

Significant Legislative Rule Analysis (SA) for Rules Concerning
WACs 246-919-010, 421, and 480
Physician Retired Active License

Section 1. What is the scope of the rule?

The Medical Quality Assurance Commission (Commission) is proposing amending the physician rules regarding retired active status.

The proposed rules related to retired active physicians will improve access to health care services for the citizens of this state without compromising public safety. The proposed rules:

- Define “emergent” and “intermittent” as required under RCW 18.130.250.
- Expand volunteer health care services to emergent or intermittent circumstances in any practice setting.
- Exclude the retired active physician from the 90 day practice limit under WAC 246-12-120 (2) (c).
- Exclude the retired active physician from the restriction to practicing only in emergency circumstances under WAC 246-12-120 (2) (d).
- Remove the restrictions limiting services by retired active physicians to primary care or community clinics under WAC 246-919-480 (3) and (4).
- Repeal WAC 246-919-421(4) as retired active physicians are now on a two year renewal cycle instead of a four year renewal cycle. This occurred when the fees changed to implement House Bill 1765 (chapter 98, Laws of 2009).

Section 2. What are the general goals and specific objectives of the proposed rule’s authorizing statute?

RCW 18.71.440 authorizes the commission to consider amending its rules on licensing requirements for physicians holding a retired active license in a manner that improves access to health care services for the citizens of this state without compromising public safety.

Second Substitute House Bill 1899 Section 4 (1) (Chapter 403, Laws of 2009) directed the Commission to consider amending the requirements for retired active physicians. The Commission is considering removing financial and practical barriers for the health care services the retired active physicians provide. This should increase the availability of services that retired active physicians could provide to all practice settings. The Commission is considering the following:

(a) Whether physicians holding retired active licenses should be allowed to provide health care services beyond primary care. Objective #1 – The proposed rules remove the primary care limitation to allow retired active physicians to volunteer in any specialty.

(b) Whether physicians holding retired active licenses should be allowed to provide health care services in settings beyond community clinics operated by public or private tax-exempt

corporations. Objective #2 – The proposed rules remove the community clinic limitation to allow retired active physicians to volunteer in any practice setting.

(c) The number and type of continuing education hours that physicians holding a retired active license should be required to obtain. The Commission determined that retired active physicians must meet the current continuing education requirements. No changes are proposed.

Section 3. What is the justification for the proposed rule package?

Rules are required in order to make the requirements enforceable. There are no alternatives to rulemaking. The legislation requires that the Commission consider amending rules on retired active physicians to improve access to health care. These considerations include removing the limitations to primary care, practicing only in community clinics, and to remove financial and practical barriers for the health care services they provide on a volunteer basis

Section 4. What are the costs and benefits of each rule included in the rules package? What is the total probable cost and total probable benefit of the rule package.

1. Identification of total number of rules in package

3

2. Non –significant rule Identification Table

These rules are all non-significant rules.

3. Significant Rule Analysis

There are no significant rules in this package, because the proposed rules do not change the qualifications or standards for the physician holding a retired active license.

4. Rule Package Cost-Benefit Conclusion

Cost summary

These proposed rules will not create any additional burden on the licensees. The proposed rules provide options for retired physicians who choose to hold a retired active credential.

Benefit summary

The proposed rules will improve access to health care services during emergent or intermittent circumstances without compromising public health. Retired active physicians will be able to provide volunteer health care services in all medical specialties and practice settings.

Section 5. What alternative versions of the rule did we consider? Is the proposed rule the least burdensome approach?

Descriptions of alternatives considered

There have been no alternatives proposed or considered. RCW 18.71.440 requires the Commission to consider amending the retired active license rules and the Commission has agreed to do so. The only other alternative is for the Commission to leave the rules in their current state without change.

Least burdensome determination

These proposed rules will not create any additional burden on the licensees.

DOH staff held a public workshop and placed this topic on several Business Meeting agendas. No public comments have been received regarding this topic.

Section 6. Did you determine that the rule does not require anyone to take an action that violates another federal or state law?

The rule does not require those to whom it applies to take an action that violates requirements of federal or state law.

Section 7. Did we determine that the rule does not impose more stringent performance requirements on private entities than on public entities unless the difference is required in federal or state law?

The rule does not impose more stringent performance requirements on private entities than on public entities.

Section 8. Did you determine if the rule differs from any federal regulation or statute applicable to the same activity or subject matter and, if so, did we determine that the difference is justified by an explicit state statute or by substantial evidence that the difference is necessary?

The rule does not differ from any applicable federal regulation or statute.

Section 9. Did we demonstrate that the rule has been coordinated, to the maximum extent possible, with other federal, state, and local laws applicable to the same activity or subject matter?

There are no other applicable laws.