

Chapter 70.54 RCW
MISCELLANEOUS HEALTH AND SAFETY PROVISIONS

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RCW 70.54.005 Transfer of duties to the department of health.

The powers and duties of the secretary of social and health services under this chapter shall be performed by the secretary of health. [1989 1st ex.s. c 9 § 250.]

Effective date—Severability—1989 1st ex.s. c 9: See RCW 43.70.910 and 43.70.920.

RCW 70.54.010 Polluting water supply—Penalty. Every person who shall deposit or suffer to be deposited in any spring, well, stream, river or lake, the water of which is or may be used for drinking purposes, or on any property owned, leased or otherwise controlled by any municipal corporation, corporation or person as a watershed or drainage basin for a public or private water system, any matter or thing whatever, dangerous or deleterious to health, or any matter or thing which may or could pollute the waters of such spring, well, stream, river, lake or water system, shall be guilty of a gross misdemeanor. [1909 c 249 § 290; RRS § 2542.]

RCW 70.54.020 Furnishing impure water—Penalty. Every owner, agent, manager, operator or other person having charge of any waterworks furnishing water for public or private use, who shall knowingly permit any act or omit any duty or precaution by reason whereof the purity or healthfulness of the water supplied shall become impaired, shall be guilty of a gross misdemeanor. [1909 c 249 § 291; RRS § 2543.]

RCW 70.54.030 Pollution of watershed of city in adjoining state —Penalty. Any person who shall place or cause to be placed within any watershed from which any city or municipal corporation of any adjoining state obtains its water supply, any substance which either by itself or in connection with other matter will corrupt, pollute or impair the quality of said water supply, or the owner of any dead animal who shall knowingly leave or cause to be left the carcass or any portion thereof within any such watershed in such condition as to in any way corrupt or pollute such water supply shall be deemed guilty of a misdemeanor and upon conviction shall be punished by fine in any sum not exceeding five hundred dollars. [1909 c 16 § 2; RRS § 9281.]

RCW 70.54.040 Secretary to advise local authorities on sanitation. The commissioners of any county or the mayor of any city may call upon the secretary of health for advice relative to improving sanitary conditions or disposing of garbage and sewage or obtaining a pure water supply, and when so called upon the secretary shall either personally or by an assistant make a careful examination into the conditions existing and shall make a full report containing his or her advice to the county or city making such request. [1991 c 3 § 341; 1979 c 141 § 109; 1909 c 208 § 3; RRS § 6006.]

RCW 70.54.050 Exposing contagious disease—Penalty. Every person who shall willfully expose himself or herself to another, or any animal affected with any contagious or infectious disease, in any public place or thoroughfare, except upon his or her or its necessary removal in a manner not dangerous to the public health; and every person so affected who shall expose any other person thereto without his or her knowledge, shall be guilty of a misdemeanor. [2012 c 117 § 382; 1909 c 249 § 287; RRS § 2539.]

RCW 70.54.060 Ambulances and drivers. (1) The drivers of all ambulances shall be required to take the advanced first aid course as prescribed by the American Red Cross.

(2) All ambulances must be at all times equipped with first aid equipment consisting of leg and arm splints and standard twenty-four unit first aid kit as prescribed by the American Red Cross. [1945 c 65 § 1; Rem. Supp. 1945 § 6131-1. FORMER PART OF SECTION: 1945 c 65 § 2 now codified as RCW 70.54.060, part.]

RCW 70.54.065 Ambulances and drivers—Penalty. Any person violating any of the provisions herein shall be guilty of a

misdemeanor. [1945 c 65 § 2; Rem. Supp. 1945 § 6131-2. Formerly RCW 70.54.060, part.]

RCW 70.54.070 Door of public buildings to swing outward—

Penalty. The doors of all theaters, opera houses, school buildings, churches, public halls, or places used for public entertainments, exhibitions or meetings, which are used exclusively or in part for admission to or egress from the same, or any part thereof, shall be so hung and arranged as to open outwardly, and during any exhibition, entertainment or meeting, shall be kept unlocked and unfastened, and in such condition that in case of danger or necessity, immediate escape from such building shall not be prevented or delayed; and every agent or lessee of any such building who shall rent the same or allow it to be used for any of the aforesaid public purposes without having the doors thereof hung and arranged as hereinbefore provided, shall, for each violation of any provision of this section, be guilty of a misdemeanor. [1909 c 249 § 273; RRS § 2525.]

RCW 70.54.080 Liability of person handling steamboat or steam boiler. Every person who shall apply, or cause to be applied to a steam boiler a higher pressure of steam than is allowed by law, or by any inspector, officer or person authorized to limit the same; every captain or other person having charge of the machinery or boiler in a steamboat used for the conveyance of passengers on the waters of this state, who, from ignorance or gross neglect, or for the purpose of increasing the speed of such boat, shall create or cause to be created an undue or unsafe pressure of steam; and every engineer or other person having charge of a steam boiler, steam engine or other apparatus for generating or employing steam, who shall wilfully or from ignorance or gross neglect, create or allow to be created such an undue quantity of steam as to burst the boiler, engine or apparatus, or cause any other accident, whereby human life is endangered, shall be guilty of a gross misdemeanor. [1909 c 249 § 280; RRS § 2532.]

Boilers and unfired pressure vessels: Chapter 70.79 RCW.

Industrial safety and health: Chapter 43.22 RCW.

RCW 70.54.090 Attachment of objects to utility poles—Penalty.

(1) It shall be unlawful to attach to utility poles any of the following: Advertising signs, posters, vending machines, or any similar object which presents a hazard to, or endangers the lives of, electrical workers. Any attachment to utility poles shall only be made with the permission of the utility involved, and shall be placed not less than twelve feet above the surface of the ground.

(2) A person violating this section is guilty of a misdemeanor. [2003 c 53 § 351; 1953 c 185 § 1.]

Intent—Effective date—2003 c 53: See notes following RCW 2.48.180.

RCW 70.54.120 Immunity from implied warranties and civil liability relating to blood, blood products, tissues, organs, or bones—Scope—Effective date. The procurement, processing, storage, distribution, administration, or use of whole blood, plasma, blood products and blood derivatives for the purpose of injecting or transfusing the same, or any of them, or of tissues, organs, or bones for the purpose of transplanting them, or any of them, into the human body is declared to be, for all purposes whatsoever, the rendition of a service by each and every person, firm, or corporation participating therein, and is declared not to be covered by any implied warranty under the Uniform Commercial Code, Title 62A RCW, or otherwise, and no civil liability shall be incurred as a result of any of such acts, except in the case of wilful or negligent conduct: PROVIDED, HOWEVER, That this section shall apply only to liability alleged in the contraction of hepatitis, malaria, and acquired immune deficiency disease [immunodeficiency syndrome] and shall not apply to any transaction in which the donor receives compensation: PROVIDED FURTHER, That this section shall only apply where the person, firm or corporation rendering the above service shall have maintained records of donor suitability and donor identification: PROVIDED FURTHER, That nothing in this section shall be considered by the courts in determining or applying the law to any blood transfusion occurring before June 10, 1971 and the court shall decide such case as though this section had not been passed. [1987 c 84 § 1; 1985 c 321 § 1; 1971 c 56 § 1.]

Severability—1971 c 56: "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." [1971 c 56 § 2.]

RCW 70.54.130 Laetrile—Legislative declaration. It is the intent of the legislature that passage of RCW 70.54.130 through 70.54.150 shall not constitute any endorsement whatever of the efficacy of amygdalin (Laetrile) in the treatment of cancer, but represents only the legislature's endorsement of a patient's freedom of choice, so long as the patient has been given sufficient information in writing to make an informed decision regarding his/her treatment and the substance is not proven to be directly detrimental to health. [1977 ex.s. c 122 § 1.]

RCW 70.54.140 Laetrile—Interference with physician/patient relationship by health facility—Pharmacy quality assurance commission, duties. No hospital or health facility may interfere with the physician/patient relationship by restricting or forbidding the use of amygdalin (Laetrile) when prescribed or administered by a physician licensed pursuant to chapter 18.57 or 18.71 RCW and requested by a patient under his/her care who has requested the substance after having been given sufficient information in writing to make an informed decision.

For the purposes of RCW 70.54.130 through 70.54.150, the pharmacy quality assurance commission shall provide for the certification as to the identity of amygdalin (Laetrile) by random sample testing or other testing procedures, and shall promulgate rules and regulations

necessary to implement and enforce its authority under this section.
[2013 c 19 § 123; 1977 ex.s. c 122 § 2.]

RCW 70.54.150 Physicians not subject to disciplinary action for prescribing or administering laetrile—Conditions. No physician may be subject to disciplinary action by any entity of either the state of Washington or a professional association for prescribing or administering amygdalin (Laetrile) to a patient under his/her care who has requested the substance after having been given sufficient information in writing to make an informed decision.

It is not the intent of this section to shield a physician from acts or omissions which otherwise would constitute unprofessional conduct. [1986 c 259 § 150; 1977 ex.s. c 122 § 3.]

Severability—1986 c 259: See note following RCW 18.130.010.

RCW 70.54.160 Public restrooms—Pay facilities—Penalty. (1) Every establishment which maintains restrooms for use by the public shall not discriminate in charges required between facilities used by men and facilities used by women.

(2) When coin lock controls are used, the controls shall be so allocated as to allow for a proportionate equality of free toilet units available to women as compared with those units available to men, and at least one-half of the units in any restroom shall be free of charge. As used in this section, toilet units are defined as constituting commodes and urinals.

(3) In situations involving coin locks placed on restroom entry doors, admission keys shall be readily provided without charge when requested, and notice as to the availability of the keys shall be posted on the restroom entry door.

(4) Any owner, agent, manager, or other person charged with the responsibility of the operation of an establishment who operates such establishment in violation of this section is guilty of a misdemeanor. [2003 c 53 § 352; 1977 ex.s. c 97 § 1.]

Intent—Effective date—2003 c 53: See notes following RCW 2.48.180.

RCW 70.54.180 Deaf persons access to emergency services—Telecommunication devices. (1) For the purpose of this section "telecommunication device" means an instrument for telecommunication in which speaking or hearing is not required for communicators.

(2) The county legislative authority of each county with a population of eighteen thousand or more and the governing body of each city with a population in excess of ten thousand shall provide by July 1, 1980, for a telecommunication device in their jurisdiction or through a central dispatch office that will assure access to police, fire, or other emergency services.

(3) The county legislative authority of each county with a population of eighteen thousand or less shall by July 1, 1980, make a determination of whether sufficient need exists with their respective counties to require installation of a telecommunication device. Reconsideration of such determination will be made at any future date

when a deaf individual indicates a need for such an instrument. [1991 c 363 § 142; 1979 ex.s. c 63 § 2.]

Purpose—Captions not law—1991 c 363: See notes following RCW 2.32.180.

Purpose—1979 ex.s. c 63: "The legislature finds that many citizens of this state who are unable to utilize telephone services in a regular manner due to hearing defects are able to communicate by teletypewriters where hearing is not required for communication. Hence, it is the purpose of section 2 of this act [RCW 70.54.180] to require that telecommunication devices for the deaf be installed." [1979 ex.s. c 63 § 1.]

RCW 70.54.190 DMSO (dimethyl sulfoxide)—Use—Liability. No hospital or health facility may interfere with the physician/patient relationship by restricting or forbidding the use of DMSO (dimethyl sulfoxide) when prescribed or administered by a physician licensed pursuant to chapter 18.57 or 18.71 RCW and requested by a patient under his/her care who has requested the substance after having been given sufficient information in writing to make an informed decision.

No physician may be subject to disciplinary action by any entity of either the state of Washington or a professional association for prescribing or administering DMSO (dimethyl sulfoxide) to a patient under his/her care who has requested the substance after having been given sufficient information in writing to make an informed decision.

It is not the intent of this section to shield a physician from acts or omissions which otherwise would constitute unprofessional conduct. [1986 c 259 § 151; 1981 c 50 § 2.]

Severability—1986 c 259: See note following RCW 18.130.010.

DMSO authorized: RCW 69.04.565.

RCW 70.54.200 Fees for repository of vaccines, biologics. The department shall prescribe by rule a schedule of fees predicated on the cost of providing a repository of emergency vaccines and other biologics. [1981 c 284 § 2.]

Reviser's note: Although 1981 c 284 directs this section be added to chapter 74.04 RCW, codification here is considered more appropriate. The "department" referred to is apparently the department of social and health services.

RCW 70.54.220 Practitioners to provide information on prenatal testing and cord blood banking. All persons licensed or certified by the state of Washington to provide prenatal care or to practice medicine shall provide information to all pregnant women in their care regarding:

- (1) The use and availability of prenatal tests; and
- (2) Using objective and standardized information: (a) The differences between and potential benefits and risks involved in public and private cord blood banking that is sufficient to allow a pregnant woman to make an informed decision before her third trimester

of pregnancy on whether to participate in a private or public cord blood banking program; and (b) the opportunity to donate, to a public cord blood bank, blood and tissue extracted from the placenta and umbilical cord following delivery of a newborn child. [2009 c 495 § 9; (2009 c 495 § 8 expired July 1, 2010); 2008 c 56 § 2; 1988 c 276 § 5.]

Effective date—2009 c 495 § 9: "Section 9 of this act takes effect July 1, 2010." [2009 c 495 § 16.]

Expiration date—2009 c 495 § 8: "Section 8 of this act expires July 1, 2010." [2009 c 495 § 15.]

Purpose—Effective date—2008 c 56: See note following RCW 70.54.222.

Effective date—1988 c 276 § 5: "Section 5 of this act shall take effect December 31, 1989." [1988 c 276 § 10.]

RCW 70.54.222 Cord blood banks—Regulation—Application of consumer protection act—Definitions.

(1) A cord blood bank advertising, offering to provide, or providing private cord blood banking services to residents in this state must:

(a) Have all applicable licenses, accreditations, and other authorizations required under federal and Washington state law to engage in cord blood banking;

(b) Include, in any advertising or educational materials made available to the general public or provided to health services providers or potential cord blood donors: (i) A statement identifying the cord blood bank's licenses, accreditations, and other authorizations required in (a) of this subsection; and (ii) information about the cord blood bank's rate of success in collecting, processing, and storing sterile cord blood units that have adequate, viable yields of targeted cells; and

(c) (i) Provide to the cord blood donor the results of appropriate quality control tests performed on the donor's collected cord blood; and

(ii) If the test results provided under (c) (i) of this subsection demonstrate that the collected cord blood may not be recommended for long-term storage and potential future medical uses because of low cell yield, foreign contamination, or other reasons determined by the cord blood bank's medical director, provide the cord blood donor with the option not to be charged fees for processing or storage services, including a refund of any fees paid. The cord blood bank must provide the cord blood donor with sufficient information to make an informed decision regarding this option.

(2) The legislature finds that the practices covered by this section are matters vitally affecting the public interest for the purpose of applying the consumer protection act, chapter 19.86 RCW. A violation of this section is not reasonable in relation to the development and preservation of business and is an unfair or deceptive act in trade or commerce and an unfair method of competition for the purpose of applying the consumer protection act, chapter 19.86 RCW.

(3) The definitions in this subsection apply throughout this section unless the context clearly requires otherwise.

(a) "Autologous use" means the transplantation, including implanting, transplanting, infusion, or transfer, of cord blood into the individual from whom the cord blood was collected.

(b) "Cord blood bank" means an operation engaged in collecting, processing, storing, distributing, or transplanting hematopoietic progenitor cells present in placental or umbilical cord blood.

(c) "Hematopoietic progenitor cells" means pluripotential cells that may be capable of self-renewal and differentiation into any mature blood cell.

(d) "Private cord blood banking" means a cord blood bank that provides, for a fee, cord blood banking services for the autologous use of the cord blood. [2008 c 56 § 3.]

Purpose—2008 c 56: "The purpose of this act is to promote public awareness and education of the general public and potential cord blood donors on the benefits of public or private cord blood banking, and to establish safeguards related to effective private banking of cord blood." [2008 c 56 § 1.]

Effective date—2008 c 56: "This act takes effect July 1, 2010." [2008 c 56 § 4.]

RCW 70.54.230 Cancer registry program. The secretary of health may contract with either a recognized regional cancer research institution or regional tumor registry, or both, which shall hereinafter be called the contractor, to establish a statewide cancer registry program and to obtain cancer reports from all or a portion of the state as required in RCW 70.54.240 and to make available data for use in cancer research and for purposes of improving the public health. [1990 c 280 § 2.]

Intent—1990 c 280: "It is the intent of the legislature to establish a system to accurately monitor the incidence of cancer in the state of Washington for the purposes of understanding, controlling, and reducing the occurrence of cancer in this state. In order to accomplish this, the legislature has determined that cancer cases shall be reported to the department of health, and that there shall be established a statewide population-based cancer registry." [1990 c 280 § 1.]

RCW 70.54.240 Cancer registry program—Reporting requirements.

(1) The department of health shall adopt rules as to which types of cancer shall be reported, who shall report, and the form and timing of the reports. A patient's usual occupation or, if the patient is retired, the primary occupation of the patient before retirement must be reported.

(2) Every health care facility and independent clinical laboratory, and those physicians or others providing health care who diagnose or treat any patient with cancer who is not hospitalized within one month of diagnosis, will provide the contractor with the information required under subsection (1) of this section. The required information may be collected on a regional basis where such a system exists and forwarded to the contractor in a form suitable for the purposes of RCW 70.54.230 through 70.54.270. Such reporting

arrangements shall be reduced to a written agreement between the contractor and any regional reporting agency which shall detail the manner, form, and timeliness of the reporting. [2011 c 38 § 1; 1990 c 280 § 3.]

Intent—1990 c 280: See note following RCW 70.54.230.

RCW 70.54.250 Cancer registry program—Confidentiality. (1)

Data obtained under RCW 70.54.240 shall be used for statistical, scientific, medical research, and public health purposes only.

(2) The department and its contractor shall ensure that access to data contained in the registry is consistent with federal law for the protection of human subjects and consistent with chapter 42.48 RCW. [1990 c 280 § 4.]

Intent—1990 c 280: See note following RCW 70.54.230.

RCW 70.54.260 Liability. Providing information required under RCW 70.54.240 or 70.54.250 shall not create any liability on the part of the provider nor shall it constitute a breach of confidentiality. The contractor shall, at the request of the provider, but not more frequently than once a year, sign an oath of confidentiality, which reads substantially as follows:

"As a condition of conducting research concerning persons who have received services from (name of the health care provider or facility), I, agree not to divulge, publish, or otherwise make known to unauthorized persons or the public any information obtained in the course of such research that could lead to identification of such persons receiving services, or to the identification of their health care providers. I recognize that unauthorized release of confidential information may subject me to civil liability under the provisions of state law."

[1990 c 280 § 5.]

Intent—1990 c 280: See note following RCW 70.54.230.

RCW 70.54.270 Rule making. The department shall adopt rules to implement RCW 70.54.230 through 70.54.260, including but not limited to a definition of cancer. [1990 c 280 § 6.]

Intent—1990 c 280: See note following RCW 70.54.230.

RCW 70.54.280 Bone marrow donor recruitment and education program—Generally—Target minority populations—Report. The

department of health shall establish a bone marrow donor recruitment and education program to educate residents of the state about:

(1) The need for bone marrow donors;

(2) The procedures required to become registered as a potential bone marrow donor, including procedures for determining a person's tissue type;

(3) The procedures a donor must undergo to donate bone marrow or other sources of blood stem cells; and

(4) The ability to obtain information about bone marrow donation when applying for or renewing a personal driver's license or identicard with the department of licensing.

The department of health shall make special efforts to educate and recruit citizens from minority populations to volunteer as potential bone marrow donors. Means of communication may include use of press, radio, and television, and placement of educational materials in appropriate health care facilities, blood banks, and state and local agencies. The department of health in conjunction with the department of licensing shall make educational materials available at all places where and when drivers' licenses are issued or renewed.

By December 1, 2019, the department of health, in conjunction with the department of licensing, must provide a report to the appropriate committees of the legislature on the results and outcomes of the efforts in increasing public awareness of bone marrow donation and the number of individuals being placed on the bone marrow donor registry from Washington state as a result of RCW 46.20.1132. [2018 c 192 § 3; 1992 c 109 § 2.]

Findings—Intent—Effective date—2018 c 192: See notes following RCW 46.20.1132.

Findings—1992 c 109: "The legislature finds that an estimated sixteen thousand American children and adults are stricken each year with leukemia, aplastic anemia, or other fatal blood diseases. For many of these individuals, bone marrow transplantation is the only chance for survival. Nearly seventy percent cannot find a suitable bone marrow match within their own families. The chance that a patient will find a matching, unrelated donor in the general population is between one in a hundred and one in a million.

The legislature further finds that because tissue types are inherited, and different tissue types are found in different ethnic groups, the chances of finding an unrelated donor vary according to the patient's ethnic and racial background. Patients from minority groups are therefore less likely to find matching, unrelated donors.

It is the intent of the legislature to establish a statewide bone marrow donor education and recruitment program in order to increase the number of Washington residents who become bone marrow donors, and to increase the chance that patients in need of bone marrow transplants will find a suitable bone marrow match." [1992 c 109 § 1.]

RCW 70.54.290 Bone marrow donor recruitment and education program—State employees to be recruited. The department of health shall make special efforts to educate and recruit state employees to volunteer as potential bone marrow donors. Such efforts shall include, but not be limited to, conducting a bone marrow donor drive to encourage state employees to volunteer as potential bone marrow donors. The drive shall include educational materials furnished by the national bone marrow donor program and presentations that explain the need for bone marrow donors, and the procedures for becoming registered as potential bone marrow donors. The cost of educational materials and presentations to state employees shall be borne by the national marrow donor program. [1992 c 109 § 3.]

Findings—1992 c 109: See note following RCW 70.54.280.

RCW 70.54.300 Bone marrow donor recruitment and education program—Private sector and community involvement. In addition to educating and recruiting state employees, the department of health shall make special efforts to encourage community and private sector businesses and associations to initiate independent efforts to achieve the goals of chapter 109, Laws of 1992. [1992 c 109 § 4.]

Findings—1992 c 109: See note following RCW 70.54.280.

RCW 70.54.305 Bone marrow donation—Status as minor not a disqualifying factor. A person's status as a minor may not disqualify him or her from bone marrow donation. [2000 c 116 § 1.]

RCW 70.54.310 Semiautomatic external defibrillator—Duty of acquirer—Immunity from civil liability. (1) As used in this section, "defibrillator" means a semiautomatic external defibrillator as prescribed by a physician licensed under chapter 18.71 RCW or an osteopath licensed under chapter 18.57 RCW.

(2) A person or entity who acquires a defibrillator shall ensure that:

(a) Expected defibrillator users receive reasonable instruction in defibrillator use and cardiopulmonary resuscitation by a course approved by the department of health;

(b) The defibrillator is maintained and tested by the acquirer according to the manufacturer's operational guidelines;

(c) Upon acquiring a defibrillator, medical direction is enlisted by the acquirer from a licensed physician in the use of the defibrillator and cardiopulmonary resuscitation;

(d) The person or entity who acquires a defibrillator shall notify the local emergency medical services organization about the existence and the location of the defibrillator; and

(e) The defibrillator user shall call 911 or its local equivalent as soon as possible after the emergency use of the defibrillator and shall assure that appropriate follow-up data is made available as requested by emergency medical service or other health care providers.

(3) A person who uses a defibrillator at the scene of an emergency and all other persons and entities providing services under this section are immune from civil liability for any personal injury that results from any act or omission in the use of the defibrillator in an emergency setting.

(4) The immunity from civil liability does not apply if the acts or omissions amount to gross negligence or willful or wanton misconduct.

(5) The requirements of subsection (2) of this section shall not apply to any individual using a defibrillator in an emergency setting if that individual is acting as a good samaritan under RCW 4.24.300. [1998 c 150 § 1.]

RCW 70.54.320 Electrology and tattooing—Findings. The legislature finds and declares that the practices of electrology and

tattooing involve an invasive procedure with the use of needles and instruments which may be dangerous when improperly sterilized presenting a risk of infecting the client with blood-borne pathogens such as HIV and Hepatitis B. It is in the interests of the public health, safety, and welfare to establish requirements for the sterilization procedures in the commercial practices of electrology and tattooing in this state. [2001 c 194 § 1.]

RCW 70.54.330 Electrology and tattooing—Definitions. The definitions in this section apply throughout RCW 70.54.320, 70.54.340, and 70.54.350 unless the context clearly requires otherwise.

(1) "Electrologist" means a person who practices the business of electrology for a fee.

(2) "Electrology" means the process by which hair is permanently removed through the utilization of solid needle/probe electrode epilation, including thermolysis, being of shortwave, high frequency type, and including electrolysis, being of galvanic type, or a combination of both which is accomplished by a superimposed or sequential blend.

(3) "Tattoo artist" means a person who practices the business of tattooing for a fee.

(4) "Tattooing" means the indelible mark, figure, or decorative design introduced by insertion of nontoxic dyes or pigments into or under the subcutaneous portion of the skin upon the body of a live human being for cosmetic or figurative purposes. [2001 c 194 § 2.]

RCW 70.54.340 Electrology, body art, body piercing, and tattooing—Rules, sterilization requirements. The secretary of health shall adopt by rule requirements, in accordance with nationally recognized professional standards, for precautions against the spread of disease, including the sterilization of needles and other instruments, including sharps and jewelry, employed by electrologists, persons engaged in the practice of body art, body piercing, and tattoo artists. The secretary shall consider the standard precautions for infection control, as recommended by the United States centers for disease control, and guidelines for infection control, as recommended by national industry standards in the adoption of these sterilization requirements. [2009 c 412 § 19; 2001 c 194 § 3.]

Effective date—2009 c 412 §§ 1-21: See RCW 18.300.901.

Short title—Implementation—2009 c 412: See RCW 18.300.900 and 18.300.902.

Definition of body art, body piercing, and tattooing: RCW 18.300.010.

RCW 70.54.350 Electrology and tattooing—Practitioners to comply with rules—Penalty. (1) Any person who practices electrology or tattooing shall comply with the rules adopted by the department of health under *RCW 70.54.340.

(2) A violation of this section is a misdemeanor. [2001 c 194 § 4.]

***Reviser's note:** RCW 70.54.340 was amended by 2009 c 412 § 19, adding body art and body piercing to its application.

RCW 70.54.355 Scleral tattooing prohibited—Penalties—

Enforcement. (1) A person may not perform or offer to perform scleral tattooing on another person.

(2) A person who violates this section is subject to a civil penalty not to exceed ten thousand dollars for each violation, as determined by the court.

(3) (a) The attorney general may receive, investigate, and prosecute complaints against alleged violators of this section.

(b) The attorney general may institute and conduct an action in the name of the state of Washington for any of the following:

(i) An injunction in any court of this state for injunctive relief to restrain a person from continuing any activity that violates this section.

(ii) The assessment and recovery of civil penalties provided in subsection (2) of this section.

(4) The attorney general must be reimbursed through civil penalties collected under this section for the costs incurred in providing the services described in subsection (3) of this section. Any remaining funds must be deposited in the state general fund.

(5) For the purposes of this section, "scleral tattooing" means the practice of producing an indelible mark or figure on the human eye by scarring or inserting a pigment on, in, or under: (a) The fornix conjunctiva; (b) the bulbar conjunctiva; (c) the ocular conjunctiva; or (d) another ocular surface; using needles, scalpels, or other related equipment. [2019 c 307 § 1.]

RCW 70.54.370 Meningococcal disease—Students to receive informational materials.

(1) Except for community and technical colleges, each degree-granting public or private postsecondary residential campus that provides on-campus or group housing shall provide information on meningococcal disease to each enrolled matriculated first-time student. Community and technical colleges must provide the information only to those students who are offered on-campus or group housing. The information about meningococcal disease shall include:

(a) Symptoms, risks, especially as the risks relate to circumstances of group living arrangements, and treatment; and

(b) Current recommendations from the United States centers for disease control and prevention regarding the receipt of vaccines for meningococcal disease and where the vaccination can be received.

(2) This section shall not be construed to require the department of health or the postsecondary educational institution to provide the vaccination to students.

(3) The department of health shall be consulted regarding the preparation of the information materials provided to the first-time students.

(4) If institutions provide electronic enrollment or registration to first-time students, the information required by this section shall be provided electronically and acknowledged by the student before completion of electronic enrollment or registration.

(5) This section does not create a private right of action.
[2003 c 398 § 1.]

Reviser's note: Substitute House Bill No. 1059, Substitute House Bill No. 1173, and Engrossed Substitute House Bill No. 1827 were enacted during the 2003 regular session of the legislature, but were vetoed in part by the governor. A stipulated judgment, No. 03-2-01988-4 filed in the Superior Court of Thurston County, between the governor and the legislature, settled litigation over the governor's use of veto powers and declared the vetoes of SHB 1059, SHB 1173, and ESHB 1827 null and void. Consequently, the text of this section has been returned to the version passed by the legislature prior to the vetoes. For vetoed text and message, see chapter 398, Laws of 2003.

Effective date—2003 c 398: "This act takes effect July 1, 2004."
[2003 c 398 § 2.]

RCW 70.54.400 Retail restroom access—Customers with medical conditions—Penalty. (1) For purposes of this section:

(a) "Customer" means an individual who is lawfully on the premises of a retail establishment.

(b) "Eligible medical condition" means:

(i) Crohn's disease, ulcerative colitis, or any other inflammatory bowel disease;

(ii) Irritable bowel syndrome;

(iii) Any condition requiring use of an ostomy device; or

(iv) Any permanent or temporary medical condition that requires immediate access to a restroom.

(c) "Employee restroom" means a restroom intended for employees only in a retail facility and not intended for customers.

(d) "Health care provider" means an advanced registered nurse practitioner licensed under chapter 18.79 RCW, an osteopathic physician or surgeon licensed under chapter 18.57 RCW, a physician or surgeon licensed under chapter 18.71 RCW, or a physician assistant licensed under chapter 18.71A RCW.

(e) "Retail establishment" means a place of business open to the general public for the sale of goods or services. Retail establishment does not include any structure such as a filling station, service station, or restaurant of eight hundred square feet or less that has an employee restroom located within that structure.

(2) A retail establishment that has an employee restroom must allow a customer with an eligible medical condition to use that employee restroom during normal business hours if:

(a) The customer requesting the use of the employee restroom provides in writing either:

(i) A signed statement by the customer's health care provider on a form that has been prepared by the department of health under subsection (4) of this section; or

(ii) An identification card that is issued by a nonprofit organization whose purpose includes serving individuals who suffer from an eligible medical condition; and

(b) One of the following conditions are met:

(i) The employee restroom is reasonably safe and is not located in an area where providing access would create an obvious health or safety risk to the customer; or

(ii) Allowing the customer to access the restroom facility does not pose a security risk to the retail establishment or its employees.

(3) A retail establishment that has an employee restroom must allow a customer to use that employee restroom during normal business hours if:

(a) (i) Three or more employees of the retail establishment are working at the time the customer requests use of the employee restroom; and

(ii) The retail establishment does not normally make a restroom available to the public; and

(b) (i) The employee restroom is reasonably safe and is not located in an area where providing access would create an obvious health or safety risk to the customer; or

(ii) Allowing the customer to access the employee restroom does not pose a security risk to the retail establishment or its employees.

(4) The department of health shall develop a standard electronic form that may be signed by a health care provider as evidence of the existence of an eligible medical condition as required by subsection (2) of this section. The form shall include a brief description of a customer's rights under this section and shall be made available for a customer or his or her health care provider to access by computer. Nothing in this section requires the department to distribute printed versions of the form.

(5) Fraudulent use of a form as evidence of the existence of an eligible medical condition is a misdemeanor punishable under RCW 9A.20.010.

(6) For a first violation of this section, the city or county attorney shall issue a warning letter to the owner or operator of the retail establishment, and to any employee of a retail establishment who denies access to an employee restroom in violation of this section, informing the owner or operator of the establishment and employee of the requirements of this section. A retail establishment or an employee of a retail establishment that violates this section after receiving a warning letter is guilty of a class 2 civil infraction under chapter 7.80 RCW.

(7) A retail establishment is not required to make any physical changes to an employee restroom under this section and may require that an employee accompany a customer or a customer with an eligible medical condition to the employee restroom.

(8) A retail establishment or an employee of a retail establishment is not civilly liable for any act or omission in allowing a customer or a customer with an eligible medical condition to use an employee restroom if the act or omission meets all of the following:

(a) It is not willful or grossly negligent;

(b) It occurs in an area of the retail establishment that is not accessible to the public; and

(c) It results in an injury to or death of the customer or the customer with an eligible medical condition or any individual other than an employee accompanying the customer or the customer with an eligible medical condition. [2020 c 80 § 46; 2009 c 438 § 1.]

Effective date—2020 c 80 §§ 12-59: See note following RCW 7.68.030.

Intent—2020 c 80: See note following RCW 18.71A.010.

RCW 70.54.410 Unintended pregnancies—Sexual health education funding.

(1) To reduce unintended pregnancies, state agencies may apply for sexual health education funding for programs that are medically and scientifically accurate, including, but not limited to, programs on abstinence, the prevention of sexually transmitted diseases, and the prevention of unintended pregnancies. The state shall ensure that such programs:

- (a) Are evidence-based;
- (b) Use state funds cost-effectively;
- (c) Maximize the use of federal matching funds; and
- (d) Are consistent with RCW 28A.300.475, the state's healthy youth act, as existing on July 26, 2009.

(2) As used in this section:

- (a) "Medically and scientifically accurate" has the same meaning as in RCW 28A.300.475, as existing on July 26, 2009; and
- (b) "Evidence-based" means a program that uses practices proven to the greatest extent possible through research in compliance with scientific methods to be effective and beneficial for the target population. [2009 c 303 § 1.]

RCW 70.54.420 Accountable care organization pilot projects—Report to the legislature.

(1) The administrator shall within available resources appoint a lead organization by January 1, 2011, to support at least one integrated health care delivery system and one network of nonintegrated community health care providers in establishing two distinct accountable care organization pilot projects. The intent is that at least two accountable care organization pilot projects be in the process of implementation no later than January 1, 2012. In order to obtain expert guidance and consultation in design and implementation of the pilots, the lead organization shall contract with a recognized national learning collaborative with a reputable research organization having expertise in the development and implementation of accountable care organizations and payment systems.

(2) The lead organization designated by the administrator under this section shall:

(a) Be representative of health care providers and payors across the state;

(b) Have expertise and knowledge in medical payment and practice reform;

(c) Be able to support the costs of its work without recourse to state funding. The administrator and the lead organization are authorized and encouraged to seek federal funds, as well as solicit, receive, contract for, collect, and hold grants, donations, and gifts to support the implementation of this section and may scale back implementation to fall within resulting resource parameters;

(d) In collaboration with the health care authority, identify and convene work groups, as needed, to accomplish the goals of chapter 220, Laws of 2010; and

(e) Submit regular reports to the administrator on the progress of implementing the requirements of chapter 220, Laws of 2010.

(3) As used in this section, an "accountable care organization" is an entity that enables networks consisting of health care providers or a health care delivery system to become accountable for the overall costs and quality of care for the population they jointly serve and to

share in the savings created by improving quality and slowing spending growth while relying on the following principles:

(a) Local accountability:

(i) Accountable care organizations must be composed of local delivery systems; and

(ii) Accountable care organizations spending benchmarks must make the local system accountable for cost, quality, and capacity;

(b) Appropriate payment and delivery models:

(i) Accountable care organizations with expenditures below benchmarks are recognized and rewarded with appropriate financial incentives;

(ii) Payment models have financial incentives that allow stakeholders to make investments that improve care and slow cost growth such as health information technology; and

(iii) Patient-centered medical homes are an integral component to an accountable care organization with a focus on improving patient outcomes, optimizing the use of health care information technology, patient registries, and chronic disease management, thereby improving the primary care team, and achieving cost savings through lowering health care utilization;

(c) Performance measurement:

(i) Measurement is essential to ensure that appropriate care is being delivered and that cost savings are not the result of limiting necessary care; and

(ii) Accountable care organizations must report patient experience data in addition to clinical process and outcome measures.

(4) The lead organization, subject to available resources, shall research other opportunities to establish accountable care organization pilot projects, which may become available through participation in a demonstration project in medicaid, payment reform in medicare, national health care reform, or other federal changes that support the development of accountable care organizations.

(5) The lead organization, subject to available resources, shall coordinate the accountable care organization selection process with the primary care medical home reimbursement pilot projects established in *RCW 70.54.380 and the ongoing joint project of the department of health and the Washington academy of family physicians patient-centered medical home collaborative being put into practice under section 2, chapter 295, Laws of 2008, as well as other private and public efforts to promote adoption of medical homes within the state.

(6) The lead organization shall make a report to the health care committees of the legislature, by January 1, 2013, on the progress of the accountable care organization pilot projects, recommendations about further expansion, and needed changes to the statute to more broadly implement and oversee accountable care organizations in the state.

(7) As used in this section, "administrator," "health care provider," "lead organization," and "payor" have the same meaning as provided in RCW 41.05.036. [2010 c 220 § 2.]

***Reviser's note:** RCW 70.54.380 expired July 1, 2013, pursuant to 2009 c 305 § 4.

Findings—Intent—2010 c 220: "(1) (a) The legislature finds that a necessary component of bending the health care cost curve is innovative payment and practice reforms that capitalize on current

incentives and create new incentives in the delivery system to further the goals of increased quality, accessibility, and affordability.

(b) The legislature further finds that accountable care organizations have received significant attention in the recent health care reform debate and have been found by the congressional budget office to be one of the few comprehensive reform models that can be relied on to reduce costs.

(c) The legislature further finds that accountable care organizations present an intriguing path forward on reform that builds on current provider referral patterns and offers shared savings payments to providers willing to be held accountable for quality and costs.

(d) The legislature further finds that the accountable care organization framework offers a basic method of decoupling volume and intensity from revenue and profit and is thus a crucial step toward achieving a truly sustainable health care delivery system.

(2) The legislature declares that collaboration among public payors, private health carriers, third-party purchasers, health care delivery systems, and providers to identify appropriate reimbursement methods to align incentives in support of accountable care organizations is in the best interest of the public. The legislature therefore intends to exempt from state antitrust laws, and to provide immunity from federal antitrust laws through the state action doctrine, for activities undertaken pursuant to pilots designed and implemented under RCW 70.54.420 that might otherwise be constrained by such laws. The legislature does not intend and does not authorize any person or entity to engage in activities or to conspire to engage in activities that would constitute per se violations of state and federal antitrust laws including, but not limited to, agreements among competing health care providers or health carriers as to the price or specific level of reimbursement for health care services.

(3) The legislature further finds that public-private partnerships and joint projects, such as the Washington patient-centered medical home collaborative administered and funded jointly between the department of health and the Washington academy of family physicians, are research-supported, evidence-based primary care delivery projects that should be encouraged to the fullest extent possible because they improve health outcomes for patients and increase primary care clinical effectiveness, thereby reducing the overall costs in our health care system." [2010 c 220 § 1.]

RCW 70.54.430 First responders—Emergency response service—

Contact information. (1) When requested by first responders during an emergency, employees of companies providing personal emergency response services must provide to first responders the name, address, and any other information necessary for first responders to contact subscribers within the jurisdiction of the emergency.

(2) Companies providing personal emergency response services may adopt policies to respond to requests from first responders to release subscriber contact information during an emergency. Policies may include procedures to:

(a) Verify that the requester is a first responder;

(b) Verify that the request is made pursuant to an emergency;

(c) Fulfill the request by providing the subscriber contact information; and

(d) Deny the request if no emergency exists or if the requester is not a first responder.

(3) Information received by a first responder under subsection (1) of this section is confidential and exempt from disclosure under chapter 42.56 RCW, and may be used only in responding to the emergency that prompted the request for information. Any first responder receiving the information must destroy it at the end of the emergency.

(4) It is not a violation of this section if a personal emergency response services company or an employee makes a good faith effort to comply with this section. In addition, the company or employee is immune from civil liability for a good faith effort to comply with this section. Should a company or employee prevail upon the defense provided in this section, the company or employee is entitled to recover expenses and reasonable attorneys' fees incurred in establishing the defense.

(5) First responders and their employing jurisdictions are not liable for failing to request the information in subsection (1) of this section. In addition, chapter 30, Laws of 2015 does not create a private right of action nor does it create any civil liability on the part of the state or any of its subdivisions, including first responders.

(6) For the purposes of this section:

(a) "Emergency" means an occurrence that renders the personal emergency response services system inoperable for a period of twenty-four or more continuous hours, and that requires the attention of first responders acting within the scope of their official duties.

(b) "First responder" means firefighters, law enforcement officers, coroners and medical examiners, and emergency medical personnel, as licensed or certificated by this state.

(c) "Personal emergency response services" means a service provided for profit that allows persons in need of emergency assistance to contact a call center by activating a wearable device, such as a pendant or bracelet.

(7) This section does not require a personal emergency response services company to:

(a) Provide first responders with subscriber contact information in nonemergency situations; or

(b) Provide subscriber contact information to entities other than first responders. [2021 c 122 § 5; 2015 c 30 § 1.]

Finding—Intent—2021 c 122: See note following RCW 2.32.050.

RCW 70.54.440 Epinephrine autoinjectors—Prescribing to certain entities—Training—Liability—Incident reporting. (1) An authorized health care provider may prescribe epinephrine autoinjectors in the name of an authorized entity for use in accordance with this section, and pharmacists, advanced registered nurse practitioners, and physicians may dispense epinephrine autoinjectors pursuant to a prescription issued in the name of an authorized entity.

(2) An authorized entity may acquire and stock a supply of epinephrine autoinjectors pursuant to a prescription issued in accordance with this section. The epinephrine autoinjectors must be stored in a location readily accessible in an emergency and in accordance with the epinephrine autoinjector's instructions for use and any additional requirements that may be established by the

department of health. An authorized entity shall designate employees or agents who have completed the training required by subsection (4) of this section to be responsible for the storage, maintenance, and general oversight of epinephrine autoinjectors acquired by the authorized entity.

(3) An employee or agent of an authorized entity, or other individual, who has completed the training required by subsection (4) of this section may, on the premises of or in connection with the authorized entity, use epinephrine autoinjectors prescribed pursuant to subsection (1) of this section to:

(a) Provide an epinephrine autoinjector to any individual who the employee, agent, or other individual believes in good faith is experiencing anaphylaxis for immediate self-administration, regardless of whether the individual has a prescription for an epinephrine autoinjector or has previously been diagnosed with an allergy.

(b) Administer an epinephrine autoinjector to any individual who the employee, agent, or other individual believes in good faith is experiencing anaphylaxis, regardless of whether the individual has a prescription for an epinephrine autoinjector or has previously been diagnosed with an allergy.

(4) (a) An employee, agent, or other individual described in subsection (3) of this section must complete an anaphylaxis training program prior to providing or administering an epinephrine autoinjector made available by an authorized entity. The training must be conducted by a nationally recognized organization experienced in training laypersons in emergency health treatment or an entity or individual approved by the department of health. Training may be conducted online or in person and, at a minimum, must cover:

(i) Techniques on how to recognize symptoms of severe allergic reactions, including anaphylaxis;

(ii) Standards and procedures for the storage and administration of an epinephrine autoinjector; and

(iii) Emergency follow-up procedures.

(b) The entity that conducts the training shall issue a certificate, on a form developed or approved by the department of health, to each person who successfully completes the anaphylaxis training program.

(5) An authorized entity that possesses and makes available epinephrine autoinjectors and its employees, agents, and other trained individuals; an authorized health care provider that prescribes epinephrine autoinjectors to an authorized entity; and an individual or entity that conducts the training described in subsection (4) of this section is not liable for any injuries or related damages that result from the administration or self-administration of an epinephrine autoinjector, the failure to administer an epinephrine autoinjector, or any other act or omission taken pursuant to this section: PROVIDED, However, this immunity does not apply to acts or omissions constituting gross negligence or willful or wanton misconduct. The administration of an epinephrine autoinjector in accordance with this section is not the practice of medicine. This section does not eliminate, limit, or reduce any other immunity or defense that may be available under state law, including that provided under RCW 4.24.300. An entity located in this state is not liable for any injuries or related damages that result from the provision or administration of an epinephrine autoinjector by its employees or agents outside of this state if the entity or its employee or agent (a) would not have been liable for the injuries or related damages had

the provision or administration occurred within this state, or (b) are [is] not liable for the injuries or related damages under the law of the state in which the provision or administration occurred.

(6) An authorized entity that possesses and makes available epinephrine autoinjectors shall submit to the department of health, on a form developed by the department of health, a report of each incident on the authorized entity's premises that involves the administration of the authorized entity's epinephrine autoinjector. The department of health shall annually publish a report that summarizes and analyzes all reports submitted to it under this subsection.

(7) As used in this section:

(a) "Administer" means the direct application of an epinephrine autoinjector to the body of an individual.

(b) "Authorized entity" means any entity or organization at or in connection with which allergens capable of causing anaphylaxis may be present, including, but not limited to, restaurants, recreation camps, youth sports leagues, amusement parks, colleges, universities, and sports arenas.

(c) "Authorized health care provider" means an individual allowed by law to prescribe and administer prescription drugs in the course of professional practice.

(d) "Epinephrine autoinjector" means a single-use device used for the automatic injection of a premeasured dose of epinephrine into the human body.

(e) "Provide" means the supply of one or more epinephrine autoinjectors to an individual.

(f) "Self-administration" means a person's discretionary use of an epinephrine autoinjector. [2016 c 10 § 1.]

RCW 70.54.450 Maternal mortality review panel—Duties—Confidentiality, testimonial privilege, and liability—Identification of maternal deaths—Reports—Data-sharing agreements. (1) For the purposes of this section, "maternal mortality" or "maternal death" means a death of a woman while pregnant or within one year of the end of a pregnancy, from any cause.

(2) A maternal mortality review panel is established to conduct comprehensive, multidisciplinary reviews of maternal deaths in Washington to identify factors associated with the deaths and make recommendations for system changes to improve health care services for women in this state. The members of the panel must be appointed by the secretary of the department of health, must include at least one tribal representative, must serve without compensation, and may include at the discretion of the department:

(a) Women's medical, nursing, and service providers;

(b) Perinatal medical, nursing, and service providers;

(c) Obstetric medical, nursing, and service providers;

(d) Newborn or pediatric medical, nursing, and service providers;

(e) Birthing hospital or licensed birth center representative;

(f) Coroners, medical examiners, or pathologists;

(g) Behavioral health and service providers;

(h) State agency representatives;

(i) Individuals or organizations that represent the populations most affected by pregnancy-related deaths or pregnancy-associated deaths and lack of access to maternal health care services;

(j) A representative from the department of health who works in the field of maternal and child health; and

(k) A department of health epidemiologist with experience analyzing perinatal data.

(3) The maternal mortality review panel must conduct comprehensive, multidisciplinary reviews of maternal mortality in Washington. The panel may not call witnesses or take testimony from any individual involved in the investigation of a maternal death or enforce any public health standard or criminal law or otherwise participate in any legal proceeding relating to a maternal death.

(4) (a) Information, documents, proceedings, records, and opinions created, collected, or maintained by the maternity mortality review panel or the department of health in support of the maternal mortality review panel are confidential and are not subject to public inspection or copying under chapter 42.56 RCW and are not subject to discovery or introduction into evidence in any civil or criminal action.

(b) Any person who was in attendance at a meeting of the maternal mortality review panel or who participated in the creation, collection, or maintenance of the panel's information, documents, proceedings, records, or opinions may not be permitted or required to testify in any civil or criminal action as to the content of such proceedings, or the panel's information, documents, records, or opinions. This subsection does not prevent a member of the panel from testifying in a civil or criminal action concerning facts which form the basis for the panel's proceedings of which the panel member had personal knowledge acquired independently of the panel or which is public information.

(c) Any person who, in substantial good faith, participates as a member of the maternal mortality review panel or provides information to further the purposes of the maternal mortality review panel may not be subject to an action for civil damages or other relief as a result of the activity or its consequences.

(d) All meetings, proceedings, and deliberations of the maternal mortality review panel may, at the discretion of the maternal mortality review panel, be confidential and may be conducted in executive session.

(e) The maternal mortality review panel and the department of health may retain identifiable information regarding facilities where maternal deaths occur, or facilities from which a patient whose record is or will be examined by the maternal mortality review panel was transferred, and geographic information on each case for the purposes of determining trends, performing analysis over time, and for quality improvement efforts. All individually identifiable information must be removed before any case review by the panel.

(5) The department of health shall review department available data to identify maternal deaths. To aid in determining whether a maternal death was related to or aggravated by the pregnancy, whether it was preventable, and to coordinate quality improvement efforts, the department of health has the authority to:

(a) Request and receive data for specific maternal deaths including, but not limited to, all medical records, autopsy reports, medical examiner reports, coroner reports, and social service records; and

(b) Request and receive data as described in (a) of this subsection from health care providers, health care facilities, clinics, laboratories, medical examiners, coroners, professions and facilities licensed by the department of health, local health

jurisdictions, the health care authority and its licensees and providers, the department of social and health services and its licensees and providers, and the department of children, youth, and families and its licensees and providers.

(6) Upon request by the department of health, health care providers, health care facilities, clinics, laboratories, medical examiners, coroners, professions and facilities licensed by the department of health, local health jurisdictions, the health care authority and its licensees and providers, the department of social and health services and its licensees and providers, and the department of children, youth, and families and its licensees and providers must provide all medical records, autopsy reports, medical examiner reports, coroner reports, social services records, information and records related to sexually transmitted diseases, and other data requested for specific maternal deaths as provided for in subsection (5) of this section to the department.

(7) By October 1, 2019, and every three years thereafter, the maternal mortality review panel must submit a report to the secretary of the department of health and the health care committees of the senate and house of representatives. The report must protect the confidentiality of all decedents and other participants involved in any incident. The report must be distributed to relevant stakeholder groups for performance improvement. Interim results may be shared with the Washington state hospital association coordinated quality improvement program. The report must include the following:

(a) A description of the maternal deaths reviewed by the panel, including statistics and causes of maternal deaths presented in the aggregate, but the report must not disclose any identifying information of patients, decedents, providers, and organizations involved; and

(b) Evidence-based system changes and possible legislation to improve maternal outcomes and reduce preventable maternal deaths in Washington.

(8) Upon the approval of the department of health and with a signed written data-sharing agreement, the department of health may release either data or findings with indirect identifiers, or both, to the centers for disease control and prevention, regional maternal mortality review efforts, local health jurisdictions of Washington state, or tribes at the discretion of the department.

(a) A written data-sharing agreement under this section must, at a minimum:

(i) Include a description of the proposed purpose of the request, the scientific justification for the proposal, the type of data needed, and the purpose for which the data will be used;

(ii) Include the methods to be used to protect the confidentiality and security of the data;

(iii) Prohibit redisclosure of any identifiers without express written permission from the department of health;

(iv) Prohibit the recipient of the data from attempting to determine the identity of persons or parties whose information is included in the data set or use the data in any manner that identifies individuals or their family members, or health care providers and facilities;

(v) State that ownership of data provided under this section remains with the department of health, and is not transferred to those authorized to receive and use the data under the agreement; and

(vi) Require the recipient of the data to include appropriate citations when the data is used in research reports or publications of research findings.

(b) The department of health may deny a request to share either data or findings, or both, that does not meet the requirements.

(c) For the purposes of this subsection:

(i) "Direct identifier" means a single data element that identifies an individual person.

(ii) "Indirect identifier" means a single data element that on its own might not identify an individual person, but when combined with other indirect identifiers is likely to identify an individual person.

(9) For the purposes of the maternal mortality review, hospitals and licensed birth centers must make a reasonable and good faith effort to report all deaths that occur during pregnancy or within forty-two days of the end of pregnancy to the local coroner or medical examiner:

(a) These deaths must be reported within thirty-six hours after death.

(b) Local coroners or medical examiners to whom the death was reported must conduct a death investigation, with autopsy strongly recommended.

(c) Autopsies must follow the guidelines for performance of an autopsy published by the department of health.

(d) Reimbursement of these autopsies must be at one hundred percent to the counties for autopsy services. [2019 c 317 § 1; 2016 c 238 § 1.]

RCW 70.54.460 Breast health information—Mammography report—

Notice. (Expires January 1, 2025.) (1) All health care facilities shall include in the summary of the mammography report, required by federal law to be provided to a patient, information that identifies the patient's individual breast density classification based on the breast imaging reporting and data system established by the American College of Radiology. If a physician at, employed by, or under contract with, the health care facility determines that a patient has heterogeneously or extremely dense breasts, the summary of the mammography report must include the following notice:

"Your mammogram indicates that you may have dense breast tissue. Roughly half of all women have dense breast tissue which is normal. Dense breast tissue may make it more difficult to evaluate your mammogram. We are sharing this information with you and your health care provider to help raise your awareness of breast density. We encourage you to talk with your health care provider about this and other breast cancer risk factors. Together, you can decide which screening options are right for you."

(2) Patients who receive diagnostic or screening mammograms may be directed to informative material about breast density. This informative material may include the American College of Radiology's most current brochure on the subject of breast density.

(3) This section does not create a duty of care for any health care facility or any health care providers or other legal obligation beyond the duty to provide notice as set forth in this section.

(4) This section does not require a notice that is inconsistent with the provisions of the federal mammography quality standards act (42 U.S.C. Sec. 263b) or any regulations adopted under that act.

(5) For the purposes of this section:

(a) "Health care facility" means a hospital, clinic, nursing home, laboratory, office, or similar place where mammography examinations are performed.

(b) "Physician" means a person licensed to practice medicine under chapter 18.57 or 18.71 RCW.

(6) This section expires January 1, 2025. [2018 c 122 § 1.]

Effective date—2018 c 122 § 1: "Section 1 of this act takes effect January 1, 2019." [2018 c 122 § 2.]

RCW 70.54.470 Medical debt—Limits on sale or assignment. (1)

No health care provider or health care facility may sell or assign medical debt to any person licensed under chapter 19.16 RCW until at least one hundred twenty days after the initial billing statement for that medical debt has been transmitted to the patient or other responsible party.

(2) For the purposes of this section:

(a) "Health care facility" has the same meaning as provided in RCW 70.02.010.

(b) "Health care provider" has the same meaning as provided in RCW 70.02.010.

(c) "Medical debt" has the same meaning as provided in RCW 19.16.100. [2019 c 227 § 7.]

RCW 70.54.480 Drayage truck operators—Access to restroom facilities. (1) The definitions in this subsection apply throughout this section unless the context clearly requires otherwise.

(a) "Drayage truck operator" means the driver of any in-use on-road vehicle with a gross vehicle weight rating greater than 33,000 pounds operating on or transgressing through port or intermodal rail yard property for the purpose of loading, unloading, or transporting cargo, including containerized, bulk, or break-bulk goods.

(b) (i) "Terminal operator" means the business entity operating a marine terminal for loading and unloading cargo to and from marine vessels.

(ii) "Terminal operator" includes the port if the port is directly operating the marine terminal in loading and unloading cargo to and from marine vessels.

(2) A terminal operator must provide a sufficient number of restrooms for use by drayage truck operators in areas of the terminal that drayage truck operators typically have access to, such as inside the gate and truck queuing lots. Restrooms may include fixed bathrooms with flush toilets or portable chemical toilets. At least one restroom provided by the terminal operator must be a private space suitable for and dedicated to expressing breast milk.

(3) A terminal operator is deemed in compliance with this section if the terminal operator:

(a) Allows drayage truck operators access to existing restrooms while the drayage truck operators are on port property in areas of the terminal that drayage truck operators typically have access to and

when access does not pose an obvious safety risk to the drayage truck operators and other workers in the area and does not violate federal terminal security requirements;

(b) When necessary, provides additional restrooms at locations where there is the most need. To determine need, the terminal operator must assess the use and accessibility of existing restrooms and conduct a survey of drayage truck operators; and

(c) Has a policy that allows drayage truck operators to leave their vehicles at reasonable times and locations for purposes of accessing restrooms.

(4) Restrooms for drayage truck operators must be located in areas where access would not pose an obvious health or safety risk to the drayage truck operators or other workers in the area.

(5) (a) The departments of health and labor and industries have jurisdiction to enforce this section.

(b) The department of health may issue a warning letter to the port terminal operator for a first violation of this section, informing the port terminal operator of the requirements of this section. A port terminal operator that violates this section after receiving a warning letter is guilty of a class 2 civil infraction under chapter 7.80 RCW.

(c) Failure of a terminal operator to comply with this section is a violation of chapter 49.17 RCW.

(d) The departments may not take duplicate enforcement actions against an individual or business for violations arising from the same conduct. [2022 c 204 § 1.]

RCW 70.54.490 Posting of health and safety information—Format and accessibility. The department of health shall post and periodically revise on its website information about substance use trends, overdose symptoms and response, and the secure storage of prescription drugs, over-the-counter medications, and firearms and ammunition. The information must be provided or otherwise made accessible to school districts, charter public schools, state-tribal compact schools, and educational service districts, and must be formatted for the needs of public school students and families as provided in RCW 28A.320.292 and 28A.310.520. The information also must be in the form of a template that can be revised as necessary and that:

(1) Includes website addresses and telephone numbers of one or more public health agencies with applicable information;

(2) May include website addresses and telephone numbers of one or more private organizations with applicable information;

(3) Can be replicated for other health and safety topics that are germane to public schools;

(4) Can be easily and readily shared with schools and districts in accordance with the requirements of RCW 28A.320.292(2); and

(5) Includes format and content options that schools and school districts may use to reflect regional, demographic, and cultural differences. [2023 c 173 § 4.]

Findings—2023 c 173: "(1) The legislature recognizes that access to information regarding drug overdoses and the secure storage of medication and firearms can help decrease the risks of related injuries and deaths by aiding parents and students in their efforts to

keep children and each other safe. The legislature also recognizes that significant increases in ongoing student behavioral health crises, including increased suicide ideation and completion, requires policymakers to promptly and thoughtfully consider reasonable ways of limiting children's access to lethal means.

(2) The legislature finds data involving the unintentional ingestion of medications by children highly concerning. Nationally, in 2017 and 2018 there was an average of 47,500 emergency room visits annually for children under the age of six who had accidentally, and without supervision, ingested medicine. This number equates to approximately 130 emergency room visits per day or more than five per hour. During this same two-year period, 23 children under age six were hospitalized each day for an accidental unsupervised ingestion of medicine. Furthermore, the data for 2017 indicates that 84 percent of children receiving emergency treatment for an accidental unsupervised ingestion of medicine were between one and three years old.

(3) Although the unintentional ingestion of medications can be fatal for children, regrettably, that threat is only one of many drug-related concerns plaguing families and children. The decades-long opioid crisis, for example, has had profound impacts in our state. According to data from the department of health, in 2018 opioids were involved in two-thirds of the drug overdoses in Washington state and in the nation. Also, the 2018 Washington healthy youth survey indicated that about 2,500 12th grade students had tried heroin at least once, and about 3,500 12th grade students had used pain killers to get high in any given month.

(4) The legislature also finds that the need for safe secure storage information is evidenced by sobering data. For example, researchers at the University of Washington found in 2018 that 63 percent of Washington firearm owners did not practice secure firearm storage; and nationally, about 50,000 children each year are brought to emergency rooms after unintentionally ingesting a medicine when a caregiver was not watching.

(5) Researchers estimate that one in three American families with children have at least one firearm in the home. About 75 percent of children aged five through 14 with firearm-owning parents know where the firearms are stored, and more than 20 percent of the children have handled a firearm in the home without their parents' knowledge.

(6) The legislature recognizes that the impacts of firearms on the health and safety of children is profound. For example, an analysis of school related gun violence found that more than 85 percent of school shooters obtained the firearm at their home or from a friend or relative. Researchers have also found that more than 75 percent of firearms used in youth suicide attempts and unintentional injuries were stored in the residence of the victim, a relative, or a friend. Additionally, the two age groups most likely to be both shooters and victims were youth aged 14 to 17, and preschoolers aged five and younger. Furthermore, firearms are the leading cause of death in suicides and homicides by youth and young adults in Washington state.

(7) The legislature finds that the challenges of the ongoing COVID-19 pandemic have exacerbated troubling trends with children and firearms. For example, the number of unintentional shooting deaths by children in the United States from the beginning of the COVID-19 pandemic, March of 2020 through December of 2020, was 31 percent higher than the same period one year earlier. Nationally during this

same period, there were 314 incidents of unintentional shootings by children resulting in 128 gun deaths and 199 nonfatal injuries.

(8) The legislature, therefore, in recognition of the critical and ongoing need for life-saving information for items that can accidentally or intentionally inflict great harm on children and families, intends to require that school districts and other public education entities use their websites and other communication resources to provide accurate and easily accessed information about substance use trends, overdose symptoms and response, and the secure storage of prescription drugs, over-the-counter medications, and firearms and ammunition." [2023 c 173 § 1.]

RCW 70.54.500 Motor carriers—Access to restroom facilities.

(1) The definitions in this subsection apply throughout this section unless the context clearly requires otherwise.

(a) "Consignee" means a person or business who takes delivery of property, cargo, or materials transported in interstate or intrastate commerce from a motor carrier.

(b) "Motor carrier" includes "common carrier," "contract carrier," and "private carrier" as defined in RCW 81.80.010.

(c) "Restroom" means a bathroom facility as required by rules authorized under chapter 49.17 RCW, located on the premises of, and operated by, a shipper or consignee and that is intended for use by customers or employees of the shipper or consignee.

(d) "Shipper" means a person or business who tenders property, cargo, or materials to a motor carrier for transportation in interstate or intrastate commerce.

(2) A shipper or consignee required to provide a restroom by rules authorized under chapter 49.17 RCW must allow a motor carrier delivering goods to or picking goods up from a shipper or consignee to use that restroom during normal business hours if:

(a) The restroom is located in an area where providing access would not create an obvious health or safety risk to the motor carrier; and

(b) Allowing the motor carrier to access the restroom does not pose an obvious security, health, or safety risk to the shipper, consignee, or its employees.

(3) A shipper or consignee is not required to make any physical changes to a restroom under this section and may require that an employee accompany a motor carrier to the restroom.

(4) A shipper or consignee or an employee of a shipper or consignee is not civilly liable for any act or omission in allowing a motor carrier to use a restroom if the act or omission:

(a) Is not willful or grossly negligent;

(b) Occurs in an area of the shipper or consignee facility that is not accessible to the public; and

(c) Results in an injury to or death of the motor carrier or any individual other than an employee accompanying the motor carrier.

(5) (a) The department of health has jurisdiction to enforce this section.

(b) The department of health may issue a warning letter to a shipper or consignee for a first violation of this section, informing the shipper or consignee of the requirements of this section. A shipper or consignee that violates this section after receiving a

warning letter is guilty of a class 2 civil infraction under chapter
7.80 RCW. [2023 c 251 § 1.]