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Equitable Fee Structure Report Listening Session 2
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>> EVE AUSTIN: Good evening, and thank you for joining today's listening session on Equitable Health Profession Licensing Fees. Thank you so much for taking the time out of your evening, and I thank you in advance for your participation and feedback. That means a lot.

It is 5:30 and I am sure folks had a long day. Thank you for being here. My name is Eve Austin and I am Operations Manager, Health Systems Quality Assurance/Office of Health Professions. I will be facilitating today's listening session. I am a middle-aged multiethnic woman with brown skin, black hair, with gray highlights, which I like to pretend are platinum blonde when my confidence wanes in chronological order. I am wearing a black cardigan today -- and fee structure, and I welcome the opportunity to get your feedback.

I want to introduce you to a wonderful Kelsey Cato, and if you want to introduce other department staff here, please do so in the chat. I will give you instructions on Zoom. Kelsey, I will turn it to you.

>> KELSEY CATO: Thank you. I am the Regulatory Analyst, Health Systems Quality Assurance/Office of Health Professions at DOH.

>> EVE AUSTIN: I have a bit of housekeeping for us today, and as you noticed, this meeting is recorded for transparency, and to make sure we accurately capture feedback. By remaining in this session, you are consenting to be recorded.

I am joining this webinar from the Bonney Lake area on the ancestral, unceded lands of the tribes we know today as the Puyallup and Muckleshoot. I honor and thank their ancestors and leaders who have been stewards of these lands, waters, and skies since time immemorial and continue to do so today. I acknowledge the history of oppression experienced by native communities, and the continued institutional and systemic policies and practices that attempt to erase their histories, stories, and voices today. I recognize that this land acknowledgement is one small step toward true allyship and I commit to uplifting the voices, experiences, and histories of the Indigenous people of this land and beyond.

Before we begin, I want to provide basic instructions and I know most of you are very comfortable with Zoom, but I have to tell you, I am more a Teams person and need the refresher. I want to do a quick item how to interact with Zoom. You see a mouse at the bottom of your screen, and your mouse might have need shaking. And if you don't see control panel on the far left of your control panel button, unmute and mute. If you need help with these features in the chat, let us know and we'll get help for you. Some of your features are inactive and we will need to unmute your microphone for you to be able to speak.

Towards the center of your control panel, you will see some buttons to open the list of apartments in the chat box. We have closed captions, interpretation, and reactions. When we call for folks to raise their hand, will you find that hand raise button in the reactions menu.

We're also providing ASL and Closed Captioning for this meeting. If you cannot see the ASL interpreter, please put that in the chat and one of the team will enable that. If you would like to twitch to Spanish interpretation, click on the bottom right where Boston Globe where it says interpretation.

Please, remember, Spanish to English, you will only be able to see interpreters if you are in the English channel for language interpretation.

I hail from the Midwest and us Minnesotans like to pace ourselves and interpreters are doing a phenomenal work this evening.

Please remember the cameras are turned off by default. If you would like to share your video, please put that in the chat and we'll enable that feature for you.

To support interpretation services, I would like you to remind you to speak clearly and avoid jargon as much as possible. I tend to struggle with this greatly, and each agency has many different types of jargon, and to best support you today, if you need help on any particular jargon, reach out for help as well.

We will walk through the fee structure and review and consider the data we're considering and remove into the listening session for your feedback.

Let's discuss your background information. Again, we're really focusing on key items here. The overall goal and purpose of this project is truly to evaluate and improve equity and health profession licensing fees. This includes ensuring fees are fair and proportion gnat across work force created and do not create unintended barrier.

This request from the Governors and legislatures, we have budget item 5998 and with this initial report we're making a goal to ensure we get this it the Governors and legislatures by September 30th and to the report to the Governor and legislatures by June, 2027.

We're conducting a fee review structure. This includes current applications and renewal fees and review fund balances and program sustainability. Compare fees across states and considering workforce and financial impacts. The project looks at whether fees are equitable across professions and your feedback will inform recommendations.

The project what it is analyzing and the overall goal. The nation includes current licensing fees, and again, program fund balances, number of provide errs, Washington State wage data and fee structures in other states. It also looks at whether fees are equitable across professions. The goal to Renn sure health profession licensing fees re support program operations and are transparent and understandable and we don't want to create run necessary barriers.

The department collects fees for initial credential application, credential renewals and late renewals and other administrative services, fee revenue supports credential -- we have key data to be considered in this review, including current application and renewal fees, fund balances for each profession, number of active providers, workforce wage data in Washington State, and key health structures and equity across professions and workforce impacts.

The purpose is to evaluate equity in licensing fees and making sure they are fair across program costs and workforce realities and unintended barriers. Again, we want to make sure entering the workforce is easy and straightforward as possible for providers.

In scope topics here are health profession licensing fee structures and the impacts of currents fees on applicants and license holders. Out of scope individual licensing issues or complaints. Disciplinary actions or specific cases not related to licensing fees and facility licensing fees.

To help guide the discussion, but they are not exhaustive. You are encouraged to share any related and relevant feedback and the question is for the challenges for fee structure and factors the department should consider and anything related to licensing costs.

We're almost there, but before we begin, please, keep a few guidelines in mind. Again, please, be respectful of all participants and staff. Please use the "raise hand" feature when you speak, and please state your name and organization if applicable.

We ask you that limit comments to two minutes per person. Keep comments focused on the license fee structures and relate impacts. Staff me may mute participants or remove individuals. And if you have feedback, please do not hesitate to email me or Kelsey Cato, and we will do the best for DOH --

>> MEGAN VEITH: Sorry, one of our Spanish interpreters, she's asking us to slow down a little.

>> MEGAN VEITH: I apologize. Amy, I will try and keep a good pace, and our email addresses will be available at the end of the slide.

We're going to move into our next listening session. I do have a list of individuals that preregistered that we'll start with.

First and foremost, I would like to see if we have a Kasi here? If so, can you raise your hand?

>> CORI TARZWELL: Sorry, I didn't give Kasi the ability. One second.

>> KELSEY CATO: Actually, Kasi did raise her hand.

>> KASI: Hi, my name is Kasi. I know we all make different amounts of money, and the fees are the thing for HCAs. I work for Korean Women's Association, and I think that it can be difficult paying the amount it is, that it costs each year when you are on that lower pay scale. And I think that's about it that I was concerned about, you know, people that are starting out doing HCA work and stuff like that. It is difficult in the beginning.

>> EVE AUSTIN: Thank you for sharing that. We need stories to be able to paint the best picture possible. Thank you very much, Kasi.

>> KASI: Thank you.

>> EVE AUSTIN: Next we have Brenda B, and I apologize if I got that incorrect.

>> CORI TARZWELL: I don't see her on the call. If you are in under a different name, please, raise your hand.

>> EVE AUSTIN: One moment. I will go to Kathryn Carlson.

>> CORI TARZWELL: I also do not see Kathryn.

>> EVE AUSTIN: Christina Bates.

>> I don't see her either.

>> EVE AUSTIN: [ ] Benson.

>> CORI TARZWELL: Also, not on the call.

>> EVE AUSTIN: I am just striking out there. Malcolm?

>> CORI TARZWELL: I don't see him.

>> EVE AUSTIN: Loretta.

>> CORI TARZWELL: Not here, either. If you are hearing your name and you are not under the same name, please, raise your hand.

>> EVE AUSTIN: Caroline Vogue.

>> CAROLINE: Mostly here to listen from the Washington [ ] Association. Mostly trying to listen in and trying to see what you are thinking of. They are a group with very high fees and a very small provider group.

One of the things we talked about for several years, Justine looking at equitable fees, we understand the nature of it. And first of all having a sort of indirect supply to the smaller groups in particular overall because they are based on the allocations out to each of the provider groups and when you have a large provider group, you can put it out amongst the people and lower cost.

The last time I looked, the denturist provider, higher than other most provider fees, and that would be the first place we would want to start. How do we deal with the application of indirect costs, which are not related to the cost necessarily directly related to the cost of the program?

The other one would be, just, when you have a small group and have some of these cost applications, when is it a barrier to entering? When we look at things, it's like, just even taking [ ] and surge charges in, we get to the point, we just tipped it over the line. Someone who thought about coming in. And Ventura college is one of the denturist in the United States. The other thing, how are these costs applied and very high costs going into the provider type because there were some challenges, legal challenges, et cetera, that cost a lot of money. And of course, if you have one lawsuit in a small provider group, that could really impact the program.

And starting with reps. Right off the top there ought to be something easier than that paying $500 for the entering cost and another one paying more than that.

>> EVE AUSTIN: Thank you so much for that feedback, and again, we really appreciate the thoughtful and several of the point you made this, and again, that's this is exactly what we need to hear. Thank you so much.

>> Thank you.

>> EVE AUSTIN: Jasmine.

>> CORI TARZWELL: I do not see her on the call. Also not Cynthia.

>> EVE AUSTIN: Grant Rodkey.

>> My thing is, I think everything should be labeled fairly, and I know as a student, and I am a dentist in spoke an, and when I graduated from school, it is hard for everybody starting out. It doesn't matter what color, race, gender, whatever you are. We all need help when you first start out. I know initially, some of the fees, like in the societies, whatnot, they are a lower fee to help people get on their feet, and so my thing is that I think everything should be applied if there is going to be one fee and it is the same fee for all.

I think an exception to that might be when people are just starting out, maybe their 15th year of practice or whatever their profession is.

>> EVE AUSTIN: Thank you so much. I appreciate that so much. And then Amber. Are you able to unmute here?

>> CORI TARZWELL: I don't see Amber here, however, Brenda has joined us, so let's go back up and I whether unmute Brenda.

>> EVE AUSTIN: Friendly reminder. If you are able to give us a little bit of information and your name if we said it incorrectly, and your organization, as well.

>> CORI TARZWELL: Brenda, you will have to unmute on your end as well. There we go.

>> BRENDA: [No audible response].

>> CORI TARZWELL: You are unmuted, Brenda, but we're not hearing you. We're getting an occasional sound like it is trying to connect, but we're not getting your audio, Brenda.

>> BRENDA: [No audible response]. Can you hear me?

>> CORI TARZWELL: Yes.

>> Sorry, I am using my ear bud.

>> EVE AUSTIN: We understand. And glad you are here, Brenda. We just lost you. Okay. We can hear you now.

>> CORI TARZWELL: Sorry to ambush you as you come in, but you registered saying you are interested in providing some comments.

>> BRENDA: Refresh me on all of this. I have been at work and trying to see what we're talking about.

>> EVE AUSTIN: We're actually just focusing in doing a fee equity study and we have been asked by the Governor and legislators to provide fees and analysis for budgets to see how we move forward and see. And I would love to hear any insight you have tie today this topic.

>> BRENDA: This is for fees for licensing and all of that?

>> EVE AUSTIN: Yes. Licensing fees.

>> BRENDA: I think they are the kind of getting high the way the economy is going. It is hard to come by with the living expenses we have, and then have everything and people and try to keep working and provide what we need.

>> EVE AUSTIN: Thank you, Brenda.

>> BRENDA: You are welcome.

>> EVE AUSTIN: At this time, we have gone through our list and if you have anything else, please, let me know. Please let me know if you have a comment or feedback that you would like to share.

>> CORI TARZWELL: I don't know if you can see the list at this point, Eve, or I can start calling on people.

>> EVE AUSTIN: I am sorry, I am not seeing -- I still see Brenda's hand.

>> CORI TARZWELL: I can grab it for you. Lori Grassi.

>> Hi, I am Lori grassy and working for the [ ]. And I have been working on the fees for decades now. I wanted to raise two -- well, maybe three primary issues. I want to play off of Caroline's comments and indirect fees. Especially since most DOH employees work remote now, a lot of thighs these fees re related it things expected while working in a DOH building.

So earthquake training, and things like that. So we would suggest that most or many, if not all of these would be able to be removed from the fee structure itself because of the remote work and the high level of remote work.

In addition, I want to raise the cost of homes. This project started in 2017 and we were told it would be $12. It is not done yet, and told any day now. But it is now costing $60 million. And the initial discussions we were told approximately $7 per licensing to pay for the program. The program had many fails in the management. The contactor changing all kinds of things.

But we have been able to get some money from the general fund, but now, the last $10 is coming out of licensing fees again. And it is very difficult for some professions -- well, let me say it differently.

It is difficult for all to manage the accounts when their determined amounts change from $12 to $60 million and it is unfair.

Additionally, homes I want to raise because my belief is the licensing system is an infrastructure requirement for all of the health professions, which to me is and obligation for it to be provide I had for all that exist.

The statutes relate to every profession is supposed to pay for itself. So if those items that are deemed indirect, and infrastructure that's expected to be there for everybody to be able to function as a provider in Washington State, are removed from the individual licensees because their job is to fund the program that they are in, then maybe the fee are more affordable for individual providers and employers of providers, regardless of the income they make, making it more fair.

My third is to request you to be very cautious if you decide to categorize how professionals within each other. So let's just say chiropractic is categorized with chiropractic x-ray techs, and that makes sense to me because we're in the same profession. But if you were to put professions say under the chiropractic profession, that changes that dynamic even if it is a quote-related profession. If you were to put all of the therapies into one lump fee structure, I am not sure every profession might agree to that, even though it might look reasonable to the department and how they categorize different professions.

So it is just a caution because professions are very protective of their reserves and their OTG or health professions' accounts, and there is different scopes of practice and reasonableness that costs go over, you have the one profession seeing they might be categorized with one another, you have to be careful that they don't regulate that entity and other profession. I am not saying this very well, but I am happy to clarify. But I wanted to get that outlet in cue.

>> EVE AUSTIN: Thank you. And if you have any additional thoughts, don't hesitate to email me or Kelsey Cato, and we have the emails at the end of the slides, and thank you for your feedback.

I see the names and I see Caroline's hands reraised.

>> CORI TARZWELL: Steven had his hand raised Ferris.

>> EVE AUSTIN: Thank you very much. Dr. Steven, go ahead.

>> CORI TARZWELL: It appears you are muted on your end, Steven.

>> Steven. I see. I am Dr. Steven Palmieri. I don't know if there are any additional physicians on call. My concerns, I no longer practice in Washington, but I still do in Montana where I am a medical director.

My concern is consider increasing the apparent -- the scope of this program, and that there are many health professionals who may not be minorities in and of themselves, but they are working in a setting that is providing care for minorities. Such as community health centers or where I work at the Eastern State Hospital. Psychiatric hospital.

Many professionals provide care to underserved populations, would they not be considered for this pay scale for people who are eligible? That they would not be eligible? This would be something that many physicians provide and other, you know, nurses, PT, but they provide care to minority groups, just because it goes with the territory of our providing health care. Is that not a consideration? And wouldn't they be eligible? Say a dentist working and seeing a lot of Medicaid patients. Or a doctor working at a community health center. Their salary would, by definition, be lower than what could be made in private practice on the outside. Shouldn't they also be included in this project? In this -- that's the only thing I am recommending, yeah. That they also be considered. If there's a lower fee scale, the fee scale for physicians, it is close to $500, $600 a year, so the private physicians who are not doing there, of course, they wouldn't be. But physicians in a program who are helping people.

Say I had a Public Health Service scholarship and worked at a community health Center for Three years, to not online -- to pay back my scholarship. But during that time, I was making much lower, and of course, that's -- it goes with the territory. I had a free ride in medical school.

Others who stayed there who I worked with, stayed there of their own volition on their own accord. I am just asking if there want be a place for these kind of professionals to be included? Thank you.

>> EVE AUSTIN: Thank you so much for your feedback. We appreciate your words very much. All right. Caroline.

>> Yes. I wanted to bring up because Lori and Dr. Steven brought up something. First of all, is there any way to do some sort of application for fees. Looking at equitable, and also in terms of what kind of risk the provider type brings to the table. You have some provider types with extreme risk versus other provider types and doesn't have risks for the patient. And having fees that reflect -- Dr. Steven is right. The setting in which the provider is trying to get started and going into something, the ability to do some waivers at some point.

I think there are some mechanisms to look at, what are the types of complaints and types of issue and enforcement perspective, do they have a license different than patients have been injured? I guess that's the thing, too. How to physically separate the risk, separate the administrative from the kind of care, from license and you know, look at how that's applied in the fee setting situations, and then, yeah. If there is any way to create barriers, people going into private practice and making more money off the top, and avoiding rural locations and other places where they wouldn't make as much money because the fee is higher, regardless of where this go.

>> EVE AUSTIN: Thank you for that, very much. I will also, again, it is a plug. If you have additional thoughts tied to this, please don't hesitate to email us as well, and we appreciate your feedback.

Cori, are you seeing additional hands I may not be seeing?

>> CORI TARZWELL: No. Not at the moment. Please, feel free to raise your hand if you would like to contribute.

>> EVE AUSTIN: I will give it a few more minutes for the introverts of the world. Are you welcome to most definitely participate as well as our extroverts as well.

And if you have any additional thoughts, even those who have raised your hand already, you are welcome.

I will give it another few minutes here. If you hear an awkward silence, I just want to be sure we give everybody an opportunity to share.

>> CORI TARZWELL: While we're waiting on that, I will pop a link into the chat. We do have a webpage for this work we're doing, and it always has links to the slides that Eve shared today. Feel free to check that out.

It does have the links to our upcoming sessions. We have a couple more sessions this week, so if you happen to know anyone else who is interested, please feel free to share the registration links and if they are interested in joining us tomorrow or the next day. I will send it to the whole group again. There we go. It didn't go through the first time.

>> EVE AUSTIN: Well, wonderful. Kasi.

>> My major thing is, notice a lot of professions where they have their own practices, and being basically an individual provider, I pay my own fees. Are the fees different per each person and she was talking about changing the fees for liability purposes, how would what work then, with the rest of us, who don't necessarily have that?

>> EVE AUSTIN: I will respond to this statement. Essentially, that's what we're hoping to do is gather information to propose ideas to legislators. How a design would look, we're simply not there yet. Our goal is to design a platform and be able to respond to that. And our decision will not be ours, but our legislators and in regards to what we're seeing and all we're asking is to provide fee information that we share and move forward.

I hope that helps.

>> KASI: It does.

>> CORI TARZWELL: I do see we have one other hand up, Yundia.

>> You pronounced it right. I am in the same position, have to pay for VA and I have to pay for everything. But I work for a company and I don't have to pay for training for my own health care. My issue and understanding was when I got my CNA, I didn't have to have my home health care cert. But if I work for a company, I have to have it, even if I have my CNA, which is my entire thing. Which costs, just like the other person on, the -- it is much more and you live with family, you can't provide for them. I work two jobs and barely providing for living and the theses are outrageous. Not only do you have to do that and get them and the training. If you don't work with the company, that's a lot of money out of your own pocket and on top of that, you have to pay for your own supplies. Yeah. It is a big issue of the fees. Being home health care and CNA, it is really hard for the economic to keep charging us the fees for renewing it.

>> EVE AUSTIN: I appreciate your feedback. And your voice. Dr. Palmieri.

>> May I add just for comparison. This is wild, but I will tell you. The fee for a Montana physician, 2-year fee is 0. It is actually $60 for two years and the $60 is for the DEA schedule tract for the phys, which will be 0. To give you a comparison to what the very close state is, the fee for a license to practice medicine. Zero. Thank you.

>> EVE AUSTIN: That's helpful. Thank you very much.

>> CORI TARZWELL: I am not currently seeing other hands.

>> EVE AUSTIN: Thank you for your voice and how this will impact you and what is seen, and that's the point during listening sessions to garner more information and go into the right direction. We greatly appreciate your feedback.

Next steps for us. DOH staff will review all feedback and written comments, conduct additional analysis as needed and develop potential recommendations and additional engagement may occur as recommendations are defined and then to the legislators.

There are two more listening sessions. I want to call those out. We'll be meeting at 11 a.m. tomorrow, between 11 a.m. and 1:00 and have another evening session on Thursday.

Please, share the word if you know of any individual that would be interested in sharing feedback. Please, share the good word. We want as many voices as possible to continue on.

Here's my email address, as well as Kelsey Cato. Please email us for additional comments and thank you for coming out this evening. I want to give a huge handout out for our wonderful interpreters and all their hard work. And we do appreciate you. And I apologize for my mid-Western speed.

Thank you all, for joining us, and thank you for your thoughtful comments and for your time that you spent with us today. Have a great evening!