
SENATE BILL 6171

State of Washington

61st Legislature

2009 Regular Session

By Senator Prentice

1 AN ACT Relating to savings in programs under the supervision of the
2 department of health; amending RCW 43.20.050, 43.20.240, 70.119A.020,
3 70.119A.050, 70.119A.060, 70.119A.130, 64.44.070, 70.54.220, 70.54.220,
4 70.104.030, 70.104.050, 70.104.055, 70.56.010, 70.56.010, 70.56.020,
5 70.56.030, 70.56.050, and 70.104.090; repealing RCW 70.104.070,
6 70.104.080, 43.70.695, and 70.56.040; providing effective dates;
7 providing expiration dates; and declaring an emergency.

8 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

9 **Sec. 1.** RCW 43.20.050 and 2007 c 343 s 11 are each amended to read
10 as follows:

11 (1) The state board of health shall provide a forum for the
12 development of public health policy in Washington state. It is
13 authorized to recommend to the secretary means for obtaining
14 appropriate citizen and professional involvement in all public health
15 policy formulation and other matters related to the powers and duties
16 of the department. It is further empowered to hold hearings and
17 explore ways to improve the health status of the citizenry.

18 (a) At least every five years, the state board shall convene
19 regional forums to gather citizen input on public health issues.

1 (b) Every two years, in coordination with the development of the
2 state biennial budget, the state board shall prepare the state public
3 health report that outlines the health priorities of the ensuing
4 biennium. The report shall:

5 (i) Consider the citizen input gathered at the forums;

6 (ii) Be developed with the assistance of local health departments;

7 (iii) Be based on the best available information collected and
8 reviewed according to RCW 43.70.050 (~~and recommendations from the~~
9 ~~council~~);

10 (iv) Be developed with the input of state health care agencies. At
11 least the following directors of state agencies shall provide timely
12 recommendations to the state board on suggested health priorities for
13 the ensuing biennium: The secretary of social and health services, the
14 health care authority administrator, the insurance commissioner, the
15 superintendent of public instruction, the director of labor and
16 industries, the director of ecology, and the director of agriculture;

17 (v) Be used by state health care agency administrators in preparing
18 proposed agency budgets and executive request legislation;

19 (vi) Be submitted by the state board to the governor by January 1st
20 of each even-numbered year for adoption by the governor. The governor,
21 no later than March 1st of that year, shall approve, modify, or
22 disapprove the state public health report.

23 (c) In fulfilling its responsibilities under this subsection, the
24 state board may create ad hoc committees or other such committees of
25 limited duration as necessary.

26 (2) In order to protect public health, the state board of health
27 shall:

28 (a) Adopt rules for group A public water systems, as defined in RCW
29 70.119A.020, necessary to assure safe and reliable public drinking
30 water and to protect the public health. Such rules shall establish
31 requirements regarding:

32 (i) The design and construction of public water system facilities,
33 including proper sizing of pipes and storage for the number and type of
34 customers;

35 (ii) Drinking water quality standards, monitoring requirements, and
36 laboratory certification requirements;

37 (iii) Public water system management and reporting requirements;

1 (iv) Public water system planning and emergency response
2 requirements;

3 (v) Public water system operation and maintenance requirements;

4 (vi) Water quality, reliability, and management of existing but
5 inadequate public water systems; and

6 (vii) Quality standards for the source or supply, or both source
7 and supply, of water for bottled water plants(~~(-)~~);

8 (b) Adopt rules as necessary for group B public water systems, as
9 defined in RCW 70.119A.020. The rules shall, at a minimum, establish
10 requirements regarding the initial design and construction of a public
11 water system. The state board of health rules may waive some or all
12 requirements for group B public water systems with fewer than five
13 connections;

14 (c) Adopt rules and standards for prevention, control, and
15 abatement of health hazards and nuisances related to the disposal of
16 wastes, solid and liquid, including but not limited to sewage, garbage,
17 refuse, and other environmental contaminants; adopt standards and
18 procedures governing the design, construction, and operation of sewage,
19 garbage, refuse and other solid waste collection, treatment, and
20 disposal facilities;

21 (~~(+e)~~) (d) Adopt rules controlling public health related to
22 environmental conditions including but not limited to heating,
23 lighting, ventilation, sanitary facilities, cleanliness and space in
24 all types of public facilities including but not limited to food
25 service establishments, schools, institutions, recreational facilities
26 and transient accommodations and in places of work;

27 (~~(+d)~~) (e) Adopt rules for the imposition and use of isolation and
28 quarantine;

29 (~~(+e)~~) (f) Adopt rules for the prevention and control of
30 infectious and noninfectious diseases, including food and vector borne
31 illness, and rules governing the receipt and conveyance of remains of
32 deceased persons, and such other sanitary matters as admit of and may
33 best be controlled by universal rule; and

34 (~~(+f)~~) (g) Adopt rules for accessing existing databases for the
35 purposes of performing health related research.

36 (3) The state board shall adopt rules for the design, construction,
37 installation, operation, and maintenance of those on-site sewage

1 systems with design flows of less than three thousand five hundred
2 gallons per day.

3 (4) The state board may delegate any of its rule-adopting authority
4 to the secretary and rescind such delegated authority.

5 (5) All local boards of health, health authorities and officials,
6 officers of state institutions, police officers, sheriffs, constables,
7 and all other officers and employees of the state, or any county, city,
8 or township thereof, shall enforce all rules adopted by the state board
9 of health. In the event of failure or refusal on the part of any
10 member of such boards or any other official or person mentioned in this
11 section to so act, he or she shall be subject to a fine of not less
12 than fifty dollars, upon first conviction, and not less than one
13 hundred dollars upon second conviction.

14 (6) The state board may advise the secretary on health policy
15 issues pertaining to the department of health and the state.

16 **Sec. 2.** RCW 43.20.240 and 1999 c 153 s 56 are each amended to read
17 as follows:

18 (1) The department shall have primary responsibility among state
19 agencies to receive complaints from persons aggrieved by the failure of
20 a public water system. If the remedy to the complaint is not within
21 the jurisdiction of the department, the department shall refer the
22 complaint to the state or local agency that has the appropriate
23 jurisdiction. The department shall take such steps as are necessary to
24 inform other state agencies of their primary responsibility for such
25 complaints and the implementing procedures.

26 (2) Each county shall designate a contact person to the department
27 for the purpose of receiving and following up on complaint referrals
28 that are within county jurisdiction. In the absence of any such
29 designation, the county health officer shall be responsible for
30 performing this function.

31 (3) The department and each county shall establish procedures for
32 providing a reasonable response to complaints received from persons
33 aggrieved by the failure of a public water system.

34 (4) The department and each county shall use all reasonable efforts
35 to assist customers of public water systems in obtaining a dependable
36 supply of water at all times. The availability of resources and the

1 public health significance of the complaint shall be considered when
2 determining what constitutes a reasonable effort.

3 (5) The department shall, in consultation with local governments,
4 water utilities, water-sewer districts, public utility districts, and
5 other interested parties, develop a booklet or other single document
6 that will provide to members of the public the following information:

7 (a) A summary of state and local law regarding the obligations of
8 public water systems in providing drinking water supplies to their
9 customers;

10 (b) A summary of the activities, including planning, rate setting,
11 and compliance, that are to be performed by both local and state
12 agencies;

13 (c) The rights of customers of public water systems, including
14 identification of agencies or offices to which they may address the
15 most common complaints regarding the failures or inadequacies of public
16 water systems.

17 This booklet or document shall be available to members of the
18 public no later than January 1, 1991.

19 **Sec. 3.** RCW 70.119A.020 and 1999 c 118 s 2 are each amended to
20 read as follows:

21 Unless the context clearly requires otherwise, the following
22 definitions apply throughout this chapter:

23 (1) "Department" means the department of health.

24 (2) "Group A public water system" means a public water system with
25 fifteen or more service connections, regardless of the number of
26 people; or a system serving an average of twenty-five or more people
27 per day for sixty or more days within a calendar year, regardless of
28 the number of service connections; or a system serving one thousand or
29 more people for two or more consecutive days.

30 (3) "Group B public water system" means a public water system that
31 does not meet the definition of a group A public water system.

32 (4) "Local board of health" means the city, town, county, or
33 district board of health.

34 ((+3)) (5) "Local health jurisdiction" means an entity created
35 under chapter 70.05, 70.08, or 70.46 RCW which provides public health
36 services to persons within the area.

1 ~~((4))~~ (6) "Public water system" means any system, excluding a
2 system serving only one single-family residence and a system with four
3 or fewer connections all of which serve residences on the same farm,
4 providing water for human consumption through pipes or other
5 constructed conveyances, including any collection, treatment, storage,
6 or distribution facilities under control of the purveyor and used
7 primarily in connection with the system; and collection or pretreatment
8 storage facilities not under control of the purveyor but primarily used
9 in connection with the system, including:

10 (a) Any collection, treatment, storage, and distribution facilities
11 under control of the purveyor and used primarily in connection with
12 such system; and

13 (b) Any collection or pretreatment storage facilities not under
14 control of the purveyor which are primarily used in connection with
15 such system.

16 ~~((5))~~ (7) "Order" means a written direction to comply with a
17 provision of the regulations adopted under RCW 43.20.050(2) (a) and (b)
18 or 70.119.050 or to take an action or a series of actions to comply
19 with the regulations.

20 ~~((6))~~ (8) "Purveyor" means any agency or subdivision of the state
21 or any municipal corporation, firm, company, mutual or cooperative
22 association, institution, partnership, or person or any other entity,
23 that owns or operates a public water system. It also means the
24 authorized agents of any such entities.

25 ~~((7))~~ (9) "Regulations" means rules adopted to carry out the
26 purposes of this chapter.

27 ~~((8))~~ (10) "Federal safe drinking water act" means the federal
28 safe drinking water act, 42 U.S.C. Sec. 300f et seq., as now in effect
29 or hereafter amended.

30 ~~((9))~~ (11) "Area-wide waivers" means a waiver granted by the
31 department as a result of a geographically based testing program
32 meeting required provisions of the federal safe drinking water act.

33 ~~((10))~~ (12) "Local health officer" means the legally qualified
34 physician who has been appointed as the health officer for the city,
35 town, county, or district public health department.

36 ~~((11))~~ (13) "Person" includes, but is not limited to, natural
37 persons, municipal corporations, governmental agencies, firms,

1 companies, mutual or cooperative associations, institutions, and
2 partnerships. It also means the authorized agents of any such
3 entities.

4 ~~((+12+))~~ (14) "Public health emergency" means a declaration by an
5 authorized health official of a situation in which either illness, or
6 exposure known to cause illness, is occurring or is imminent.

7 ~~((+13+))~~ (15) "Secretary" means the secretary of the department of
8 health.

9 ~~((+14+))~~ (16) "State board of health" is the board created by RCW
10 43.20.030.

11 **Sec. 4.** RCW 70.119A.050 and 1993 c 305 s 3 are each amended to
12 read as follows:

13 Each local board of health that is enforcing the regulations
14 ~~((under an agreement with the department allocating state and local
15 responsibility))~~ regarding public water systems is authorized to impose
16 and collect civil penalties for violations within the area of its
17 responsibility under the same limitations and requirements imposed upon
18 the department by RCW 70.119A.030 and 70.119A.040, except that judgment
19 shall be entered in the name of the local board ~~((+and+))~~ and penalties
20 shall be placed into the general fund of the county, city, or town
21 operating the local board of health.

22 **Sec. 5.** RCW 70.119A.060 and 1995 c 376 s 3 are each amended to
23 read as follows:

24 (1) ~~((In order))~~ To assure safe and reliable public drinking water
25 and to protect the public health~~((+))~~:

26 (a) Public water systems shall comply with all applicable federal,
27 state, and local rules; and

28 (b) Group A public water systems shall:

29 ~~((+a+))~~ (i) Protect the water sources used for drinking water;

30 ~~((+b+))~~ (ii) Provide treatment adequate to assure that the public
31 health is protected;

32 ~~((+c+))~~ (iii) Provide and effectively operate and maintain public
33 water system facilities;

34 ~~((+d+))~~ (iv) Plan for future growth and assure the availability of
35 safe and reliable drinking water;

1 (~~(e)~~) (v) Provide the department with the current names,
2 addresses, and telephone numbers of the owners, operators, and
3 emergency contact persons for the system, including any changes to this
4 information, and provide to users the name and twenty-four hour
5 telephone number of an emergency contact person; and

6 (~~(f)~~) (vi) Take whatever investigative or corrective action is
7 necessary to assure that a safe and reliable drinking water supply is
8 continuously available to users.

9 (2) No new public water system may be approved or created unless:

10 (a) It is owned or operated by a satellite system management agency
11 established under RCW 70.116.134 and the satellite system management
12 system complies with financial viability requirements of the
13 department; or (b) a satellite management system is not available and
14 it is determined that the new system has sufficient management and
15 financial resources to provide safe and reliable service. The approval
16 of any new system that is not owned by a satellite system management
17 agency shall be conditioned upon future management or ownership by a
18 satellite system management agency, if such management or ownership can
19 be made with reasonable economy and efficiency, or upon periodic review
20 of the system's operational history to determine its ability to meet
21 the department's financial viability and other operating requirements.
22 The department and local health jurisdictions shall enforce this
23 requirement under authority provided under this chapter, chapter
24 70.116, or 70.05 RCW, or other authority governing the approval of new
25 water systems by the department or a local jurisdiction.

26 (3) The department and local health jurisdictions shall carry out
27 the rules and regulations of the state board of health adopted pursuant
28 to RCW 43.20.050(2) (a) and (b) and other rules adopted by the
29 department relating to public water systems.

30 **Sec. 6.** RCW 70.119A.130 and 1995 c 376 s 9 are each amended to
31 read as follows:

32 (1) Local governments may establish separate operating permit
33 requirements for public water systems provided the operating permit
34 requirements have been approved by the department. The department
35 shall not approve local operating permit requirements unless the local
36 system will result in an increased level of service to the public water

1 system. There shall not be duplicate operating permit requirements
2 imposed by local governments and the department.

3 (2) Local governments may establish requirements for group B public
4 water systems in addition to those established by rule by the state
5 board of health pursuant to RCW 43.20.050(2) or other rules adopted by
6 the department, provided that the requirements are more stringent than
7 the state requirements.

8 **Sec. 7.** RCW 64.44.070 and 2006 c 339 s 207 are each amended to
9 read as follows:

10 (1) The state board of health shall promulgate rules and standards
11 for carrying out the provisions in this chapter in accordance with
12 chapter 34.05 RCW, the administrative procedure act. The local board
13 of health and the local health officer are authorized to exercise such
14 powers as may be necessary to carry out this chapter. ~~((The department~~
15 ~~shall provide technical assistance to local health boards and health~~
16 ~~officers to carry out their duties under this chapter.))~~

17 (2) The department shall adopt rules for decontamination of a
18 property used as a laboratory for the production of controlled
19 substances and methods for the testing of porous and nonporous
20 surfaces, groundwater, surface water, soil, and septic tanks for
21 contamination. The rules shall establish decontamination standards for
22 hazardous chemicals, including but not limited to methamphetamine,
23 lead, mercury, and total volatile organic compounds.

24 ~~((3) The department shall adopt rules regarding independent third~~
25 ~~party sampling including those pertaining to:~~

26 ~~(a) Verification of possible property contamination due to the~~
27 ~~illegal manufacture of controlled substances;~~

28 ~~(b) Verification of satisfactory decontamination of property deemed~~
29 ~~contaminated and unfit for use;~~

30 ~~(c) Certification of independent third party samplers;~~

31 ~~(d) Qualifications and performance standards for independent third~~
32 ~~party samplers;~~

33 ~~(e) Administration of background checks for third party sampler~~
34 ~~applicants; and~~

35 ~~(f) The denial, suspension, or revocation of independent third~~
36 ~~party sampler certification.~~

1 ~~(4) For the purposes of this section, an independent third party~~
2 ~~sampler is a person who is not an employee, agent, representative,~~
3 ~~partner, joint venturer, shareholder, or parent or subsidiary company~~
4 ~~of the authorized contractor, the authorized contractor's company, or~~
5 ~~the property owner.))~~

6 **Sec. 8.** RCW 70.54.220 and 1988 c 276 s 5 are each amended to read
7 as follows:

8 All persons licensed or certified by the state of Washington to
9 provide prenatal care or to practice medicine shall provide information
10 regarding the use and availability of prenatal tests to all pregnant
11 women in their care ~~((within the time limits prescribed by department~~
12 ~~rules and in accordance with standards established by those rules)).~~

13 **Sec. 9.** RCW 70.54.220 and 2008 c 56 s 2 are each amended to read
14 as follows:

15 ~~((1))~~ All persons licensed or certified by the state of
16 Washington to provide prenatal care or to practice medicine shall
17 provide information to all pregnant women in their care regarding:

18 ~~((a))~~ (1) The use and availability of prenatal tests; and

19 ~~((b))~~ (2) Using objective and standardized information: ~~((i))~~
20 (a) The differences between and potential benefits and risks involved
21 in public and private cord blood banking that is sufficient to allow a
22 pregnant woman to make an informed decision before her third trimester
23 of pregnancy on whether to participate in a private or public cord
24 blood banking program; and ~~((ii))~~ (b) the opportunity to donate, to
25 a public cord blood bank, blood and tissue extracted from the placenta
26 and umbilical cord following delivery of a newborn child.

27 ~~((2) The information required by this section must be provided~~
28 ~~within the time limits prescribed by department rules and in accordance~~
29 ~~with standards established by those rules.))~~

30 **Sec. 10.** RCW 70.104.030 and 1991 c 3 s 357 are each amended to
31 read as follows:

32 (1) The department of health ~~((shall))~~ may investigate all
33 suspected human cases of pesticide poisoning and such cases of
34 suspected pesticide poisoning of animals that may relate to human
35 illness. The department shall establish time periods by rule to

1 determine investigation response time. Time periods shall range from
2 immediate to forty-eight hours to initiate an investigation, depending
3 on the severity of the case or suspected case of pesticide poisoning.

4 In order to adequately investigate such cases, the department shall
5 have the power to:

6 (a) Take all necessary samples and human or animal tissue specimens
7 for diagnostic purposes: PROVIDED, That tissue, if taken from a living
8 human, shall be taken from a living human only with the consent of a
9 person legally qualified to give such consent;

10 (b) Secure any and all such information as may be necessary to
11 adequately determine the nature and causes of any case of pesticide
12 poisoning.

13 (2) The department shall(~~(, by rule adopted pursuant to the~~
14 ~~Administrative Procedure Act, chapter 34.05 RCW, with due notice and a~~
15 ~~hearing for the adoption of permanent rules, establish procedures for~~
16 ~~the prevention of any recurrence of poisoning and the department~~
17 ~~shall)) immediately notify the department of agriculture, the
18 department of labor and industries, and other appropriate agencies of
19 the results of its investigation for such action as the other
20 departments or agencies deem appropriate. The notification of such
21 investigations and their results may include recommendations for
22 further action by the appropriate department or agency.~~

23 **Sec. 11.** RCW 70.104.050 and 1991 c 3 s 359 are each amended to
24 read as follows:

25 The department of health (~~shall~~) may investigate human exposure
26 to pesticides, and in order to carry out such investigations shall have
27 authority to secure and analyze appropriate specimens of human tissue
28 and samples representing sources of possible exposure.

29 **Sec. 12.** RCW 70.104.055 and 1992 c 173 s 4 are each amended to
30 read as follows:

31 (1) Any attending physician or other health care provider
32 recognized as primarily responsible for the diagnosis and treatment of
33 a patient or, in the absence of a primary health care provider, the
34 health care provider initiating diagnostic testing or therapy for a
35 patient shall report a case or suspected case of pesticide poisoning to
36 the department of health in the manner prescribed by, and within the

1 reasonable time periods established by, rules of the state board of
2 health. Time periods established by the board shall range from
3 immediate reporting to reporting within seven days depending on the
4 severity of the case or suspected case of pesticide poisoning. The
5 reporting requirements shall be patterned after other board rules
6 establishing requirements for reporting of diseases or conditions.
7 Confidentiality requirements shall be the same as the confidentiality
8 requirements established for other reportable diseases or conditions.
9 The information to be reported may include information from relevant
10 pesticide application records and shall include information required
11 under board rules. Reports shall be made on forms provided to health
12 care providers by the department of health. For purposes of any oral
13 reporting, the department of health shall make available a toll-free
14 telephone number.

15 (2) Within a reasonable time period as established by board rules,
16 the department of health shall investigate the report of a case or
17 suspected case of pesticide poisoning to document the incident. The
18 department shall report the results of the investigation to the health
19 care provider submitting the original report.

20 ~~(3) ((Cases or suspected cases of pesticide poisoning shall be
21 reported by the department of health to the pesticide reporting and
22 tracking review panel within the time periods established by state
23 board of health rules.~~

24 ~~(4))~~ Upon request of the primary health care provider, pesticide
25 applicators or employers shall provide a copy of records of pesticide
26 applications which may have affected the health of the provider's
27 patient. This information is to be used only for the purposes of
28 providing health care services to the patient.

29 ~~((+5))~~ (4) Any failure of the primary health care provider to make
30 the reports required under this section may be cause for the department
31 of health to submit information about such nonreporting to the
32 applicable disciplining authority for the provider under RCW
33 18.130.040.

34 ~~((+6))~~ (5) No cause of action shall arise as the result of: (a)
35 The failure to report under this section; or (b) any report submitted
36 to the department of health under this section.

37 ~~((+7))~~ (6) For the purposes of this section, a suspected case of

1 pesticide poisoning is a case in which the diagnosis is thought more
2 likely than not to be pesticide poisoning.

3 **Sec. 13.** RCW 70.56.010 and 2006 c 8 s 105 are each amended to read
4 as follows:

5 The definitions in this section apply throughout this chapter
6 unless the context clearly requires otherwise.

7 (1) "Adverse health event" or "adverse event" means the list of
8 serious reportable events adopted by the national quality forum in
9 2002, in its consensus report on serious reportable events in health
10 care. The department shall update the list, through adoption of rules,
11 as subsequent changes are made by the national quality forum. The term
12 does not include an incident.

13 (2) "Ambulatory surgical facility" means any distinct entity that
14 operates exclusively for the purpose of providing surgical services to
15 patients not requiring hospitalization, whether or not the facility is
16 certified under Title XVIII of the federal social security act.

17 (3) "Childbirth center" means a facility licensed under chapter
18 18.46 RCW.

19 (4) "Correctional medical facility" means a part or unit of a
20 correctional facility operated by the department of corrections under
21 chapter 72.10 RCW that provides medical services for lengths of stay in
22 excess of twenty-four hours to offenders.

23 (5) "Department" means the department of health.

24 (6) "Health care worker" means an employee, independent contractor,
25 licensee, or other individual who is directly involved in the delivery
26 of health services in a medical facility.

27 (7) "Hospital" means a facility licensed under chapter 70.41 RCW.

28 (8) "Incident" means an event, occurrence, or situation involving
29 the clinical care of a patient in a medical facility that:

30 (a) Results in unanticipated injury to a patient that is not
31 related to the natural course of the patient's illness or underlying
32 condition and does not constitute an adverse event; or

33 (b) Could have injured the patient but did not either cause an
34 unanticipated injury or require the delivery of additional health care
35 services to the patient.

36 "Incident" does not include an adverse event.

1 (9) (~~"Independent entity" means that entity that the department of~~
2 ~~health contracts with under RCW 70.56.040 to receive notifications and~~
3 ~~reports of adverse events and incidents, and carry out the activities~~
4 ~~specified in RCW 70.56.040.~~

5 ~~(10))~~ "Medical facility" means a childbirth center, hospital,
6 psychiatric hospital, or correctional medical facility. An ambulatory
7 surgical facility shall be considered a medical facility for purposes
8 of this chapter upon the effective date of any requirement for state
9 registration or licensure of ambulatory surgical facilities.

10 ~~((11))~~ (10) "Psychiatric hospital" means a hospital facility
11 licensed as a psychiatric hospital under chapter 71.12 RCW.

12 **Sec. 14.** RCW 70.56.010 and 2007 c 273 s 20 are each amended to
13 read as follows:

14 The definitions in this section apply throughout this chapter
15 unless the context clearly requires otherwise.

16 (1) "Adverse health event" or "adverse event" means the list of
17 serious reportable events adopted by the national quality forum in
18 2002, in its consensus report on serious reportable events in health
19 care. The department shall update the list, through adoption of rules,
20 as subsequent changes are made by the national quality forum. The term
21 does not include an incident.

22 (2) "Ambulatory surgical facility" means a facility licensed under
23 chapter 70.230 RCW.

24 (3) "Childbirth center" means a facility licensed under chapter
25 18.46 RCW.

26 (4) "Correctional medical facility" means a part or unit of a
27 correctional facility operated by the department of corrections under
28 chapter 72.10 RCW that provides medical services for lengths of stay in
29 excess of twenty-four hours to offenders.

30 (5) "Department" means the department of health.

31 (6) "Health care worker" means an employee, independent contractor,
32 licensee, or other individual who is directly involved in the delivery
33 of health services in a medical facility.

34 (7) "Hospital" means a facility licensed under chapter 70.41 RCW.

35 (8) "Incident" means an event, occurrence, or situation involving
36 the clinical care of a patient in a medical facility that:

1 (a) Results in unanticipated injury to a patient that is not
2 related to the natural course of the patient's illness or underlying
3 condition and does not constitute an adverse event; or

4 (b) Could have injured the patient but did not either cause an
5 unanticipated injury or require the delivery of additional health care
6 services to the patient.

7 "Incident" does not include an adverse event.

8 (9) (~~("Independent entity" means that entity that the department of
9 health contracts with under RCW 70.56.040 to receive notifications and
10 reports of adverse events and incidents, and carry out the activities
11 specified in RCW 70.56.040.~~

12 ~~(+10+))~~ "Medical facility" means a childbirth center, hospital,
13 psychiatric hospital, or correctional medical facility. An ambulatory
14 surgical facility shall be considered a medical facility for purposes
15 of this chapter upon the effective date of any requirement for state
16 registration or licensure of ambulatory surgical facilities.

17 ~~((+11+))~~ (10) "Psychiatric hospital" means a hospital facility
18 licensed as a psychiatric hospital under chapter 71.12 RCW.

19 **Sec. 15.** RCW 70.56.020 and 2008 c 136 s 1 are each amended to read
20 as follows:

21 (1) The legislature intends to establish an adverse health events
22 and incident notification and reporting system that is designed to
23 facilitate quality improvement in the health care system, improve
24 patient safety, assist the public in making informed health care
25 choices, and decrease medical errors in a nonpunitive manner. The
26 notification and reporting system shall not be designed to punish
27 errors by health care practitioners or health care facility employees.

28 (2) When a medical facility confirms that an adverse event has
29 occurred, it shall submit to the department of health:

30 (a) Notification of the event, with the date, type of adverse
31 event, and any additional contextual information the facility chooses
32 to provide, within forty-eight hours; and

33 (b) A report regarding the event within forty-five days.

34 (~~The notification and report shall be submitted to the department
35 using the internet based system established under RCW 70.56.040(2).)~~)

36 (c) A medical facility may amend the notification or report within
37 sixty days of the submission.

1 (3) The notification and report shall be filed in a format
2 specified by the department after consultation with medical facilities
3 (~~and the independent entity~~). The format shall identify the
4 facility, but shall not include any identifying information for any of
5 the health care professionals, facility employees, or patients
6 involved. This provision does not modify the duty of a hospital to
7 make a report to the department of health or a disciplinary authority
8 if a licensed practitioner has committed unprofessional conduct as
9 defined in RCW 18.130.180.

10 (4) As part of the report filed under subsection (2)(b) of this
11 section, the medical facility must conduct a root cause analysis of the
12 event, describe the corrective action plan that will be implemented
13 consistent with the findings of the analysis, or provide an explanation
14 of any reasons for not taking corrective action. The department shall
15 adopt rules, in consultation with medical facilities (~~and the~~
16 ~~independent entity~~), related to the form and content of the root cause
17 analysis and corrective action plan. In developing the rules,
18 consideration shall be given to existing standards for root cause
19 analysis or corrective action plans adopted by the joint commission on
20 accreditation of health facilities and other national or governmental
21 entities.

22 (5) If, in the course of investigating a complaint received from an
23 employee of a medical facility, the department determines that the
24 facility has not provided notification of an adverse event or
25 undertaken efforts to investigate the occurrence of an adverse event,
26 the department shall direct the facility to provide notification or to
27 undertake an investigation of the event.

28 (6) The protections of RCW 43.70.075 apply to notifications of
29 adverse events that are submitted in good faith by employees of medical
30 facilities.

31 **Sec. 16.** RCW 70.56.030 and 2007 c 259 s 13 are each amended to
32 read as follows:

33 (1) The department shall:

34 (a) Receive and investigate, where necessary, notifications and
35 reports of adverse events, including root cause analyses and corrective
36 action plans submitted as part of reports, and communicate to

1 individual facilities the department's conclusions, if any, regarding
2 an adverse event reported by a facility;

3 (b) Provide to the Washington state quality forum established in
4 RCW 41.05.029 such information from the adverse health events (~~and~~
5 ~~incidents-reports~~) made under this chapter as the department and the
6 Washington state quality forum determine will assist in the Washington
7 state quality forum's research regarding health care quality, evidence-
8 based medicine, and patient safety. Any shared information must be
9 aggregated and not identify an individual medical facility. As
10 determined by the department and the Washington state quality forum,
11 selected shared information may be disseminated on the Washington state
12 quality forum's web site and through other appropriate means; and

13 (c) Adopt rules as necessary to implement this chapter.

14 (2) The department may enforce the reporting requirements of RCW
15 70.56.020 using its existing enforcement authority provided in chapter
16 18.46 RCW for childbirth centers, chapter 70.41 RCW for hospitals, and
17 chapter 71.12 RCW for psychiatric hospitals.

18 **Sec. 17.** RCW 70.56.050 and 2008 c 136 s 3 are each amended to read
19 as follows:

20 (1)(a) When notification of an adverse event under RCW
21 70.56.020(2)(a) (~~or of an incident under RCW 70.56.040(5),~~) or a
22 report regarding an adverse event under RCW 70.56.020(2)(b) is made by
23 or through a coordinated quality improvement program under RCW
24 43.70.510 or 70.41.200, or by a peer review committee under RCW
25 4.24.250, information and documents, including complaints and incident
26 reports, created specifically for and collected and maintained by a
27 quality improvement committee for the purpose of preparing a
28 notification of an adverse event (~~or incident~~) or a report regarding
29 an adverse event, the report itself, and the notification of an
30 incident, shall be subject to the confidentiality protections of those
31 laws and RCW 42.56.360(1)(c).

32 (b) The notification of an adverse event under RCW 70.56.020(2)(a),
33 shall be subject to public disclosure and not exempt from disclosure
34 under chapter 42.56 RCW. Any public disclosure of an adverse event
35 notification must include any contextual information the medical
36 facility chose to provide under RCW 70.56.020(2)(a).

1 (2)(a) When notification of an adverse event under RCW
2 70.56.020(2)(a) (~~or of an incident under RCW 70.56.040(5),~~) or a
3 report regarding an adverse event under RCW 70.56.020(2)(b), made by a
4 health care worker uses information and documents, including complaints
5 and incident reports, created specifically for and collected and
6 maintained by a quality improvement committee under RCW 43.70.510 or
7 70.41.200 or a peer review committee under RCW 4.24.250, (~~a~~
8 ~~notification of an incident,~~) the report itself, and the information
9 or documents used for the purpose of preparing notifications or the
10 report, shall be subject to the confidentiality protections of those
11 laws and RCW 42.56.360(1)(c).

12 (b) The notification of an adverse event under RCW 70.56.020(2)(a)
13 shall be subject to public disclosure and not exempt from disclosure
14 under chapter 42.56 RCW. Any public disclosure of an adverse event
15 notification must include any contextual information the medical
16 facility chose to provide under RCW 70.56.020(2)(a).

17 **Sec. 18.** RCW 70.104.090 and 1991 c 3 s 364 are each amended to
18 read as follows:

19 (~~The responsibilities of the review panel shall include, but not~~
20 ~~be limited to:~~

21 ~~(1) Establishing guidelines for centralizing the receipt of~~
22 ~~information relating to actual or alleged health and environmental~~
23 ~~incidents involving pesticides;~~

24 ~~(2) Reviewing and making recommendations for procedures for~~
25 ~~investigation of pesticide incidents, which shall be implemented by the~~
26 ~~appropriate agency unless a written statement providing the reasons for~~
27 ~~not adopting the recommendations is provided to the review panel;~~

28 ~~(3) Monitoring the time periods required for response to reports of~~
29 ~~pesticide incidents by the departments of agriculture, health, and~~
30 ~~labor and industries;~~

31 ~~(4) At the request of the chair or any panel member, reviewing~~
32 ~~pesticide incidents of unusual complexity or those that cannot be~~
33 ~~resolved;~~

34 ~~(5) Identifying inadequacies in state and/or federal law that~~
35 ~~result in insufficient protection of public health and safety, with~~
36 ~~specific attention to advising the appropriate agencies on the adequacy~~
37 ~~of pesticide reentry intervals established by the federal environmental~~

1 protection agency and registered pesticide labels to protect the health
2 and safety of farmworkers. The panel shall establish a priority list
3 for reviewing reentry intervals, which considers the following
4 criteria:

5 (a) Whether the pesticide is being widely used in labor-intensive
6 agriculture in Washington;

7 (b) Whether another state has established a reentry interval for
8 the pesticide that is longer than the existing federal reentry
9 interval;

10 (c) The toxicity category of the pesticide under federal law;

11 (d) Whether the pesticide has been identified by a federal or state
12 agency or through a scientific review as presenting a risk of cancer,
13 birth defects, genetic damage, neurological effects, blood disorders,
14 sterility, menstrual dysfunction, organ damage, or other chronic or
15 subchronic effects; and

16 (e) Whether reports or complaints of ill effects from the pesticide
17 have been filed following worker entry into fields to which the
18 pesticide has been applied; and

19 (6) Reviewing and approving an annual report prepared by)) The
20 department of health shall prepare an annual report to the governor,
21 agency heads, and members of the legislature, with the same available
22 to the public. The report shall include, at a minimum:

23 ((+a)) (1) A summary of the year's activities;

24 ((+b)) (2) A synopsis of the cases reviewed;

25 ((+c)) (3) A separate descriptive listing of each case in which
26 adverse health or environmental effects due to pesticides were found to
27 occur;

28 ((+d)) (4) A tabulation of the data from each case;

29 ((+e)) (5) An assessment of the effects of pesticide exposure in
30 the workplace;

31 ((+f)) (6) The identification of trends, issues, and needs; and

32 ((+g)) (7) Any recommendations for improved pesticide use
33 practices.

34 NEW SECTION. **Sec. 19.** The following acts or parts of acts are
35 each repealed:

36 (1) RCW 70.104.070 (Pesticide incident reporting and tracking
37 review panel--Intent) and 1989 c 380 s 67;

1 (2) RCW 70.104.080 (Pesticide panel--Generally) and 1994 c 264 s
2 41, 1991 c 3 s 363, & 1989 c 380 s 68;

3 (3) RCW 43.70.695 (Workforce supply and demographics--Surveys--
4 Public data set--Report to the legislature) and 2006 c 236 s 2; and

5 (4) RCW 70.56.040 (Contract with independent entity--Duties of
6 independent entity--Establishment of notification and reporting
7 system--Annual reports to governor, legislature) and 2008 c 136 s 2 &
8 2006 c 8 s 108.

9 NEW SECTION. **Sec. 20.** Section 8 of this act expires July 1, 2010.

10 NEW SECTION. **Sec. 21.** Section 9 of this act takes effect July 1,
11 2010.

12 NEW SECTION. **Sec. 22.** Section 13 of this act expires July 1,
13 2009.

14 NEW SECTION. **Sec. 23.** Section 14 of this act takes effect July 1,
15 2009.

16 NEW SECTION. **Sec. 24.** Except for sections 9 and 14 of this act,
17 this act is necessary for the immediate preservation of the public
18 peace, health, or safety, or support of the state government and its
19 existing public institutions, and takes effect immediately.

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