

# HOUSE BILL REPORT

## HB 1899

---

**As Reported by House Committee On:**  
Health Care & Wellness

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

**Brief Description:** Concerning physicians holding a retired active license.

**Sponsors:** Representatives Warnick and Hinkle.

**Brief History:**

**Committee Activity:**

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

**Brief Summary of Substitute Bill**

- Changes continuing education requirements for retired active physicians.
- Requires the Medical Quality Assurance Commission to study making further changes to the retired active physician license.

---

### HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

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

**Staff:** Jim Morishima (786-7191)

**Background:**

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

---

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

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

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

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

---

**Summary of Substitute Bill:**

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

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

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

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

**Substitute Bill Compared to Original Bill:**

The substitute bill requires retired active physicians to complete 50 hours of continuing education per year (the original bill required 10 hours per year). The substitute bill also exempts retired active physicians from licensing fees.

---

**Appropriation:** None.

**Fiscal Note:** Available.

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

**Staff Summary of Public Testimony:**

(In support) Retired active physicians practice in community clinics for no compensation. These physicians currently are prohibited from offering their services in other settings such

as summer camps unless they have an active license. The expense of continuing education presents a barrier to these physicians, especially since they practice for no compensation. Continuing medical education enhances a physician's understanding of medical information, but does not enhance a physician's ability to relate to patients. This bill involves the MQAC in any expansion of practice in order to maintain patient safety.

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

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

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

**Persons Signed In To Testify But Not Testifying:** None.