

CERTIFICATION OF ENROLLMENT

**SUBSTITUTE SENATE BILL 6171**

61st Legislature  
2009 Regular Session

Passed by the Senate April 26, 2009  
YEAS 29 NAYS 16

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**President of the Senate**

Passed by the House April 26, 2009  
YEAS 95 NAYS 0

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**Speaker of the House of Representatives**

Approved

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**Governor of the State of Washington**

CERTIFICATE

I, Thomas Hoemann, Secretary of the Senate of the State of Washington, do hereby certify that the attached is **SUBSTITUTE SENATE BILL 6171** as passed by the Senate and the House of Representatives on the dates hereon set forth.

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**Secretary**

FILED

**Secretary of State  
State of Washington**

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**SUBSTITUTE SENATE BILL 6171**

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AS AMENDED BY THE HOUSE

Passed Legislature - 2009 Regular Session

**State of Washington                      61st Legislature                      2009 Regular Session**

**By Senate Ways & Means (originally sponsored by Senator Prentice)**

READ FIRST TIME 04/19/09.

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, 70.56.020, 70.56.030, and 70.56.040; providing  
5 an effective date; providing an expiration date; and declaring an  
6 emergency.

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

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

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

17            (a) At least every five years, the state board shall convene  
18 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 at least as  
7 stringent as 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))~~ may provide technical assistance to local health boards and  
16 health 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 investigate human exposure to  
26 pesticides according to the degree of risk that the exposure presents  
27 to the individual and the greater population as well as the level of  
28 funding appropriated in the operating budget, and in order to carry out  
29 such investigations shall have authority to secure and analyze  
30 appropriate specimens of human tissue and samples representing sources  
31 of possible exposure.

32 **Sec. 12.** RCW 70.56.020 and 2008 c 136 s 1 are each amended to read  
33 as follows:

34 (1) The legislature intends to establish an adverse health events  
35 and incident notification and reporting system that is designed to  
36 facilitate quality improvement in the health care system, improve

1 patient safety, assist the public in making informed health care  
2 choices, and decrease medical errors in a nonpunitive manner. The  
3 notification and reporting system shall not be designed to punish  
4 errors by health care practitioners or health care facility employees.

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

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

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

11 The notification and report shall be submitted to the department  
12 using the internet-based system established under RCW 70.56.040(2) if  
13 the system is operational.

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

16 (3) The notification and report shall be filed in a format  
17 specified by the department after consultation with medical facilities  
18 and the independent entity if an independent entity has been contracted  
19 for under RCW 70.56.040(1). The format shall identify the facility,  
20 but shall not include any identifying information for any of the health  
21 care professionals, facility employees, or patients involved. This  
22 provision does not modify the duty of a hospital to make a report to  
23 the department of health or a disciplinary authority if a licensed  
24 practitioner has committed unprofessional conduct as defined in RCW  
25 18.130.180.

26 (4) As part of the report filed under subsection (2)(b) of this  
27 section, the medical facility must conduct a root cause analysis of the  
28 event, describe the corrective action plan that will be implemented  
29 consistent with the findings of the analysis, or provide an explanation  
30 of any reasons for not taking corrective action. The department shall  
31 adopt rules, in consultation with medical facilities and the  
32 independent entity if an independent entity has been contracted for  
33 under RCW 70.56.040(1), related to the form and content of the root  
34 cause analysis and corrective action plan. In developing the rules,  
35 consideration shall be given to existing standards for root cause  
36 analysis or corrective action plans adopted by the joint commission on  
37 accreditation of health facilities and other national or governmental  
38 entities.

1 (5) If, in the course of investigating a complaint received from an  
2 employee of a medical facility, the department determines that the  
3 facility has not provided notification of an adverse event or  
4 undertaken efforts to investigate the occurrence of an adverse event,  
5 the department shall direct the facility to provide notification or to  
6 undertake an investigation of the event.

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

10 **Sec. 13.** RCW 70.56.030 and 2007 c 259 s 13 are each amended to  
11 read as follows:

12 (1) The department shall:

13 (a) Receive and investigate, where necessary, notifications and  
14 reports of adverse events, including root cause analyses and corrective  
15 action plans submitted as part of reports, and communicate to  
16 individual facilities the department's conclusions, if any, regarding  
17 an adverse event reported by a facility;

18 ~~(b) ((Provide to the Washington state quality forum established in  
19 RCW 41.05.029 such information from the adverse health events and  
20 incidents reports made under this chapter as the department and the  
21 Washington state quality forum determine will assist in the Washington  
22 state quality forum's research regarding health care quality, evidence-  
23 based medicine, and patient safety. Any shared information must be  
24 aggregated and not identify an individual medical facility. As  
25 determined by the department and the Washington state quality forum,  
26 selected shared information may be disseminated on the Washington state  
27 quality forum's web site and through other appropriate means; and~~

28 ~~(e))~~ Adopt rules as necessary to implement this chapter.

29 (2) The department may enforce the reporting requirements of RCW  
30 70.56.020 using its existing enforcement authority provided in chapter  
31 18.46 RCW for childbirth centers, chapter 70.41 RCW for hospitals, and  
32 chapter 71.12 RCW for psychiatric hospitals.

33 **Sec. 14.** RCW 70.56.040 and 2008 c 136 s 2 are each amended to read  
34 as follows:

35 (1) To the extent funds are appropriated specifically for this  
36 purpose, the department shall contract with a qualified, independent

1 entity to receive notifications and reports of adverse events and  
2 incidents, and carry out the activities specified in this section. In  
3 establishing qualifications for, and choosing the independent entity,  
4 the department shall strongly consider the patient safety organization  
5 criteria included in the federal patient safety and quality improvement  
6 act of 2005, P.L. 109-41, and any regulations adopted to implement this  
7 chapter.

8 (2) If an independent entity is contracted for under subsection (1)  
9 of this section, the independent entity shall:

10 (a) In collaboration with the department of health, establish an  
11 internet-based system for medical facilities and the health care  
12 workers of a medical facility to submit notifications and reports of  
13 adverse events and incidents, which shall be accessible twenty-four  
14 hours a day, seven days a week. The system shall be a portal to report  
15 both adverse events and incidents, and notifications and reports of  
16 adverse events shall be immediately transmitted to the department. The  
17 system shall be a secure system that protects the confidentiality of  
18 personal health information and provider and facility specific  
19 information submitted in notifications and reports, including  
20 appropriate encryption and an accurate means of authenticating the  
21 identity of users of the system. When the system becomes operational,  
22 medical facilities shall submit all notifications and reports by means  
23 of the system;

24 (b) Collect, analyze, and evaluate data regarding notifications and  
25 reports of adverse events and incidents, including the identification  
26 of performance indicators and patterns in frequency or severity at  
27 certain medical facilities or in certain regions of the state;

28 (c) Develop recommendations for changes in health care practices  
29 and procedures, which may be instituted for the purpose of reducing the  
30 number or severity of adverse events and incidents;

31 (d) Directly advise reporting medical facilities of immediate  
32 changes that can be instituted to reduce adverse events or incidents;

33 (e) Issue recommendations to medical facilities on a  
34 facility-specific or on a statewide basis regarding changes, trends,  
35 and improvements in health care practices and procedures for the  
36 purpose of reducing the number and severity of adverse events or  
37 incidents. Prior to issuing recommendations, consideration shall be  
38 given to the following factors: Expectation of improved quality of

1 care, implementation feasibility, other relevant implementation  
2 practices, and the cost impact to patients, payers, and medical  
3 facilities. Statewide recommendations shall be issued to medical  
4 facilities on a continuing basis and shall be published and posted on  
5 a publicly accessible web site. The recommendations made to medical  
6 facilities under this section shall not be considered mandatory for  
7 licensure purposes unless they are adopted by the department as rules  
8 pursuant to chapter 34.05 RCW; and

9 (f) Monitor implementation of reporting systems addressing adverse  
10 events or their equivalent in other states and make recommendations to  
11 the governor and the legislature as necessary for modifications to this  
12 chapter to keep the system as nearly consistent as possible with  
13 similar systems in other states.

14 (3)(a) The independent entity shall report no later than January 1,  
15 2008, and annually thereafter in any year that an independent entity is  
16 contracted for under subsection (1) of this section to the governor and  
17 the legislature on the activities under this chapter in the preceding  
18 year. The report shall include:

19 (i) The number of adverse events and incidents reported by medical  
20 facilities, in the aggregate, on a geographical basis, and a summary of  
21 actions taken by facilities in response to the adverse events or  
22 incidents;

23 (ii) In the aggregate, the information derived from the data  
24 collected, including any recognized trends concerning patient safety;

25 (iii) Recommendations for statutory or regulatory changes that may  
26 help improve patient safety in the state; and

27 (iv) Information, presented in the aggregate, to inform and educate  
28 consumers and providers, on best practices and prevention tools that  
29 medical facilities are implementing to prevent adverse events as well  
30 as other patient safety initiatives medical facilities are undertaking  
31 to promote patient safety.

32 (b) The annual report shall be made available for public inspection  
33 and shall be posted on the department's and the independent entity's  
34 web site.

35 (4) The independent entity shall conduct all activities under this  
36 section in a manner that preserves the confidentiality of facilities,  
37 documents, materials, or information made confidential by RCW  
38 70.56.050.



1           (5) Medical facilities and health care workers may provide  
2 notification of incidents to the independent entity. The notification  
3 shall be filed in a format specified by the independent entity, after  
4 consultation with the department and medical facilities, and shall  
5 identify the facility but shall not include any identifying information  
6 for any of the health care professionals, facility employees, or  
7 patients involved. This provision does not modify the duty of a  
8 hospital to make a report to the department or a disciplinary authority  
9 if a licensed practitioner has committed unprofessional conduct as  
10 defined in RCW 18.130.180. The protections of RCW 43.70.075 apply to  
11 notifications of incidents that are submitted in good faith by  
12 employees of medical facilities.

13           NEW SECTION.   **Sec. 15.** Section 8 of this act expires July 1, 2010.

14           NEW SECTION.   **Sec. 16.** Section 9 of this act takes effect July 1,  
15 2010.

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

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