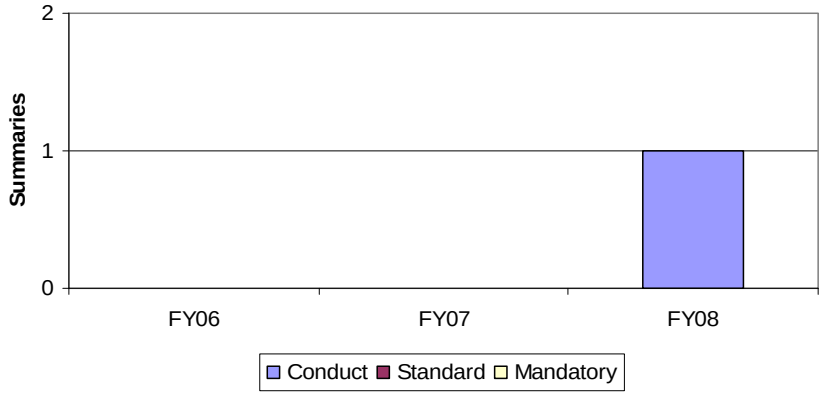
The licensing and renewal fees were increased significantly. The initial license application fee is $1000 (includes $25 U of W library fee) and the annual renewal fee is $1,025 (includes $25 substance abuse monitoring fee and $25 U of W library fee). Other fees are also being increased, including the cost of licenses for those in residency training.

The board expressed concern about how the fee increases impact podiatric physicians currently practicing in Washington but those individuals considering establishing practices here. A large application and renewal fee is a deterrent to attracting more licensees. Excessive fees put a significant burden on funding the activities of a small profession, such as podiatric physicians, who have approximately 300 licensees to pay for program costs.

Three-year disciplinary summary – Board of Psychology







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Rulemaking and policy activities –
The Examining Board of Psychology adopted or amended the following rules:

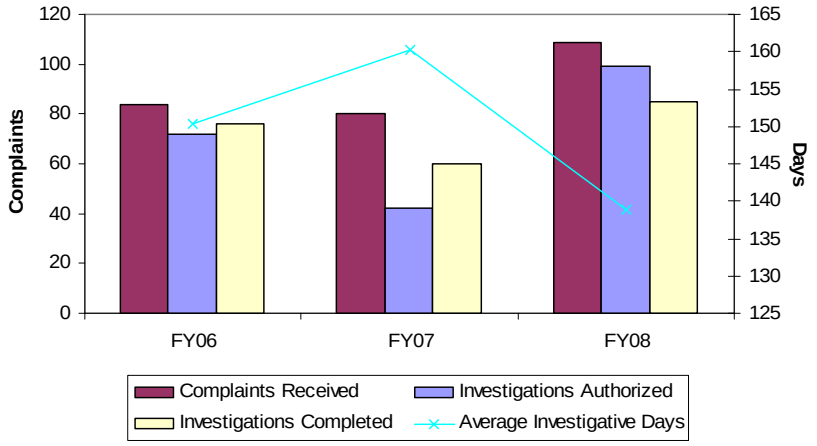
- Amended WAC 246-924-358 Sexual Misconduct. This rule was amended to increase standards (filed November 21, 2007).
- New Section WAC 246-924-043 Education and Experience requirements for licensure, WAC 246-924-046 Doctoral Degree Program, WAC 246-924-049 Practicum, WAC 246-924-053 Pre-Internship, and WAC 246-924-059 Post-Doctoral Supervision Experience (filed December 5, 2007).
- Repeal of WAC 246-924-040 Psychologists Education Prerequisite to Licensing and WAC 246-924-060 Psychologists Experience Prerequisite to Licensing (filed December 5, 2007).
- Amended WAC 246-924-070 Psychologists Written Examination, WAC 246-924-095 Failure of Oral Examination, WAC 246-924-100 Qualifications for Granting a License by Endorsement, WAC 246-924-150 Certificate of Qualification- Procedure for Additional Areas of Function, WAC 246-924-160 Continued Supervision of Persons Receiving Certifications of Qualification, and WAC 246-924-480 Temporary Permits (filed April 21, 2008).

Budget
A three-year summary showing starting and ending balances, revenue, and expenditures. Boards and commissions will be provided budget reports showing yearly expenditures by line item.

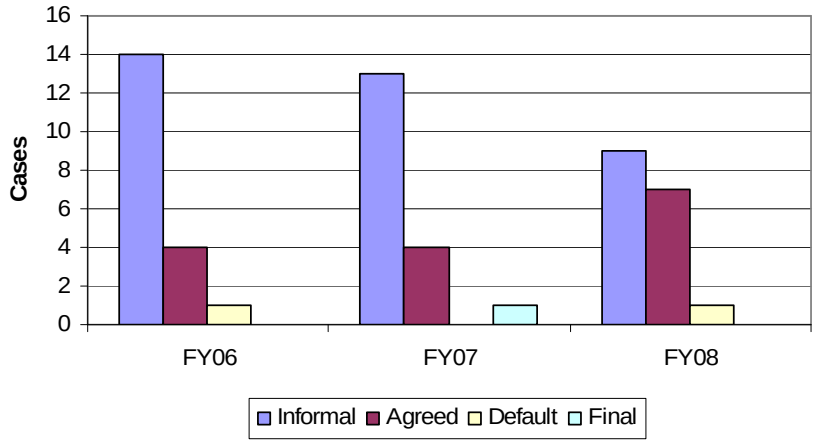
	Revenue	Expenditures	Balance
			$5,008,613
FY2006	$3,559,266	$4,776,872	$3,791,007
FY2007	$3,946,176	$5,892,369	$1,844,814
FY2008	$5,067,216	$4,492,891	$2,419,139

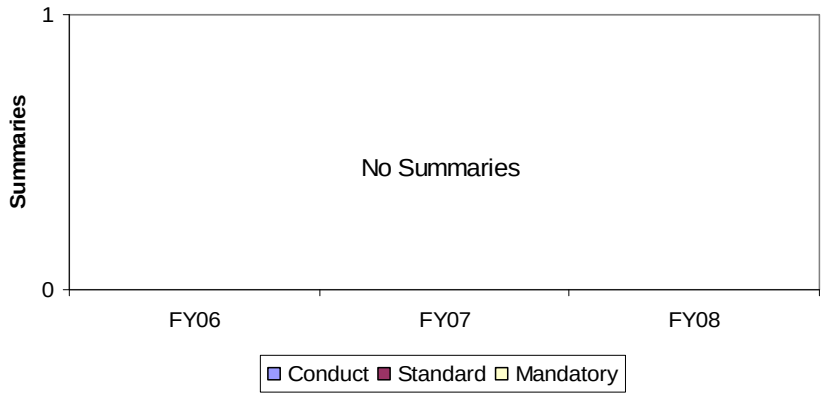
Three-year disciplinary summary – Veterinary Board of Governors
The Veterinary Board of Governors consists of seven members, appointed by the governor. Members include five licensed veterinarians, one licensed veterinary technician, and one member representing the public.

The Veterinary Board of Governors takes its role to protect the health of the animal patients of Washington State very seriously. To this end, there has been a marked increase in the number complaints investigated, and the number of investigations completed. At the same time the timeframe to complete an investigation has decreased.



The board has very few formal hearings. Cases are generally settled through a Stipulation to Informal Disposition (STID), an informal resolution, or through an agreed order.
Both the STID and agreed order are subject to national data bank reporting.





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Rulemaking and policy activities
The Veterinary Board of Governors is currently developing rules in response to 2007 legislation that will designate certain tasks and procedures that must be completed by licensed veterinary technicians during the period of practical experience. The board recently adopted rules designating continuing education requirements for licensed veterinary technicians and rules for veterinary continuing education, and examination and licensure requirements.

Budget
The following is a three-year summary showing starting and ending balances, revenue, and expenditures for the Veterinary Board of Governors.

	Revenue	Expenditures	Balance
			$ 264,660.00
FY2006	$ 519,261.96	$ 421,576.44	$ 362,345.52
FY2007	$ 525,026.30	$ 448,020.83	$ 439,350.99
FY2008	$ 558,054.44	$ 499,246.73	$ 498,158.70

Appendices

APPENDIX A –Department of Health and Health Systems Quality Assurance organizational charts
APPENDIX B –Boards, commissions, committees, and secretary professions
APPENDIX C – Licensee counts by profession
APPENDIX D –Performance against time lines
APPENDIX E –Criminal convictions
APPENDIX F – Investigation, closure, and, case resolution
APPENDIX G –Definitions
APPENDIX H –Five-year comparison
APPENDIX I –Case appeals activity
APPENDIX J –Violations and sanctions
APPENDIX K –Chemically impaired practitioners

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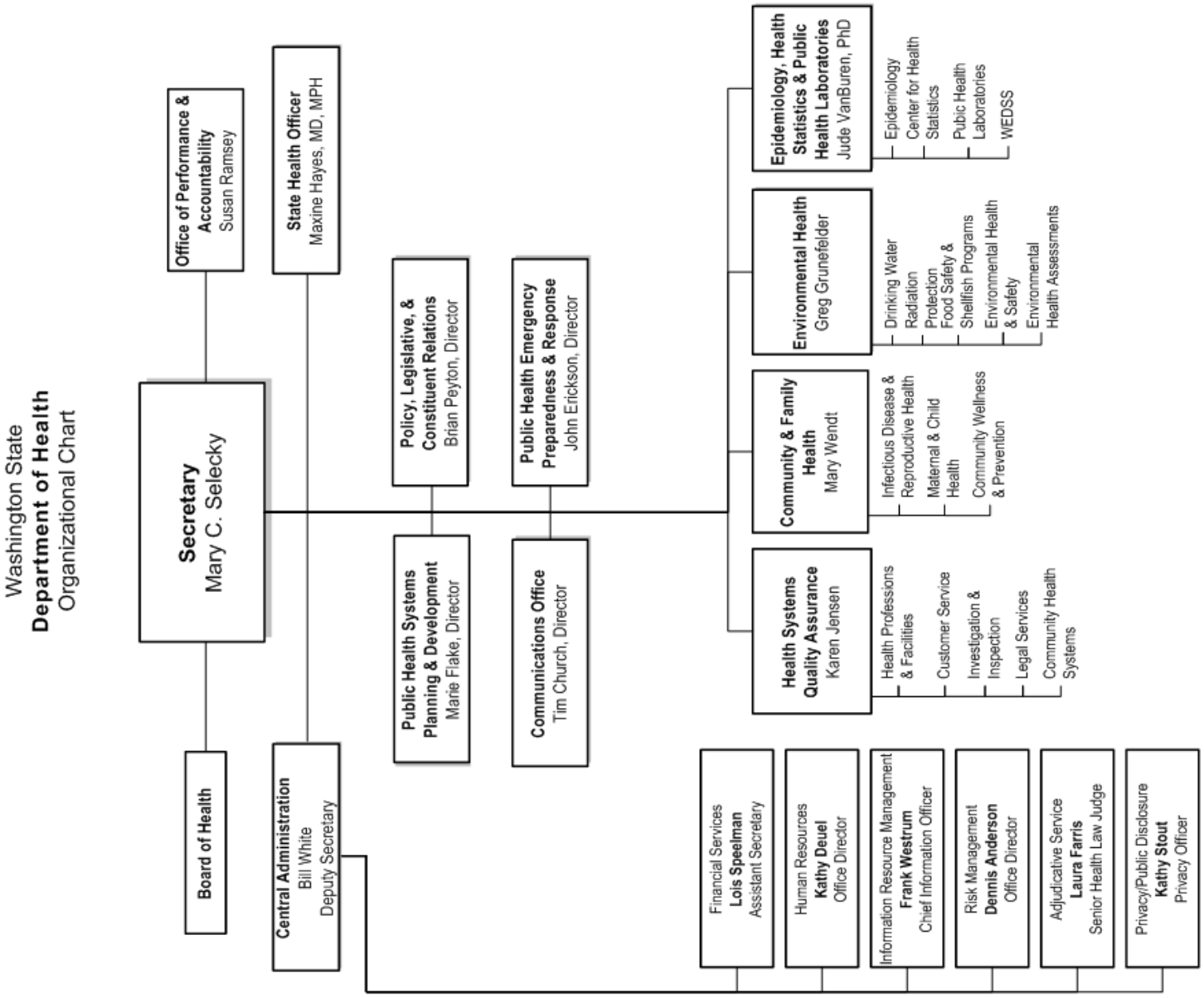
Appendix A—Department of Health and Health Systems Quality Assurance organizational charts



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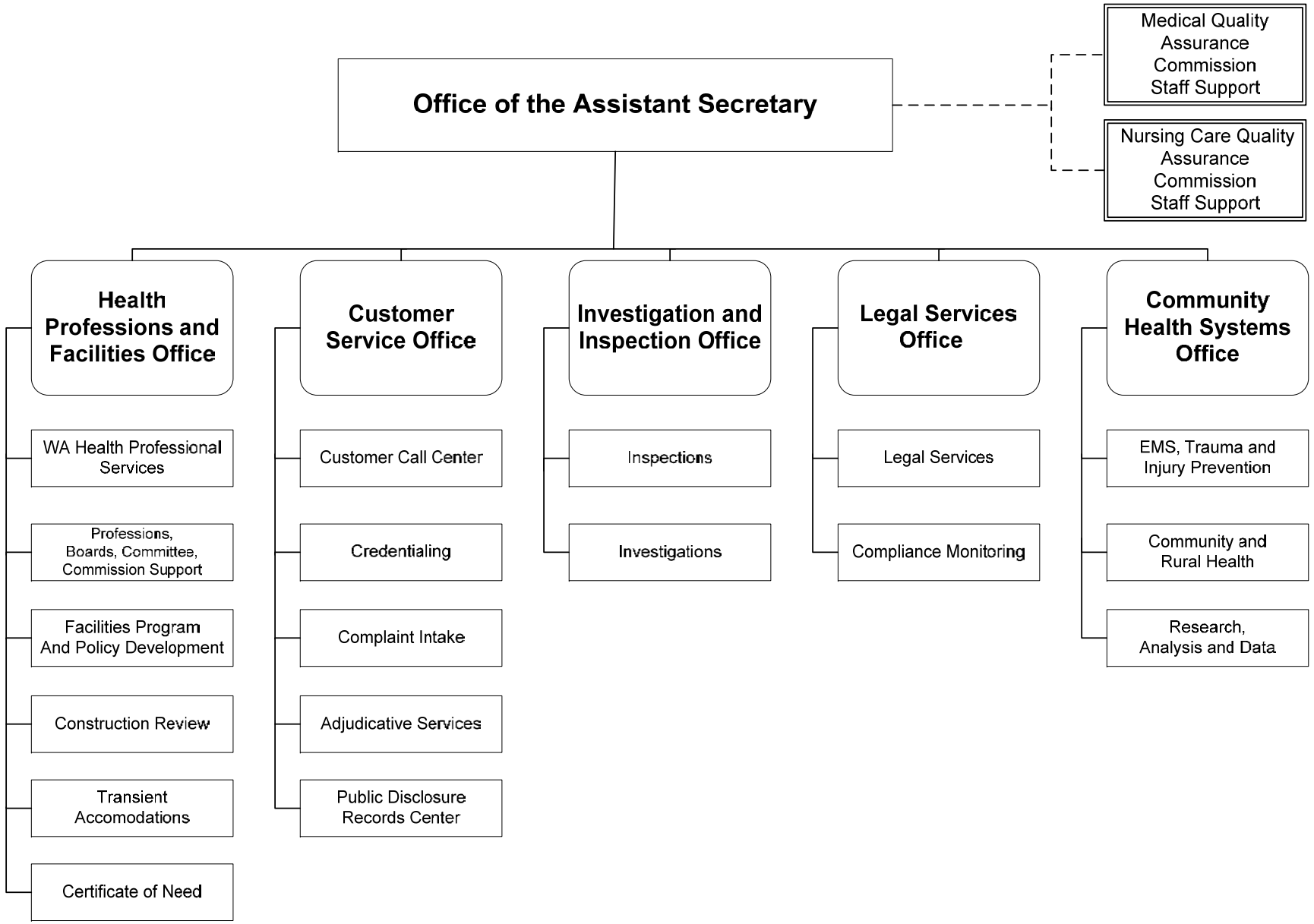
Health Systems Quality Assurance Division



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Appendix B
Boards, commissions, committees and secretary professions

Governor-appointed boards and commissions

Board or commission	Members
Chiropractic Quality Assurance Commission • 11 chiropractors • 3 public members	14
Dental Quality Assurance Commission • 12 dentists • 2 public members	14
Board of Hearing and Speech • 2 hearing instrument fitter/dispensers • 2 audiologists • 2 speech language pathologists • 1 physician (non-voting) • 3 public members	10
Board of Massage (Note: Secretary has disciplining authority. Board has rulemaking and licensing authority) • 4 massage therapists • 1 public member	5
Medical Quality Assurance Commission • 13 physicians • 2 physician assistants • 6 public members	21
Nursing Care Quality Assurance Commission • 7 registered nurses • 2 advanced registered nurse practitioners • 3 licensed practical nurse • 3 public members	15
Board of Nursing Home Administrators • 4 nursing home administrators • 4 representatives of health care professions • 1 public member	9
Board of Occupational Therapy Practice • 3 occupational therapists • 1 occupational therapy assistant • 1 public member	5
Optometry Board • 5 optometrists • 1 public member	6
Board of Osteopathic Medicine and Surgery • 6 physicians	7

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• 1 public member	
Board of Pharmacy • 5 registered pharmacists • 2 public members	7
Board of Physical Therapy Practice • 4 physical therapists • 1 public member	
Podiatric Medical Board • 4 physicians • 1 public member	5
Examining Board of Psychology • 7 psychologists • 2 public members	9
Veterinary Board of Governors • 5 veterinarians • 1 public member	6

Secretary-appointed boards and committees

Board or Committee	**Members**
Board of Denturists (Note: Secretary has disciplining authority. Board has rulemaking and licensing authority) • 4 denturists • 1 dentist • 2 public members (one over the age of 65)	7
Chemical Dependency Certification Advisory Committee • 4 chemical dependency counselors • 1 chemical dependency treatment program director • 1 physician or a licensed or certified mental health practitioner • 1 public member who has received chemical dependency counseling	7
Dental Hygiene Examining Committee • 3 dental hygienists • 1 public member	4
Dispensing Opticians Examining Committee • 3 dispensing opticians	3
Mental Health Counselors, Marriage & Family Therapists, and Social Workers Advisory Committee • 2 licensed mental health counselors • 1 licensed advanced social worker • 1 licensed independent clinical social worker • 2 licensed marriage and family therapists • 3 public members	9
Midwifery Advisory Committee • 1 certified nurse midwife	7

• 2 physicians • 3 licensed midwives • 1 public member	
Naturopathic Advisory Committee • 3 naturopathic physicians • 2 public members	5
Orthotics and Prosthetics Advisory Committee • 1 orthotist • 1 prosthetist • 1 physician • 2 public members	5
Sex Offender Treatment Providers Advisory Committee • 3 sex offender treatment providers • 1victim treatment provider • 1 defense attorney • 1 prosecuting attorney • 1 representative of the Department of Social and Health Services • 1 representative of the Department of Corrections • 1 superior court judge	9

Secretary authority professions – no advisory committees

• athletic trainers • acupuncturists • dieticians/nutritionists • health care assistants • nursing assistants* • nursing pools • ocularists • radiologist assistants • radiologic technologists • recreation therapists • respiratory therapists • registered hypnotherapists • surgical technologists • x-ray technicians	• certified adviser • certified counselor • agency affiliated counselor • licensed social work associate – advanced • licensed social work associate – independent clinical • licensed mental health counselor associate • licensed marriage and family therapist associate • certified chemical dependency professional trainee • registered counselors** • • expanded dental function dental auxiliaries • dental assistants • physical therapist assistants

*Nursing Care Quality Assurance Commission has rulemaking authority for nursing assistants.
**Will be eliminated in 2010.

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Appendix C—Licensee counts by profession

Profession	1999	2001	2003	2005	2007	2008	Growth/ Decline 1999-2008
Acupuncturist	458	648	841	950	1,046	1,064	132%
Advanced Registered Nurse Practitioner	2,871	3,123	3,412	3,706	4,058	4,323	51%
Audiologist	257	279	348	363	395	403	57%
Chemical Dependency Professional	0	2,378	2,540	2,559	2,687	2,666	12%
Chiropractic X-Ray Technician	217	202	209	217	257	224	3%
Chiropractor	2,138	2,223	2,320	2,164	2,291	2,243	5%
Counselor Registered	16,301	15,724	15,820	16,966	18,317	17,579	8%
Dental Hygienist	3,815	4,049	4,359	4,706	5,015	4,975	30%
Dentist	4,953	5,214	5,585	5,876	5,825	5,874	19%
Denturist	93	97	123	142	158	134	44%
Dietitian Nutritionist	738	807	948	1,055	1,201	1,238	68%
Dispensing Optician	903	929	942	879	927	924	2%
Dispensing Optician Apprentice	759	N/A	855	854	992	995	31%
Health Care Assistant	9,340	10,143	11,803	13,082	15,424	15,709	68%
Hearing Instrument Fitter Dispenser	329	313	321	275	271	274	-17%
Humane Society	0	0	10	10	9	9	-10%
Hypnotherapist	295	340	363	408	503	544	84%
Licensed Practical Nurse	14,624	14,167	14,153	14,401	14,592	14,164	-3%
Marriage and Family Therapist	0	889	907	914	999	1,003	13%
Massage Therapist	7,774	9,211	10,362	11,987	13,468	13,099	68%
Mental Health Counselor	0	3,645	3,919	4,094	4,349	4,416	21%
Midwife	108	115	97	90	89	91	-16%
Naturopathic Physician	398	472	577	727	843	865	117%
Nursing Assistant	45,110	48,159	53,320	58,932	65,100	63,740	41%
Nursing Home Administrator	640	600	552	447	451	434	-32%
Nursing Technician	0	0	202	508	769	581	14%
Nursing Pool Operator	83	158	198	167	164	174	110%
Occupational Therapist	2,114	2,098	2,212	2,355	2,512	2,553	21%
Occupational Therapy Assistant	584	548	537	542	573	569	-3%
Ocularist	6	6	13	10	7	7	17%
Optometrist	1,339	1,415	1,436	1,519	1,559	1,491	11%
Orthotics Prosthetics	150	205	202	211	228	229	53%
Osteopathic Physician	682	713	771	816	1,000	1,029	51%
Osteopathic Physician Assistant	49	37	42	34	36	33	-33%
Pharmacies and Other Pharmaceutical Firms	2,166	2,300	2,498	2,786	3,037	2,996	38%
Pharmacist	6,548	7,183	7,016	7,299	7,814	7,957	22%
Pharmacy Assistant	0	1,232	3,108	3,624	5,099	5,488	77%
Pharmacy Intern	658	310	698	700	1,037	1,084	65%
Pharmacy Technician	4,532	5,270	6,156	7,120	8,155	8,257	82%
Physical Therapist	3,678	3,809	4,146	4,511	4,878	4,874	33%
Physician	18,249	18,953	20,911	21,173	23,520	23,844	31%
Physician Assistant	1,266	1,424	1,605	1,810	2,022	2,109	67%
Podiatrist	289	300	312	285	311	297	3%
Psychologist	1,539	1,620	1,706	1,893	2,063	2,108	37%
Radiological Technologist	3,325	3,684	4,313	4,704	5,358	5,495	65%
Recreation Therapist	0	0	17	134	148	142	6%
Registered Nurse	61,145	63,016	65,247	68,459	73,894	75,798	24%
Respiratory Care Practitioner	2,039	2,035	2,098	2,196	2,286	2,270	11%
Sex Offender Treatment Provider	143	140	143	152	160	155	8%
Social Worker	0	2,648	2,763	2,852	3,035	3,083	16%
Speech Language Pathologist	664	459	1,068	1,281	1,532	1,544	133%
Surgical Technologist	0	1,227	1,507	1,732	2,237	2,382	94%
Veterinarian	2,681	2,715	2,744	2,828	2,955	2,934	9%
Veterinary Medication Clerk	206	235	299	357	393	376	83%
Veterinary Technician	700	817	930	1,101	1,246	1,294	85%
X-Ray Technician	1,516	1,640	1,848	1,978	1,997	1,972	30%
Total	231,197	252,257	271,432	290,941	319,292	320,115	38%

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Appendix D - Performance against time lines

Timely regulatory actions help ensure credentialed health care practitioners provide services according to standards.

In 1993 the legislature amended the Uniform Disciplinary Act (UDA), chapter 18.130 RCW, to require time lines for adjudication of complaints. Health Systems Quality Assurance (HSQA) adopted model procedural rules in 1993; chapter 246-10 WAC for secretary professions and chapter 246-11 WAC for boards and commissions. These rules have time periods for steps in the process and allow presiding officers to grant continuances for good cause.

The legislature amended the UDA again in 1995 in an effort to resolve cases faster. HSQA worked with boards and commissions to develop rules that went into effect in 1999. The rules set basic time periods for:

- Intake and assessment
- Investigations
- Case disposition
- Steps within adjudication that had not been addressed in the 1993 rules

Extensions of the basic time periods are permitted if good cause is demonstrated. “Good cause” is based on the facts and issues of the case and the situation. Extensions add oversight during assessment, investigation, and case disposition.

The following statistics compare performance against timelines for the last two biennia:

- Closure for all case types, on average, with or without disciplinary proceedings decreased five percent, from 162 days to 154 days.
- Closure without disciplinary proceedings remained the same, 114 days.
- Closure with disciplinary proceedings (adjudication) decreased 15 percent, from 415 to 352 days.
- Closure with agreed orders and final orders (a subset of adjudication) decreased 17 percent, from 508 to 423 days. Specific data on average time to close with an agreed order or final orders is found in the table titled, “Performance against Time Lines.”

The first table shows the disciplinary process steps and the respective basic time periods in chapters 246-10 and 246-11 in WAC.

Time lines

Step	Base Time Period
Intake and Initial Assessment	21
Investigation	170
Case Disposition	140
Statement of Allegations—Receive Response	14
Stipulation to Informal Disposition—Signed, Presented, Respondent Served	60
Statement of Allegations not accepted resulting in a Statement of Charges	60
Statement of Charges—Receive Answer	20
Statement of Charges—Produce Scheduling Order	30
Adjudication of Statement of Charges	180
Serve Final Order	45
Prepare Default Order	60
Serve Default Order	45

Average time to close cases is shown in the following table by type of closure. The averages are compared to the time periods permitted in the usual steps to reach the closure.

Performance against time lines
Fiscal Year 2008

Closure Type	N	Basic Time Period (Calendar Days)	Average Days 7/1/07 - 6/30/08	% of Cases Within Basic Period
Allegations Withdrawn	35	405	469	46
Charges Withdrawn	34	606	349	74
Closed Prior to Investigation	2,839	21	10	97
Closed after Investigation	2,777	331	213	85
Closed with Informal Disposition	364	405	325	68
Closed with Default Order	372	486	290	86
Closed with Agreed Order	387	606	430	70
Closed with Final Order	36	606	381	72
Final Order after Hearing	40	606	373	58

Appendix E - Criminal convictions
2005 - 2007

	Total Applicants	Applicants with Convictions	Applicants who Disclosed	Applicants Not Disclosing	% with Convictions	% who Disclosed	% Not Disclosing
Acupuncturist	83	0	0	0	0%	0%	0%
Advanced Registered Nurse Practitioner	358	4	2	2	1%	50%	50%
Audiologist, Hearing Instrument Fitter/Dispenser, Speech Language Pathologist	274	5	1	4	2%	20%	80%
Chemical Dependency Professional	236	39	27	12	17%	69%	31%
Chiropractic X-Ray Technician	52	7	2	5	13%	29%	71%
Chiropractor	173	3	1	2	2%	33%	67%
Counselor Registered	3,084	245	164	81	8%	67%	33%
Dental Hygienist	194	3	1	2	2%	33%	67%
Dentist	325	1	0	1	0%	0%	100%
Denturist	6	0	0	0	0%	0%	0%
Dietitian Nutritionist	136	0	0	0	0%	0%	0%
Dispensing Optician	276	16	8	8	6%	50%	50%
Dispensing Optician Apprentice	83	3	0	3	4%	0%	100%
Health Care Assistant	3,656	199	88	111	5%	44%	56%
Hypnotherapist	79	1	1	0	1%	100%	0%
Licensed Practical Nurse	1,264	33	19	14	3%	58%	42%
Marriage and Family Therapist	96	2	1	1	2%	50%	50%
Massage Therapist	1,433	51	33	18	4%	65%	35%
Mental Health Counselor	384	5	2	3	1%	40%	60%
Midwife	10	1	1	0	10%	0%	0%
Naturopathic Physician	86	1	1	0	1%	0%	0%
Nursing Assistant	16,162	994	348	646	6%	35%	65%
Nursing Home Administrator	45	1	1	0	2%	0%	0%
Nursing Technician	380	3	2	1	1%	67%	33%
Occupational Therapist	201	3	2	1	1%	67%	33%
Occupational Therapy Assistant	49	0	0	0	0%	0%	0%
Ocularists	1	0	0	0	0%	0%	0%
Optometrist	34	0	0	0	0%	0%	0%
Orthotics Prosthetics	16	0	0	0	0%	0%	0%
Osteopathic Physician	132	0	0	0	0%	0%	0%
Osteopathic Physician Assistant	4	0	0	0	0%	0%	0%
Pharmacies and Other Pharmaceutical Firms	1	0	0	0	0%	0%	0%
Pharmacist	430	6	2	4	1%	33%	67%
Pharmacy Assistant	2,358	101	48	53	4%	48%	52%
Pharmacy Intern	346	4	1	3	1%	25%	75%
Pharmacy Technician	862	25	16	9	3%	64%	36%
Physical Therapist	287	4	4	0	1%	100%	0%
Physician	1,909	3	0	3	0%	0%	100%
Physician Assistant	193	3	2	1	2%	67%	33%
Podiatrist	18	0	0	0	0%	0%	0%
Psychologist	168	1	1	0	1%	100%	0%
Radiological Technologist	627	18	10	8	3%	56%	44%
Recreational Therapist	18	1	1	0	6%	100%	0%
Registered Nurse	6,323	52	33	19	1%	63%	37%
Respiratory Care Practitioner	152	3	1	2	2%	33%	67%
Retired Volunteer Medical Worker	1	0	0	0	0%	0%	0%
Sex Offender Treatment Provider	14	2	0	2	14%	0%	100%
Social Worker	346	3	2	1	1%	67%	33%
Surgical Technologist	444	16	7	9	4%	44%	56%
Veterinarian	251	1	0	1	0%	0%	100%
Veterinary Medication Clerk	166	4	1	3	2%	25%	75%
Veterinary Technician	225	7	2	5	3%	29%	71%
X-Ray Technician	560	30	11	19	5%	37%	63%
Total	**45,011**	**1,904**	**847**	**1,057**	**4%**	**44%**	**56%**

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Appendix F - Investigation, closure, and case resolution

The Uniform Disciplinary Act (UDA), chapter 18.130 RCW, provides standardized processes for discipline of practitioners. It serves as the statutory framework for the regulation of health care providers in Washington. This section of the report contains quantitative data on investigations, case closures, and case resolutions involving health care providers during the 2005-2007 biennium.

Investigation

During the year, Health Systems Quality Assurance received a total of 7,004 new complaints against credentialed health care providers and people practicing illegally without a license. This represents a five percent increase from fiscal year 2007. A total of 3,346 open complaints carried over from the previous fiscal year. During the 2008 fiscal year 4,305 investigations were authorized, an increase of 11 percent from the 3,875 investigations authorized during the previous year.

A total of 4,100 investigations were completed during the year, including unlicensed practice investigations. This is a seven percent increase in investigations from last year.

Investigation activity by profession

Profession_Group	Carry Over from FY07	Complaints Received	Total Complaints	Investigations	Unlicensed Investigations	Total Investigations
Acupuncturist	10	16	26	11	2	13
Advanced Registered Nurse Practitioner	47	131	178	71	0	71
Audiologist, Hearing Instrument Fitter/Dispenser, Speech Language	18	17	35	12	3	15
Chemical Dependency Professional	77	132	209	91	5	96
Chiropractic X-Ray Technician	2	4	6	2	1	3
Chiropractor	98	138	236	87	3	90
Counselor Registered	185	419	604	256	12	268
Dental Hygienist	12	18	30	16	1	17
Dentist	322	314	636	252	2	254
Denturist	17	25	42	16	0	16
Dietitian Nutritionist	3	2	5	2	1	3
Dispensing Optician	5	17	22	7	3	10
Dispensing Optician Apprentice	0	9	9	5	0	5
Health Care Assistant	53	192	245	91	7	98
Hypnotherapist	3	9	12	3	4	7
Licensed Practical Nurse	206	474	680	168	10	178
Marriage and Family Therapist	7	21	28	15	0	15
Massage Therapist	72	137	209	74	29	103
Mental Health Counselor	39	89	128	52	3	55
Midwife	9	6	15	5	0	5
Naturopathic Physician	16	15	31	12	2	14
Nursing Assistant	419	1,899	2,318	703	30	733
Nursing Home Administrator	27	25	52	15	0	15
Nursing Pool	1	1	2	2	0	2
Nursing Technician	0	5	5	1	0	1
Occupational Therapist	4	7	11	3	0	3
Occupational Therapy Assistant	4	1	5	3	0	3
Optometrist	21	31	52	26	3	29
Orthotics Prosthetics	3	3	6	0	0	0
Osteopathic Physician	58	75	133	37	0	37

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Profession_Group	Carry Over from FY07	Complaints Received	Total Complaints	Investigations	Unlicensed Investigations	Total Investigations
Pharmacies and Other Pharmaceutical Firms	41	61	102	58	12	70
Pharmacist	109	201	310	130	0	130
Pharmacy Assistant	18	36	54	27	0	27
Pharmacy Intern	6	2	8	5	0	5
Pharmacy Technician	33	41	74	44	0	44
Physical Therapist	38	41	79	31	1	32
Physician	708	1,156	1,864	855	20	875
Physician Assistant	33	57	90	55	0	55
Podiatrist	15	34	49	16	0	16
Psychologist	60	57	117	58	2	60
Radiological Technologist	7	16	23	12	0	12
Recreational Therapist	0	2	2	0	0	0
Registered Nurse	412	820	1,232	417	5	422
Respiratory Care Practitioner	6	23	29	14	0	14
Sex Offender Treatment Provider	12	11	23	11	0	11
Social Worker	22	48	70	34	3	37
Surgical Technologist	8	12	20	15	0	15
Unknown/Unlicensed	0	16	16	0	6	6
Veterinarian	62	114	176	75	9	84
Veterinary Medication Clerk	1	0	1	0	0	0
Veterinary Technician	6	9	15	9	3	12
X-Ray Technician	14	17	31	12	2	14
Total	**3,349**	**7,006**	**10,355**	**3,916**	**184**	**4,100**

Percentage of investigations completed

The following tables compare investigations completed to the number of complaints received. The column titled, “Percentage of total board/commission (secretary) investigations” compares the total number of investigations completed for a profession to the total number of investigations completed for all professions. For example, completed physician investigations made up 33 percent (875) of the 2,634 board and commission investigations completed; completed nursing assistant investigations represented 32 percent (733) of the 1,466 completed secretary profession investigations.

The column titled, “Percentage of profession investigations to complaints” shows investigations completed as a percentage of complaints received by the same profession. For example, 56 percent (29) of the 52 complaints received by the Board of Optometry were investigated.

Board and commission professions
Percentage of investigations completed

Profession_Group	Carry Over from FY07	Complaints Received	Total Complaints	Total Investigations	% of Total Board/ Commission Investigations	% of Profession Investigations to Complaints
Audiologist, Hearing Instrument Fitter/Dispenser, Speech Language	18	17	35	15	1	43
Chiropractic X-Ray Technician	2	4	6	3	0	50
Chiropractor	98	138	236	90	3	38
Dentist	322	314	636	254	10	40
Licensed Practical Nurse	206	474	680	178	7	26
Massage Therapist	72	137	209	103	4	49
Nursing Home Administrator	27	25	52	15	1	29
Nursing Technician	0	5	5	1	0	20
Occupational Therapist	4	7	11	3	0	27
Occupational Therapy Assistant	4	1	5	3	0	60
Optometrist	21	31	52	29	1	56
Osteopathic Physician	58	75	133	37	1	28
Pharmacies and Other Pharmaceutical Firms	41	61	102	70	3	69
Pharmacist	109	201	310	130	5	42
Pharmacy Assistant	18	36	54	27	1	50
Pharmacy Intern	6	2	8	5	0	63
Pharmacy Technician	33	41	74	44	2	59
Physical Therapist	38	41	79	32	1	41
Physician	708	1,156	1,864	875	33	47
Physician Assistant	33	57	90	55	2	61
Podiatrist	15	34	49	16	1	33
Psychologist	60	57	117	60	2	51
Registered Nurse, ARNP	459	951	1,410	493	19	35
Veterinarian	62	114	176	84	3	48
Veterinary Medication Clerk	1	0	1	0	0	0
Veterinary Technician	6	9	15	12	0	80
Subtotal Boards and Commissions	**2,421**	**3,988**	**6,409**	**2,634**	**100**	**41**

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Secretary professions
Percentage of investigations completed

Profession_Group	Carry Over from FY07	Complaints Received	Total Complaints	Total Investigations	% of Total Secretary Investigations	% of Profession Investigations to Complaints
Acupuncturist	10	16	26	13	1	50
Chemical Dependency Professional	77	132	209	96	7	46
Counselor Registered	185	419	604	268	18	44
Dental Hygienist	12	18	30	17	1	57
Denturist	17	25	42	16	1	38
Dietitian Nutritionist	3	2	5	3	0	60
Dispensing Optician	5	17	22	10	1	45
Dispensing Optician Apprentice	0	9	9	5	0	56
Health Care Assistant	53	192	245	98	7	40
Hypnotherapist	3	9	12	7	0	58
Marriage and Family Therapist	7	21	28	15	1	54
Mental Health Counselor	39	89	128	55	4	43
Midwife	9	6	15	5	0	33
Naturopathic Physician	16	15	31	14	1	45
Nursing Assistant	419	1,899	2,318	733	50	32
Nursing Pool	1	1	2	2	0	100
Ocularist	0	0	0	0	0	0
Orthotics Prosthetics	3	3	6	0	0	0
Radiological Technologist	7	16	23	12	1	52
Recreational Therapist	0	2	2	0	0	0
Respiratory Care Practitioner	6	23	29	14	1	48
Sex Offender Treatment Provider	12	11	23	11	1	48
Social Worker	22	48	70	37	3	53
Surgical Technologist	8	12	20	15	1	75
Unknown/Unlicensed	0	16	16	6	0	38
X-Ray Technician	14	17	31	14	1	45
Subtotal Secretary	**928**	**3,018**	**3,946**	**1,466**	**100**	**37**
Total Boards, Commissions, Secretary	**3,349**	**7,006**	**10,355**	**4,100**	**100**	**40**

Board and commission professions had 64 percent of the 4,100 investigations completed during the biennium; secretary authority professions completed 36 percent of the investigations. In general, boards and commissions regulate more of the primary care professions whose practitioners can pose a greater risk of harm to patients. This may be reflected in the higher percentage of complaints investigated. Health Systems Quality Assurance investigated 40 percent of complaints for all professions.

Threshold criteria were established in 1997 to speed processing of more serious cases, below which complaints are not investigated. Overall new complaints increased five percent this year from 6,644 in fiscal year 2007 to 7,006 in 2008. Completed investigations increased seven percent over the previous year, from 3,845 in 2007 to 4,100 in fiscal year 2008. During the 2008 fiscal year 4,305 investigations were authorized, an increase of 11 percent from the 3,875 investigations authorized during 2007.

Case review

Complaints closed prior to disciplinary action

Many complaints are closed before a statement of allegations or a statement of charges is issued. These cases are closed for a number of reasons including, but not limited to:

- The complaint did not rise to a threshold to warrant investigation.
- After investigation it is determined the complaint should be closed due to minimal risk.
- The evidence is insufficient to support the allegations against a health care provider.
- The evidence disproves the allegations.
- The evidence does not support a finding of unprofessional conduct.
- The disciplinary authority does not have jurisdiction.
- The complaint is best resolved with a Notice of Correction notifying the health care provider of a violation. The health care provider is given a reasonable time period to correct the violation and must notify the disciplinary authority that corrective action has been taken.

Sometimes new evidence warrants the withdrawal of a statement of allegations or statement of charges.

The following table provides information by profession for cases closed before disciplinary action. The statistics include closures in unlicensed practice cases.

Complaints closed prior to disciplinary action

Credential Group	Closed Prior to Investigation	Closed after Investigation	Charges or Allegations Withdrawn	Total Closed
Acupuncturist	2	8	0	10
Advanced Registered Nurse Practitioner	56	42	0	98
Audiologist, Hearing Instrument Fitter/Dispenser, Speech Language Pathologist	1	10	1	12
Chemical Dependency Professional	32	52	4	88
Chiropractic X-Ray Technician	2	2	0	4
Chiropractor	24	48	3	75
Counselor Registered	102	149	6	257
Dental Hygienist	2	11	0	13
Dentist	78	230	7	315
Denturist	1	9	2	12
Dietitian Nutritionist	0	1	0	1
Dispensing Optician	1	11	1	13
Dispensing Optician Apprentice	0	9	0	9
Health Care Assistant	58	40	3	101
Hypnotherapist	2	5	0	7
Licensed Practical Nurse	245	107	2	354
Marriage and Family Therapist	4	12	0	16
Massage Therapist	34	63	2	99
Mental Health Counselor	19	39	1	59

Credential Group	Closed Prior to Investigation	Closed after Investigation	Charges or Allegations Withdrawn	Total Closed
Midwife	2	7	0	9
Naturopathic Physician	3	12	2	17
Nursing Assistant	1,202	398	6	1,606
Nursing Home Administrator	16	15	1	32
Nursing Pool		2	0	2
Nursing Technician	3	1	0	4
Occupational Therapist	1	3	0	4
Occupational Therapy Assistant		0	0	0
Optometrist	6	20	0	26
Orthotics Prosthetics	2	1	0	3
Osteopathic Physician	34	36	0	70
Pharmacies and Other Pharmaceutical Firms	24	54	0	78
Pharmacist	68	90	1	159
Pharmacy Assistant	14	11	0	25
Pharmacy Intern	1	3	0	4
Pharmacy Technician	8	10	0	18
Physical Therapist	19	18	2	39
Physician	344	739	8	1,091
Physician Assistant	10	39	0	49
Podiatrist	16	15	0	31
Psychologist	16	44	6	66
Radiological Technologist	2	7	0	9
Recreation Therapist	1	0	0	1
Registered Nurse	319	251	8	578
Respiratory Care Practitioner	6	12	1	19
Sex Offender Treatment Provider	5	11	1	17
Social Worker	10	24	1	35
Surgical Technologist	1	9	0	10
Unknown/Unlicensed	7	4	0	11
Veterinarian	33	76	0	109
Veterinary Technician	1	5	0	6
X-Ray Technician	2	12	0	14
Total	**2,839**	**2,777**	**69**	**5,685**

Percentage of complaints closed

The following tables show the percentage of cases closed with no disciplinary action, compared to total cases closed with no action and to the number of complaints received.

The column titled, “Percentage of total board/commission (secretary) closures” shows the total number of cases closed with no action for that profession compared to the total number of board/commission cases closed with no action. For example, registered nurse and advanced registered nurse practitioner cases closed with no action represented 20 percent (676) of 3,342 board and commission cases closed with no action; registered counselor cases closed with no action represented 11 percent (257) of the 2,337 secretary profession cases closed with no action.

The column titled, “Percentage of profession closures to complaints” shows the percentage of cases closed with no action against the total number of complaints received by the same profession. For example, the Board of Psychology closed 56 percent (66) of the cases with no action compared to the 117 complaints received by the commission.

Board and commission
Complaints closed prior to adjudicative proceedings

Profession	Complaints Carried Over from FY07	Complaints Received	Total Complaints	Total Closed	% of Total Board/ Commission Closures	% of Profession Closures to Complaints
Audiologist, Hearing Instrument Fitter/Dispenser, Speech Language Pathologist	18	17	35	12	0	34
Chiropractic X-Ray Technician	2	4	6	4	0	67
Chiropractor	98	138	236	74	2	31
Dentist	322	314	636	315	9	50
Licensed Practical Nurse	206	474	680	354	11	52
Massage Therapist	72	137	209	99	3	47
Nursing Home Administrator	27	25	52	32	1	62
Nursing Technician	0	5	5	4	0	80
Occupational Therapist	4	7	11	4	0	36
Occupational Therapy Assistant	4	1	5	0	0	0
Optometrist	21	31	52	26	1	50
Osteopathic Physician	58	75	133	70	2	53
Pharmacies and Other Pharmaceutical Firms	41	61	102	78	2	76
Pharmacist	109	201	310	159	5	51
Pharmacy Assistant	18	36	54	25	1	46
Pharmacy Intern	6	2	8	4	0	50
Pharmacy Technician	33	41	74	18	1	24
Physical Therapist	38	41	79	38	1	48
Physician	708	1,156	1,864	1,089	33	58
Physician Assistant	33	57	90	49	1	54
Podiatrist	15	34	49	31	1	63
Psychologist	60	57	117	66	2	56
Registered Nurse, ARNP	459	951	1,410	676	20	48
Veterinarian	62	114	176	109	3	62
Veterinary Medication Clerk	1	0	1	0	0	0
Veterinary Technician	6	9	15	6	0	40
Subtotal Boards and Commissions	**2,421**	**3,988**	**6,409**	**3,342**	**100**	**52**

Pharmacies and other pharmaceutical firms have a high percentage of cases (76 percent) closed before adjudication. Complaints are often opened against pharmacies and firms when complainants do not have enough information to name a specific practitioner. Many of these complaints are closed during the investigation phase and transferred to individual practitioners.

Secretary professions
Complaints closed prior to adjudicative proceedings

Profession	Complaints Carried Over from FY07	Complaints Received	Total Complaints	Total Closed	% of Total Secretary Closures	% of Profession Closures to Complaints
Acupuncturist	10	16	26	10	0	38
Chemical Dependency Professional	77	132	209	88	4	42
Counselor Registered	185	419	604	257	11	43
Dental Hygienist	12	18	30	13	1	43
Denturist	17	25	42	12	1	29
Dietitian Nutritionist	3	2	5	1	0	20
Dispensing Optician	5	17	22	13	1	59
Dispensing Optician Apprentice	0	9	9	9	0	100
Health Care Assistant	53	192	245	101	4	41
Hypnotherapist	3	9	12	7	0	58
Marriage and Family Therapist	7	21	28	16	1	57
Mental Health Counselor	39	89	128	59	3	46
Midwife	9	6	15	9	0	60
Naturopathic Physician	16	15	31	17	1	55
Nursing Assistant	419	1,899	2,318	1,606	69	69
Nursing Pool	1	1	2	2	0	100
Ocularist	0	0	0	0	0	0
Orthotics Prosthetics	3	3	6	3	0	50
Radiological Technologist	7	16	23	9	0	39
Recreational Therapist	0	2	2	1	0	50
Respiratory Care Practitioner	6	23	29	19	1	66
Sex Offender Treatment Provider	12	11	23	16	1	70
Social Worker	22	48	70	34	1	49
Surgical Technologist	8	12	20	10	0	50
Unknown/Unlicensed	0	16	16	11	0	69
X-Ray Technician	14	17	31	14	1	45
Subtotal Secretary	**928**	**3,018**	**3,946**	**2,337**	**100**	**59**
Total Boards, Commissions, Secretary	**3,349**	**7,006**	**10,355**	**5,679**	**100**	**55**

During the year Health Systems Quality Assurance closed over 5,600 cases prior to adjudication. About 59 percent were board and commission cases and 41 percent were secretary profession cases. Boards and commissions percentage of closures compared to the number of complaints was 52 percent. The secretary professions percentage of closures compared to the number of complaints was about 59 percent.

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Complaint resolutions after adjudicative proceedings

Complaints are resolved before or after the adjudicative process. The type of order issued to the health care provider indicates the manner in which the case was resolved. All orders are public records. Orders associated with actions against health care providers' credentials since July 1998 are available on the Internet.

The legislature amended the Uniform Disciplinary Act (UDA) in 2001 to permit practitioners to surrender their license in lieu of disciplinary action. The surrender of license is used when the practitioner agrees to retire from practice and not resume practice, and when the circumstances involve a practitioner at the end of his or her effective practice.

The surrender is not used if the practitioner intends to practice in another jurisdiction, if the disciplining authority believes return to practice is reasonably possible, or if a hearing has been conducted in the case.

Stipulation to Informal Disposition: a Stipulation to Informal Disposition (STID) is an informal resolution. If the health care provider agrees to the STID, he or she does not admit to unprofessional conduct, but does agree to corrective action. STIDs are reported to national data banks, but because they are informal they do not result in a press release.

Default orders: A Default Order is issued when the credentialed health care provider was given due notice, but either failed to answer the allegations or failed to participate in the adjudicative process as required by law.

Agreed order: The document, formally called a Stipulated Findings of Fact, Conclusions of Law and agreed order, is a negotiated settlement between the health care provider and representatives of the agency. It states the substantiated violations of law and the sanctions being imposed. The health care provider agrees to the conditions in the order. The agreed order is presented to the disciplinary authority and if approved, becomes final. The order is reported to national data banks and the public in a press release.

Final order after hearing: The document is formally called Findings of Fact, Conclusions of Law and Order. This document is issued after a formal hearing has been held. The hearing may be before a health law judge representing the secretary as the decision-maker, or before a panel of board or commission members with a health law judge acting as the presiding officer. The document identifies the proven violations of law and the sanctions being placed on the health care provider's credential. The health care provider has the right to ask for reconsideration of the decision or to appeal to a superior court. The order is reported to national data banks and the public in a press release.

Complaints resolved after adjudicative proceedings

Profession	Informal Disposition	Agreed Order	Default Order	Final Order	Total
Acupuncturist	3	0	0	2	5
Advanced Registered Nurse Practitioner	5	7	2	0	14
Audiologist, Hearing Instrument Fitter/Dispenser, Speech Language Pathologist	0	4	0	1	5
Chemical Dependency Professional	10	10	7	2	29
Chiropractic X-Ray Technician	1	0	0	0	1
Chiropractor	10	11	7	2	30
Counselor Registered	53	49	25	12	139
Dental Hygienist	8	1	0	0	9
Dentist	25	37	2	3	67
Denturist	1	0	3	1	5
Dietitian Nutritionist	1	0	0	0	1
Dispensing Optician	1	0	0	0	1
Dispensing Optician Apprentice	0	0	0	0	0
Health Care Assistant	20	17	17	1	55
Hypnotherapist	0	0	0	0	0
Licensed Practical Nurse	26	26	23	2	77
Marriage and Family Therapist	0	1	1	0	2
Massage Therapist	15	7	6	3	31
Mental Health Counselor	3	7	3	0	13
Midwife	0	0	1	0	1
Naturopathic Physician	4	0	0	0	4
Nursing Assistant	47	63	186	10	306
Nursing Home Administrator	4	0	1	1	6
Nursing Pool	0	0	0	0	0
Nursing Technician	0	0	0	0	0
Ocularist	0	0	0	0	0
Occupational Therapist	1	0	0	0	1
Occupational Therapy Assistant	2	1	0	0	3
Optometrist	0	1	1	0	2
Orthotics Prosthetics	0	2	0	0	2
Osteopathic Physician	2	4	0	0	6
Pharmacies and Other Pharmaceutical Firms	0	1	0	0	1
Pharmacist	9	19	4	2	34
Pharmacy Assistant	2	4	1	0	7
Pharmacy Intern	0	1	1	0	2
Pharmacy Technician	3	3	9	1	16
Physical Therapist	3	11	1	5	20
Physician	26	36	23	17	102
Physician Assistant	1	1	0	0	2
Podiatrist	1	0	0	1	2
Psychologist	4	2	0	0	6
Radiological Technologist	0	3	0	1	4
Recreation Therapist	0	0	0	0	0
Registered Nurse	61	42	38	6	147
Respiratory Care Practitioner	0	0	2	0	2
Sex Offender Treatment Provider	0	1	0	0	1
Social Worker	3	3	0	2	8
Surgical Technologist	0	1	4	0	5
Unknown/Unlicensed	0	0	0	0	0
Veterinarian	9	6	1	0	16
Veterinary Technician	0	1	0	0	1
X-Ray Technician	0	4	3	1	8
Total	364	387	372	76	1,199

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Percentage of disciplinary action

The following tables show the percentage of disciplinary action for each profession compared to all board, commission, and secretary disciplinary actions. For example, physical therapy disciplinary actions made up three percent (20) of the 603 board and commission disciplinary actions; registered counselor disciplinary actions made up 23 percent (139) of the 603 secretary profession disciplinary actions. The tables also show the percentage of disciplinary actions for each profession compared to the same profession's total complaints. For example, dental disciplinary actions were 11 percent (67) of the 636 complaints received by the dental commission.

Board and commission professions
Complaints resolved after adjudicative proceedings

Profession	Complaints Carried Over from FY07	Complaints Received	Total Complaints	Total Disciplinary Actions	% of Total Board/Commission Disciplinary Actions	% of Profession Disciplinary Actions to Complaints
Audiologist, Hearing Instrument Fitter/Dispenser, Speech Language Pathologist	18	17	35	5	1	14
Chiropractic X-Ray Technician	2	4	6	1	0	17
Chiropractor	98	138	236	30	5	13
Dentist	322	314	636	67	11	11
Licensed Practical Nurse	206	474	680	77	13	11
Massage Therapist	72	137	209	31	5	15
Nursing Home Administrator	27	25	52	6	1	12
Nursing Technician	0	5	5	0	0	0
Occupational Therapist	4	7	11	1	0	9
Occupational Therapy Assistant	4	1	5	3	1	60
Optometrist	21	31	52	2	0	4
Osteopathic Physician	58	75	133	6	1	5
Pharmacies and Other Pharmaceutical Firms	41	61	102	1	0	1
Pharmacist	109	201	310	34	6	11
Pharmacy Assistant	18	36	54	7	1	13
Pharmacy Intern	6	2	8	2	0	25
Pharmacy Technician	33	41	74	16	3	22
Physical Therapist	38	41	79	20	3	25
Physician	708	1,156	1,864	102	17	5
Physician Assistant	33	57	90	2	0	2
Podiatrist	15	34	49	2	0	4
Psychologist	60	57	117	6	1	5
Registered Nurse, ARNP	459	951	1,410	161	27	11
Veterinarian	62	114	176	16	3	9
Veterinary Medication Clerk	1	0	1	0	0	0
Veterinary Technician	6	9	15	1	0	7
Subtotal Boards and Commissions	**2,421**	**3,988**	**6,409**	**599**	**100**	**9**

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Secretary professions
Complaints resolved after adjudicative proceedings

Profession	Complaints Carried Over from FY07	Complaints Received	Total Complaints	Total Disciplinary Actions	% of Total Secretary Disciplinary Actions	% of Profession Disciplinary Actions to Complaints
Acupuncturist	10	16	26	5	1	19
Chemical Dependency Professional	77	132	209	29	5	14
Counselor Registered	185	419	604	139	23	23
Dental Hygienist	12	18	30	9	2	30
Denturist	17	25	42	5	1	12
Dietitian Nutritionist	3	2	5	1	0	20
Dispensing Optician	5	17	22	1	0	5
Dispensing Optician Apprentice	0	9	9	0	0	0
Health Care Assistant	53	192	245	55	9	22
Hypnotherapist	3	9	12	0	0	0
Marriage and Family Therapist	7	21	28	2	0	7
Mental Health Counselor	39	89	128	13	2	10
Midwife	9	6	15	1	0	7
Naturopathic Physician	16	15	31	4	1	13
Nursing Assistant	419	1,899	2,318	306	51	13
Nursing Pool	1	1	2	0	0	0
Ocularist	0	0	0	0	0	0
Orthotics Prosthetics	3	3	6	2	0	33
Radiological Technologist	7	16	23	4	1	17
Recreational Therapist	0	2	2	0	0	0
Respiratory Care Practitioner	6	23	29	2	0	7
Sex Offender Treatment Provider	12	11	23	1	0	4
Social Worker	22	48	70	8	1	11
Surgical Technologist	8	12	20	5	1	25
Unknown/Unlicensed	0	16	16	0	0	0
X-Ray Technician	14	17	31	8	1	26
Subtotal Secretary	**928**	**3,018**	**3,946**	**600**	**100**	**15**
Total Boards, Commissions, Secretary	**3,349**	**7,006**	**10,355**	**1,199**	**100**	**12**

Of the 1,206 disciplinary actions for last fiscal year, boards and commissions handled 50 percent and the secretary professions 50 percent. When comparing the number of disciplinary actions to total complaints, the percentage for boards and commissions was nine percent. It was 15 percent for secretary professions. The percentage for all professions was 11 percent compared to 13 percent for last biennium.

Professions with high rates of disciplinary actions compared to total complaints include registered counselors with 23 percent (139), health care assistants 23 percent (55), nursing assistants 13 percent (308), massage therapists 16 percent (34), and registered nurses and advanced registered nurse practitioners 12 percent (161).

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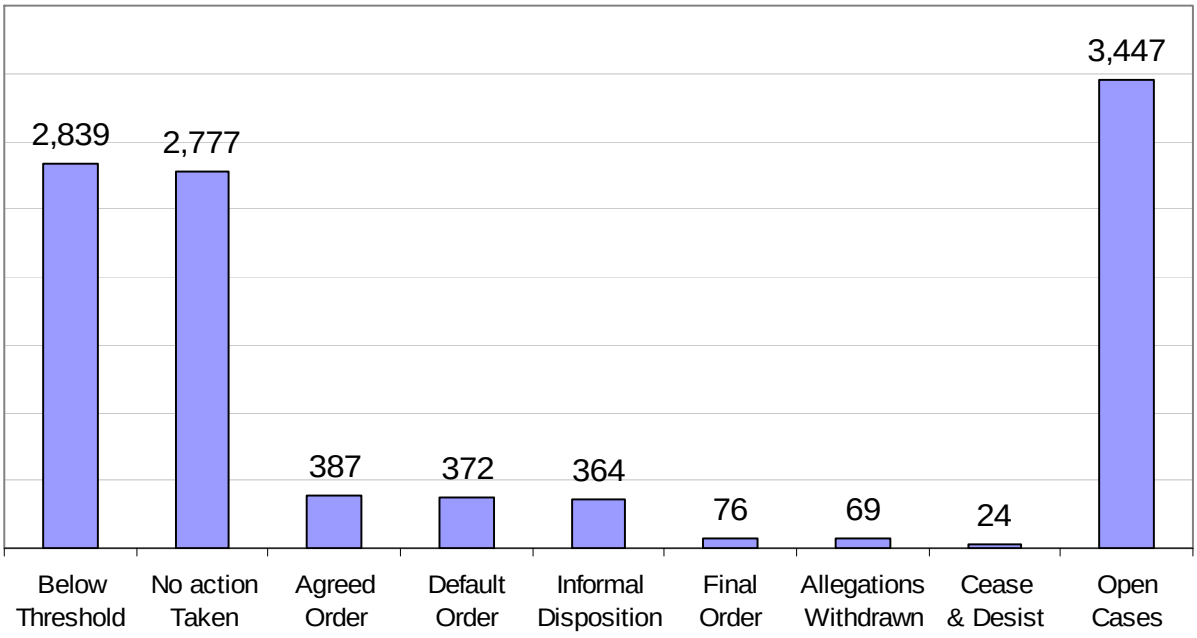
Summary of case dispositions and end of fiscal year open cases



Unlicensed practice closures and resolutions

The secretary is responsible for preventing unlicensed practice. The Health Systems Quality Assurance (HSQA) investigation unit manages intake, assessment, and investigation. Unlicensed practice complaints are closed before investigation or resolved with a Notice of Correction or a Cease and Desist Order. A Notice of Correction notifies the practitioner that there will be further action if they continue to infringe on the scope of practice of credentialed health care providers. A Cease and Desist Order requires the recipient to stop practice and may impose a fine. Continued unlicensed practice may result in court enforcement of the Cease and Desist Order or criminal prosecution. HSQA focuses its resources on those cases posing the greatest risk to the public.

Unlicensed practice closures and resolutions

Profession_Group	Carry Over from FY07	Complaints Received	Total Complaints	Closed No Action Taken Before Investigation	Closed No Action Taken After Investigation	Cease and Desist Order Issued	Total Closed
Acupuncturist	3	1	4	1	2	0	3
Audiologist, Hearing Instrument Fitter/Dispenser, Speech Language Pathologist	0	2	2	0	0	0	0
Chemical Dependency Professional	5	3	8	0	3	0	3
Chiropractic X-Ray Technician	1	0	1	0	1	0	1
Chiropractor	1	3	4	0	0	1	1
Counselor Registered	5	26	31	7	11	0	18
Dental Hygienist	0	2	2	0	1	0	1
Dentist	8	5	13	2	3	0	5
Denturist	2	0	2	0	0	1	1
Dietitian Nutritionist	2	0	2	0	0	1	1
Dispensing Optician	2	4	6	0	4	0	4
Dispensing Optician Apprentice	0	0	0	0	0	0	0
Health Care Assistant	3	9	12	2	3	2	7
Hypnotherapist	1	3	4	0	3	0	3
Licensed Practical Nurse	2	9	11	4	6	1	11
Marriage and Family Therapist	0	2	2	0	0	0	0
Massage Therapist	21	41	62	15	24	13	52
Mental Health Counselor	0	4	4	0	3	0	3
Midwife	1	0	1	0	0	0	0
Naturopathic Physician	0	3	3	1	2	0	3
Nursing Assistant	11	123	134	95	30	3	128
Nursing Home Administrator	0	1	1	1	0	0	1
Nursing Pool	0	0	0	0	0	0	0
Nursing Technician	0	0	0	0	0	0	0
Occupational Therapist	0	0	0	0	0	0	0
Occupational Therapy Assistant	0	0	0	0	0	0	0
Optometrist	1	2	3	0	3	0	3
Orthotics Prosthetics	1	2	3	1	1	0	2
Osteopathic Physician	1	0	1	0	0	0	0
Pharmacies and Other Pharmaceutical Firms	10	26	36	18	14	0	32
Pharmacist	0	1	1	0	0	0	0
Pharmacy Assistant	0	0	0	0	0	0	0
Pharmacy Intern	0	0	0	0	0	0	0
Pharmacy Technician	0	0	0	0	0	0	0
Physical Therapist	0	2	2	1	1	0	2
Physician	18	21	39	6	13	1	20
Physician Assistant	0	0	0	0	0	0	0
Podiatrist	0	0	0	0	0	0	0
Psychologist	2	5	7	4	1	0	5
Radiological Technologist	0	0	0	0	0	0	0
Recreational Therapist	0	1	1	1	0	0	1
Registered Nurse	5	9	14	5	6	0	11
Respiratory Care Practitioner	0	0	0	0	0	0	0
Sex Offender Treatment Provider	0	0	0	0	0	0	0
Social Worker	1	6	7	0	4	0	4
Surgical Technologist	0	2	2	0	0	0	0
Unknown/Unlicensed	0	10	10	6	4	0	10
Veterinarian	4	13	17	4	8	1	13
Veterinary Medication Clerk	0	0	0	0	0	0	0
Veterinary Technician	3	0	3	0	2	0	2
X-Ray Technician	3	0	3	0	3	0	3
Total	**117**	**341**	**458**	**174**	**156**	**24**	**354**

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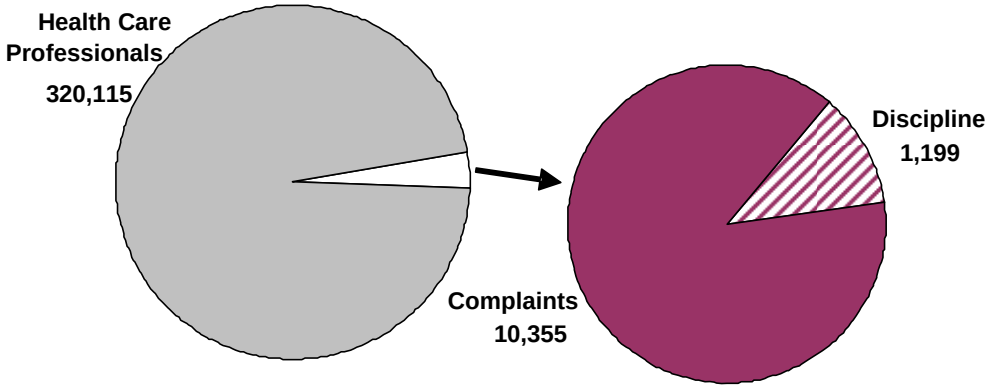
Summary

When the number of disciplinary actions taken (1,199) is compared to the number of credentialed health care providers (320,115), about one-third of one percent of all credentialed health care providers were disciplined. The vast majority of health care providers in Washington provide high-quality care to their patients. About three percent of health care professionals came to the attention of HSQA in fiscal year 2008. Of all complaints, about 11 percent (1,199 of 10,355) resulted in discipline.

Complaints and Discipline to Total Health Care Professionals



During fiscal year 2008 as compared to 2007:

- New complaints increased from 6,644 to 7,006 (five percent).
- Investigations authorized increased from 54 to 61 percent (seven percent).
    - Board and commission authorizations increased from 62 to 69 percent (seven percent).
    - Secretary authorizations increased from 45 to 51 percent (six percent).
- Investigations completed increased from 3,871 to 4,100 (six percent).
    - Board and commission investigations increased from 2452 to 2,532 (three percent).
    - Secretary profession investigations increased from 1,419 to 1,568 (11 percent).
- Complaints closed prior to disciplinary action (adjudication) increased from 5,476 to 5,679 (four percent).
    - Board and commission closures prior to disciplinary action increased from 3,023 to 3,342 (11 percent).
    - Secretary profession closures prior to disciplinary action decreased by five percent, from 2,453 to 2,337.
- Number of complaints closed with disciplinary action increased from 1,102 to 1,199 (nine percent).
    - Board and commission closures with disciplinary action decreased from 567 to 599 (six percent).
    - Secretary profession closures with disciplinary action increased from 535 to 600 (13 percent).

Appendix G - Definitions

Stipulation to Informal Disposition: A Stipulation to Informal Disposition (STID) is an informal resolution. If the health care provider agrees to sign the STID, he or she does not admit to unprofessional conduct, but does agree to corrective action. STIDs are reported to national data banks, but because they are informal they do not result in a press release.

Default orders: A Default Order is issued when the credentialed health care provider was given due notice, but either failed to answer the allegations or failed to participate in the adjudicative process as required by law.

Agreed order: The document, formally called a Stipulated Findings of Fact, Conclusions of Law and agreed order, is a negotiated settlement between the health care provider and representatives of the agency. It states the substantiated violations of law and the sanctions being placed on the health care provider's credential. The health care provider agrees to the conditions in the order. The agreed order is presented to the disciplinary authority and if approved, becomes final. The order is reported to national data banks and the public in a press release.

Final order after hearing: The document is formally called Findings of Fact, Conclusions of Law and Order. This document is issued after a formal hearing has been held. The hearing may be before a health law judge representing the secretary as the decision-maker or before a panel of board or commission members with a health law judge acting as the presiding officer. The document identifies the proven violations of law and the sanctions being placed on the health care provider's credential. The health care provider has the right to ask for reconsideration of the decision or to appeal to a superior court. The order is reported to national data banks and the public in a press release.

***Removal from practice*:** The health care provider's credential is revoked or indefinitely suspended.

***Removal from practice with conditions*:** The health care provider's credential is suspended for a specified period. Conditions for rehabilitation and reinstatement must be met before the credential can be returned to good standing.

***Rehabilitative sanctions*:** These include probation of license, substance abuse treatment and monitoring, counseling, and limitations or restrictions on the practice. The health care provider continues to practice with conditions imposed.

***Deterrent sanctions*:** These include compliance requirements, reprimands, and fines.

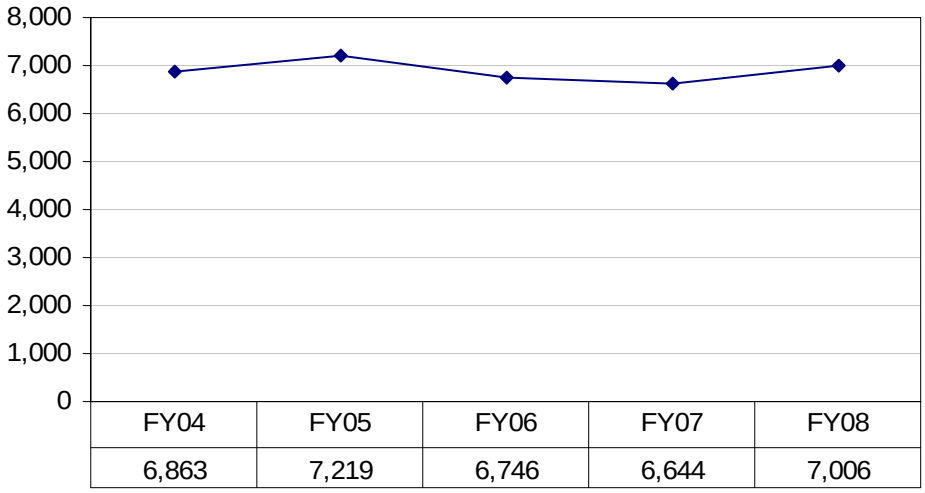
***Voluntary surrender*:** The health care provider voluntarily relinquishes the right to practice. This type of sanction is only permitted, once a complaint is filed, through a stipulation to informal disposition or a formal order.

Appendix H - Annual comparison

Complaints received

Since 2003 the number of new complaints received by Health Systems Quality Assurance has increased by two percent. This does not include carry-forward complaints from the previous biennium.

New complaints received

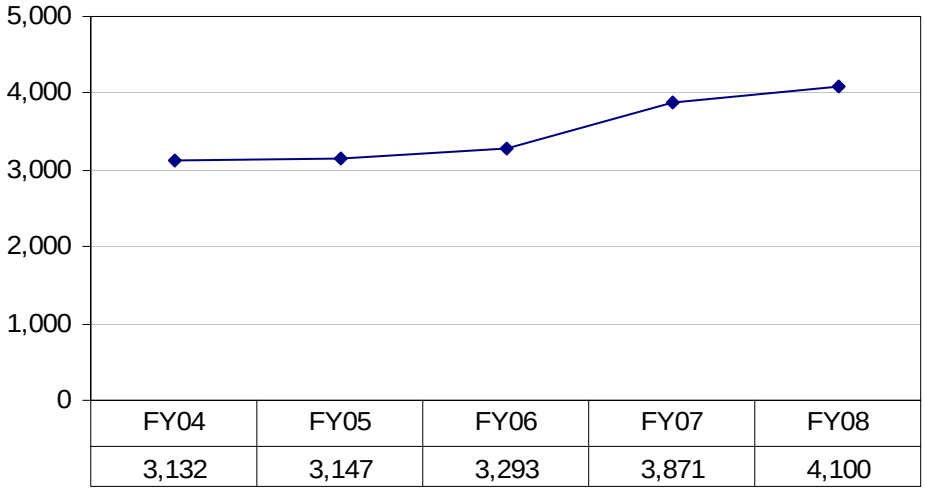


FY04	FY05	FY06	FY07	FY08
6,863	7,219	6,746	6,644	7,006

Investigations

The number of completed investigations (including unlicensed practice) increased 31 percent over the last five years. The increase has been greatest in the last two years. This is a result of decisions to investigate more complaints.

Investigations completed



FY04	FY05	FY06	FY07	FY08
3,132	3,147	3,293	3,871	4,100

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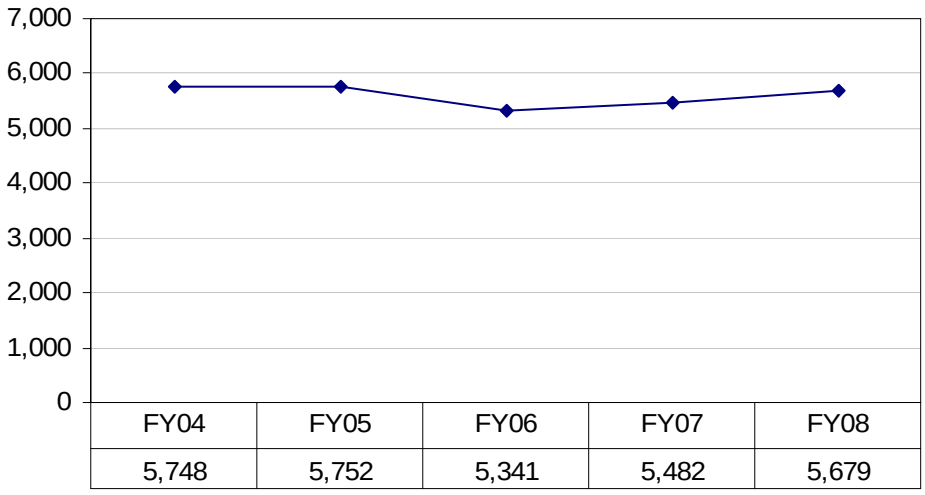
Complaint closures before adjudicative proceedings

The following chart shows the change in closures before adjudicative proceeding over the last five years. These are cases that were closed with no action due to insufficient evidence. In these cases, evidence disproved the allegations, the complaint was below the threshold for investigation, the disciplinary authority did not have jurisdiction, the allegations were withdrawn, or a Notice of Correction (NOC) was issued.

There has been a one percent decrease in the number of closures before adjudicative proceedings over the past five years.

Complaint closures before adjudicative proceedings



FY04	FY05	FY06	FY07	FY08
5,748	5,752	5,341	5,482	5,679

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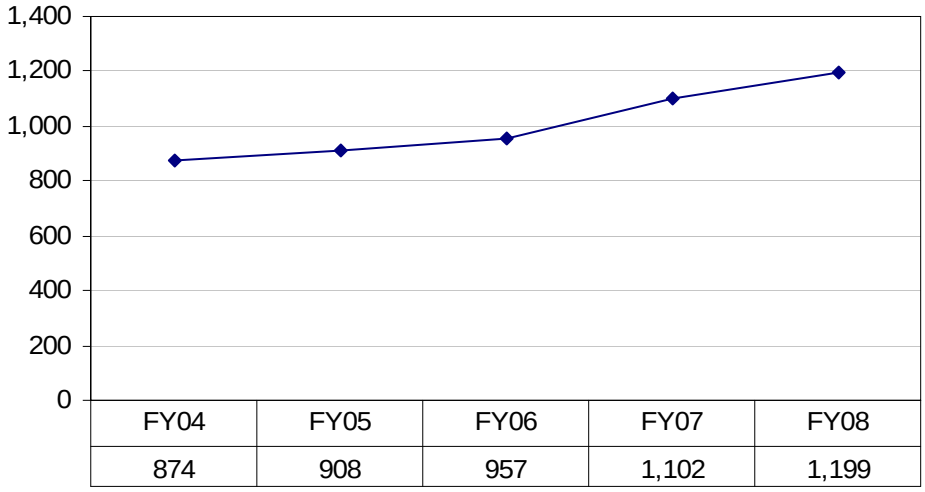
Complaint closures after adjudicative proceedings

The following chart shows the 37 percent increase in cases resolved with corrective or disciplinary action over the past five years. They include cases closed by default orders, informal dispositions, agreed orders, final orders after hearing, and unlicensed practice cease and desist orders.

Complaint closures after adjudicative proceedings



FY04	FY05	FY06	FY07	FY08
874	908	957	1,102	1,199

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Appendix I - Case appeals activity

Docket #	Profession	Court	Outcome
07-10-B-1076AC	Acupuncture	Thurston	Pending
07-08-A-1003AP	ARNP	King	Pending
06-04-B-1030CP	Chemical Dependency Professional	King	Dismissed
06-08-B-1059CP	Chemical Dependency Professional	King	Reversed/Remanded
05-05-A-1020DE	Dental	King	Affimed
06-11-A-1052DE	Dental	Thurston	Pending
07-05-A-1069DE	Dental	King	Pending
05-07-A-1001DE	Dental	Chelan	Pending
06-02-B-1108NA	Nursing Assistant	Spokane	Denied
06-12-A-1014NH	Nursing Home Administrator	Thurston	Pending
06-03-A-1021FX	Pharmaceutical Firm	King	Pending
07-08-A-1074MD	Physician	Thurston	Pending
05-07-A-1008MD	Physician	Yakima	Pending
00-10-A-1047PA	Physician Assistant	Thurston	Pending
06-06-B-1037RC	Registered Counselor	Thurston	Pending
06-04-B-1029RC	Registered Counselor	King	Dismissed
06-08-B-1058RC	Registered Counselor	King	Reversed/Remanded
98-05-A-1083RN	Registered Nurse	Pierce	Pending
05-12-A-1001RN	Registered Nurse	Thurston	Pending
06-07-A-1012RN	Registered Nurse	Thurston	Pending
06-01-B-1036UR	Unlicensed	King	Remanded

Appendix J - Violations and sanctions

Uniform Disciplinary Act violations

The Uniform Disciplinary Act (UDA), RCW 18.130.180, lists 25 violations considered unprofessional conduct. Health care providers cannot be criminally charged by boards, commissions, or the secretary because the UDA is administrative law. However, their ability to make a living in the health care field may be adversely affected. Criminal convictions can result in UDA actions against practitioners' credentials.

Frequent violations

Of the 25 possible UDA violations, five accounted for 62 percent of the 1,753 violations across all professions. The number of violations exceeds the number of sanctions because violators are often cited for more than one violation when reported to Healthcare Integrity Protection Data Bank HIPDB. The most frequently reported violations during fiscal year 2008 were:

1. RCW 18.130.180(7): Violation of any state or federal statute or administrative rule, 331 (19 percent).
2. RCW 18.130.180(17): Conviction of a gross misdemeanor or felony relating to the practice of a health care profession, 237 (13 percent).
3. RCW 18.130.180(6) and (23): Personal drug or alcohol abuse, 226 (13 percent).
4. RCW 18.130.180(4): Incompetence, negligence, or malpractice, 224 (13 percent).
5. RCW 18.130.180(9): Failure to comply with an order issued by the disciplining authority, 87 (5 percent).

Violations related to moral turpitude, dishonesty, or corruption, RCW 18.130.180(1), were cited 296 times in sanctions reported to HIPDB, making these violations among the most frequently reported violation. Violations of RCW 18.130.180(1) are not considered a primary violation. In fact, 90 percent were cited in conjunction with other violations.

Sanctions imposed

When adverse actions are reported to the HIPDB, the sanction imposed on the practitioner is also reported. For purposes of this report sanctions were divided into five categories: removal from practice, removal from practice with conditions, rehabilitative, deterrent, and voluntary surrender of the credential.

Removal from practice: The health care provider's credential is revoked or indefinitely suspended.

Removal from practice with conditions: The health care provider's credential is suspended for a specified period. Conditions for rehabilitation and reinstatement must be met before the credential can be returned to good standing.

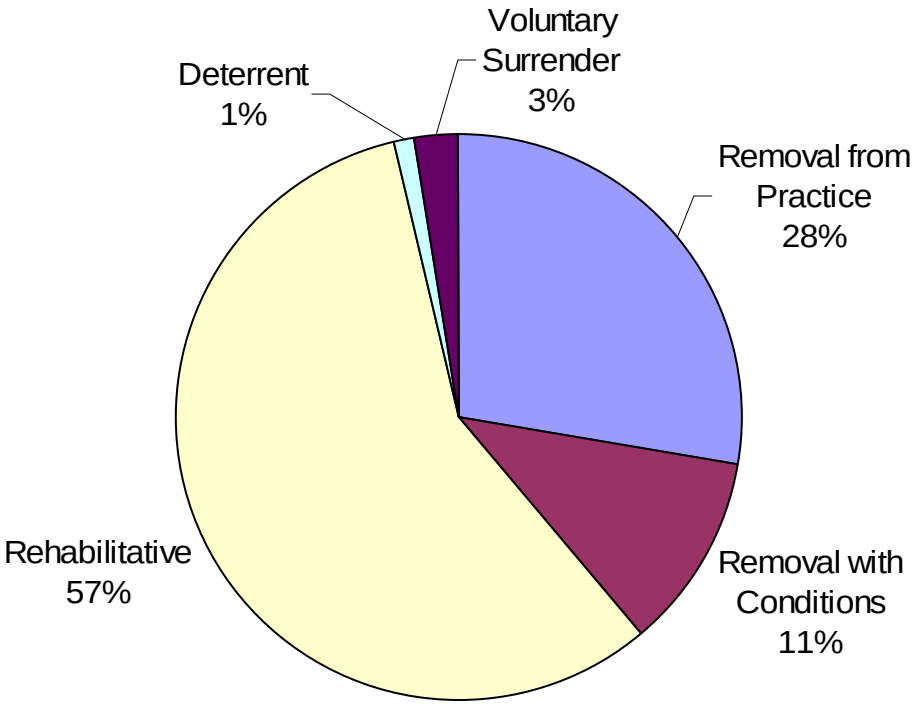
Rehabilitative sanctions: These include probation of license, substance abuse treatment and monitoring, counseling, and limitations or restrictions on the practice. The health care provider continues to practice with conditions imposed.

Deterrent sanctions: These include compliance requirements, reprimands, and fines.

Voluntary surrender: The health care provider voluntarily relinquishes the right to practice. This type of sanction is only permitted, once a complaint is filed, through a stipulation to informal disposition or a formal order.

The total number of sanctions (951) shown below is less than the total number of disciplinary actions after adjudication (1,199). The disciplinary actions represent cases closed after adjudication. There can be multiple cases against a single practitioner. Reports to the data bank represent reports on individual practitioners, not individual cases.

Sanctions
N = 951



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Sanctions imposed by profession

Profession	Removal from Practice (Revocation Indefinate Suspension)	Removal with Conditions (Suspension for Specific Period)	Rehabilitative (Probation Limitation or Restriction)	Deterrent (Reprimand, Fine)	Voluntary Surrender	Total
Acupuncturist	0	2	3	0	0	5
Advanced Registered Nurse Practitioner	2	2	4	2	0	10
Audiologist, Hearing Instrument Fitter/Dispenser, Speech Language Pathologist	2	0	1	1	0	4
Chemical Dependency Professional	5	5	12	0	3	25
Chiropractic X-Ray Technician	0	0	1	0	0	1
Chiropractor	3	0	24	0	0	27
Counselor, Registered	20	8	74	0	6	108
Dental Hygienist	0	0	8	0	0	8
Dentist	4	3	51	2	1	61
Denturist	1	2	1	0	0	4
Dietician/Nutritionist	0	0	1	0	0	1
Dispensing Optician	0	0	1	1	0	2
Health Care Assistant	16	9	22	0	0	47
Licensed Practical Nurse	20	8	48	0	0	76
Marriage and Family Therapist	1	1	0	0	0	2
Massage Therapist	6	2	17	0	0	25
Mental Health Counselor	2	1	3	0	2	8
Midwife	1	0	1	0	0	2
Naturopathic Physician	0	0	4	0	0	4
Nursing Assistant	78	49	71	1	1	200
Nursing Home Administrator	0	0	5	0	0	5
Occupational Therapist	0	0	1	0	0	1
Occupational Therapy Assistant	1	0	1	0	0	2
Optometrist	1	0	1	0	0	2
Orthotist/Prosthetist	0	0	2	0	0	2
Osteopathic Physician	0	0	4	0	0	4
Pharmacist	9	1	26	0	0	36
Pharmacy Assistant	3	0	3	0	0	6
Pharmacy Intern	3	0	0	0	0	3
Pharmacy Technician	16	0	3	0	2	21
Physical Therapist	1	4	6	0	0	11
Physician	17	0	38	1	6	62
Physician Assistant	0	0	2	0	0	2
Podiatrist	0	0	2	0	0	2
Psychologist	0	0	6	1	0	7
Radiological Technologist	3	0	1	0	0	4
Registered Nurse	41	7	91	0	4	143
Respiratory Care Practitioner	2	0	0	0	0	2
Social Worker	2	0	5	0	0	7
Surgical Technologist	1	1	1	0	0	3
X-Ray Technician	3	2	1	0	0	6
Total	**264**	**107**	**546**	**9**	**25**	**951**

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Summary

Sanctions during the fiscal year 2008 as compared to fiscal year 2007:

- Removal from practice decreased from 294 to 264 (-10 percent).
- Removal from practice with conditions increased from 37 to 107 (189 percent).
- Rehabilitative sanctions increased from 457 to 546 (19 percent).
- Deterrent sanctions decreased from 25 to nine (-64 percent).
- Voluntary surrender sanctions increased from 20 to 25 (25 percent).

There was a significant increase in the use of removal from practice with conditions and an increase in voluntary surrender and rehabilitative sanctions. Decreases were seen in the use of deterrent sanctions and removal from practice.

Appendix K - Chemically impaired practitioners

The law provides a way to assure practitioners provide services according to regulatory standards. RCW 18.130.175 allows disciplining authorities to refer a practitioner to a voluntary substance abuse monitoring program instead of disciplinary action. The disciplining authority can also require that a chemically dependent health care provider participate in a substance abuse program.

Early and effective treatment can save the health care provider's practice, license, and even his or her life. Programs offer several services including confidential consultation with the practitioner or other concerned individuals. Other services include intervention, referrals for evaluation and treatment, development of a comprehensive rehabilitation plan, compliance monitoring, support, outreach, and education in the health care community.

Nationally these programs have high success rates ranging from 85 to 90 percent. Success is generally defined as achieving a chemically free and professionally productive lifestyle.

Alternative programs - chemically impaired practitioners

Profession	Program	Total # Mandated	Total # Voluntary	Total # Enrolled	Total # of Successful Completions
Advanced Registered Nurse Practitioner	WHPS	1	0	6	3
Chemical Dependency Professional	WHPS	1	2	3	3
Chiropractor	WHPS	0	0	1	1
Counselor	WHPS	22	0	27	14
Dental Hygienist	WHPS	0	0	1	0
Emergency Medical Technician	WHPS	0	0	12	6
Health Care Assistant	WHPS	4	0	6	0
Licensed Practical Nurse	WHPS	5	2	23	7
Massage Therapist	WHPS	2	0	2	1
Naturopath	WHPS	0	0	0	0
Nursing Assistant	WHPS	15	1	18	1
Optometrist	WHPS	0	0	0	0
Osteopath	WPHP	0	0	2	0
Paramedic	WHPS	0	0	0	0
Pharmacist and Pharmacy Technician	WRAPP	57	13	70	9
Physical Therapist	WHPS	0	0	2	0
Physicians and Physician Assistants	WPHP	19	166	183	17
Podiatry	WPHP	0	0	5	0
Psychologist	WHPS	0	0	0	1
Radiological Technologist	WHPS	0	0	2	0
Registered Nurse	WHPS	29	5	104	44
Respiratory Care Therapist	WHPS	0	0	0	1
Social Worker	WHPS	0	0	0	0
Surgical Technician	WHPS	0	0	0	0
Veterinarian	WPHP	0	2	5	1
Veterinary Technicians	WHPS	0	0	0	0
X-Ray Technician	WHPS	1	0	2	1
Total		156	191	474	110

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Web Links

APPENDIX Z1 –Performance audit requirements and expectations
APPENDIX Z2 –Performance audit recommendations and findings
APPENDIX Z3 –2007 performance audit response
APPENDIX Z4 –Final bill report – HB 1103
APPENDIX Z5 –Final bill report – HB 2674
APPENDIX Z6 –HSQA office overviews

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APPENDIX Z1—Performance audit requirements and expectations

In May 2006 Gov. Gregoire spelled out the following nine expectations for the State Auditor's Office in conducting its performance audit of health professions regulation and discipline:

1. Evaluate the professional licensing, oversight, and disciplinary system starting with the receipt of licensing applications through the final resolution of complaints and monitoring of compliance with disciplinary actions.
2. Develop a description of the stages of the disciplinary process, identifying variations among disciplining authorities.
3. Identify activities that help move cases efficiently through the stages of the disciplinary process, including an evaluation of summary actions that are taken to quickly remove a provider from practice if the public is at risk of being harmed, and to determine if such activities are being uniformly and consistently applied.
4. Assess resources required to support the professional licensing, oversight, and disciplinary system, including staffing levels, workload, and timeliness of process compared to other states' benchmarks or best practices.
5. Compare Washington's licensing, oversight, and disciplinary system to other states' systems.
6. Evaluate the case law and statutory and regulatory requirements to assess the effect of each on the disciplining authorities' ability to discipline credential holders and its ability to do so in a timely manner.
7. Suggest statutory, regulatory, and/or internal policy changes that would support more effective disciplinary practices that are consistent across professions.
8. Recommend methods of improving efforts to educate members of the public about their right to file complaints about health care providers with the Department of Health.
9. Recommend the best ways to access national criminal background checks for current credential holders and applicants.

The above expectations were in addition to nine statutory requirements established in law for all performance audits:

1. Identification of cost savings.
2. Identification of services that can be reduced or eliminated.
3. Identification of programs or services that can be transferred to the private sector.
4. Analysis of gaps or overlaps in programs or services, and recommendations to correct them.
5. Feasibility of pooling the entity's information technology systems.
6. Analysis of the roles and functions of the entity and recommendations to change or eliminate roles or functions.
7. Recommendations for statutory or regulatory changes that may be necessary for the entity to properly carry out its functions.
8. Analysis of the entity's performance data, performance measures and self assessment systems.
9. Identification of best practices.

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APPENDIX Z2—Performance audit recommendations and findings

In its report, the State Auditor's Office made thirteen specific findings and recommendations to the Department of Health to improve its regulation of health professions:

1. The state's governance structure involving Health Systems Quality Assurance (HSQA) and the boards and commissions responsible for regulating health care professions does not promote effective performance management.
2. Credentialing process inconsistencies and control weaknesses leave the potential for unqualified individuals to practice in Washington and leave citizens at risk.
3. Weaknesses in internal controls over the background check process and lack of national criminal background checks can expose the public to serious risk.
4. Changes in the complaint management process are needed to more accurately assess complaints and to improve responses to complainants.
5. HSQA's efforts to improve public education regarding citizens' rights to file complaints about credential holders with HSQA are insufficient.
6. Investigations of complaints are delayed by process issues and compromised by staffing concerns and internal control deficiencies.
7. Deficiencies in the disciplinary (legal) process have led to inconsistent and delayed discipline of practitioners who engage in unprofessional conduct or provide below standard of care.
8. The compliance process does not ensure that practitioners who have been disciplined comply with the terms of their sanctions.
9. Department of Health and HSQA oversight needs improvement to ensure that the credentialing and the regulatory processes are performing as intended.
10. The agency's internal audit function is understaffed and does not perform evaluations of HSQA to identify and report deficiencies that could impede HSQA's ability to achieve its goals.
11. Legacy information systems do not enable HSQA to effectively and efficiently license health practitioners, manage consumer complaints, and monitor compliance with disciplinary action.
12. HSQA's disaster recovery and business continuity plans are not fully developed.
13. Hard copy files related to licensing and investigations are not physically secure.

The report also contained the following recommendations to the legislature. These items specifically require legislative action in order to implement:

Finding 1

1. Amend the Written Operating Agreement statute (RCW 43.70.240) between HSQA and the boards and commissions to require the agreements to include negotiated performance-based provisions. The amendment should include:
    - A requirement that the written agreements are reviewed annually and revised as needed to continually drive performance to protect the public's interests.
    - Set an effective date as a deadline for these agreements to be revised and to become operational.
    - Require the results of the key performance measures (as appropriate to protect confidentiality) be posted on the Web sites of HSQA and each board and commission.

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Finding 2

1. Eliminate the registered counselor credential as it currently exists.
2. For all registered professions, review and modify as needed existing laws that allow individuals to be credentialed with no educational or experience requirements.
    - Establish requirements that include at a minimum education, examinations, supervised training, and experience and offer credential types that reflect the requirements.
    - Offer a temporary credential for individuals who are completing educational requirements for supervised experience.

Finding 3

1. Give the Department of Health the statutory authority to access Washington State Patrol criminal background information, particularly non-conviction data.
2. Give the department the statutory authority to access the FBI database for national background checks and require HSQA to conduct national background checks on all credential holders.

Finding 6

1. Provide additional tools for obtaining records, documents and other evidence. These tools could include authorization to issue citations and fines for failure to provide documents in a timely manner.

Finding 7

We recommend the legislature adopt a law:

1. Requiring a deadline by which the sanction guidelines must be adopted.
2. Authorizing the secretary to discipline all professions for misconduct, while the boards and commissions continue to discipline standard of care violations.
3. Indicate that any board or commission not adopting sanction guidelines by the deadline could be subject to losing its disciplinary authority and becoming an advisory committee.

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APPENDIX Z3 –2007 Performance audit response

Finding	Rec.	DOH Response	Lead	Done	Done w/ Current Resources	Budget Impact	Needs Legislation
F7	R2	We will continue to enter default orders according to the law.	Patti Latsch	**Done Ongoing**			
F10	R3	We will contract out specialized internal audits as needed.	Bill White	**Done Ongoing**			
F11	R3	We will continue to regularly install security patches, as they are available.	Sam Marshall/ DIRM	**Done Ongoing**			
F11	R6	We will avoid the use of computer "side systems."	Sam Marshall	**Done Ongoing**			
F6	R2	We have state-approved guidelines in place.	Patti Latsch	**Done 10/22/2002**			
F6	R6, 7	We already have these practices in place to ensure all investigators receive appropriate training.	Patti Latsch	**Done 10/22/2002**			
F6	R 8	We already have these practices in place requiring supervisors to officially sign off on all investigations.	Patti Latsch	**Done 03/01/2005**			

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F8	R2	We adopted a procedure in 2006 that requires a single reminder letter to practitioners who have not met a due date. We will continue to send follow-up or requests for additional information where needed.	Bonnie King	**Done 06/29/2006**			
F8	R5	The compliance procedure, which includes the letter templates, is available on the HSQA Intranet site. We are replacing desk manuals with online procedures.	Patti Latsch	**Done 06/29/2006**			
F9	R1, 2	We have enhanced our performance management system to meet the criteria suggested in the audit.	Laurie Jinkins	**Done 06/2007**			
F13	R1	We have upgraded our policies on destruction of confidential records to require that they be deposited in locked containers and shredded.	Department of Health	**Done 07/16/2007**			
F13	R2	We have procedures in place regarding confidential materials in keeping with Department of Health policy.	Department of Health	**Done 07/16/07**			
F3	R3	We will develop a quality assurance sampling process to audit completed background checks.	Patti Latsch	**Done 9/30/2007**	**Sep-07**		
F12	R2	We will develop an alternative means of contact for key personnel.	Bonnie King/ now new office directors	**Done 11/01/2007**	**Dec-07**		

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F2	L1	We are conducting a second study of the registered counselors' profession.	Bob Nicoloff/ Legislature	**Done 11/20/2007**	**Nov-07**		**Legislation passed 3/14/08**
F4	R8	We will develop a common case assessment worksheet for use in all secretary-regulated professions and recommend its use in board/commission-regulated professions.	Patti Latsch	**Done 11/30/2007**	**Nov-07**		
F4	R5	We will update training related to disciplinary case tracking after the first internal quality review.	Patti Latsch/ Kirby Putscher	**Done 12/10/2007**	**Nov-07**		
F11	R4	We will develop a notification system between HSQA managers and the technology staff to maintain current system access for all users and IT development / maintenance staff.	Sam Marshall/ HR/ DIRM	**Done 12/12/2007**	**Nov-07**		
F11	R4	We will update the user access records and restructure the way they are maintained.	Sam Marshall	**Done 12/12/2007**	**Nov-07**		
F12	R1	We will complete a business continuity plan to sustain critical investigation and disciplinary activities.	Patti Latsch/ Bill Kellington/ Tracy Auldredge	**Done 12/31/2007**	**Dec-07**		
F12	R3	We will review disaster recovery plans to make sure there is sufficient information for staff to follow them.	Bonnie King/ executive directors/ credential program managers, Tracy Auldredge	**Done Ongoing**	**Dec-07**		
F12	R4, 5	We will have an interim disaster recovery site in operation.	DIRM	**Done 12/12/2007**	**Dec-07**		

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F2	R3	We will work with the boards to change the administration of the exams for the three professions mentioned in the report	Joy King/ now Steve Saxe	**Done 12/31/2007**	**Dec-07**		
F5	R4	We are testing outreach to vulnerable populations, particularly the elderly, based on the results of the Elway Poll.	Michael Wilson/ Meghan Young	**Done 08/31/2007**	**Dec-07**		
F6	R4	We will complete the contract process for expert review of standard of care cases.	Blake Maresh	**Done 03/10/2008**	**Dec-07**		
F7	R1	We will work with OFM to see whether further action is appropriate to require all boards and commissions to adopt the sanctioning guidelines.	Laurie Jinkins	**Done 10/18/2007**	**Dec-07**		
F4	R2	We will develop specific criteria for imminent danger. (Procedure 212 to be expanded with examples).	Patti Latsch/ executive directors	**Done 11/01/2007**	**Feb-08**		

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F10	R1	We will update job descriptions to incorporate quality assurance as we consolidate functions	Sam Marshall		**Mar-08**		
F2	R3	We will review the administration of jurisprudence exams with other boards and commissions in the context of their rules and policies	Bonnie King/ Melissa Turner/ executive directors/ program managers	**Done 03/14/2008**	**Mar-08**		

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F4	R1	We will provide the threshold list used for secretary-regulated professions to all boards and commissions for their adoption and use. (Develop check list as part of Procedure 205).	Patti Latsch		**Mar-08**		
F3	R2	We are developing mandatory reporting rules that will include the timeline for reporting unprofessional conduct.	Margaret Gilbert/ Tami Thompson	**Done 03/31/08**	**May-08**		
F4	R3	We will evaluate the success of other states' use of multiple complaints to identify incompetent practitioners. We will adopt practice review procedures if there is evidence that they are effective.	Patti Latsch/ Melissa Turner	**Done 05/30/08**	**May-08**		

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F4	R4	We will evaluate the success of other jurisdictions' experience with long-term behavioral indicators. If they are shown effective, we will adopt new procedures.	Patti Latsch/ Melissa Turner	**Done 05/30/08**	**May-08**		
F4	R10	We will continue to send notification letters when we assess the complaint. We will look into the cost of additional notifications.	Patti Latsch	**Cannot complete without added funding 3/14/2008**	**Jun-08**	**No funding in 2008**	
F11	R1, 2	We are implementing the new ILRS computer system that meets agency standards	Sam Marshall	**Done 02/19/08**	**Jun-08**		
F11	R5	HSQA is in the midst of analyzing and correcting data in the legacy systems in preparation of the conversion to ILRS. This will continue until the new system is implemented.	Sam Marshall		**Jun-08**		
F2	R1	We are replacing desk manuals with online procedures.	Patti Latsch/now Fred Garcia and Michael Wilson		**Jun-08**		
F2	R2	The new computer system will have checks against errors.	Sam Marshall	**Done 02/19/08**	**Jun-08**		

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F2	R2	We will centralize our credentialing work units to promote standard business practices.	Laurie Jinkins/ now Karen Jensen	**Done 06/30/08**	**Jun-08**		
F2	R2	We will include audit suggestions and quality assurance pilot project results in revised procedures.	Patti Latsch/now Fred Garcia		**Jun-08**		
F4	R9	The database complaint types and closure codes are defined in manuals for the obsolete computer system, ASI. We have reduced the number of complaint types and closure codes for the new system. We have clear definitions for each. The ILRS system will be fully implemented in June 2008.	Sam Marshall		**Jun-08**		
F6	R1	We will propose improvements to the process to authorize an investigation.	Patti Latsch/ executive directors/ program managers	**Done 06/01/08**	**Jun-08**		
F6	R9	We will have a single caseload report available for each investigator in the new licensing system.	Sam Marshall		**Jun-08**		
F7	R4	We will review our options to assure accuracy in reporting disciplinary actions. (basis of action)	Patti Latsch		**Jun-08**		

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F8	R1	The new computer system will include automated notices and reminders.	Sam Marshall	**Done 02/19/08**	**Jun-08**		
F8	R4	A central compliance unit will support consistency in the compliance process.	Laurie Jinkins/now Karen Jensen	**Done 06/01/08**	**Jun-08**		
F9	R3	We will post measures of importance to the public on the agency Web site.	Bonnie King/ Steve Hodgson/ Michael Wilson		**Jun-08**		
F3	R5	We are testing a national search service for public criminal conviction records. If it is useful, we will assess costs and consider expanding to all applicants.	Patti Latsch		**Jul-08**	**No funding in 2008**	
F10	R2	We have begun a pilot of a Control Self Assessment in HSQA	Bonnie King/ Josh Shipe/ Charles Satterlund	**Done 06/04/08**	**Sep-08**		
F4 F6 F7	R7 R10 R3	We will re-evaluate what should be included in case records and revise our procedures on how to organize and manage records.	Patti Latsch		**Sep-08**		
F2 F6 F8	R1 R6 R4	We will identify necessary resources for a formal training program	Sam Marshall	**Department of Health Work Done 12/12/2007**		**No funding in 2008**	
F10	R1	We will identify the costs of adding staff to the Department's internal audit function.	Mike Kashmar	**DOH Work Done 12/12/2007**		**No funding in 2008**	

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F4 F13	R6 R3	We will seek funds to study the feasibility of electronic document management. It will include imaging of complaint files.	Sam Marshall/ DIRM	**DOH Work Done 12/12/2007**		**No funding in 2008**	
F5	R3	We will calculate the cost to redevelop our Web site to focus on customer needs.	Michael Wilson	**DOH Work Done 12/12/2007**		**No funding in 2008**	
F6 F8	R3 R3	A workload standards study is now underway to identify appropriate staffing levels. We will provide the report to the Legislature when it is completed.	Bonnie King/ Megan Davis	**DOH Work Done 11/27/2007**		**No funding in 2008**	
F12	R4	We are working with the Department of Information Services for a primary "hot" site for disaster recovery.	DIRM			**No funding in 2008**	
F5	R1, R2	We are developing a public awareness strategy and will identify its costs for the Legislature.	Michael Wilson	**DOH Work Done 12/12/2007**		**No funding in 2008**	
F1	R1	We will follow any legislative direction regarding changes to operating agreements between HSQA and the boards and commissions.	Legislature	**3/14/08 Implemen-ting legislation**			**Legislation passed 3/14/08**
F2	L2	We will follow legislative direction regarding registered professions.	Bonnie King/ Melissa Turner	**3/14/08 Implemen-ting legislation**			**Legislation passed 3/14/08**

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F3	L1	We will follow legislative direction regarding additional authority to conduct background checks.	Mike Kashmar, Julie Miracle, Steve Hodgson/ Dave Magby/ Patti Latsch/ Karen Jensen/ Pam Anderson	**3/14/08 Implementing legislation**			**Legislation passed 3/14/08**
F6	L1	We will follow legislative direction regarding additional investigative tools.	Patti Latsch/ Karen Jensen	**3/14/08 Implementing legislation**			**Legislation passed 3/14/08**
F7	L1	We will follow legislative direction regarding requiring a deadline for adoption of sanction guidelines.	Bonnie King/ Margaret Gilbert/ executive directors	**3/14/08 Implementing legislation**			**Legislation passed 3/14/08**

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F7	L2	We will follow legislative direction regarding shift of authority for misconduct cases; secretary disciplines for misconduct, while boards/ commissions continue to discipline standard of care violations.	Legislature	**3/14/08 Implementing legislation**			**Legislation passed 3/14/08**
F7	L3	We will follow legislative direction regarding sanction guidelines. (Loss of disciplinary authority if sanction guidelines not adopted).	Legislature	**3/14/08 Implementing legislation**			**Legislation passed 3/14/08**
F2	R4	We will follow legislative direction regarding establishing a minimum age for health care professions.	Bonnie King/ Melissa Turner	**DOH Work Done 12/12/2007**			**No Legislation 3/14/2008**

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APPENDIX Z4 –

FINAL BILL REPORT
4SHB 1103

PARTIAL VETO
C 134 L 08

Synopsis as Enacted

Brief Description: Increasing the authority of regulators to remove health care practitioners who pose a risk to the public.

Sponsors: By House Committee on Appropriations (originally sponsored by Representatives Campbell, Green, Kenney, Hudgins, Appleton, Schual-Berke and Cody).

House Committee on Health Care & Wellness
House Committee on Appropriations
Senate Committee on Health & Long-Term Care
Senate Committee on Ways & Means

Background:

Health Professions Discipline.
The Uniform Disciplinary Act (UDA) governs disciplinary actions for all 62 categories of credentialed health care providers. The UDA defines acts of unprofessional conduct, establishes sanctions for such acts, and provides general procedures for addressing complaints and taking disciplinary actions against a credentialed health care provider. Responsibilities in the disciplinary process are divided between the Secretary of the Department of Health (Secretary) and 14 health profession boards and commissions (collectively known as "disciplining authorities") according to the profession that the health care provider is a member of and the relevant step in the disciplinary process.

In August 2007 the State Auditor's Office released a performance audit of the Department of Health's (DOH) health professions regulatory system. The report included several recommendations for legislative action. Among the report's recommendations were: to provide the disciplining authorities with additional tools for obtaining records, documents, and other evidence; to give the DOH the authority to access Washington State Patrol (WSP) and Federal Bureau of Investigations (FBI) criminal background information; and to require that national background checks be conducted on all credential holders.

Post-Conviction Credentialing.
Individuals who have been convicted of a felony may not be disqualified from government employment or the practice of a profession or business that requires a license solely because of the prior conviction. There is an exception for situations in which the conviction is directly

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related to the employment or the profession or business at issue and less than 10 years have passed since the conviction.

Criminal defendants who have completed their probation may have their record of convictions vacated and be released from any penalties and disabilities that arose from the conviction. In addition, the conviction is prohibited from being disseminated or disclosed by either the WSP or local law enforcement agencies.

Summary:

Disciplinary Procedures.
The authority to conduct all phases of disciplinary actions regarding cases of unprofessional conduct relating to sexual misconduct that do not involve clinical expertise or standards of practice is shifted from the individual disciplining authorities to the sole authority of the Secretary.

Credential holders who have had their credential summarily suspended or their practice restricted may request a show cause hearing before a health law judge or panel of a board or commission. The request must be made within 20 days of the issuance of the order and the show cause hearing must be held within 14 days of the request. The disciplining authority has the burden of demonstrating that the credential holder poses an immediate threat to the public health and safety.

Application Denial or Issuance with Conditions.
Disciplining authorities may deny an application for a credential or issue a credential with conditions according to a process that is distinct from the standard disciplinary process for credential holders. The new process provides notice to an applicant of any denial or issuance with conditions and a right to an adjudicative proceeding. The circumstances for which a disciplining authority may deny an application for a health care provider credential or issue the credential with conditions are specified. These circumstances are where the applicant:

- has had his or her credential suspended by another jurisdiction;
- has committed an act of unprofessional conduct;
- has been convicted of, or is subject to prosecution for, a crime involving moral turpitude, certain violent crimes, a crime relating to drugs, or a crime relating to financial exploitation;
- fails to prove that he or she meets the qualifications related to the profession; or
- cannot practice with reasonable skill and safety by reason of a mental or physical condition.

When determining the disposition of an application in which the applicant's mental or physical condition is at issue, the disciplining authority may require the applicant to submit to a mental, physical, or psychological examination at his or her expense. An applicant is deemed to have waived all objections to the admissibility of the testimony or reports of the health care provider who performs the examination.

Background Checks.
The Secretary is authorized to receive and use criminal history information including nonconviction data for disciplinary and licensing purposes. Applicants for an initial credential to practice a health profession must receive a background check from the WSP prior to receiving

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the credential. The Secretary must specify those circumstances in which a state background check is inadequate and an electronic fingerprint-based national background check through the WSP and the FBI must be conducted. Such situations include cases in which an applicant has a criminal record in Washington or has recently lived out-of-state. The Secretary must conduct an annual review of a representative sample of health care providers who have previously received a background check.

When making license issuance determinations, the disciplining authority must consider the results of any background checks that reveal either a conviction for a crime that constitutes unprofessional conduct or a series of arrests that demonstrate a pattern of behavior that likely presents a risk of harm to the public. The disciplining authority must take disciplinary action against a health care provider when information received from a review of previously checked providers reveals a failure to report required information to the DOH about arrests, convictions, or other determinations by law enforcement agencies.

The list of convictions that are cross-checked with the WSP's database is expanded to include financial crimes, drug crimes, and all felonies.

Disciplinary Sanctions.
Each of the disciplining authorities must appoint a representative to collaboratively develop a schedule that defines appropriate ranges of sanctions to apply to a credentialed health care provider for acts of unprofessional conduct. The schedule must identify aggravating and mitigating circumstances to reduce or enhance a sanction for each act of unprofessional conduct. The Secretary must use the recommended schedule as the basis for the adoption of emergency rules to be implemented by January 1, 2009. Disciplining authorities must apply sanctions in accordance with the schedule, unless unique circumstances justify deviating from them.

A disciplining authority may order the permanent revocation of a license if it finds that the credential holder can never be rehabilitated or regain the ability to practice with reasonable skill and safety. A credentialed health care provider who has surrendered his or her credential or had it permanently revoked may not petition the disciplining authority for reinstatement.

Reporting Unprofessional Conduct.
Credential holders, corporations, organizations, health care facilities, and government agencies that employ a credentialed health care provider are required to report when they have knowledge that a credential holder or an applicant for a credential has engaged in unprofessional conduct or have information that the individual cannot practice with reasonable skill and safety due to a physical or mental condition. Failure to report is punishable by a maximum fine of $500. The maximum fine of $250 that hospitals may be charged for not submitting a mandatory report is raised to a maximum fine of $500.

Credentialed health care providers are required to report any arrests, convictions, and other determinations by law enforcement agencies to the appropriate disciplining authority.

Post-Conviction Credentialing.

Records of criminal defendants, which would otherwise be vacated and non-disclosable, are subject to distribution by the WSP or local law enforcement agencies for the purposes of health

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profession disciplinary activities. Protections that prevent a person from being disqualified to practice a profession for up to 10 years after he or she is convicted of a felony do not apply to health care provider credentials.

Health Profession Commission Authority.
Members of health profession boards and commissions are allowed to express their opinions regarding the work of the board or commission to elected officials even if it is different from the DOH's official position. Members of boards and commissions may not lobby for or against legislative proposals.

At the request of a board or commission, the Secretary shall spend unappropriated funds in the Health Professions Account when revenues for the requesting board or commission exceed 15percent of estimated six-year spending projections. The money may only be used for the requesting board or commission for unanticipated costs for administering the profession's licensing activities.

Pilot projects are established relating to the Medical Quality Assurance Commission and Nursing Care Quality Assurance Commission. In addition, the Chiropractic Quality Assurance Commission and the Dental Quality Assurance Commission may participate in the pilot projects. The pilot projects authorize each participating commission to hire its own executive director and permit the executive director to carry out the administrative duties of the commission and manage the DOH staff that are assigned to the commission. Under the pilot projects the commissions are authorized to establish their own biennial budgets and develop their own performance-based expectations.

The Secretary and the participating commissions must submit a report to the Governor and the Legislature by December 15, 2013. The report must compare the commissions' effectiveness in licensing and disciplinary activities, efficiency with respect to timeliness and personnel resources, budgetary activity, and ability to meet performance measures. The report must also review national research regarding regulatory effectiveness and patient safety.

Other Provisions.
The Secretary must initiate an investigation in cases in which complaints, arrests, or other actions not resulting in a formal adjudication against a health care provider demonstrate a pattern of behavior that likely poses a risk to his or her patients.

Biennial disciplinary reports are made annual and must include data related to the DOH's background check activities and their effectiveness. The disciplinary reports must include a summary of the distribution of cases assigned to each staff attorney and investigator for each profession. Boards and commissions may publish an annual report of their disciplinary activities, rulemaking and policy activities, and receipts and expenditures for the profession.

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Votes on Final Passage:

House 70 27
House 97 0
Senate 48 1 (Senate amended)
House 93 0 (House concurred)

Effective: June 12, 2008
July 1, 2008 (Section 18)

Partial Veto Summary: The Governor vetoed the section that created an emergency clause for the effective date of the bill.

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APPENDIX Z5—

FINAL BILL REPORT
2SHB 2674

C 135 L 08

Synopsis as Enacted

Brief Description: Modifying credentialing standards for counselors.

Sponsors: By House Committee on Appropriations (originally sponsored by Representatives Barlow, Morrell, Moeller, Conway, Simpson and Kenney; by request of Governor Gregoire).

House Committee on Health Care & Wellness
House Committee on Appropriations
Senate Committee on Health & Long-Term Care

Background:

The Department of Health (Department) regulates several different categories of behavioral health professionals. These include registered counselors, hypnotherapists, psychologists, chemical dependency professionals, mental health counselors, marriage and family therapists, and social workers. Registration as a counselor or hypnotherapist requires that an individual submit an application and a fee of $40 and obtain a background check. Certification as a chemical dependency professional requires that an individual have at least an associate's degree, pass an examination, and meet specified experience requirements. Licensing as a psychologist, mental health counselor, marriage and family therapist, or social worker requires that an individual hold a graduate degree, pass an examination, and meet specified experience requirements.

In 2006, at the direction of the Governor, the Department conducted a review of the registered counselor profession to determine the appropriate level of regulation for the profession. The final report included recommendations to eliminate the profession of registered counselors and create several pre-licensure credentials, an agency-affiliated counselor credential, and a private practice counselor credential. The report also made recommendations regarding the scope of practice, content of disclosure statements, and public education campaigns. Two bills, HB 1494 and HB 1993, were introduced in the 2007 legislative session which addressed many of the recommendations in the Department's report. Neither bill passed the Legislature.

The 2007-09 operating budget directed the Department to convene another work group to develop recommendations regarding the need to regulate registered counselors. The work group report was due by November 15, 2007. The report included several recommendations pertaining to the creation of new pre-licensure credentials, an agency-affiliated counselor credential, and a

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private practice counselor credential similar to the 2006 report. A survey of registered counselors conducted at the direction of the work group found that about 35 percent of registered counselors are using the credential to work toward obtaining the experience requirements of another type of license, 30 percent work in a state-regulated agency, and 28 percent practice in a private practice setting.

Summary:

The health profession of registered counselors is divided into eight new categories of fully-credentialed and pre-credential status health professions. To continue to practice counseling, all registered counselors must obtain another health profession credential by July 1, 2010, when the registered counselor credential is eliminated.

Agency-Affiliated Counselors, Certified Counselors, and Certified Advisers.

Practice Requirements.

Agency-affiliated counselors are registered health professionals who engage in counseling and are employed by an agency or facility that operates under state regulations. Applicants for registration as an agency-affiliated counselor must provide documentation of their employment with an agency or an offer of employment with an agency.

Certified counselors and advisers are certified health professionals authorized to engage in private practice counseling. "Private practice counseling" includes screening a client's level of functional impairment and recognizing mental or physical disorders or reduced functioning levels that require the client to seek diagnosis and treatment from an appropriate health care provider. The term also includes counseling and guiding clients in adjusting to life situations, developing new skills, and making desired changes through specific counseling methods.

Certified counselors and advisers may provide private practice counseling services to clients with a global assessment of functioning score over 60. Certified counselors and advisers must refer clients with a mental or physical disorder or a global assessment of functioning score of 60 or less to a physician, osteopathic physician, psychiatric advanced registered nurse practitioner, or mental health practitioner. Only certified counselors may counsel clients with a global assessment of functioning score of 60 or less. They may counsel such clients only when: (1) the clients are referred by certain licensed professionals and only to the extent provided in a plan of treatment designed by the referring professional; or (2) the clients refuse in writing the referral made by the counselor, and services are provided to the extent authorized in a plan of treatment developed by the counselor with his or her consultant or supervisor. Certified counselors may not be the sole treatment provider for any client with a global assessment of functioning score less than 50.

Applicants for a certificate to conduct private practice counseling as a certified counselor who apply prior to July 1, 2010, must:

• be a currently registered counselor in good standing;
• have been a registered counselor for at least five years;

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- have completed courses in risk assessment, ethics, screening and referral, Washington law, and other subjects identified by the Secretary of Health (Secretary) and pass an examination in these subjects; and
- have a written consultation agreement with a credential holder.

Applicants for a certificate to conduct private practice counseling as a certified counselor or adviser after July 1, 2010, must:

- have a bachelors degree in a field related to counseling to become a certified counselor or have an associates degree and supervised experience to become a certified adviser;
- pass an examination in risk assessment, ethics, screening and referral, Washington law, and other subjects identified by the Secretary; and
- have a written supervisory agreement with an approved supervisor.

In addition to the Secretary's present authority relating to registered counselors, the Secretary is authorized to establish requirements for credentialed professions related to education equivalency, examinations, supervision, consultation, and continuing education.

Disclosure Statements.

Certified counselors and advisers must provide disclosure statements to clients similar to the disclosures currently provided by registered counselors with additional information requirements. The disclosures must also include referral resources, a statement regarding the supervisory arrangement of the certified counselor or adviser, and a statement that they are not credentialed to diagnose mental disorders or to conduct psychotherapy. Clients are not responsible for any charges prior to the receipt of the disclosure statement.

Advisory Committee.
The Washington State Certified Counselors and Hypnotherapist Advisory Committee (Committee) is established. The Committee is comprised of two certified counselors or advisers, two hypnotherapists, and three members of the public. Members shall be appointed by the Secretary.

Associates and Trainees.
Associate licenses are created for individuals pursuing a license as a social worker, mental health counselor, or marriage and family therapist. Associates must have a graduate degree and be working toward meeting the supervised experience requirements as required for a full license. Associates may not practice independently for a fee. Associates may only practice under approved supervision. An associate license may be renewed up to four times.

A chemical dependency professional trainee credential is created for individuals working toward the education and experience requirements for certification as a chemical dependency professional. To obtain a trainee credential, an individual must submit a declaration to the Secretary that he or she is enrolled in an approved education program and pursuing the experience requirements for full certification. Trainees must practice under levels of supervision determined by rule, except that the first 50 hours of client contact must be under direct supervision. A trainee credential may be renewed up to four times.

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Other.
One must be registered with the Department to practice hypnotherapy for a fee.

Peer counselors and peer counselor training activities are exempt from credentialing requirements.

The Department of Health must report to the Llegislature and the Ggovernor by December. 15, 2011, regarding the number of certified counselors and advisers, the number of disciplinary actions, credentialing requirements, and cost savings or expenditures regarding the administration of the profession.

Votes on Final Passage:

House 89 8
Senate 44 3 (Senate amended)
House 90 3 (House concurred)

Effective: June 12, 2008
July 1, 2009 (Sections 1, 2, 7-9, and 11-19)

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APPENDIX Z6—HSQA office overviews

Washington State Department of Health
Office of Health Professions and Facilities

Health Professions and Facilities (HPF)

HPF sections:

- **Certificate of Need**
- **Construction Review Services**
- **Board, Commission, and Committee Support**
- **Program and Policy**
- **Legislation and Rulemaking**
- **Impaired Practitioner Programs**

For more information, contact:

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Robert Nicoloff
360-236-4924
Robert.Nicoloff@doh.wa.gov

Lisa Salmi
360-236-2927
Lisa.Salmi@doh.wa.gov

Web Site:
https://fortress.wa.gov/doh

Customer Service Center:
360-236-4700

We protect and improve people's health by assuring:

- Licensees are qualified and competent.
- Providers comply with the law.
- Services in healthcare and community settings are safe and healthy.
- Healthcare facilities meet federal and state building standards.
- The public has access to information about health care professionals and facilities.

Priorities:

For the 2007-2009 biennium, the Health Professions and Facilities Office will:

- Regulate more than 320,000 practitioners in 70 health professions. Thirteen new professions were added in 2007 and 2008 by the legislature.
- Regulate 7,000 health organizations and programs.
- Issue over 2,000 orders to ensure providers practice safely or don't practice at all.
- Support the work of 12 boards, four commissions, and eight advisory committees consisting of 202 members.

Trends and Emerging Issues

- In the last 10 years, the number of regulated professions increased from 45 to 70. Credential holders increased to over 320,000.
- The number of high priority cases of sexual contact or abuse of a patient, serious physical injury or patient death has increased dramatically.
- The public continues to demand more timely resolution of cases and more severe sanctions.
- Gov. Gregoire has emphasized accountability through performance measures.
- The public expects up-to-date information.

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Washington State Department of Health

Customer Service Office
Health Systems Quality Assurance

Customer Service Office (CSO)

1. **Centralize credentialing:**
   We are forming three work teams to foster cross-training, accuracy, balanced workloads, efficiency and collaboration. This will help create a performance-driven organization.

2. **Centralize complaint intake:**
   A specialized team of front line employees will begin handling complaints soon.

3. **Build capacity in the customer call center and renewal areas:**
   The customer call center and renewal groups will incorporate a new centralized revenue reconciliation process to properly apply payments. They will assist with credentialing and renewal processing**.** Credit card payments are now being accepted at the front counter.

4. **Manage public disclosure:**
   Continue to respond to requests centrally.

5. **Incorporate the Adjudicative Clerks Office:**
   Support hearings scheduling.

Our office works to protect and improve the health of people in Washington.

Our goals include:

- Improved patient safety.
- Increased public confidence in our ability to protect public health.
- Thorough approach to system improvements.
- Clear lines of authority and accountability.
- Increased span of control of supervisors.
- Seamless and efficient delivery of services.

Priorities

For the 2007-2009 biennium, the Customer Service Office will:

- Increase confidence in our ability to protect and improve public health.
- Perform similar functions in a similar manner throughout the division.
- Be better prepared to respond to inquiries about division activities.
- Identify information needed to effectively manage division activities.
- Change business processes to gain efficiencies, consistency and synergy.
- Equitably balance workloads

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For more information, please contact the Office Director or Section Managers

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Shellie.Pierce@doh.wa.gov

Valerie Zandell
360-236-4814
Valerie.Zandell@doh.wa.gov

Web Site:
https://fortress.wa.gov/doh

Go to the above Web site and click on Provider Credential Search to view information about health care professionals.

Customer Service Center:
360-236-4700

Approach

- We are establishing a customer-centered organization through:
  - Credit cards as a payment choice.
  - Extended hours of operation.
  - "One call does it all" strategy.
  - Acceptance of e-mail inquiries.
  - Timely responses internally and externally.
  - Accurate answers.
  - Internal coordination that is transparent to customers.
  - Effectively coordinating complaints and fostering a single response.

- Standard tools and documentation will be available to support our work.
- We will establish Service Level Agreements (SLA) with HSQA program areas and foster a collaborative, shared approach. The Customer Service Office will provide monthly activity reports to internal customers.
- As efficiencies are gained, we will shift resources to move staff to areas with the greatest needs.
- Within one year, we plan to consolidate the division 800 numbers into a single 800 number. This will direct callers to the call center.
- Over time the call center will take on more complex calls staff become more comfortable in this new role and a knowledge base is created and expanded.

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Washington State Department of Health
Office of Community Health Systems

Office of Community Health Systems (OCHS)

OCHS sections

- Operations
- Community Development
- Rural Health
- EMS and Trauma System
- Research, Analysis, and Data

OCHS promotes effective health policies, a quality statewide EMS & Trauma System, and strong rural health systems. We work closely with federal, state, and local agencies, hospitals, organizations, and community groups.

Building Public Health Infrastructure and Capacity

The office works closely with its two statutory advisory groups, the EMS and Trauma Care Steering Committee and the EMS Licensing & Certification Committee. In addition, the office partners with:

-Area health education centers
-Rural health clinics, community health centers and other rural providers
-Ambulance and aid services/agencies and EMS providers
-EMS medical program directors
-Trauma services, (hospitals, clinics)
-Rehabilitation facilities
-Senior EMT instructors
-EMS physicians, surgeons, and trauma specialists, nurses, and registrars
-Regional quality improvement committees
-Eight regional EMS and trauma care councils
-Community injury and violence

The Office of Community Health Systems (OCHS) helps maintain and strengthen rural health systems and the statewide emergency medical services and trauma care system. Research and analysis of health system data guide improvements and identify emerging issues.

Priorities

- Strong health systems for rural communities.
- Emergency and trauma medical care throughout the state.
- Local access to needed health services.
- Fair reimbursement for health services.
- Increased number of Medicaid core providers.
- Reduction in health disparities.
- Implementation of the state Strategic EMS and Trauma Plan.

Programs and Services

- State health professional loan repayment and scholarships.
- Oversight of EMS and Trauma Care regions.
- Injury and violence prevention and public education.
- Trauma registry and quality improvement.
- Verification of EMS ambulance and aid services.
- Standards for and designation of adult and pediatric trauma, and rehabilitation services.
- EMS disaster/terrorism activities.
- Oversight of the Washington Poison Center.

Outcomes and Benefits

- Rural and underserved communities keep local health services.
- Additional help and money for communities in need.
- Efficient, coordinated statewide EMS and trauma system that helps prevent premature deaths and disability.
- Consistent, sustainable funding to support trauma patient care and rehabilitation through the Trauma Care Fund.
- Doctors, dentists, and other health care providers are available in rural and urban underserved communities.
- A statewide pre-hospital EMS system that uses standardized, evidence-based procedures and performance measures.

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prevention leaders

2005-07 Funding Overview

Funding for OCHS is provided by the state and federal governments. Funding sources include the State General Fund, Federal Grants through the Health Resources and Services Administration and Federal Medicaid Administrative Match, and CDC, and SAMHSA. In addition, the Trauma Care Fund Act (1997) established a revenue source for funding uncompensated trauma care.

For more information about OCHS, please contact the Office Director or staff below:

Janet Kastl, office director
360-236-2832
janet.kastl@doh.wa.gov

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360-236-2831
sandra.dlugosz@doh.wa.gov

Kris Sparks, Rural Health
360-236-2805
kris.sparks@doh.wa.gov

Dolly Fernandes, Prevention & Trauma Fund
360-236- 2858
dolly.fernandes@doh.wa.gov

Michael Lopez, EMS Education, Training and Regional Support
360-236-2841
michael.lopez@doh.wa.gov

Kathy Schmitt, Trauma Designation, Registry, & Quality Assurance
360-236- 2869
kathy.schmitt@doh.wa.gov

Melody Westmoreland, Licensing & Certification
360-236-2848
melody.westmoreland@doh.wa.gov

Outcomes and Benefits (continued)

- A statewide trauma system to support high quality, designated adult and pediatric trauma patient care, and rehabilitation services.
- Comprehensive, data-driven, quality improvement processes for EMS & Trauma care at the local, regional, and state levels.
- More health system information to help make decisions.

Trends and Emerging Issues

- Decrease in the number of primary care physicians, especially in rural areas. Fewer medical students are choosing to practice in primary care. Rural Medicare enrollees are three times less likely to participate in managed care than urban enrollees. More rural people lack health insurance.
- Larger proportions of people in rural areas in Washington are Hispanic and American Indian people. American Indians experience high rates of many preventable illnesses.
- Implementation of the statewide five-year EMS & Trauma Care strategic plan requires involvement from all parts of the system.
- Fewer required physician specialists are available or willing to be on call for trauma care.
- Collaborative efforts to improve cardiac care and stroke systems of care in Washington through a Department of Health Cardiac/Stroke Prevention Grant.
- Data shows need to target higher-risk groups for injury prevention, including the elderly, some ethnic groups and the young.
- More injury prevention groups are using making the most of existing networks and best practices to reduce fatal and disabling injuries.
- Rural emergency medical and transport services are finding it increasingly difficult to maintain quality and stay in business.

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Web sites:

http://www.doh.wa.gov/hsqa/emstrauma
http://www.doh.wa.gov/cfh/mch/

For more information, contact:
360-236-2828 or 1-800-458-5281

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Washington State Department of Health

Legal Services Office
Health Systems Quality Assurance

Legal Services Office (LSO)

LSO sections:

- Legal Teams
- Legal Secretary Team
- Compliance Monitoring

For more information, please contact:

Bill Kellington, director
Bill.Kellington@doh.wa.gov

Goals for Patient Safety

Our goals for patient safety include:

- Assure providers comply with the law.
- Prepare and initiate disciplinary actions.
- Negotiate settlements.
- Monitor provider compliance with discipline orders.

Services Provided

The Legal Services Office provides legal services to the entire division. These services include assistance in:

- Legal review of cases.
- Rule drafting and adoption.
- Legislative drafting and analysis.
- Legal research.
- Drafting and serving legal documents to suspend or restrict licenses.
- Presenting discipline cases to boards and commissions.
- Negotiating settlements on disciplinary actions.
- Appearing for the department in administrative license suspension hearings.
- Monitoring compliance with disciplinary orders.
- Developing memoranda of understanding and contracts.

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Washington State Department of Health
Investigation and Inspection Office
Health Systems Quality Assurance Division

Investigation and Inspection Office (IIO)

IIO sections:

- UDA Investigations Group
- Clinical Care Group
- Specialized Facility Group
- Case Management Group

For more information, please contact:

Patti Latsch, director
Patricia.Latsch@doh.wa.gov

Dave Magby, deputy director
Dave.Magby@doh.wa.gov

Don Painter, chief UDA investigator
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Linda Foss, Clinical Care Group manager
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Byron Plan, Specialized Facility Group manager
Byron.Plan@doh.wa.gov

Kirby Putscher, Case Management Group manager
Kirby.Putscher@doh.wa.gov

We protect and improve the health of people by:

- Inspecting medical and community facilities
- Investigating complaints on providers
- Case management of disciplinary matters
- Medicare certification for medical, health, child and residential care facilities

During the 2007-2009 biennium, our office will:

- Complete 5,200 investigations of complaints against health care professionals and unlicensed persons
- Inspect 6,000 regulated facilities, including pharmacies, medical test sites, residential care facilities, hospitals, and transient accommodations
- Complete 1,500 facility investigations
- Coordinate several thousand disciplinary actions

Regulated Providers:

Healthcare professionals: Over 320,000 providers in more than 70 health professions. Professions range from acupuncture to x-ray.

Transient accommodations: hotels, motels, condominiums, resorts, or any other facility with three or more units used by a guest for less than 30 days.

Migrant farm worker housing: housing provided by growers. Housing may be a tent, house, apartment, or a motel.

Residential care services: residential treatment facilities, Department of Correction's residential facilities and group care facilities for children.

Pharmacy services: pharmacy personnel and facilities with pharmaceutical services.

Laboratory quality assurance: medical testing laboratories as part of the federal Clinical Laboratory Improvement Act (CLIA).

Health care agencies: health care agencies and facilities. This includes federal Medicare certification for CMS providers, except nursing homes.

Comment [WS1]: Please identify

In-home care: birthing centers, home care, home health, hospice agencies, and hospice care centers. This includes Medicare certification of home health, hospice, and rural health clinics.

Hospital and acute care: hospitals, home health, hospice agencies, ambulatory surgery centers, and dialysis facilities.

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Washington State Department of Health

Office of the Secretary
Adjudicative Service Unit

Adjudicative Service Unit (ASU)

Laura Farris, Senior Health Law Judge

For more information, please contact:

Phone: 360-236-4677
Email: Hearings@doh.wa.gov

Web site:
http://www.doh.wa.gov/hearings/

The Adjudicative Service Unit administers health law hearings for the Department of Health. We report directly to the Deputy Secretary of Health and act independently from other department programs including Health Systems Quality Assurance.

Services Provided

Our staff includes Health Law Judges, who preside over and make decisions (prehearing orders and final orders) in all cases before the Department of Health including health profession discipline professions regulated by the Secretary of Health. Health Law Judges also serve as presiding officers in health profession discipline cases that are before a board or commission.

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APPENDIX Z7—Proposed fees by profession:

Acupuncture
Chemical dependency counselors
Chiropractor, chiropractic x-ray technician
Dental hygiene
Denturist
Health care assistants
Hearing instrument fitter/dispenser, audiologists and speech language pathologists
Massage therapist
Naturopathic physician
Nurses (registered, licensed practical, and advanced registered)
Nursing assistant
Nursing home administrators
Occupational therapy
Optometry
Osteopathic physician and surgeon, osteopathic physician assistant
Pharmacists and pharmacy rirms
Physical therapy
Physician and surgeon, physician assistant
Podiatry
Psychology
Sex offender treatment provider and affiliate

Proposed fees for acupuncture WAC 246-802-990

Fee Type	**Total Current Fee**	**Total Proposed New Fee**
License application	50.00	59.00*
License renewal	81.00	90.00*
Inactive license renewal	45.00	45.00*
Late renewal penalty	50.00	no change
Expired license re-issuance	50.00	no change
Expired inactive license re-issuance	50.00	no change
Duplicate license	15.00	no change
Certification of license	25.00	no change
Acupuncture training program application	500.00	no change

For this profession we estimate 81 licensees.
*The application and renewal fee includes the $9 University of Washington (UW) library access fee that 2007 ESSB5930 requires. This is the only change to acupuncture fees.

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Proposed fees for chemical dependency professional WAC 246-811-990

Fee Type	Total Current Fee	Total Proposed New Fee
Application	100.00	200.00
Initial certification	125.00	225.00
Renewal	125.00	230.00
Renewal retired active	62.50	115.00
Late renewal retired active	50.00	57.50
Late renewal penalty	62.50	115.00
Expired certification re-issuance	62.50	115.00
Duplicate certification	10.00	no change
Certification of certificate	10.00	no change

For this profession we estimate 2,687 licensees.

Proposed fees for chiropractor and chiropractic x-ray technician WAC 246-808-990

Chiropractor

Fee Type	Total Current Fee	Total Proposed New Fee
Application/full exam or reexamination	300.00	600.00*
Temporary permit application	150.00	no change
Temporary practice permit	50.00	no change
Preceptorship	100.00	no change
License renewal	270.00	545.00*
Late renewal penalty	135.00	260.00
Expired license re-issuance	135.00	260.00
Inactive license renewal	150.00	225.00*
Expired inactive license re-issuance	75.00	100.00
Duplicate license	15.00	no change
Certification of license	25.00	no change

For this profession we estimate 2,291 licensees.

*The application and renewal fees include the $25 University of Washington (UW) library access fee that 2007 ESSB5930 requires.

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Chiropractic x-ray technician

Fee Type	Total Current Fee	Total Proposed New Fee
Application	25.00	35.00
Original registration	25.00	35.00
Renewal	40.00	50.00
Late renewal penalty	40.00	50.00
Expired registration re-issuance	40.00	50.00
Duplicate registration	15.00	no change
Certification of registration	25.00	no change

For this profession we estimate 257 licensees.

Proposed fees for dental hygienist WAC 246-815-990

Fee Type	Total Current Fee	Total Proposed New Fee
Application examination and re-examination	100.00	no change
Renewal	40.00	50.00
Late renewal penalty	40.00	50.00
Expired license re-issuance	40.00	50.00
Credentialing application	100.00	no change
Limited license application	100.00	no change
Limited license renewal	40.00	50.00
Limited license late renewal penalty	40.00	50.00
Expired limited license re-issuance	40.00	50.00
Duplicate license	15.00	no change
Certification of license	25.00	no change
Education program evaluation	200.00	no change

For this profession we estimate 5,014 licensees.

Proposed fees for Denturist WAC 246-812-990

Fee Type	Total Current Fee	Total Proposed New Fee
Application	1,000.00	1,450.00
Examination	1,500.00	no change
Re-examination, written	500.00	no change
Re-examination, practical	500.00	no change
License renewal	2,750.00	3,200.00*
Late renewal penalty	300.00	no change
Expired license re-issuance	300.00	no change
Inactive license renewal	1,500.00	750.00*
Expired inactive license re-issuance	300.00	no change
Duplicate license	15.00	no change

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Certification of license	25.00	no change
Multiple location licenses	50.00	no change

For this profession we estimate 158 licensees.
* Renewals changing to annual cycle with half of the fee charged each year.

Proposed fees for health care assistant WAC 246-826-990

Fee Type	**Total Current Fee**	**Total Proposed New Fee**
First certification	60.00	105.00
Renewal	60.00	105.00
Late renewal penalty	50.00	52.50
Expired certificate re-issuance	50.00	52.50
Recertification	60.00	100.00
Duplicate	15.00	no change

For this profession we estimate 15,424 licensees.

Proposed fees for hearing and speech - hearing instrument fitter/dispenser, audiologist, and speech language pathologist WAC 246-828-990

The proposed language removes outdated language regarding wall certificates. Other fee changes are within current WAC limits and are noted in the listing for professions not in proposed rules.

Proposed fees for massage therapist WAC 246-830-990

Fee Type	**Total Current Fee**	**Total Proposed New Fee**
Written examination and re-examination	65.00	no change
Practical exam and re-exam	50.00	no change
Initial license	50.00	115.00*
Renewal	25.00	90.00*
Late renewal penalty	25.00	50.00
Expired license re-issuance	25.00	50.00
Certification of license	10.00	no change
Duplicate license	10.00	no change
Intra oral endorsement	New	25.00

For this profession we estimate 13,468 licensees.
*Initial and renewal fees include the $25 University of Washington (UW) library access fee that 2007 ESSB5930 requires.

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Proposed fees for naturopathic physician 246-836-990

Fee Type	Total Current Fee	Total Proposed New Fee
Application (initial/retake)	25.00	125.00*
State examination (initial/retake)	25.00	100.00
Initial license	25.00	100.00
License renewal	200.00	350.00*
Late renewal penalty	100.00	162.50
Expired license re-issuance	100.00	162.50
Duplicate	15.00	no change
Certification of license	25.00	no change

For this profession we estimate 843 licensees.
*Application and renewal fees include the $25 University of Washington (UW) library access fee that 2007 ESSB5930 requires.

Proposed Fees for registered nurse, licensed practical nurse, and advanced registered nurse practitioner WAC 246-840-990
(There are no changes for nurse technologists)

Registered nurse (RN) and licensed practical nurse (LPN)

Fee Type	Total Current Fee	Total Proposed New Fee
RN application (initial or endorsement)	70.00*	90.00**
LPN application (initial or endorsement)	70.00*	90.00*
RN license renewal	50.00*	70.00**
LPN license renewal	50.00*	70.00*
RN/LPN late renewal penalty	50.00	no change
RN/LPN expired license re-issuance	50.00	70.00
RN inactive renewal	25.00	65.00**
LPN inactive renewal	25.00	45.00*
Expired inactive license re-issuance	20.00	40.00
Inactive late renewal penalty	10.00	30.00
Duplicate license	20.00	no change
Verification of licensure/education (written)	25.00	no change

The estimated number of licensees is: RNs 73,894 / LPNs 14,592
* Applications and renewals include the $5 nursing center surcharge.
**Initial and renewal fees for RNs include the $20 University of Washington (UW) library access fee that 2007 ESSB5930 requires and the $5 nursing center surcharge.

Advanced Registered Nurse Practitioner (ARNP)

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Fee Type	Total Current Fee	Total Proposed New Fee
ARNP application with or without prescriptive authority (per specialty)	70.00	90.00
ARNP renewal with or without prescriptive authority (per specialty)	50.00	70.00
ARNP late renewal penalty (per specialty)	50.00	no change
ARNP duplicate license (per specialty)	20.00	no change
ARNP written verification of license (per specialty)	25.00	no change

For this profession we estimate 4,058 licensees.

Proposed fees for nursing assistant WAC 246-841-990

Fee Type	Total Current Fee	Total Proposed New Fee
Application registration	15.00	30.00
Renewal of registration	25.00	40.00
Registration late penalty	25.00	40.00
Expired registration re-issuance	25.00	40.00
Application of certification	15.00	30.00
Certification renewal	25.00	40.00
Certification late penalty	25.00	40.00
Expired certificate re-issuance	25.00	40.00
Duplicate credential	10.00	no change

For this profession we estimate 38,429 licensees.

Proposed fees for nursing home administrator WAC 246-843-990

Fee Type	Total Current Fee	Total Proposed New Fee
Application – original license	200.00	275.00
Administrator-in-training	100.00	150.00
Application – endorsement	295.00	375.00
Temporary permit	190.00	no change
Renewal	295.00	360.00
Inactive license renewal	110.00	180.00
Late renewal penalty	145.00	180.00
Expired license re-issuance	147.50	no change
Late penalty – inactive	55.00	90.00
Expired inactive license reissuance	55.00	no change
Duplicate license	15.00	no change
Certification of license	15.00	no change

For this profession we estimate 451 licensees.

Proposed fees for occupation therapist and occupational therapist assistant WAC 246-847-990

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Occupational therapist

Fee Type	Total Current Fee	Total Proposed New Fee
Application and initial license fee	125.00	160.00
License renewal	95.00	130.00
Limited permit fee	40.00	no change
Late renewal fee	50.00	65.00
Expired license re-issuance	50.00	65.00
Inactive license	5.00	10.00
Expired inactive license re-issuance	5.00	10.00
Duplicate	15.00	no change
Certification of license	25.00	no change

For this profession we estimate 2,512 licensees.

Occupational therapist assistant

Fee Type	Total Current Fee	Total Proposed New Fee
Application and initial license fee	125.00	160.00
License renewal	70.00	110.00
Late renewal fee	50.00	55.00
Expired license re-issuance	50.00	55.00
Inactive license	5.00	10.00
Expired inactive license re-issuance	5.00	10.00
Limited permit fee	40.00	no change
Duplicate	15.00	no change
Certification of license	25.00	no change

For this profession we estimate 573 licensees.

Proposed fees for optometrist WAC 246-851-990

Fee Type	Total Current Fee	Total Proposed New Fee
Application	125.00	200.00*
Out-of-state seminar	100.00	no change
License renewal	100.00	175.00*
Late renewal penalty	50.00	75.00
Expired license re-issuance	50.00	75.00
Inactive license renewal	40.00	100.00*
Duplicate license	15.00	no change
Certification of license	25.00	no change

For this profession we estimate 1,559 licensees.

* Application and renewal fees include the $25 University of Washington (UW) library access fee that 2007 ESSB5930 requires.

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Proposed Fees for osteopathic physician and surgeon & osteopathic physician assistant WAC 246-853-990

Osteopathic physician and surgeon

Fee Type	**Total Current Fee**	**Total Proposed New Fee**
Endorsement application	650.00	825.00**
Active license renewal	500.00*	800.00**
Active late renewal penalty	237.50	300.00
Active expired license re-issuance	237.50	300.00
Inactive license Renewal	375.00*	550.00**
Expired inactive license re-issuance	175.00	225.00
Inactive late renewal penalty	175.00	250.00
Endorsement/state exam application	750.00	925.00**
Re-exam	100.00	no change
Certification of license	50.00	no change
Limited License application	300.00	375.00**
Limited license renewal	250.00*	375.00**
Temporary permit application	70.00	no change
Duplicate certificate	20.00	no change

For this profession we estimate 1,000 licensees.
* Renewal fee includes the $25 Washington Physician Health Program.
** Application fee includes the $25 University of Washington (UW) library access fee that 2007 ESSB5930 requires.
** Renewal fee include the $25 University of Washington (UW) library access fee and the $25 Washington Physician Health Program.
The proposed rule removes outdated language regarding the old osteopath license.

Osteopathic physician assistant

Fee Type	**Total Current Fee**	**Total Proposed New Fee**
Application	250.00	325.00**
Renewal	225.00*	375.00**
Late renewal penalty	100.00	162.50
Expired license re-issuance	100.00	no change
Certification of license	30.00	no change
Practice plan	70.00	no change
Interim permit	167.00	225.00**
License after exam	83.00	100.00
Duplicate certificate	20.00	no change

For this profession we estimate 36 licensees.
* Renewal fee includes the $25 Washington Physician Health Program surcharge.
** Application fee includes the $25 University of Washington (UW) library access fee that 2007 ESSB5930 requires.

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** Renewal fee include the $25 University of Washington (UW) library access fee and the $25 Washington Physician Health Program surcharge.
The proposed rule removes outdated language regarding the old osteopath license.

Proposed fees for pharmacist and pharmacy Firm WAC 246-907-030

Pharmacy location

Fee Type	**Total Current Fee**	**Total Proposed New Fee**
Original pharmacy fee	$365.00	no change
Original pharmacy technician utilization fee	65.00	no change
Renewal pharmacy fee	265.00	400.00
Renewal pharmacy technician utilization fee	75.00	no change
Penalty pharmacy fee	132.50	200.00

Pharmacy vendor

Fee Type	**Total Current Fee**	**Total Proposed New Fee**
Original pharmacy fee	75.00	no change
Renewal fee	75.00	no change
Penalty fee	50.00	no change

For this profession we estimate 3,037 licensees (includes all pharmacies and firms).

Pharmacist

Fee Type	**Total Current Fee**	**Total Proposed New Fee**
Original license fee	130.00	no change
Renewal fee, active, and inactive license	135.00	170.00
Renewal fee, retired license	20.00	no change
Penalty fee	67.50	85.00
Expired license reissuance (active and inactive)	67.50	85.00
Reciprocity fee	330.00	no change
Certification of license status to other states	20.00	no change
Retired license	20.00	no change
Temporary permit	65.00	no change

For this profession we estimate 7,814 licensees.

Note: There are no changes for shopkeepers, manufacturers, wholesalers, distributors, pharmacy technicians, pharmacy interns, controlled substance permits, poison control permits, or health care entities.

Proposed fees for physical therapist WAC 246-915-990

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Fee Type	Total Current Fee	Total Proposed New Fee
Application	$100.00	no change
License renewal	65.00	75.00
Late renewal penalty	50.00	no change
Inactive license renewal	35.00	no change
Expired inactive license reissuance	50.00	no change
Expired license reissuance	50.00	no change
Duplicate license	15.00	no change
Certification	25.00	no change

For this profession we estimate 4,878 licensees.

Proposed fees for physician assistant WAC 246-918-990

Fee Type	Total Current Fee	Total Proposed New Fee
Application	85.00*	110.00**
Two-year renewal	140.00*	190.00**
Expired license reissuance	35.00	50.00
Duplicate license	15.00	no change

For this profession we estimate 2,022 licensees.

* Current application and renewal fees include the $35 Washington Physician Health Program surcharge.

** Application and renewal fees include the annual $25 University of Washington (UW) library access fee that 2007 ESSB5930 requires and the annual $35 Washington Physician Health Program surcharge. The surcharge is assessed at $35 on each application and for each year of the renewal period as required in RCW 18.71.310(2) (e.g., a 2-year renewal fee includes $70 for the surcharge).

Proposed fees for physician and surgeon WAC 246-919-990

Fee Type	Total Current Fee	Total Proposed New Fee
Application	335.00*	485.00**
Retired active physician license renewal	135.00*	160.00**
Retired active late renewal penalty	50.00	no change
Two-year renewal	470.00*	645.00**
Late renewal penalty	100.00	262.50
Expired license reissuance	200.00	262.50
Certification of license	50.00	no change
Duplicate license	15.00	no change
Temporary permit	50.00	no change
Application fee for transitioning from a postgraduate training limited license	135.00	no change

Postgraduate limited license fees: RCW 18.71.095

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Limited license application	235.00*	385.00**
Limited license renewal	235.00*	385.00**
Limited duplicate license	15.00	no change

For this profession we estimate 23,520 licensees.
* Current application and renewal fees include the $35 Washington Physician Health Program surcharge.
** Application and renewal fees include the annual $25 University of Washington (UW) library access fee that 2007 ESSB5930 requires and the annual $35 Washington Physician Health Program surcharge. The surcharge is assessed at $35 on each application and for each year of the renewal period as required in RCW 18.71.310(2) (e.g., a 2-year renewal fee includes $70 for the surcharge).

Proposed fees for podiatrist WAC 246-922-990

Fee Type	**Total Current Fee**	**Total Proposed New Fee**
Application	825.00	1,000.00**
License renewal	785.00*	1,025.00**
Inactive license renewal	160.00*	225.00**
Inactive late renewal penalty	67.50	100.00
Active late renewal penalty	300.00	no change
Active expired license reissuance	300.00	no change
Expired inactive license reissuance	67.50	no change
Duplicate license	30.00	no change
Certification of license	50.00	no change
Retired active status	175.00*	325.00**
Temporary practice permit	50.00	no change
Limited license application	400.00	425.00**
Limited license renewal	420.00	525.00**

For this profession we estimate 311 licensees.
* Application and renewal fees include the Washington Physician Health Program surcharge.
** Application fee includes the University of Washington (UW) library access fee that 2007 ESSB5930 requires. Renewal fees include the UW library access fee and the $25 Washington Physician Health Program surcharge. The proposed rule removes the outdated exam with application language.

Proposed fees for psychologist WAC 246-924-990

Fee Type	**Total Current Fee**	**Total Proposed New Fee**
Application	260.00	285.00*
Renewal	285.00	310.00*
Renewal retired active	100.00	125.00*
Late renewal penalty	142.50	no change
Expired license re-issuance	142.50	no change

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Duplicate license	25.00	no change
Certification of license	25.00	no change
Amendment of certification qualification	30.00	no change

For this profession we estimate 2,063 licensees.

* Application and renewal fees include the $25 University of Washington (UW) library access fee that 2007 ESSB5930 requires. The proposed rule removes the outdated oral exam fee.

Proposed fees for sex offender treatment provider affiliate WAC 246-930-990

Fee Type	**Total Current Fee**	**Total Proposed New Fee**
Application and examination	200.00	400.00
Reexamination	100.00	250.00
Renewal	300.00	500.00
Inactive status	200.00	250.00
Late renewal penalty	150.00	250.00
Expired affiliate certificate re-issuance	150.00	250.00
Expired inactive affiliate certificate re-issuance	100.00	no change
Duplicate certificate	15.00	no change
Verification of credential	15.00	no change

Proposed fees for sex offender treatment provider WAC 246-930-990

Fee Type	**Total Current Fee**	**Total Proposed New Fee**
Application and examination	500.00	600.00
Reexamination	250.00	no change
Initial certification	100.00	200.00
Renewal	800.00	1,000.00
Inactive status	300.00	no change
Late renewal penalty	300.00	no change
Expired certificate re-issuance	300.00	no change
Expired inactive certificate re-issuance	150.00	no change
Duplicate certificate	15.00	no change

For these two professions we estimate 161 licensees.

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