Re: Chairman Wobbema and members of the Workforce Development Committee

I am writing as a voice for Do Not Pass for HB1221, Professional Transparency on Healthcare Workers. My perspective comes as a member of a medical family ranging from nurses to physicians across four generations and as a thankfully infrequent patient myself. There are two major sections of this bill; one of which I have no concern with and the other, major concerns. The first section of the bill pertains, from my understanding, to truth in advertising medical services and who is qualified to perform them which all seems like pretty standard stuff to me. I don't have any strong opinions regarding this section.

What I do take issue with is the section regarding micromanaging name tags and personal introductions between practitioner and patient. I try to keep the negativity down when I say these requirements read like they were written or suggested by someone who has no experience in the dynamic nature of healthcare. Allow me to point out the vagueness and impracticality I'm seeing in the proposals.

Requirement #2, "a practitioner [..] shall post conspicuously and communicate affirmatively the practitioner's specific licensure". What does this mean? Will every hospital unit be required to have a wall dedicated to headshots of every nurse and physician working? What does "conspicuous" mean in relation to an entire hospital campus? What happens when a nurse floats to another unit, which happens daily and frequently more than once in a day? Is she required to carry a poster of her face and credentials with her at all times to hang up on the new unit before being allowed to work? This is an honest question to the Committee because since this is a separate verbiage from the nametag requirement I interpret this "posting" as something separate from an individual's nametag.

Further on in Requirement #2, that a "practitioner's name" be included on nametags. Does that mean full name, first and last? It does not say in this bill. I know currently in the facilities I'm familiar with last names are offered only for Providers ie Doctors and the like, as has been tradition. Requiring nurses and other floor workers to display and convey full names at all times to everyone in visual range and not just their

patient in the patient's chart is a big change and a very large removal of the little privacy these healthcare workers receive in the modern era.

Moving down, the nametag exemption section is so uncompromising and sparse while attempting to cover virtually the entire medical field and the tens of thousands of scenarios that occur that I promise you every single defined practitioner will violate it whether unintentionally or by nature of a specific task. For example, when a practitioner is entering a patient's room who is under isolation for a communicable disease they will don disposable isolation gowns that cover their entire bodies. You would not wear a nametag on the outside of this gown or else it would be contaminated. Is this covered under "practitioner safety"? How about when a surgeon dons sterile clothing in the operating room and cannot wear a nametag? Not wearing a nametag would be for the patient's safety maintaining a sterile field, not the surgeon's safety. This may seem pedantic but the bill is so vague yet harsh and demanding and that's my point. The way I read this bill you would be guilty of unprofessional conduct for following these basic and standard behaviors.

Finally I would like to point out to the Committee that every professional licensing board I am aware of in this state already has procedures and interpretations in place for "Professional Misconduct". That is part of the point of having these Boards; they certainly are more familiar with accepted behavior and healthcare having worked within it to some sort of extent. In refutation of an argument I read in support of this bill it is not my personal opinion but easily referenced fact that misrepresentation of your credentials is already a punishable behavior by the Boards of Nursing and Medicine. A physician made claims that mid-level providers she works with intentionally withhold credentials from patients, perhaps, I infer, in a glory-seeking pursuit to get called 'Doctor' though they are not. I stress to the Committee that this is already a crime and a new law is not necessary to cover it. If this physician truly believes patients are being intentionally misled by mid-levels she is working with then it is her duty to report them to their respective Boards.

This "stop and identify" section of the bill is wading into nuanced territory with a very "if all you have is a hammer every problem becomes a nail" attitude. These nuances are, in my opinion, the entire reason we have professional boards to interpret whether behavior from a practitioner is malicious and unprofessional or baseless

accusations. This bill seeks to tie their hands and treat a forgotten nametag or a hasty first introduction during morning rounds with the same seriousness as forging credentials or performing surgery while intoxicated. It is not well thought out at all. I hope this testimony has given a new perspective on this proposal and it is either heavily modified or withdrawn from consideration.

Thank you,
Marylyn Olson