

2014 Potential Agency Request Legislation

The Department of Health is considering several agency request bills for the 2014 legislative session. The following three bills would have fiscal impact.

Chemical Dependency Professionals Title or Description of Services

By statute and the Medicaid State Plan, chemical dependency professionals (CDP) and chemical dependency professional trainees (CDPT) are the only credentialed professionals allowed to provide chemical dependency services to individuals presenting in a Department of Social and Health Services (DSHS), Division of Behavioral Health and Recovery (DBHR) certified chemical dependency (CD) treatment agency with concerns regarding their substance use. Since the credential was created, the number of CDPs has remained fairly static.

DSHS has estimated that with the implementation of the Affordable Care Act, 16 percent, or 40,000 of the newly Medicaid eligible individuals, will need some type of chemical dependency service. This will overwhelm the current system. It is anticipated that the state will need over 700 new CDPs, or the equivalent, to provide the needed CD treatment services to these newly eligible individuals.

Legislation would amend RCW 18.205.040 which prohibits the use of the title “certified chemical dependency professional” or “certified chemical dependency professional trainee” when treating patients in settings other than programs approved under chapter 70.96A RCW. The practice limitation would be removed for those who can already provide CD services within their current scope of practice. This would increase the number of providers who can provide services and decrease access to care concerns while maintaining the integrity of the profession.

The intent is that if a provider has only a CDP, CDPT, certified adviser, or certified counselor credential, they would not be able to represent themselves as a CDP outside of an approved agency, under 70.96A.

Coordinated Childhood Obesity Prevention

The prevention of childhood obesity is a cross-agency and multi-sector issue. The Department of Health, along with the Department of Early Learning and Office of Superintendent of Public Instruction recommend coordination of a comprehensive statewide obesity prevention plan. Areas to be addressed would be impacts of childhood obesity (short and long term health outcomes); healthcare costs; academic achievement in early learning and school settings; and disparities in childhood obesity.

Expanded Function Dental Auxiliary Continuing Education

RCW 18.23.002 requires the Dental Quality Assurance Commission to regulate the competency and quality of professional health care providers under its jurisdiction. The commission believes continuing education is necessary to assist in patient safety. Currently chapter 18.260 RCW lacks authority to require continuing education for licensed expanded function dental auxiliaries. This bill would add authority to require continuing education for license renewal.



The bills being considered without fiscal impact are:

CHARS Patient Data Privacy

State law direct the department to collect records of hospital patient discharges in Washington through the Comprehensive Hospital Abstract Reporting System (CHARS). The non-confidential CHARS data file does not contain direct patient identifiers. However, the file contains indirect identifiers (e.g. age, sex, race, and zip code) that make it possible to re-identify one or more of the records with additional information from outside sources. Although direct patient identifiers, described as information that is “readily associated” with a person’s identity in RCW 70.02, are exempt from disclosure under the Public Records Act, indirect patient identifiers are not.

The proposed legislation would amend RCW 43.70.052 to seek a Public Records Act exemption for CHARS, with exceptions and appropriate restrictions under which the data may be released. It would also prohibit using CHARS data to identify patients, define direct and indirect patient identifiers, provide the department rule making authority, and define conditions under which the department will release CHARS data. This bill will have no fiscal impact.

Demographic Census Response

RCW 18.71.080 1(b) allows the Medical Quality Assurance Commission to collect demographic information during license renewal on medical doctors and physician assistants for the purposes of facilitating workforce planning. A low response rate of below 50 percent has been received, due to the response being voluntary, therefore making the information inadequate for the purposes of workforce planning and analysis. Current law would be amended to require response from the licensee during renewal. This bill would have no fiscal impact.

Flexibility to use the Public Health Supplemental Account (319)

Currently, receipts deposited into Account 319 cannot be used to pay for permanent FTE. Use of these funds is restricted to project, non-permanent staff. When private funds are limited to non-salary expenses, it adds complication to our budgeting and creates limitations. For example, the Medical Home collaborative had 319 funds that were under spent while scraping together federal funds from multiple sources in small amounts to keep a single project manager FTE to run the program. Since the 319 funds were not used for salaries and benefits, multiple small contributions from federal sources created complicated budget scenarios, which take more time and resources to manage.

State Thimerosal (Mercury) Limits for Vaccines

The department identifies immunization coverage rates as a top public health priority. Current state law, RCW 70.95M.115 prevents pregnant women and kids under three years of age from getting a vaccine containing more than trace amounts of thimerosal. This greatly counters the efforts to address vaccine hesitancy by validating, at the highest state level, the idea that vaccines are not safe.

Repealing RCW 70.95M.115 eliminates all state mercury limits for vaccines and the need for suspensions and patient notifications. This conveys a clear message that our state leadership supports public health immunization efforts according to evidence-based medical practices.

For More Information

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