
BILL REQUEST - CODE REVISER'S OFFICE

BILL REQ. #: H-4347.1/02

ATTY/TYPIST: ML:ads

BRIEF DESCRIPTION:

2 **ESSB 5207** - H COMM AMD
3 By Committee on Health Care

4

5 Strike everything after the enacting clause and insert the
6 following:

7 "Sec. 1. RCW 70.02.010 and 1993 c 448 s 1 are each amended to read
8 as follows:

9 (~~As used in this chapter, unless the context otherwise requires:~~)
10 The definitions in this section apply throughout this chapter unless
11 the context clearly requires otherwise.

12 (1) "Audit" means an assessment, evaluation, determination, or
13 investigation of a health care provider by a person not employed by or
14 affiliated with the provider to determine compliance with:

15 (a) Statutory, regulatory, fiscal, medical, or scientific
16 standards;

17 (b) A private or public program of payments to a health care
18 provider; or

19 (c) Requirements for licensing, accreditation, or certification.

20 (2) "Directory information" means information disclosing the
21 presence, and for the purpose of identification, the name, residence,
22 sex, and the general health condition of a particular patient who is a
23 patient in a health care facility or who is currently receiving
24 emergency health care in a health care facility.

25 (3) "General health condition" means the patient's health status
26 described in terms of "critical," "poor," "fair," "good," "excellent,"
27 or terms denoting similar conditions.

28 (4) "Health care" means any care, service, or procedure provided by
29 a health care provider:

30 (a) To diagnose, treat, or maintain a patient's physical or mental
31 condition; or

32 (b) That affects the structure or any function of the human body.

33 (5) "Health care facility" means a hospital, clinic, nursing home,
34 laboratory, office, or similar place where a health care provider
35 provides health care to patients.

1 (6) "Health care information" means any information, whether oral
2 or recorded in any form or medium, that identifies or can readily be
3 associated with the identity of a patient and directly relates to the
4 patient's health care, including a patient's deoxyribonucleic acid and
5 identified sequence of chemical base pairs. The term includes any
6 record of disclosures of health care information.

7 (7) "Health care provider" means a person who is licensed,
8 certified, registered, or otherwise authorized by the law of this state
9 to provide health care in the ordinary course of business or practice
10 of a profession.

11 (8) "Institutional review board" means any board, committee, or
12 other group formally designated by an institution, or authorized under
13 federal or state law, to review, approve the initiation of, or conduct
14 periodic review of research programs to assure the protection of the
15 rights and welfare of human research subjects.

16 (9) "Maintain," as related to health care information, means to
17 hold, possess, preserve, retain, store, or control that information.

18 (10) "Patient" means an individual who receives or has received
19 health care. The term includes a deceased individual who has received
20 health care.

21 (11) "Person" means an individual, corporation, business trust,
22 estate, trust, partnership, association, joint venture, government,
23 governmental subdivision or agency, or any other legal or commercial
24 entity.

25 (12) "Reasonable fee" means the charges for duplicating or
26 searching the record, but shall not exceed sixty-five cents per page
27 for the first thirty pages and fifty cents per page for all other
28 pages. In addition, a clerical fee for searching and handling may be
29 charged not to exceed fifteen dollars. These amounts shall be adjusted
30 biennially in accordance with changes in the consumer price index, all
31 consumers, for Seattle-Tacoma metropolitan statistical area as
32 determined by the secretary of health. However, where editing of
33 records by a health care provider is required by statute and is done by
34 the provider personally, the fee may be the usual and customary charge
35 for a basic office visit.

36 (13) "Third-party payor" means an insurer regulated under Title 48
37 RCW authorized to transact business in this state or other
38 jurisdiction, including a health care service contractor, and health

1 maintenance organization; or an employee welfare benefit plan; or a
2 state or federal health benefit program."

3 Correct the title.

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