SENATE BILL 5562

State of Washington 66th Legislature 2019 Regular Session

By Senators Randall, Darneille, Keiser, Liias, Nguyen, and Wilson, C.; by request of Department of Health

Read first time 01/24/19. Referred to Committee on Health & Long Term Care.

- ΑN ACT Relating to modernizing the control of certain 1 2 communicable diseases; amending RCW 70.24.015, 70.24.017, 70.24.024, 70.24.220, 70.24.290, 3 70.24.080, 70.24.110, 70.24.120, 70.24.130, 70.24.325, 70.24.340, 70.24.370, 4 70.24.360, 9A.36.011, 18.35.040, 5 49.44.180, 49.60.172, 70.02.220, 43.150.050, and 74.39.005; adding new sections to chapter 70.24 RCW; 6 repealing RCW 70.24.095, 7 70.24.100, 70.24.107, 70.24.125, 70.24.140, 70.24.200, 70.24.210, 8 70.24.240, 70.24.250, 70.24.260, 70.24.270, 70.24.280, 70.24.300, 70.24.310, 70.24.320, 70.24.350, 70.24.380, 70.24.400, and 70.24.410; 9 10 and prescribing penalties.
- 11 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:
- 12 **Sec. 1.** RCW 70.24.015 and 1988 c 206 s 901 are each amended to 13 read as follows:
- 14 The legislature declares that sexually transmitted diseases and blood-borne pathogens constitute a serious and sometimes fatal threat 15 16 to the public and individual health and welfare of the people of the 17 The legislature finds that the incidence of sexually 18 transmitted diseases and blood-borne pathogens is rising alarming rate and that these diseases result in significant social, 19 health, and economic costs, including infant and maternal mortality, 20 21 temporary and lifelong disability, and premature death. The

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- 1 legislature further finds that sexually transmitted diseases and blood-borne pathogens, by their nature, involve sensitive issues of 2 privacy, and it is the intent of the legislature that all programs 3 designed to deal with these diseases afford patients privacy, 4 confidentiality, and dignity. The legislature also finds that medical 5 6 knowledge and information about sexually transmitted diseases and blood-borne pathogens are rapidly changing. It is therefore the 7 intent of the legislature to provide a program that is sufficiently 8 flexible to meet emerging needs, deals efficiently and effectively 9 with reducing the incidence of sexually transmitted diseases and 10 blood-borne pathogens, and provides patients with a secure knowledge 11 12 that information they provide will remain private and confidential.
- 13 **Sec. 2.** RCW 70.24.017 and 2001 c 319 s 4 are each amended to 14 read as follows:
- Unless the context clearly requires otherwise, the definitions in this section apply throughout this chapter:
 - (1) (("Acquired immunodeficiency syndrome" or "AIDS" means the clinical syndrome of HIV-related illness as defined by the board of health by rule.)) "Blood-borne pathogen" means a pathogenic microorganism that is present in human blood and can cause disease in humans. "Blood-borne pathogen" includes hepatitis B virus, hepatitis C virus, and human immunodeficiency virus, as well as any other pathogen specified by the board in rule.
 - (2) "Board" means the state board of health.

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- (3) "Department" means the department of health, or any successor department with jurisdiction over public health matters.
 - (4) "Health care provider" means any person who is a member of a profession under RCW 18.130.040 or other person providing medical, nursing, psychological, or other health care services regulated by the department of health.
- (5) "Health care facility" means a hospital, nursing home, neuropsychiatric or mental health facility, home health agency, hospice, child care agency, group care facility, family foster home, clinic, blood bank, blood center, sperm bank, laboratory, or other social service or health care institution regulated or operated by the department of health.
- 37 (6) (("HIV-related condition" means any medical condition 38 resulting from infection with HIV including, but not limited to,

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seropositivity for HIV.)) "Health order" means an order issued under RCW 70.24.024 or 70.24.340.

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- (7) "Human immunodeficiency virus" or "HIV" means all HIV and HIV-related viruses which damage the cellular branch of the human immune or neurological systems and leave the ((infected)) person immunodeficient or neurologically impaired.
- (8) "Test for a sexually transmitted disease" means a test approved by the board by rule.
- (9) "Legal guardian" means a person appointed by a court to assume legal authority for another who has been found incompetent or, in the case of a minor, a person who has legal custody of the child.
- (10) "Local ((public)) health officer" ((means the officer directing the county health department or his or her designee who has been given the responsibility and authority to protect the health of the public within his or her jurisdiction)) has the same meaning as in chapter 70.05 RCW.
- (11) "Medical treatment" includes treatment for curable diseases and treatment that causes a person to be unable to transmit a disease to others, based upon generally accepted standards of medical and public health science, as specified by the board in rule.
- (12) "Person" includes any natural person, partnership, association, joint venture, trust, public or private corporation, or health facility.
 - ((12) "Release of test results" means a written authorization for disclosure of any sexually transmitted disease test result which is signed, dated, and which specifies to whom disclosure is authorized and the time period during which the release is to be effective.))
- (13) "Sexually transmitted disease" means a bacterial, viral, fungal, or parasitic disease, determined by the board by rule to be sexually transmitted, to be a threat to the public health and welfare, and to be a disease for which a legitimate public interest will be served by providing for regulation and treatment. The board shall designate chancroid, gonorrhea, granuloma lymphogranuloma venereum, genital herpes simplex, chlamydia, nongonococcal urethritis (NGU), trachomitis, genital human papilloma virus infection, syphilis, ((acquired immunodeficiency syndrome human immunodeficiency virus (HIV) and sexually transmitted diseases, and shall consider the recommendations and classifications of the centers for disease control and other

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- 1 nationally recognized medical authorities in designating other 2 diseases as sexually transmitted.
- 3 (14) "State ((public)) health officer" means the secretary of 4 health or an officer appointed by the secretary.
- **Sec. 3.** RCW 70.24.024 and 1988 c 206 s 909 are each amended to 6 read as follows:

- (1) Subject to the provisions of this chapter, the state and local ((public)) health officers or their authorized representatives may examine and counsel ((or cause to be examined and counseled)) persons reasonably believed to be infected with or to have been exposed to a sexually transmitted disease.
- (2) ((Orders or restrictive measures directed to persons with a sexually transmitted disease shall be used as the last resort when other measures to protect the public health have failed, including reasonable efforts, which shall be documented, to obtain the voluntary cooperation of the person who may be subject to such an order. The orders and measures shall be applied serially with the least intrusive measures used first. The burden of proof shall be on the state or local public health officer to show that specified grounds exist for the issuance of the orders or restrictive measures and that the terms and conditions imposed are no more restrictive than necessary to protect the public health.
- (3) When the state or local public health officer within his or her respective jurisdiction knows or has reason to believe, because of direct medical knowledge or reliable testimony of others in a position to have direct knowledge of a person's behavior, that a person has a sexually transmitted disease and is engaging in specified conduct, as determined by the board by rule based upon generally accepted standards of medical and public health science, that endangers the public health, he or she shall conduct an investigation in accordance with procedures prescribed by the board to evaluate the specific facts alleged, if any, and the reliability and credibility of the person or persons providing such information and, if satisfied that the allegations are true, he or she may issue an order according to the following priority to:
- (a) Order a person to)) (a) The state or a local health officer may conduct an investigation when:

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(i) He or she knows or has reason to believe that a person in his or her jurisdiction has a sexually transmitted disease and is engaging in specified behavior that endangers the public health; and

- (ii) The basis for the health officer's investigation is the officer's direct medical knowledge or reliable testimony of another who is in a position to have direct knowledge of the person's behavior.
 - (b) In conducting the investigation, the health officer shall evaluate the allegations, as well as the reliability and credibility of any person or persons who provided information related to the specified behavior that endangers the public health.
 - (3) The state or local health officer shall document measures taken to protect the public health, including reasonable efforts to obtain the person's voluntary cooperation, if the health officer determines upon conclusion of the investigation that the allegations are true and that the person continues to engage in behavior that endangers the public health.
 - (4) (a) If the measures taken under subsection (3) of this section fail to protect the public health, the state or local health officer may issue a health order requiring the person to:
 - $\underline{\text{(i)}}$ Submit to a medical examination or testing, ((seek)) $\underline{\text{receive}}$ counseling, or ((obtain)) $\underline{\text{receive}}$ medical treatment ((for curable diseases)), or any combination of these((, within a period of time determined by the public health officer, not to exceed fourteen days.
 - (b) Order a person to)). If ordering a person to receive medical treatment, the health officer must provide the person with at least one additional appropriate option to choose from in the health order; or
 - (ii) Immediately cease and desist from specified ((conduct which)) behavior that endangers the public health ((of others)) by imposing such restrictions upon the person as are necessary to prevent the specified ((conduct)) behavior that endangers the public health ((of others only if the public health officer has determined that clear and convincing evidence exists to believe that such person has been ordered to report for counseling as provided in (a) of this subsection and continues to demonstrate behavior which endangers the health of others)).
 - (b) Any restriction shall be in writing, setting forth the name of the person to be restricted $((and))_L$ the initial period of time($(\tau not to exceed three months_r)$) during which the <u>health</u> order shall

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remain effective, the terms of the restrictions, and such other conditions as may be necessary to protect the public health. Restrictions shall be imposed in the least-restrictive manner necessary to protect the public health. The period of time during which the health order is effective must be reasonably related to the purpose of the restriction or restrictions contained in the order, up to a maximum period of twelve months.

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((4))) (5) (a) Upon the issuance of ((any)) a health order ((by)the state or local public health officer or an authorized representative)) pursuant to subsection (((3))) of this section ((or RCW 70.24.340(4), such public)), the state or local health officer shall give written notice promptly, personally, confidentially to the person who is the subject of the order stating the grounds and provisions of the order, including the factual bases therefor, the evidence relied upon for proof of infection and dangerous behavior, and the likelihood of repetition of such behaviors in the absence of such an order((, and notifying)). The written notice must inform the person who is the subject of the order that, if he or she contests the order, he or she may <u>file an appeal</u> and appear at a judicial hearing on the enforceability of the order, to be held in superior court. ((He or she may have an attorney appear on his or her behalf in the hearing at public expense, if necessary.)) The hearing shall be held within seventy-two hours of receipt of the notice, unless the person subject to the order agrees to comply. If the person contests the order, no invasive medical procedures shall be carried out prior to a hearing being held pursuant to this subsection. ((If the person does not contest the order within seventy-two hours of receiving it, and the person does not comply with the order within the time period specified for compliance with the order, the state or local public health officer may request a warrant be issued by the superior court to insure appearance at the hearing. The hearing shall be within seventy-two hours of the expiration date of the time specified for compliance with the original order.))

- (b) The health officer may apply to the superior court for a court order requiring the person to comply with the health order if the person fails to comply with the health order within the time period specified.
- (c) At a hearing held pursuant to (a) or (b) of this subsection (5), the person subject to the health order may have an attorney

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- appear on his or her behalf at public expense, if necessary. The 1 burden of proof shall be on the ((public)) health officer to show by 2 clear and convincing evidence that the specified grounds exist for 3 the issuance of the order and for the need for compliance and that 4 the terms and conditions imposed therein are no more restrictive than 5 necessary to protect the public health. Upon conclusion of the 6 7 hearing, the court shall issue appropriate orders affirming, modifying, or dismissing the health order. 8
- 9 (((b))) <u>(d)</u> If the superior court dismisses the <u>health</u> order ((of the public health officer)), the fact that the order was issued shall be expunged from the records of the department or local department of health.
- (((5) Any hearing conducted pursuant to this section shall be closed and confidential unless a public hearing is requested by the person who is the subject of the order, in which case the hearing will be conducted in open court. Unless in open hearing, any transcripts or records relating thereto shall also be confidential and may be sealed by the order of the court.))
- NEW SECTION. Sec. 4. A new section is added to chapter 70.24 20 RCW to read as follows:

21 A person who violates or fails to comply with a health order 22 issued under RCW 70.24.024 is guilty of a gross misdemeanor punishable by confinement until the order has been complied with or 23 24 terminated, up to a maximum period of three hundred sixty-four days. 25 In lieu of confinement, the court may place the defendant on probation upon condition that the defendant comply with the health 26 27 order, up to the length of the health order. If the defendant is placed on probation and subsequently violates or fails to comply with 28 the health order, the court shall revoke the probation and reinstate 29 30 the original sentence of confinement.

- NEW SECTION. Sec. 5. A new section is added to chapter 70.24 RCW to read as follows:
- 33 (1) It is unlawful for a person who knows that he or she has a 34 sexually transmitted disease of special public health significance to 35 have sexual intercourse if:
- 36 (a) The person has been counseled by a health care provider or 37 public health professional regarding the risk of transmitting the 38 disease to others;

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- 1 (b) If sexual intercourse was consensual, the partner or partners 2 exposed to the disease did not know that the person had the disease; 3 and
 - (c) Transmission of the disease occurred.

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- (2) The person is presumed to have transmitted the disease to a partner if the partner is diagnosed with the disease after having sexual intercourse with the person.
- (3) It is a defense to a prosecution under this section if the person took or attempted to take practical means to prevent transmission of the disease.
- 11 (4)(a) Except as provided in (b) of this subsection, violation of 12 this section is a misdemeanor punishable as provided in RCW 13 9A.20.021.
- 14 (b) Violation of this section is a gross misdemeanor punishable 15 as provided in RCW 9A.20.021 if the person knowingly misrepresented 16 his or her infection status to the partner.
- 17 (c) Violation of this section does not require registration under 18 RCW 9A.44.130.
- 19 (5) For purposes of this section, the following terms have the 20 following meanings:
 - (a) "Practical means to prevent transmission" means good faith employment of an activity, behavior, method, or device that is scientifically demonstrated to measurably reduce the risk of transmitting a sexually transmitted disease, including but not limited to: The use of a condom, barrier protection, or other prophylactic device; or good faith participation in a treatment regimen prescribed by a health care provider or public health professional.
 - (b) "Sexual intercourse" has its ordinary meaning and occurs upon any penetration, however slight, of the vagina or anus of one person by the sexual organs of another whether such persons are of the same or another sex.
- 33 (c) "Sexually transmitted disease of special public health 34 significance" means human immunodeficiency virus and any other 35 disease determined by the board by rule, based on generally accepted 36 standards of medical and public health science.
- 37 **Sec. 6.** RCW 70.24.080 and 1988 c 206 s 911 are each amended to 38 read as follows:

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Except as provided in sections 4 and 5 of this act, any person who shall violate any of the provisions of this chapter or any lawful rule adopted by the board pursuant to the authority herein granted, or who shall fail or refuse to obey any lawful order issued by any state, county or municipal ((public)) health officer, pursuant to the authority granted in this chapter, shall be deemed guilty of a gross misdemeanor punishable as provided under RCW 9A.20.021.

Sec. 7. RCW 70.24.110 and 1988 c 206 s 912 are each amended to 9 read as follows:

A minor fourteen years of age or older who may have come in contact with any sexually transmitted disease or suspected sexually transmitted disease may give consent to the furnishing of hospital, medical, and surgical care related to the diagnosis or treatment of such disease; and, treatment to avoid HIV infection. Such consent shall not be subject to disaffirmance because of minority. The consent of the parent, parents, or legal guardian of such minor shall not be necessary to authorize hospital, medical, and surgical care related to such disease, and such parent, parents, or legal guardian shall not be liable for payment for any care rendered pursuant to this section.

- **Sec. 8.** RCW 70.24.120 and 1991 c 3 s 324 are each amended to 22 read as follows:
- ((Sexually transmitted)) (1) Disease case investigators, upon specific authorization from a physician or by a physician's standing order, are hereby authorized to ((perform)) gather specimens, <u>including through performance of</u> venipuncture or ((skin)) <u>fingerstick</u> puncture ((on)), from a person for the sole purpose of ((withdrawing blood)) obtaining specimens for use in ((sexually transmitted disease tests)) testing for sexually transmitted diseases, blood-borne pathogens, and other infections as defined by the board by rule.
- 31 ((The term "sexually transmitted)) (2) For the purposes of this section:
- 33 (a) "Disease case investigator" ((shall)) means only those 34 persons who:
 - $((\frac{1}{1}))$ (i) Are employed by public health authorities; and
- $((\frac{(2)}{(2)}))$ (ii) Have been trained by a physician in proper procedures to be employed when withdrawing specimens, including

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- blood, in accordance with training requirements established by the department of health; and
- 3 $((\frac{3}{3}))$ <u>(iii)</u> Possess a statement signed by the instructing 4 physician that the training required by <u>(a)(ii) of this</u> subsection 5 $((\frac{2}{3}))$ of this section) has been successfully completed.
- 6 ((The term)) (b) "Physician" means any person licensed under the 7 provisions of chapters 18.57 or 18.71 RCW.
- 8 **Sec. 9.** RCW 70.24.130 and 1991 c 3 s 325 are each amended to 9 read as follows:
- 10 <u>(1)</u> The board shall adopt such rules as are necessary to implement and enforce this chapter((. Rules may also be adopted by the department of health for the purposes of this chapter. The rules may include)), including, but not limited to, rules:
- 14 <u>(a) Establishing</u> procedures for taking appropriate action, in 15 addition to any other penalty under this chapter, with regard to 16 health care facilities or health care providers ((which)) that 17 violate this chapter or the rules adopted under this chapter((. The 18 rules shall prescribe));
- 19 <u>(b) Prescribing</u> stringent safeguards to protect the 20 confidentiality of the persons and records subject to this chapter.
 21 <u>consistent with chapter 70.02 RCW;</u>
- (c) Establishing reporting requirements for sexually transmitted
 diseases;
- 24 (d) Establishing procedures for investigations under RCW 25 70.24.024;
- (e) Specifying, for purposes of RCW 70.24.024, behavior that endangers the public health, based upon generally accepted standards of medical and public health science;
- (f) Defining, for the purposes of RCW 70.24.120, specimens that
 can be obtained and tests that can be administered for sexually
 transmitted diseases, blood-borne pathogens, and other infections as
 defined by the board by rule;
- (g) Determining, for purposes of RCW 70.24.340, categories of employment that are at risk of substantial exposure to a blood-borne pathogen; and
- 36 (h) Defining, for purposes of RCW 70.24.340, 70.24.360, and 70.24.370, what constitutes an exposure that presents a possible risk of transmission of a blood-borne pathogen.

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- 1 (2) In addition to any rules adopted by the board, the department 2 may adopt any rules necessary to implement and enforce this chapter.
- 3 (3) The procedures set forth in chapter 34.05 RCW apply to the administration of this chapter, except that in case of conflict between chapter 34.05 RCW and this chapter, the provisions of this chapter shall control.
- 7 **Sec. 10.** RCW 70.24.220 and 1988 c 206 s 401 are each amended to 8 read as follows:

9 The legislature finds that the public schools provide a unique appropriate setting for educating young people about the 10 pathology and prevention of ((acquired immunodeficiency syndrome 11 (AIDS))) sexually transmitted diseases. The legislature recognizes 12 that schools and communities vary throughout the state and that 13 locally elected school directors should have a significant role in 14 15 establishing a program of ((AIDS)) sexually transmitted disease 16 education in their districts, consistent with RCW 28A.230.020 and 28A.300.475. 17

18 **Sec. 11.** RCW 70.24.290 and 1988 c 206 s 606 are each amended to 19 read as follows:

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The superintendent of public instruction shall adopt rules that require appropriate education and training, to be included as part of their present continuing education requirements, for public school employees on the prevention, transmission, and treatment of ((AIDS)) blood-borne pathogens. The superintendent of public instruction shall ((work with the office on AIDS under RCW 70.24.250 to)) develop the educational and training material necessary for school employees.

- 27 **Sec. 12.** RCW 70.24.325 and 1989 c 387 s 1 are each amended to 28 read as follows:
- 29 (1) This section shall apply to ((counseling and)) consent for 30 ((HIV)) blood-borne pathogen testing administered as part of an application for coverage authorized under Title 48 RCW.
 - (2) Persons subject to regulation under Title 48 RCW who are requesting an insured, a subscriber, or a potential insured or subscriber to furnish the results of ((an HIV)) a blood-borne pathogen test for underwriting purposes as a condition for obtaining or renewing coverage under an insurance contract, health care service contract, or health maintenance organization agreement shall:

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1 (a) Provide written information to the individual prior to being 2 tested which explains ((÷ 3 (i) What an HIV test is; (ii) Behaviors that place a person at risk for HIV infection; 4 (iii))) which blood-borne pathogen test is being administered; 5 6 and that the purpose of ((HIV)) blood-borne pathogen testing in this setting is to determine eligibility for coverage ((+ 7 (iv) The potential risks of HIV testing; and 8 (v) Where to obtain HIV pretest counseling)). 9 10 (b) Obtain informed specific written consent for ((an HIV test)) 11 the blood-borne pathogen test or tests. The written informed consent 12 shall include((÷ $\frac{(i)}{(i)}$) an explanation of the confidential treatment of the test 13 results which limits access to the results to persons involved in 14 15 handling or determining applications for coverage or claims of the 16 applicant or claimant ((and to those persons designated under 17 (c) (iii) of this subsection; and (ii) Requirements under (c) (iii) of this subsection)). 18 19 (c) Establish procedures to inform an applicant of the following: (i) ((That post-test counseling, as specified under WAC 20 248-100-209(4), is required if an HIV test is positive or 21 22 indeterminate; 23 (ii) That post-test counseling occurs at the time a positive or 24 indeterminate HIV test result is given to the tested individual; 25 (iii))) That the applicant may designate a health care provider or health care agency to whom the insurer, the health care service 26 27 contractor, or health maintenance organization will provide 28 ((positive or indeterminate)) test results <u>indicative</u> of infection with a blood-borne pathogen for interpretation ((and post-test 29 30 counseling. When an applicant does not identify a designated health 31 care provider or health care agency and the applicant's test results are either positive or indeterminate, the insurer, the health care 32 33 service contractor, or health maintenance organization shall provide the test results to the local health department for interpretation 34 35 and post-test counseling)); and 36 (((iv))) <u>(ii)</u> That ((positive or indeterminate HIV)) test results 37 ((shall not)) indicative of infection with a blood-borne pathogen

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will be sent directly to the applicant.

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1 **Sec. 13.** RCW 70.24.340 and 2011 c 232 s 2 are each amended to read as follows:

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- (((1) Local health departments authorized under this chapter shall conduct or cause to be conducted pretest counseling, HIV testing, and posttest counseling of all persons:
 - (a) Convicted of a sexual offense under chapter 9A.44 RCW;
- (b) Convicted of prostitution or offenses relating to prostitution under chapter 9A.88 RCW; or
- (c) Convicted of drug offenses under chapter 69.50 RCW if the court determines at the time of conviction that the related drug offense is one associated with the use of hypodermic needles.
- (2) Such testing shall be conducted as soon as possible after sentencing and shall be so ordered by the sentencing judge.
- 14 (3) This section applies only to offenses committed after March 15 23, 1988.
 - $\frac{(4)}{(4)}$)) A law enforcement officer, firefighter, health care provider, health care facility staff person, department corrections' staff person, jail staff person, or person employed in other categories of employment determined by the board in rule to be at risk of ((substantial)) exposure ((to HIV)) that presents a possible risk of transmission of a blood-borne pathogen, who has experienced ((a substantial)) an exposure to another person's bodily fluids in the course of his or her employment, may request a state or local ((public)) health officer to order ((pretest counseling, HIV testing, and posttest counseling)) blood-borne pathogen testing for the person whose bodily fluids he or she has been exposed to. ((A person eligible to request a state or local health official to order HIV testing under this chapter and board rule may also request a state or local health officer to order testing for other blood-borne pathogens.)) If the state or local ((public)) health officer refuses to order ((counseling and)) testing under this ((sub))section, the person who made the request may petition the superior court for a hearing to determine whether an order shall be issued. The hearing on the petition shall be held within seventy-two hours of filing the petition, exclusive of Saturdays, Sundays, and holidays. The standard of review to determine whether the ((public)) state or local health officer shall be required to issue the order is whether ((substantial)) an exposure occurred and whether that presents a possible risk of transmission of ((the HIV virus as defined by the board by rule)) a blood-borne pathogen. Upon

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conclusion of the hearing, the court shall issue the appropriate order((, which may require additional testing for other blood-borne pathogens)).

The person who is subject to the state or local ((public)) health officer's order to receive ((counseling and)) testing shall be given written notice of the order promptly, personally, and confidentially, stating the grounds and provisions of the order, including the factual basis therefor. If the person who is subject to the order refuses to comply, the state or local ((public)) health officer may petition the superior court for a hearing. The hearing on the petition shall be held within seventy-two hours of filing the petition, exclusive of Saturdays, Sundays, and holidays. The standard of review for the order is whether ((substantial)) an exposure occurred and whether that exposure presents a possible risk of transmission of ((the HIV virus as defined by the board by rule)) a blood-borne pathogen. Upon conclusion of the hearing, the court shall issue the appropriate order.

The state or local ((public)) health officer shall perform ((counseling and)) testing under this ((sub))section if he or she finds that the exposure ((was substantial and)) presents a possible risk ((as defined by the board of health by rule)) of transmission of a blood-borne pathogen or if he or she is ordered to do so by a court.

The ((counseling and)) testing required under this ((sub)) section shall be completed as soon as possible after the substantial exposure or after an order is issued by a court, but shall begin not later than seventy-two hours after the ((substantial)) exposure or an order is issued by the court.

Sec. 14. RCW 70.24.360 and 1988 c 206 s 706 are each amended to 30 read as follows:

Jail administrators, with the approval of the local ((public)) health officer, may order ((pretest counseling, HIV testing, and posttest counseling for persons)) blood-borne pathogen testing for a person detained in the jail if the local ((public)) health officer determines that ((actual or threatened)) the detainee's behavior ((presents a possible risk to)) exposed the staff, general public, or other persons, and that exposure presents a possible risk of transmitting a blood-borne pathogen. ((Approval of the local public health officer shall be based on RCW 70.24.024(3) and may be

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1 contested through RCW 70.24.024(4). The administrator shall establish, pursuant to RCW 70.48.071, a procedure to document the possible risk which is the basis for the HIV testing. "Possible 3 risk," as used in this section, shall be defined by the board in 4 rule.)) Documentation of the behavior((, or threat thereof,)) shall be reviewed with the person to ((try to assure)) ensure that the person understands the basis for testing.

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- Sec. 15. RCW 70.24.370 and 1988 c 206 s 707 are each amended to 8 read as follows: 9
 - (1) ((Department of corrections facility administrators may order pretest counseling, HIV testing, and posttest counseling for inmates if the secretary of corrections or the secretary's designee determines that actual or threatened)) The chief medical officer of the department of corrections may order blood-borne pathogen testing for an inmate if the chief medical officer or his or her designee determines that the inmate's behavior ((presents a possible risk to)) exposed the staff, general public, or other inmates, and that exposure presents a possible risk of transmitting a blood-borne pathogen. The department of corrections shall establish a procedure document the exposure that presents a possible risk transmitting a blood-borne pathogen which is the basis for the ((HIV)) testing. (("Possible risk," as used in this section, shall be defined by the department of corrections after consultation with the board. Possible risk, as used in the documentation of the behavior, or threat thereof, shall be reviewed with the inmate.)) The chief medical officer, or his or her designee, shall review the exposure that presents a possible risk of transmitting a blood-borne pathogen in the documentation of the behavior with the inmate to ensure that he or she understands the basis for the testing.
 - ((Department of corrections administrators and superintendents who are authorized to make decisions about testing and dissemination of test information shall, at least annually, participate in training seminars on public health considerations conducted by the assistant secretary for public health or her or his designee.
 - (3))) Administrative hearing requirements set forth in chapter 34.05 RCW do not apply to the procedure developed by the department of corrections pursuant to this section. This section shall not be

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- 1 construed as requiring any hearing process except as may be required 2 under existing federal constitutional law.
- 3 (((4) RCW 70.24.340 does not apply to the department of 4 corrections or to inmates in its custody or subject to its 5 jurisdiction.))
- 6 **Sec. 16.** RCW 9A.36.011 and 1997 c 196 s 1 are each amended to 7 read as follows:
- 8 (1) A person is guilty of assault in the first degree if he or 9 she, with intent to inflict great bodily harm:
 - (a) Assaults another with a firearm or any deadly weapon or by any force or means likely to produce great bodily harm or death; or
- 12 (b) Administers, exposes, or transmits to or causes to be taken
 13 by another, poison((, the human immunodeficiency virus as defined in
 14 chapter 70.24 RCW,)) or any other destructive or noxious substance;
 15 or
 - (c) Assaults another and inflicts great bodily harm.
- 17 (2) Assault in the first degree is a class A felony.
- 18 **Sec. 17.** RCW 18.35.040 and 2014 c 189 s 4 are each amended to 19 read as follows:
 - (1) An applicant for licensure as a hearing aid specialist must have the following minimum qualifications and shall pay a fee determined by the secretary as provided in RCW 43.70.250. An applicant shall be issued a license under the provisions of this chapter if the applicant has not committed unprofessional conduct as specified by chapter 18.130 RCW, and:
 - (a)(i) Satisfactorily completes the hearing aid specialist examination required by this chapter; and
 - (ii) Satisfactorily completes:

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- 29 (A) A minimum of a two-year degree program in hearing aid 30 specialist instruction. The program must be approved by the board;
 - (B) A two-year or four-year degree in a field of study approved by the board from an accredited institution, a nine-month board-approved certificate program offered by a board-approved hearing aid specialist program, and the practical examination approved by the board. The practical examination must be given at least quarterly, as determined by the board. The department may hire licensed industry experts approved by the board to proctor the examination; or

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(b) Holds a current, unsuspended, unrevoked license from another if the standards for licensing in such other jurisdiction jurisdiction are substantially equivalent to those prevailing in this state as provided in (a) of this subsection; or

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- (c)(i) Holds a current, unsuspended, unrevoked license from another jurisdiction, has been actively practicing as a licensed hearing aid specialist in another jurisdiction for at least fortyeight of the last sixty months, and submits proof of completion of advance certification from either the international hearing society or the national board for certification in hearing instrument sciences; and
- (ii) Satisfactorily completes the hearing aid specialist examination required by this chapter or a substantially equivalent examination approved by the board.

The applicant must present proof of qualifications to the board in the manner and on forms prescribed by the secretary ((and proof of completion of a minimum of four clock hours of AIDS education and training pursuant to rules adopted by the board)).

- (2)(a) An applicant for licensure as a speech-language pathologist or audiologist must have the following minimum qualifications:
- (i) Has not committed unprofessional conduct as specified by the uniform disciplinary act;
- (ii) Has a master's degree or the equivalent, or a doctorate degree or the equivalent, from a program at a board-approved institution of higher learning, which includes completion of a supervised clinical practicum experience as defined by rules adopted by the board; and
- (iii) Has completed postgraduate professional work experience 29 approved by the board. 30
 - (b) All qualified applicants must satisfactorily complete the speech-language pathology or audiology examinations required by this chapter.
 - (c) The applicant must present proof of qualifications to the board in the manner and on forms prescribed by the secretary ((and proof of completion of a minimum of four clock hours of AIDS education and training pursuant to rules adopted by the board)).
- (3) An applicant for certification as a speech-language pathology 38 39 assistant shall pay a fee determined by the secretary as provided in RCW 43.70.250 and must have the following minimum qualifications:

p. 17 SB 5562 (a) An associate of arts or sciences degree, or a certificate of proficiency, from a speech-language pathology assistant program from an institution of higher education that is approved by the board, as is evidenced by the following:

- (i) Transcripts showing forty-five quarter hours or thirty semester hours of speech-language pathology coursework; and
- (ii) Transcripts showing forty-five quarter hours or thirty semester hours of general education credit; or
- 9 (b) A bachelor of arts or bachelor of sciences degree, as 10 evidenced by transcripts, from a speech, language, and hearing 11 program from an institution of higher education that is approved by 12 the board.
- **Sec. 18.** RCW 49.44.180 and 2004 c 12 s 1 are each amended to 14 read as follows:

It shall be unlawful for any person, firm, corporation, or the state of Washington, its political subdivisions, or municipal corporations to require, directly or indirectly, that any employee or prospective employee submit genetic information or submit to screening for genetic information as a condition of employment or continued employment.

"Genetic information" for purposes of this chapter, is information about inherited characteristics that can be derived from a DNA-based or other laboratory test, family history, or medical examination. "Genetic information" for purposes of this chapter, does not include: (1) Routine physical measurements, including chemical, blood, and urine analysis, unless conducted purposefully to diagnose genetic or inherited characteristics; and (2) results from tests for abuse of alcohol or drugs((, or for the presence of HIV)).

- **Sec. 19.** RCW 49.60.172 and 2003 c 273 s 2 are each amended to 30 read as follows:
 - (1) No person may require an individual to take an HIV ((test, as defined in chapter 70.24 RCW,)) or hepatitis C test, as a condition of hiring, promotion, or continued employment unless the absence of HIV or hepatitis C infection is a bona fide occupational qualification for the job in question.
- 36 (2) No person may discharge or fail or refuse to hire any 37 individual, or segregate or classify any individual in any way which 38 would deprive or tend to deprive that individual of employment

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opportunities or adversely affect his or her status as an employee, or otherwise discriminate against any individual with respect to compensation, terms, conditions, or privileges of employment on the basis of the results of an HIV test or hepatitis C test unless the absence of HIV or hepatitis C infection is a bona fide occupational qualification of the job in question.

- (3) The absence of HIV or hepatitis C infection as a bona fide occupational qualification exists when performance of a particular job can be shown to present a significant risk, as defined by the board of health by rule, of transmitting HIV or hepatitis C infection to other persons, and there exists no means of eliminating the risk by restructuring the job.
- (4) For the purpose of this chapter, any person who is actually infected with HIV or hepatitis C, but is not disabled as a result of the infection, shall not be eligible for any benefits under the affirmative action provisions of chapter 49.74 RCW solely on the basis of such infection.
- 18 (5) Employers are immune from civil action for damages arising 19 out of transmission of HIV or hepatitis C to employees or to members 20 of the public unless such transmission occurs as a result of the 21 employer's gross negligence.
- **Sec. 20.** RCW 70.02.220 and 2017 3rd sp.s. c 6 s 332 are each 23 amended to read as follows:
 - (1) No person may disclose or be compelled to disclose the identity of any person who has investigated, considered, or requested a test or treatment for a sexually transmitted disease, except as authorized by this section, RCW 70.02.210, or chapter 70.24 RCW.
 - (2) No person may disclose or be compelled to disclose information and records related to sexually transmitted diseases, except as authorized by this section, RCW 70.02.210, 70.02.205, or chapter 70.24 RCW. A person may disclose information related to sexually transmitted diseases about a patient without the patient's authorization, to the extent a recipient needs to know the information, if the disclosure is to:
 - (a) The subject of the test or the subject's legal representative for health care decisions in accordance with RCW 7.70.065, with the exception of such a representative of a minor fourteen years of age or over and otherwise competent;

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(b) The state ((public)) health officer as defined in RCW 70.24.017, a local ((public)) health officer, or the centers for disease control of the United States public health service in accordance with reporting requirements for a diagnosed case of a sexually transmitted disease;

- (c) A health facility or health care provider that procures, processes, distributes, or uses: (i) A human body part, tissue, or blood from a deceased person with respect to medical information regarding that person; (ii) semen, including that was provided prior to March 23, 1988, for the purpose of artificial insemination; or (iii) blood specimens;
- (d) Any state or local ((public)) health officer conducting an investigation pursuant to RCW 70.24.024, so long as the record was obtained by means of court-ordered ((HIV)) testing pursuant to RCW 70.24.340 or 70.24.024;
- (e) A person allowed access to the record by a court order granted after application showing good cause therefor. In assessing good cause, the court shall weigh the public interest and the need for disclosure against the injury to the patient, to the physician-patient relationship, and to the treatment services. Upon the granting of the order, the court, in determining the extent to which any disclosure of all or any part of the record of any such test is necessary, shall impose appropriate safeguards against unauthorized disclosure. An order authorizing disclosure must: (i) Limit disclosure to those parts of the patient's record deemed essential to fulfill the objective for which the order was granted; (ii) limit disclosure to those persons whose need for information is the basis for the order; and (iii) include any other appropriate measures to keep disclosure to a minimum for the protection of the patient, the physician-patient relationship, and the treatment services;
- (f) Persons who, because of their behavioral interaction with the infected individual, have been placed at risk for acquisition of a sexually transmitted disease, as provided in RCW 70.24.022, if the health officer or authorized representative believes that the exposed person was unaware that a risk of disease exposure existed and that the disclosure of the identity of the infected person is necessary;
- (g) A law enforcement officer, firefighter, health care provider, health care facility staff person, department of correction's staff person, jail staff person, or other persons as defined by the board of health in rule pursuant to RCW 70.24.340((4+)), who has requested

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a test of a person whose bodily fluids he or she has been substantially exposed to, pursuant to RCW $70.24.340((\frac{4}{(4)}))$, if a state or local $(\frac{\text{public}}{\text{public}})$ health officer performs the test;

- (h) Claims management personnel employed by or associated with an insurer, health care service contractor, health maintenance organization, self-funded health plan, state administered health care claims payer, or any other payer of health care claims where such disclosure is to be used solely for the prompt and accurate evaluation and payment of medical or related claims. Information released under this subsection must be confidential and may not be released or available to persons who are not involved in handling or determining medical claims payment; and
- (i) A department of children, youth, and families worker, a child-placing agency worker, or a guardian ad litem who is responsible for making or reviewing placement or case-planning decisions or recommendations to the court regarding a child, who is less than fourteen years of age, has a sexually transmitted disease, and is in the custody of the department of children, youth, and families or a licensed child-placing agency. This information may also be received by a person responsible for providing residential care for such a child when the department of social and health services, the department of children, youth, and families, or a licensed child-placing agency determines that it is necessary for the provision of child care services.
- (3) No person to whom the results of a test for a sexually transmitted disease have been disclosed pursuant to subsection (2) of this section may disclose the test results to another person except as authorized by that subsection.
- (4) The release of sexually transmitted disease information regarding an offender or detained person, except as provided in subsection (2)(d) of this section, is governed as follows:
- (a) The sexually transmitted disease status of a department of corrections offender who has had a mandatory test conducted pursuant to RCW 70.24.340(((1))), 70.24.360, or 70.24.370 must be made available by department of corrections health care providers and local ((public)) health officers to the department of corrections health care administrator or infection control coordinator of the facility in which the offender is housed. The information made available to the health care administrator or the infection control coordinator under this subsection (4) (a) may be used only for disease

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prevention or control and for protection of the safety and security of the staff, offenders, and the public. The information may be submitted to transporting officers and receiving facilities, including facilities that are not under the department of corrections' jurisdiction according to the provisions of (d) and (e) of this subsection.

- (b) The sexually transmitted disease status of a person detained in a jail who has had a mandatory test conducted pursuant to RCW 70.24.340(((1))), 70.24.360, or 70.24.370 must be made available by the local ((public)) health officer to a jail health care administrator or infection control coordinator. The information made available to a health care administrator under this subsection (4)(b) may be used only for disease prevention or control and for protection of the safety and security of the staff, offenders, detainees, and the public. The information may be submitted to transporting officers and receiving facilities according to the provisions of (d) and (e) of this subsection.
- (c) Information regarding the sexually transmitted disease status of an offender or detained person is confidential and may be disclosed by a correctional health care administrator or infection control coordinator or local jail health care administrator or infection control coordinator only as necessary for disease prevention or control and for protection of the safety and security of the staff, offenders, and the public. Unauthorized disclosure of this information to any person may result in disciplinary action, in addition to the penalties prescribed in RCW 70.24.080 or any other penalties as may be prescribed by law.
- (d) Notwithstanding the limitations on disclosure contained in (a), (b), and (c) of this subsection, whenever any member of a jail staff or department of corrections staff has been substantially exposed to the bodily fluids of an offender or detained person, then the results of any tests conducted pursuant to RCW 70.24.340(((1)), 70.24.360, or 70.24.370, must be immediately disclosed to the staff person in accordance with the Washington Administrative Code rules governing employees' occupational exposure to blood-borne pathogens. Disclosure must be accompanied by appropriate counseling for the staff member, including information regarding follow-up testing and treatment. Disclosure must also include notice that subsequent disclosure of the information in violation of this chapter or use of the information to harass or discriminate against the offender or

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detainee may result in disciplinary action, in addition to the penalties prescribed in RCW 70.24.080, and imposition of other penalties prescribed by law.

- (e) The staff member must also be informed whether the offender or detained person had any other communicable disease, as defined in RCW 72.09.251(3), when the staff person was substantially exposed to the offender's or detainee's bodily fluids.
- (f) The test results of voluntary and anonymous (($\frac{HIV}{I}$)) testing (($\frac{IIV}{I}$) testing (($\frac{IIV}{I}$)) for a blood-borne pathogen, as defined in RCW 70.24.017, may not be disclosed to a staff person except as provided in this section and RCW 70.02.050(1)(d) and 70.24.340(($\frac{IIV}{I}$)). A health care administrator or infection control coordinator may provide the staff member with information about how to obtain the offender's or detainee's test results under this section and RCW 70.02.050(1)(d) and 70.24.340(($\frac{IIV}{I}$)).
- (5) The requirements of this section do not apply to the customary methods utilized for the exchange of medical information among health care providers in order to provide health care services to the patient, nor do they apply within health care facilities where there is a need for access to confidential medical information to fulfill professional duties.
- (6) Upon request of the victim, disclosure of test results under this section to victims of sexual offenses under chapter 9A.44 RCW must be made if the result is negative or positive. The county prosecuting attorney shall notify the victim of the right to such disclosure. The disclosure must be accompanied by appropriate counseling, including information regarding follow-up testing.
- (7) A person, including a health care facility or health care provider, shall disclose the identity of any person who has investigated, considered, or requested a test or treatment for a sexually transmitted disease and information and records related to sexually transmitted diseases to federal, state, or local public health authorities, to the extent the health care provider is required by law to report health care information; when needed to determine compliance with state or federal certification or registration rules or laws; or when needed to protect the public health. Any health care information obtained under this subsection is exempt from public inspection and copying pursuant to chapter 42.56 RCW.

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1 Sec. 21. RCW 43.150.050 and 1992 c 66 s 5 are each amended to 2 read as follows:

The center, working in cooperation with individuals, local groups, and organizations throughout the state, may undertake any program or activity for which funds are available which furthers the goals of this chapter. These programs and activities may include, but are not limited to:

- (1) Providing information about programs, activities, and 8 resources of value to volunteers and to organizations operating or 9 planning volunteer or citizen service programs; 10
 - (2) Sponsoring recognition events for outstanding individuals and organizations;
 - business, (3) Facilitating the involvement of industry, government, and labor in community service and betterment;
- (4) Organizing, or assisting in the organization of, training 15 16 workshops and conferences;
 - Publishing schedules of significant events, (5) published materials, accounts of successful programs and programming techniques, and other information concerning the field volunteerism and citizen service, and distributing this information broadly;
 - (6) Reviewing the laws and rules of the state of Washington, and proposed changes therein, to determine their impact on the success of volunteer activities and programs, and recommending such changes as seem appropriate to ensure the achievement of the goals of this chapter;
 - Seeking funding sources for enhancing, promoting, and supporting the ethic of service and facilitating or providing information to those organizations and agencies which may benefit;
 - (8) Providing information about agencies and individuals who are working to prevent the spread of the human immunodeficiency virus, as defined in chapter 70.24 RCW, and to agencies and individuals who are working to provide health and social services to persons living with ((acquired immunodeficiency syndrome)) the human immunodeficiency
- 35 virus, as defined in chapter 70.24 RCW.

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- RCW 74.39.005 and 1995 1st sp.s. c 18 s 10 are each 36 Sec. 22. amended to read as follows: 37
 - The purpose of this chapter is to:

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(1) Establish a balanced range of health, social, and supportive services that deliver long-term care services to ((chronically, functionally disabled)) persons with chronic functional disabilities of all ages;

- (2) Ensure that functional ability shall be the determining factor in defining long-term care service needs and that these needs will be determined by a uniform system for comprehensively assessing functional disability;
- (3) Ensure that services are provided in the most independent living situation consistent with individual needs;
 - (4) Ensure that long-term care service options shall be developed and made available that enable ((functionally disabled)) persons with functional disabilities to continue to live in their homes or other community residential facilities while in the care of their families or other volunteer support persons;
 - (5) Ensure that long-term care services are coordinated in a way that minimizes administrative cost, eliminates unnecessarily complex organization, minimizes program and service duplication, and maximizes the use of financial resources in directly meeting the needs of persons with functional limitations;
 - (6) Develop a systematic plan for the coordination, planning, budgeting, and administration of long-term care services now fragmented between the division of developmental disabilities, division of mental health, aging and adult services administration, division of children and family services, division of vocational rehabilitation, ((office on AIDS,)) division of health, ((and)) bureau of alcohol and substance abuse, and the department of health;
 - (7) Encourage the development of a statewide long-term care case management system that effectively coordinates the plan of care and services provided to eligible clients;
 - (8) Ensure that individuals and organizations affected by or interested in long-term care programs have an opportunity to participate in identification of needs and priorities, policy development, planning, and development, implementation, and monitoring of state supported long-term care programs;
- (9) Support educational institutions in Washington state to assist in the procurement of federal support for expanded research and training in long-term care; and
- (10) Facilitate the development of a coordinated system of longterm care education that is clearly articulated between all levels of

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- 1 higher education and reflective of both in-home care needs and
- 2 institutional care needs of ((functionally disabled)) persons with
- 3 functional disabilities.
- 4 <u>NEW SECTION.</u> **Sec. 23.** The following acts or parts of acts are 5 each repealed:
- 6 (1) RCW 70.24.095 (Pregnant women—Drug treatment program participants—AIDS counseling) and 1988 c 206 s 705;
- 8 (2) RCW 70.24.100 (Syphilis laboratory tests) and 1991 c 3 s 323, 9 1979 c 141 s 95, & 1939 c 165 s 2;
- 10 (3) RCW 70.24.107 (Rule-making authority—1997 c 345) and 1999 c 11 372 s 14 & 1997 c 345 s 6;
- 12 (4) RCW 70.24.125 (Reporting requirements for sexually 13 transmitted diseases—Rules) and 1988 c 206 s 905;
- 14 (5) RCW 70.24.140 (Certain infected persons—Sexual intercourse unlawful without notification) and 1988 c 206 s 917;
- 16 (6) RCW 70.24.200 (Information for the general public on sexually transmitted diseases—Emphasis) and 1988 c 206 s 201;
- 18 (7) RCW 70.24.210 (Information for children on sexually 19 transmitted diseases—Emphasis) and 1988 c 206 s 202;
- 20 (8) RCW 70.24.240 (Clearinghouse for AIDS educational materials) 21 and 1988 c 206 s 601;
- (9) RCW 70.24.250 (Office on AIDS—Repository and clearinghouse for AIDS education and training material—University of Washington duties) and 1988 c 206 s 602;
- 25 (10) RCW 70.24.260 (Emergency medical personnel—Rules for AIDS 26 education and training) and 1988 c 206 s 603;
- 27 (11) RCW 70.24.270 (Health professionals—Rules for AIDS education 28 and training) and 1988 c 206 s 604;
- 29 (12) RCW 70.24.280 (Pharmacy quality assurance commission—Rules 30 for AIDS education and training) and 2013 c 19 s 122 & 1988 c 206 s 31 605;
- 32 (13) RCW 70.24.300 (State and local government employees— 33 Determination of substantial likelihood of exposure—Rules for AIDS 34 education and training) and 1993 c 281 s 60 & 1988 c 206 s 607;
- 35 (14) RCW 70.24.310 (Health care facility employees—Rules for AIDS education and training) and 1988 c 206 s 608;
- 37 (15) RCW 70.24.320 (Counseling and testing—AIDS and HIV—38 Definitions) and 1988 c 206 s 701;

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- 1 (16) RCW 70.24.350 (Prostitution and drug offenses—Voluntary 2 testing and counseling) and 1988 c 206 s 704;
- 3 (17) RCW 70.24.380 (Board of health—Rules for counseling and 4 testing) and 1988 c 206 s 709;
- 5 (18) RCW 70.24.400 (Funding for office on AIDS—Center for AIDS education—Department's duties for awarding grants) and 2010 1st sp.s. 7 c 3 s 1, 1998 c 245 s 126, 1991 c 3 s 327, & 1988 c 206 s 801; and
- 8 (19) RCW 70.24.410 (AIDS advisory committee—Duties, review of 9 insurance problems—Termination) and 1991 c 3 s 328 & 1988 c 206 s 10 803.
- NEW SECTION. Sec. 24. If any provision of this act or its application to any person or circumstance is held invalid, the remainder of the act or the application of the provision to other persons or circumstances is not affected.

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