ENGROSSED SUBSTITUTE HOUSE BILL 1718

State of Washington 69th Legislature 2025 Regular Session

By House Health Care & Wellness (originally sponsored by Representatives Thai, Shavers, Parshley, Zahn, and Scott)

READ FIRST TIME 02/21/25.

- 1 AN ACT Relating to well-being programs for certain health care
- 2 professionals; amending RCW 18.130.020 and 18.130.070; and adding a
- 3 new section to chapter 18.130 RCW.
- 4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:
- 5 **Sec. 1.** RCW 18.130.020 and 2018 c 300 s 3 are each amended to 6 read as follows:
- 7 The definitions in this section apply throughout this chapter 8 unless the context clearly requires otherwise.
- 9 (1) "Board" means any of those boards specified in RCW 10 18.130.040.
- 11 (2) "Clinical expertise" means the proficiency or judgment that a 12 license holder in a particular profession acquires through clinical 13 experience or clinical practice and that is not possessed by a lay
- 14 person.
- 15 (3) "Commission" means any of the commissions specified in RCW 16 18.130.040.
- 17 (4)(a) "Conversion therapy" means a regime that seeks to change
- 18 an individual's sexual orientation or gender identity. The term
- 19 includes efforts to change behaviors or gender expressions, or to
- 20 eliminate or reduce sexual or romantic attractions or feelings toward

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- individuals of the same sex. The term includes, but is not limited to, practices commonly referred to as "reparative therapy."
 - (b) "Conversion therapy" does not include counseling or psychotherapies that provide acceptance, support, and understanding of clients or the facilitation of clients' coping, social support, and identity exploration and development that do not seek to change sexual orientation or gender identity.
 - (5) "Department" means the department of health.

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- 9 (6) "Disciplinary action" means sanctions identified in RCW 10 18.130.160.
- 11 (7) "Disciplining authority" means the agency, board, or 12 commission having the authority to take disciplinary action against a 13 holder of, or applicant for, a professional or business license upon 14 a finding of a violation of this chapter or a chapter specified under 15 RCW 18.130.040.
- 16 (8) "Health agency" means city and county health departments and 17 the department of health.
 - (9) "License," "licensing," and "licensure" shall be deemed equivalent to the terms "license," "licensing," "licensure," "certificate," "certification," and "registration" as those terms are defined in RCW 18.120.020.
 - (10) (a) "Physician well-being program" means a formal program established for the purpose of addressing issues related to career fatigue and well-being in physicians licensed under chapter 18.71 RCW, osteopathic physicians and surgeons licensed under chapter 18.57 RCW, physicians licensed under chapter 18.71B RCW, and physician assistants licensed under chapters 18.71A and 18.71C RCW, that:
- (i) Uses one-on-one, peer-to-peer interactions and connects
 participants to physical and behavioral health resources and
 professional supports when appropriate;
- 31 <u>(ii)</u> Is limited to no more than three sessions per participant 32 every 12 months;
- (iii) May include discussions pertaining to general career fatigue and well-being arising from the physician's or physician assistant's professional obligations, but not for other purposes such as evaluation of specific care or harm of specific patients, discipline, quality improvement, or the identification and prevention of medical malpractice or misconduct of specific providers;
- (iv) Is established in writing and contracted for, in advance of any peer-to-peer interactions or referrals, by an employer of

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physicians and physician assistants, a nonprofit professional medical organization representing a specialty of physicians, or a statewide organization representing physicians and physician assistants;

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- (v) Does not allow as participants any person employed by, or with a financial ownership interest in, the program; and
- 6 <u>(vi) Does not include the monitoring of physicians or physician</u>
 7 <u>assistants who may be unable to practice medicine with reasonable</u>
 8 <u>skill and safety.</u>
- 9 (b) A quality improvement plan established under RCW 43.70.510 or 70.41.200 is not a physician well-being program for purposes of this section. RCW 43.70.510 and 70.41.200 therefore do not apply to a physician well-being program established under this section.
 - (11) "Practice review" means an investigative audit of records related to the complaint, without prior identification of specific patient or consumer names, or an assessment of the conditions, circumstances, and methods of the professional's practice related to the complaint, to determine whether unprofessional conduct may have been committed.
- 19 $((\frac{(11)}{(12)}))$ "Secretary" means the secretary of health or the 20 secretary's designee.
- 21 $((\frac{(12)}{(12)}))$ "Standards of practice" means the care, skill, and learning associated with the practice of a profession.
 - $((\frac{(13)}{(14)}))$ <u>(14)</u> "Unlicensed practice" means:
 - (a) Practicing a profession or operating a business identified in RCW 18.130.040 without holding a valid, unexpired, unrevoked, and unsuspended license to do so; or
- 27 (b) Representing to a consumer, through offerings, 28 advertisements, or use of a professional title or designation, that 29 the individual is qualified to practice a profession or operate a 30 business identified in RCW 18.130.040, without holding a valid, 31 unexpired, unrevoked, and unsuspended license to do so.
- 32 **Sec. 2.** RCW 18.130.070 and 2022 c 43 s 9 are each amended to 33 read as follows:
 - (1) (a) The secretary shall adopt rules requiring every license holder to report to the appropriate disciplining authority any conviction, determination, or finding that another license holder has committed an act which constitutes unprofessional conduct, or to report information to the disciplining authority, physician health program, or voluntary substance use disorder monitoring program

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approved by the disciplining authority, which indicates that the other license holder may not be able to practice his or her profession with reasonable skill and safety to consumers as a result of a mental or physical condition.

- (b) The secretary may adopt rules to require other persons, including corporations, organizations, health care facilities, physician health programs, or voluntary substance use disorder monitoring programs approved by the disciplining authority, and state or local government agencies, to report:
- (i) Any conviction, determination, or finding that a license holder has committed an act which constitutes unprofessional conduct; or
 - (ii) Information to the disciplining authority, physician health program, or voluntary substance use disorder monitoring program approved by the disciplining authority, which indicates that the license holder may not be able to practice his or her profession with reasonable skill and safety to consumers as a result of a mental or physical condition.
 - (c) If a report has been made by a hospital to the department pursuant to RCW 70.41.210 or by an ambulatory surgical facility pursuant to RCW 70.230.110, a report to the disciplining authority is not required. To facilitate meeting the intent of this section, the cooperation of agencies of the federal government is requested by reporting any conviction, determination, or finding that a federal employee or contractor regulated by the disciplining authorities enumerated in this chapter has committed an act which constituted unprofessional conduct and reporting any information which indicates that a federal employee or contractor regulated by the disciplining authorities enumerated in this chapter may not be able to practice his or her profession with reasonable skill and safety as a result of a mental or physical condition.
 - (d) Reporting under this section is not required by:
 - (i) Any entity with a peer review committee, quality improvement committee or other similarly designated professional review committee, or by a license holder who is a member of such committee, during the investigative phase of the respective committee's operations if the investigation is completed in a timely manner; $((\Theta r))$
- 39 (ii) A physician health program or voluntary substance use 40 disorder monitoring program approved by a disciplining authority

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the program, so long as the license holder actively participates in 2 the program and the license holder's impairment does not constitute a 3 clear and present danger to the public health, safety, or welfare; or 4 (iii) A physician well-being program, so long as the license 5 6 holder is competent to practice with reasonable skill and safety. If the license holder is not competent to practice with reasonable skill 7 and safety, or if a patient has been harmed, the license holder shall 8 be reported by the physician well-being program medical director or 9 other licensee to the disciplining authority according to 10 requirements established and adopted in rule by the Washington 11 medical commission or, if permitted by rule, referred to a physicians 12 health program or voluntary substance use disorder monitoring program 13 approved under RCW 18.130.175. Any report made to the disciplining 14 15 authority under this section is not privileged or confidential and is subject to the public records act. 16

under RCW 18.130.175 if the license holder is currently enrolled in

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- (2) If a person fails to furnish a required report, the disciplining authority may petition the superior court of the county in which the person resides or is found, and the court shall issue to the person an order to furnish the required report. A failure to obey the order is a contempt of court as provided in chapter 7.21 RCW.
- (3) A person is immune from civil liability, whether direct or derivative, for providing information to the disciplining authority pursuant to the rules adopted under subsection (1) of this section.
- (4)(a) The holder of a license subject to the jurisdiction of this chapter shall report to the disciplining authority:
- (i) Any conviction, determination, or finding that he or she has committed unprofessional conduct or is unable to practice with reasonable skill or safety; and
- (ii) Any disqualification from participation in the federal medicare program, under Title XVIII of the federal social security act or the federal medicaid program, under Title XIX of the federal social security act.
- 34 (b) Failure to report within thirty days of notice of the 35 conviction, determination, finding, or disqualification constitutes 36 grounds for disciplinary action.
- NEW SECTION. Sec. 3. A new section is added to chapter 18.130 RCW to read as follows:

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(1) (a) Physician well-being program records relating to well-being program participants created specifically for, and collected and maintained by the physician well-being program, are confidential and exempt from disclosure under chapter 42.56 RCW and shall not be subject to discovery by subpoena or admissible as evidence. This privilege does not protect facts, information, communications, or documents available from other original sources and does not protect any document outside the scope of the privilege established under this section.

- 10 (b) This section does not apply to the organizing documents or 11 contracts establishing a physician well-being program or to records 12 created prior to the establishment of the physician well-being 13 program.
 - (c) Nothing in this section precludes introduction into evidence information about a license holder collected and maintained in a physician well-being program in any civil action by the license holder regarding:
 - (i) The individual's participation in the program;
 - (ii) The restriction of the license holder's clinical or staff privileges when a report has been made under RCW 18.130.070(1)(d)(iii); or
- 22 (iii) Termination of the license holder's employment when a 23 report has been made under RCW 18.130.070(1)(d)(iii).
 - (d) The information admitted under (c) of this subsection must not be reasonably discoverable, given the scope and limits of discovery, from other nonprivileged sources.
 - (2) In the case that the license holder is unable to practice with reasonable skill and safety or a patient has been harmed, a report must be made to the disciplinary authority or the physicians health program or voluntary substance use disorder monitoring program approved by a disciplining authority under RCW 18.130.175 in accordance with RCW 18.130.070(1)(d)(iii) and rules adopted by the Washington medical commission. Any report made to the disciplining authority under this section is not privileged or confidential and is subject to the public records act.

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