CERTIFICATION OF ENROLLMENT

ENGROSSED SUBSTITUTE HOUSE BILL 2264

55th Legislature 1997 Regular Session

Passed by the House April 21, 1997 Yeas 61 Nays 36

Speaker of the House of Representatives

Passed by the Senate April 17, 1997 Yeas 47 Nays 0

President of the Senate

Approved

CERTIFICATE

I, Timothy A. Martin, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **ENGROSSED SUBSTITUTE HOUSE BILL 2264** as passed by the House of Representatives and the Senate on the dates hereon set forth.

Chief Clerk

FILED

Governor of the State of Washington

Secretary of State State of Washington

ENGROSSED SUBSTITUTE HOUSE BILL 2264

Passed Legislature - 1997 Regular Session

AS AMENDED BY THE SENATE

State of Washington 55th Legislature 1997 Regular Session

By House Committee on Appropriations (originally sponsored by Representatives Koster, Huff, D. Sommers, Sterk, Sherstad, Boldt, Mulliken, Thompson and McMorris)

Read first time 04/07/97.

AN ACT Relating to abolishing the state health care policy board; amending RCW 41.05.021, 43.70.054, 43.70.066, 43.70.068, 43.72.300, and 43.72.310; reenacting and amending RCW 42.17.310; adding a new section to chapter 43.72 RCW; repealing RCW 43.72.320, 43.73.010, 43.73.020, 43.73.030, and 43.73.040; repealing 1996 c 281 s 2 (uncodified); providing an effective date; and declaring an emergency.

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

8 Sec. 1. RCW 41.05.021 and 1995 1st sp.s. c 6 s 7 are each amended 9 to read as follows:

10 (1) The Washington state health care authority is created within The authority shall have an administrator 11 the executive branch. appointed by the governor, with the consent of the senate. 12 The 13 administrator shall serve at the pleasure of the governor. The administrator may employ up to seven staff members, who shall be exempt 14 15 from chapter 41.06 RCW, and any additional staff members as are 16 necessary to administer this chapter. The administrator may delegate any power or duty vested in him or her by this chapter, including 17 authority to make final decisions and enter final orders in hearings 18 conducted under chapter 34.05 RCW. The primary duties of the authority 19

shall be to: Administer state employees' insurance benefits and 1 retired or disabled school employees' insurance benefits; administer 2 the basic health plan pursuant to chapter 70.47 RCW; study state-3 purchased health care programs in order to maximize cost containment in 4 these programs while ensuring access to quality health care; and 5 state initiatives, joint purchasing strategies, 6 implement and 7 techniques for efficient administration that have potential application 8 to all state-purchased health services. The authority's duties 9 include, but are not limited to, the following:

(a) To administer health care benefit programs for employees and
retired or disabled school employees as specifically authorized in RCW
41.05.065 and in accordance with the methods described in RCW
41.05.075, 41.05.140, and other provisions of this chapter;

(b) To analyze state-purchased health care programs and to explore options for cost containment and delivery alternatives for those programs that are consistent with the purposes of those programs, including, but not limited to:

(i) Creation of economic incentives for the persons for whom the
state purchases health care to appropriately utilize and purchase
health care services, including the development of flexible benefit
plans to offset increases in individual financial responsibility;

(ii) Utilization of provider arrangements that encourage cost containment, including but not limited to prepaid delivery systems, utilization review, and prospective payment methods, and that ensure access to quality care, including assuring reasonable access to local providers, especially for employees residing in rural areas;

(iii) Coordination of state agency efforts to purchase drugseffectively as provided in RCW 70.14.050;

(iv) Development of recommendations and methods for purchasing medical equipment and supporting services on a volume discount basis; and

(v) Development of data systems to obtain utilization data from state-purchased health care programs in order to identify cost centers, utilization patterns, provider and hospital practice patterns, and procedure costs, utilizing the information obtained pursuant to RCW 41.05.031;

(c) To analyze areas of public and private health care interaction;
 (d) To provide information and technical and administrative
 assistance to the board;

1 (e) To review and approve or deny applications from counties, 2 municipalities, and other political subdivisions of the state to 3 provide state-sponsored insurance or self-insurance programs to their 4 employees in accordance with the provisions of RCW 41.04.205, setting 5 the premium contribution for approved groups as outlined in RCW 6 41.05.050;

7 (f) To appoint a health care policy technical advisory committee as 8 required by RCW 41.05.150;

9 (g) To establish billing procedures and collect funds from school 10 districts and educational service districts under RCW 28A.400.400 in a 11 way that minimizes the administrative burden on districts; and

(h) To promulgate and adopt rules consistent with this chapter asdescribed in RCW 41.05.160.

(2) On and after January 1, 1996, the public employees' benefits
board may implement strategies to promote managed competition among
employee health benefit plans. Strategies may include but are not
limited to:

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(a) Standardizing the benefit package;

19 (b) Soliciting competitive bids for the benefit package;

(c) Limiting the state's contribution to a percent of the lowestpriced qualified plan within a geographical area;

22 (d) Monitoring the impact of the approach under this subsection with regards to: Efficiencies in health service delivery, cost shifts 23 24 to subscribers, access to and choice of managed care plans state-wide, 25 and quality of health services. The health care authority shall also 26 advise on the value of administering a benchmark employer-managed plan 27 to promote competition among managed care plans. The health care authority shall report its findings and recommendations to the 28 legislature by January 1, 1997. 29

30 (3) The health care authority shall, no later than July 1, 1996, 31 submit to the appropriate committees of the legislature, proposed 32 methods whereby, through the use of a voucher-type process, state 33 employees may enroll with any health carrier to receive employee 34 benefits. Such methods shall include the employee option of 35 participating in a health care savings account, as set forth in Title 36 48 RCW.

37 (((4) The Washington health care policy board shall study the 38 necessity and desirability of the health care authority continuing as

1 a self-insuring entity and make recommendations to the appropriate
2 committees of the legislature by December 1, 1996.))

3 **Sec. 2.** RCW 43.70.054 and 1995 c 267 s 2 are each amended to read 4 as follows:

5 (1) To promote the public interest consistent with chapter 267, Laws of 1995, the department of health, in cooperation with the 6 ((health care policy board and the)) information services board 7 8 established under RCW 43.105.032, shall develop health care data 9 standards to be used by, and developed in collaboration with, consumers, purchasers, health carriers, providers, and state government 10 as consistent with the intent of chapter 492, Laws of 1993 as amended 11 12 by chapter 267, Laws of 1995, to promote the delivery of quality health services that improve health outcomes for state residents. The data 13 14 standards shall include content, coding, confidentiality, and 15 transmission standards for all health care data elements necessary to support the intent of this section, and to improve administrative 16 efficiency and reduce cost. Purchasers, as allowed by federal law, 17 18 health carriers, health facilities and providers as defined in chapter 19 48.43 RCW, and state government shall utilize the data standards. The information and data elements shall be reported as the department of 20 21 health directs by rule in accordance with data standards developed 22 under this section.

23 (2) The health care data collected, maintained, and studied by the 24 department under this section((, the health care policy board,)) or any 25 other entity: (a) Shall include a method of associating all information on health care costs and services with discrete cases; (b) 26 shall not contain any means of determining the personal identity of any 27 enrollee, provider, or facility; (c) shall only be available for 28 29 retrieval in original or processed form to public and private requesters; (d) shall be available within a reasonable period of time 30 after the date of request; and (e) shall give strong consideration to 31 32 data standards that achieve national uniformity.

(3) The cost of retrieving data for state officials and agencies shall be funded through state general appropriation. The cost of retrieving data for individuals and organizations engaged in research or private use of data or studies shall be funded by a fee schedule developed by the department that reflects the direct cost of retrieving the data or study in the requested form.

1 (4) All persons subject to this section shall comply with 2 departmental requirements established by rule in the acquisition of 3 data, however, the department shall adopt no rule or effect no policy 4 implementing the provisions of this section without an act of law.

5 (5) The department shall submit developed health care data 6 standards to the appropriate committees of the legislature by December 7 31, 1995.

8 **Sec. 3.** RCW 43.70.066 and 1995 c 267 s 4 are each amended to read 9 as follows:

10 (1) The department of health ((in consultation with the health 11 policy board)) shall study the feasibility of a uniform quality 12 assurance and improvement program for use by all public and private 13 health plans and health care providers and facilities. In this study, 14 the department shall consult with:

15 (a) Public and private purchasers of health care services;

16 (b) Health carriers;

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(c) Health care providers and facilities; and

18 (d) Consumers of health services.

(2) In conducting the study, the department shall propose standards that meet the needs of affected persons and organizations, whether public or private, without creation of differing levels of quality assurance. All consumers of health services should be afforded the same level of quality assurance.

(3) At a minimum, the study shall include but not be limited to the
 following program components and indicators appropriate for consumer
 disclosure:

(a) Health care provider training, credentialing, and licensurestandards;

29 (b) Health care facility credentialing and recredentialing;

30 (c) Staff ratios in health care facilities;

31 (d) Annual mortality and morbidity rates of cases based on a 32 defined set of procedures performed or diagnoses treated in health care 33 facilities, adjusted to fairly consider variable factors such as 34 patient demographics and case severity;

(e) The average total cost and average length of hospital stay fora defined set of procedures and diagnoses;

(f) The total number of the defined set of procedures, by
 specialty, performed by each physician at a health care facility within
 the previous twelve months;

4 (g) Utilization performance profiles by provider, both primary care
5 and specialty care, that have been adjusted to fairly consider variable
6 factors such as patient demographics and severity of case;

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(h) Health plan fiscal performance standards;

8 (i) Health care provider and facility recordkeeping and reporting9 standards;

10 (j) Health care utilization management that monitors trends in 11 health service underutilization, as well as overutilization of 12 services;

13 (k) Health monitoring that is responsive to consumer, purchaser,14 and public health assessment needs; and

(1) Assessment of consumer satisfaction and disclosure of consumersurvey results.

(4) In conducting the study, the department shall develop standards that permit each health care facility, provider group, or health carrier to assume responsibility for and determine the physical method of collection, storage, and assimilation of quality indicators for consumer disclosure. The study may define the forms, frequency, and posting requirements for disclosure of information.

In developing proposed standards under this subsection, the department shall identify options that would minimize provider burden and administrative cost resulting from duplicative private sector data submission requirements.

(5) The department shall submit a preliminary report to the legislature by December 31, 1995, including recommendations for initial legislation pursuant to subsection (6) of this section, and shall submit supplementary reports and recommendations as completed, consistent with appropriated funds and staffing.

(6) The department shall not adopt any rule implementing the
 uniform quality assurance program or consumer disclosure provisions
 unless expressly directed to do so by an act of law.

35 **Sec. 4.** RCW 43.70.068 and 1995 c 267 s 5 are each amended to read 36 as follows:

37 ((No later than July 1, 1995, the health care policy board together 38 with)) The department of health, the health care authority, the

department of social and health services, the office of the insurance 1 2 commissioner, and the department of labor and industries shall form an interagency group for coordination and consultation on quality 3 4 assurance activities and collaboration on final recommendations for the study required under RCW 43.70.066. ((By December 31, 1996, the group 5 shall review all state agency programs governing health service quality 6 7 assurance, in light of legislative actions pursuant to RCW 8 43.70.066(6), and shall recommend to the legislature, the 9 consolidation, coordination, or elimination of rules and programs that 10 would be made unnecessary pursuant to the development of a uniform quality assurance and improvement program.)) 11

12 <u>NEW SECTION.</u> Sec. 5. A new section is added to chapter 43.72 RCW 13 to read as follows:

As used in this chapter, "health carrier," "health care provider," 15 "provider," "health plan," and "health care facility" have the same 16 meaning as provided in RCW 48.43.005.

17 Sec. 6. RCW 43.72.300 and 1993 c 492 s 447 are each amended to 18 read as follows:

(1) The legislature recognizes that competition among health care 19 providers, facilities, payers, and purchasers will yield the best 20 allocation of health care resources, the lowest prices for health care 21 22 services, and the highest quality of health care when there exists a 23 large number of buyers and sellers, easily comparable health ((care)) 24 plans and services, minimal barriers to entry and exit into the health 25 care market, and adequate information for buyers and sellers to base purchasing and production decisions. However, the legislature finds 26 27 that purchasers of health care services and health care coverage do not 28 have adequate information upon which to base purchasing decisions; that 29 health care facilities and providers of health care services face legal and market disincentives to develop economies of scale or to provide 30 the most cost-efficient and efficacious service; that health insurers, 31 32 contractors, and health maintenance organizations face market 33 disincentives in providing health care coverage to those Washington residents with the most need for health care coverage; and that 34 35 potential competitors in the provision of health care coverage bear unequal burdens in entering the market for health care coverage. 36

(2) The legislature therefore intends to exempt from state anti-1 trust laws, and to provide immunity from federal anti-trust laws 2 through the state action doctrine for activities approved under this 3 4 chapter that might otherwise be constrained by such laws and intends to displace competition in the health care market: 5 To contain the aggregate cost of health care services; to promote the development of б 7 comprehensive, integrated, and cost-effective health care delivery 8 systems through cooperative activities among health care providers and 9 facilities; to promote comparability of health care coverage; to 10 improve the cost-effectiveness in providing health care coverage relative to health promotion, disease prevention, and the amelioration 11 or cure of illness; to assure universal access to a publicly 12 determined, uniform package of health care benefits; and to create 13 reasonable equity in the distribution of funds, treatment, and medical 14 15 risk among purchasers of health care coverage, payers of health care services, providers of health care services, health care facilities, 16 17 and Washington residents. To these ends, any lawful action taken pursuant to chapter 492, Laws of 1993 by any person or entity created 18 19 or regulated by chapter 492, Laws of 1993 are declared to be taken 20 pursuant to state statute and in furtherance of the public purposes of the state of Washington. 21

(3) The legislature does not intend and unless explicitly permitted in accordance with RCW 43.72.310 or under rules adopted pursuant to chapter 492, Laws of 1993, 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 anti-trust laws including but not limited to conspiracies or agreements:

(a) Among competing health care providers not to grant discounts,not to provide services, or to fix the price of their services;

30 (b) Among ((certified)) health ((plans)) carriers as to the price 31 or level of reimbursement for health care services;

32 (c) Among ((certified)) health ((plans)) carriers to boycott a
 33 group or class of health care service providers;

34 (d) Among purchasers of ((certified)) health plan coverage to35 boycott a particular plan or class of plans;

36 (e) Among ((certified)) health ((plans)) carriers to divide the 37 market for health care coverage; or

38 (f) Among ((certified)) health ((plans)) carriers and purchasers to 39 attract or discourage enrollment of any Washington resident or groups 1 of residents in a ((certified)) health plan based upon the perceived or 2 actual risk of loss in including such resident or group of residents in 3 a ((certified)) health plan or purchasing group.

4 **Sec. 7.** RCW 43.72.310 and 1995 c 267 s 8 are each amended to read 5 as follows:

(1) ((Until May 8, 1995, and after June 30, 1996, a certified)) A 6 7 health ((plan)) carrier, health care facility, health care provider, or other person involved in the development, delivery, or marketing of 8 9 health care or ((certified)) health plans may request, in writing, that the ((commission)) department of health obtain an informal opinion from 10 11 the attorney general as to whether particular conduct is authorized by 12 chapter 492, Laws of 1993. Trade secret or proprietary information contained in a request for informal opinion shall be identified as such 13 14 and shall not be disclosed other than to an authorized employee of the 15 ((commission)) department of health or attorney general without the 16 consent of the party making the request, except that information in summary or aggregate form and market share data may be contained in the 17 18 informal opinion issued by the attorney general. The attorney general 19 shall issue such opinion within thirty days of receipt of a written request for an opinion or within thirty days of receipt of any 20 21 additional information requested by the attorney general necessary for 22 rendering an opinion unless extended by the attorney general for good 23 If the attorney general concludes that such conduct is cause shown. 24 not authorized by chapter 492, Laws of 1993, the person or organization 25 making the request may petition the ((commission)) department of health for review and approval of such conduct in accordance with subsection 26 (3) of this section. 27

(2) After obtaining the written opinion of the attorney general and
 consistent with such opinion, the ((health services commission))
 department of health:

(a) May authorize conduct by a ((certified)) health ((plan)) carrier, health care facility, health care provider, or any other person that could tend to lessen competition in the relevant market upon a strong showing that the conduct is likely to achieve the policy goals of chapter 492, Laws of 1993 and a more competitive alternative is impractical;

37 (b) Shall adopt rules governing conduct among providers, health
 38 care facilities, and ((certified)) health ((plans)) carriers including

1 rules governing provider and facility contracts with ((certified))
2 health ((plans)) carriers, rules governing the use of "most favored
3 nation" clauses and exclusive dealing clauses in such contracts, and
4 rules providing that ((certified)) health ((plans)) carriers in rural
5 areas contract with a sufficient number and type of health care
6 providers and facilities to ensure consumer access to local health care
7 services;

8 (c) Shall adopt rules permitting health care providers within the 9 service area of a plan to collectively negotiate the terms and 10 conditions of contracts with a ((certified)) health ((plan)) carrier 11 including the ability of providers to meet and communicate for the 12 purposes of these negotiations; ((and))

(d) Shall adopt rules governing cooperative activities among healthcare facilities and providers; and

15 (e) Effective July 1, 1997, in addition to the rule-making 16 authority granted to the department under this section, the department 17 shall have the authority to enforce and administer rules previously 18 adopted by the health services commission and the health care policy 19 board pursuant to RCW 43.72.310.

20 (3) ((Until May 8, 1995, and after June 30, 1996, a certified)) A health ((plan)) <u>carrier</u>, health care facility, health care provider, or 21 any other person involved in the development, delivery, and marketing 22 of health <u>care</u> services or ((certified)) health plans may file a 23 24 written petition with the ((commission)) department of health 25 requesting approval of conduct that could tend to lessen competition in 26 the relevant market. Such petition shall be filed in a form and manner prescribed by rule of the ((commission)) department of health. 27

The ((commission)) <u>department of health</u> shall issue a written decision approving or denying a petition filed under this section within ninety days of receipt of a properly completed written petition unless extended by the ((commission)) <u>department of health</u> for good cause shown. The decision shall set forth findings as to benefits and disadvantages and conclusions as to whether the benefits outweigh the disadvantages.

(4) In authorizing conduct and adopting rules of conduct under this section, the ((commission)) department of health with the advice of the attorney general, shall consider the benefits of such conduct in furthering the goals of health care reform including but not limited to:

1 (a) Enhancement of the quality of health services to consumers;

(b) Gains in cost efficiency of health services;

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(c) Improvements in utilization of health services and equipment;

(d) Avoidance of duplication of health services resources; or

5 (e) And as to (b) and (c) of this subsection: (i) Facilitates the 6 exchange of information relating to performance expectations; (ii) 7 simplifies the negotiation of delivery arrangements and relationships; 8 and (iii) reduces the transactions costs on the part of ((certified)) 9 health ((plans)) carriers and providers in negotiating more cost-10 effective delivery arrangements.

11 These benefits must outweigh disadvantages including and not 12 limited to:

(i) Reduced competition among ((certified)) health ((plans))
 14 carriers, health care providers, or health care facilities;

(ii) Adverse impact on quality, availability, or price of healthcare services to consumers; or

17 (iii) The availability of arrangements less restrictive to18 competition that achieve the same benefits.

(5) Conduct authorized by the ((commission)) department of health
shall be deemed taken pursuant to state statute and in the furtherance
of the public purposes of the state of Washington.

(6) With the assistance of the attorney general's office, the 22 ((commission)) department of health shall actively supervise any 23 24 conduct authorized under this section to determine whether such conduct 25 or rules permitting certain conduct should be continued and whether a 26 more competitive alternative is practical. The ((commission)) 27 department of health shall periodically review petitioned conduct through, at least, annual progress reports from petitioners, annual or 28 29 more frequent reviews by the ((commission)) department of health that 30 evaluate whether the conduct is consistent with the petition, and 31 whether the benefits continue to outweigh any disadvantages. If the ((commission)) department of health determines that the likely benefits 32 33 of any conduct approved through rule, petition, or otherwise by the 34 ((commission)) <u>department of health</u> no longer outweigh the 35 disadvantages attributable to potential reduction in competition, the ((commission)) department of health shall order a modification or 36 37 discontinuance of such conduct. Conduct ordered discontinued by the ((commission)) department of health shall no longer be deemed to be 38

1 taken pursuant to state statute and in the furtherance of the public 2 purposes of the state of Washington.

3 (7) Nothing contained in chapter 492, Laws of 1993 is intended to 4 in any way limit the ability of rural hospital districts to enter into 5 cooperative agreements and contracts pursuant to RCW 70.44.450 and 6 chapter 39.34 RCW.

7 (8) ((Only requests for informal opinions under subsection (1) of 8 this section and petitions under subsection (3) of this section that 9 were received prior to May 8, 1995, or after June 30, 1996, shall be The secretary of health shall from time to time 10 considered.)) establish fees to accompany the filing of a petition or a written 11 request to the department to obtain an opinion from the attorney 12 13 general under this section and for the active supervision of conduct approved under this section. Such fees may vary according to the size 14 of the transaction proposed in the petition or under active 15 supervision. In setting such fees, the secretary shall consider that 16 consumers and the public benefit when activities meeting the standards 17 of this section are permitted to proceed; the importance of assuring 18 19 that persons sponsoring beneficial activities are not foreclosed from filing a petition under this section because of the fee; and the 20 necessity to avoid a conflict, or the appearance of a conflict, between 21 the interests of the department and the public. The total fee for a 22 petition under this section, a written request to the department to 23 24 obtain an opinion from the attorney general, or a combination of both 25 regarding the same conduct shall not exceed the level that will defray 26 the reasonable costs the department and attorney general incur in considering a petition and in no event shall be greater than twenty-27 five thousand dollars. The fee for review of approved conduct shall 28 not exceed the level that will defray the reasonable costs the 29 30 department and attorney general incur in conducting such a review and in no event shall be greater than ten thousand dollars per annum. The 31 fees shall be fixed by rule adopted in accordance with the provisions 32 of the administrative procedure act, chapter 34.05 RCW, and shall be 33 34 deposited in the health professions account established in accordance 35 with RCW 43.70.320.

36 Sec. 8. RCW 42.17.310 and 1996 c 305 s 2, 1996 c 253 s 302, 1996 37 c 191 s 88, and 1996 c 80 s 1 are each reenacted and amended to read as 38 follows:

1 (1) The following are exempt from public inspection and copying:

2 (a) Personal information in any files maintained for students in
3 public schools, patients or clients of public institutions or public
4 health agencies, or welfare recipients.

5 (b) Personal information in files maintained for employees, 6 appointees, or elected officials of any public agency to the extent 7 that disclosure would violate their right to privacy.

8 (c) Information required of any taxpayer in connection with the 9 assessment or collection of any tax if the disclosure of the 10 information to other persons would (i) be prohibited to such persons by 11 RCW 82.32.330 or (ii) violate the taxpayer's right to privacy or result 12 in unfair competitive disadvantage to the taxpayer.

(d) Specific intelligence information and specific investigative records compiled by investigative, law enforcement, and penology agencies, and state agencies vested with the responsibility to discipline members of any profession, the nondisclosure of which is essential to effective law enforcement or for the protection of any person's right to privacy.

19 (e) Information revealing the identity of persons who are witnesses to or victims of crime or who file complaints with investigative, law 20 enforcement, or penology agencies, other than the public disclosure 21 commission, if disclosure would endanger any person's life, physical 22 If at the time a complaint is filed the 23 safety, or property. 24 complainant, victim or witness indicates a desire for disclosure or 25 nondisclosure, such desire shall govern. However, all complaints filed 26 with the public disclosure commission about any elected official or 27 candidate for public office must be made in writing and signed by the complainant under oath. 28

(f) Test questions, scoring keys, and other examination data usedto administer a license, employment, or academic examination.

(g) Except as provided by chapter 8.26 RCW, the contents of real estate appraisals, made for or by any agency relative to the acquisition or sale of property, until the project or prospective sale is abandoned or until such time as all of the property has been acquired or the property to which the sale appraisal relates is sold, but in no event shall disclosure be denied for more than three years after the appraisal.

(h) Valuable formulae, designs, drawings, and research data
 obtained by any agency within five years of the request for disclosure
 when disclosure would produce private gain and public loss.

4 (i) Preliminary drafts, notes, recommendations, and intra-agency 5 memorandums in which opinions are expressed or policies formulated or 6 recommended except that a specific record shall not be exempt when 7 publicly cited by an agency in connection with any agency action.

8 (j) Records which are relevant to a controversy to which an agency 9 is a party but which records would not be available to another party 10 under the rules of pretrial discovery for causes pending in the 11 superior courts.

12 (k) Records, maps, or other information identifying the location of 13 archaeological sites in order to avoid the looting or depredation of 14 such sites.

(1) Any library record, the primary purpose of which is to maintain control of library materials, or to gain access to information, which discloses or could be used to disclose the identity of a library user.

(m) Financial information supplied by or on behalf of a person, firm, or corporation for the purpose of qualifying to submit a bid or proposal for (i) a ferry system construction or repair contract as required by RCW 47.60.680 through 47.60.750 or (ii) highway construction or improvement as required by RCW 47.28.070.

(n) Railroad company contracts filed prior to July 28, 1991, with
the utilities and transportation commission under RCW 81.34.070, except
that the summaries of the contracts are open to public inspection and
copying as otherwise provided by this chapter.

(o) Financial and commercial information and records supplied by
 private persons pertaining to export services provided pursuant to
 chapter 43.163 RCW and chapter 53.31 RCW, and by persons pertaining to
 export projects pursuant to RCW 43.23.035.

(p) Financial disclosures filed by private vocational schools underchapters 28B.85 and 28C.10 RCW.

(q) Records filed with the utilities and transportation commission
 or attorney general under RCW 80.04.095 that a court has determined are
 confidential under RCW 80.04.095.

(r) Financial and commercial information and records supplied by
 businesses or individuals during application for loans or program
 services provided by chapters 43.163, 43.160, 43.330, and 43.168 RCW,

or during application for economic development loans or program
 services provided by any local agency.

3 (s) Membership lists or lists of members or owners of interests of 4 units in timeshare projects, subdivisions, camping resorts, 5 condominiums, land developments, or common-interest communities 6 affiliated with such projects, regulated by the department of 7 licensing, in the files or possession of the department.

8 (t) All applications for public employment, including the names of 9 applicants, resumes, and other related materials submitted with respect 10 to an applicant.

(u) The residential addresses and residential telephone numbers of employees or volunteers of a public agency which are held by the agency in personnel records, employment or volunteer rosters, or mailing lists of employees or volunteers.

(v) The residential addresses and residential telephone numbers of the customers of a public utility contained in the records or lists held by the public utility of which they are customers.

(w)(i) The federal social security number of individuals governed 18 19 under chapter 18.130 RCW maintained in the files of the department of 20 health, except this exemption does not apply to requests made directly to the department from federal, state, and local agencies of 21 national licensing, credentialing, 22 government, and and state investigatory, disciplinary, and examination organizations; (ii) the 23 24 current residential address and current residential telephone number of 25 a health care provider governed under chapter 18.130 RCW maintained in 26 the files of the department, if the provider requests that this information be withheld from public inspection and copying, and 27 provides to the department an accurate alternate or business address 28 29 and business telephone number. On or after January 1, 1995, the 30 current residential address and residential telephone number of a health care provider governed under RCW 18.130.140 maintained in the 31 files of the department shall automatically be withheld from public 32 inspection and copying unless the provider specifically requests the 33 34 information be released, and except as provided for under RCW 35 42.17.260(9).

36 (x) Information obtained by the board of pharmacy as provided in 37 RCW 69.45.090.

(y) Information obtained by the board of pharmacy or the department
 of health and its representatives as provided in RCW 69.41.044,
 69.41.280, and 18.64.420.

4 (z) Financial information, business plans, examination reports, and 5 any information produced or obtained in evaluating or examining a 6 business and industrial development corporation organized or seeking 7 certification under chapter 31.24 RCW.

8 (aa) Financial and commercial information supplied to the state 9 investment board by any person when the information relates to the 10 investment of public trust or retirement funds and when disclosure 11 would result in loss to such funds or in private loss to the providers 12 of this information.

(bb) Financial and valuable trade information under RCW 51.36.120.
(cc) Client records maintained by an agency that is a domestic
violence program as defined in RCW 70.123.020 or 70.123.075 or a rape
crisis center as defined in RCW 70.125.030.

(dd) Information that identifies a person who, while an agency employee: (i) Seeks advice, under an informal process established by the employing agency, in order to ascertain his or her rights in connection with a possible unfair practice under chapter 49.60 RCW against the person; and (ii) requests his or her identity or any identifying information not be disclosed.

(ee) Investigative records compiled by an employing agency
 conducting a current investigation of a possible unfair practice under
 chapter 49.60 RCW or of a possible violation of other federal, state,
 or local laws prohibiting discrimination in employment.

(ff) Business related information protected from public inspectionand copying under RCW 15.86.110.

(gg) Financial, commercial, operations, and technical and research information and data submitted to or obtained by the clean Washington center in applications for, or delivery of, program services under chapter 70.95H RCW.

(hh) Information and documents created specifically for, and collected and maintained by a quality improvement committee pursuant to RCW 43.70.510, regardless of which agency is in possession of the information and documents.

(ii) Personal information in files maintained in a data basecreated under RCW 43.07.360.

(jj) Proprietary financial and commercial information that the 1 submitting entity, with review by the department of health, 2 specifically identifies at the time it is submitted and that is 3 4 provided to or obtained by the department of health in connection with an application for, or the supervision of, an antitrust exemption 5 sought by the submitting entity under RCW 43.72.310. If a request for 6 7 such information is received, the submitting entity must be notified of 8 the request. Within ten business days of receipt of the notice, the 9 submitting entity shall provide a written statement of the continuing need for confidentiality, which shall be provided to the requester. 10 Upon receipt of such notice, the department of health shall continue to 11 12 treat information designated under this section as exempt from disclosure. If the requester initiates an action to compel disclosure 13 14 under this chapter, the submitting entity must be joined as a party to demonstrate the continuing need for confidentiality. 15

(2) Except for information described in subsection (1)(c)(i) of 16 this section and confidential income data exempted from public 17 inspection pursuant to RCW 84.40.020, the exemptions of this section 18 19 are inapplicable to the extent that information, the disclosure of which would violate personal privacy or vital governmental interests, 20 can be deleted from the specific records sought. No exemption may be 21 22 construed to permit the nondisclosure of statistical information not descriptive of any readily identifiable person or persons. 23

(3) Inspection or copying of any specific records exempt under the provisions of this section may be permitted if the superior court in the county in which the record is maintained finds, after a hearing with notice thereof to every person in interest and the agency, that the exemption of such records is clearly unnecessary to protect any individual's right of privacy or any vital governmental function.

30 (4) Agency responses refusing, in whole or in part, inspection of 31 any public record shall include a statement of the specific exemption 32 authorizing the withholding of the record (or part) and a brief 33 explanation of how the exemption applies to the record withheld.

34 <u>NEW SECTION.</u> Sec. 9. The following acts or parts of acts are each 35 repealed: 36 (1) RCW 43.72.320 and 1995 c 267 s 10;

- 37 (2) RCW 43.73.010 and 1995 c 265 s 9;
- 38 (3) RCW 43.73.020 and 1995 c 265 s 10;

1 (4) RCW 43.73.030 and 1995 c 265 s 11;

2 (5) RCW 43.73.040 and 1995 c 265 s 12; and

3 (6) 1996 c 281 s 2 (uncodified).

4 <u>NEW SECTION.</u> **Sec. 10.** This act is necessary for the immediate 5 preservation of the public peace, health, or safety, or support of the 6 state government and its existing public institutions, and takes effect 7 July 1, 1997.

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