

# HOUSE BILL REPORT

## HB 1057

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**As Reported By House Committee On:**  
Health Care

**Title:** An act relating to public disclosure of complaints filed under the uniform disciplinary act.

**Brief Description:** Limiting public disclosure of complaints filed under the uniform disciplinary act.

**Sponsors:** Representatives Backlund and Cody; by request of Department of Health.

**Brief History:**

**Committee Activity:**

Health Care: 1/21/97, 1/31/97 [DPS].

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### HOUSE COMMITTEE ON HEALTH CARE

**Majority Report:** The substitute bill be substituted therefor and the substitute bill do pass. Signed by 10 members: Representatives Dyer, Chairman; Backlund, Vice Chairman; Skinner, Vice Chairman; Cody, Ranking Minority Member; Anderson; Conway; Parlette; Sherstad; Wood and Zellinsky.

**Minority Report:** Without recommendation. Signed by 1 member: Representative Murray, Assistant Ranking Minority Member.

**Staff:** John Welsh (786-7133).

**Background:** The Uniform Disciplinary Act provides procedures and sanctions for unprofessional conduct committed by professionals who are licensed, certified, or registered by the Department of Health. The Secretary of Health and fourteen boards and commissions serve as the disciplinary authorities for these regulated professions and share responsibility for responding to complaints, conducting investigations, and taking appropriate disciplinary action where appropriate.

Under the Public Disclosure Act, the existence of a complaint against a health professional is a public record subject to disclosure by the Department of Health over the telephone upon request, even though the complaint may be unsubstantiated. Complaints being investigated or which warrant no cause for action must also be

disclosed, as well as those which lead to a formal charge against a health professional. The record of these complaints is also subject to disclosure.

The health professional is notified of a complaint except when notification may compromise the investigation. Currently, the law does not provide the health professional an opportunity to file a written statement regarding the complaint.

**Summary of Substitute Bill:** A complaint against a health professional is not subject to public disclosure over the telephone until it is assessed and determined to warrant an investigation. A complaint determined not to warrant an investigation is no longer considered a complaint, but remains in the records and tracking system of the department subject to public disclosure. A complaint, following an investigation, that is determined to warrant no cause for action must be disclosed with an explanation of the determination.

A health professional shall be notified of the receipt of a complaint except when it would impede the investigation, and the health professional shall be allowed to submit a written statement in the record about the complaint at the earliest opportunity.

**Substitute Bill Compared to Original Bill:** Language is added that requires the health provider to be notified of a complaint at the earliest point of time, and allows the health provider to file a written statement about the complaint in the record. Complaints after investigation determined to warrant no cause for action are subject to disclosure with an explanation of the determination.

**Appropriation:** None.

**Fiscal Note:** Not requested.

**Effective Date of Substitute Bill:** Ninety days after adjournment of session in which bill is passed.

**Testimony For:** In the current competitive health environment, health professionals are coming under increasing scrutiny when applying for inclusion in health plans as providers of health services to subscribers. The mere existence of an unsubstantiated complaint filed against them may damage their reputations and foreclose their ability to associate with health care plans. The disclosure of unsubstantiated complaints is unfair, and prejudices their ability to make a living.

**Testimony Against:** (ORIGINAL BILL) No complaint should be disclosed to the public except those which have been investigated and determined as cause for action leading to a formal charge. The bill does not go far enough, and only restricts disclosure of frivolous complaints after an initial assessment.

**Testified:** Ron Weaver, Department of Health (pro); Carl Nelson, Washington State Medical Association (pro); Gail McGaffick, Washington State Psychological Association (pro); Lisa Thatcher, Washington State Nurses Association (pro); Ann Simons, Washington Association for Marriage and Family Therapy (pro); Diane Kramer, Washington Newspaper Publishers Association (con); and Roland Thompson, Allied Daily Newspapers (con).