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ENGROSSED SENATE BILL 5305

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State of Washington

63rd Legislature

2013 Regular Session

By Senators Becker, Schlicher, Kline, Dammeier, Delvin, Ericksen, Parlette, and Carrell

Read first time 01/25/13. Referred to Committee on Health Care .

1 AN ACT Relating to requiring hospitals to report when providing  
2 treatment for bullet wounds, gunshot wounds, and stab wounds to all  
3 patients; and amending RCW 70.41.440.

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

5 **Sec. 1.** RCW 70.41.440 and 2009 c 359 s 2 are each amended to read  
6 as follows:

7 (1) A hospital shall report to a local law enforcement authority as  
8 soon as reasonably possible, taking into consideration a patient's  
9 emergency care needs, when the hospital provides treatment for a bullet  
10 wound, gunshot wound, or stab wound to a patient (~~who is~~  
11 ~~unconscious~~). A hospital shall establish a written policy to identify  
12 the person or persons responsible for making the report.

13 (2) The report required under subsection (1) of this section must  
14 include the following information, if known:

15 (a) The name, residence, sex, and age of the patient;

16 (b) Whether the patient has received a bullet wound, gunshot wound,  
17 or stab wound; and

18 (c) The name of the health care provider providing treatment for  
19 the bullet wound, gunshot wound, or stab wound.

1 (3) Nothing in this section shall limit a person's duty to report  
2 under RCW 26.44.030 or 74.34.035.

3 (4) Any bullets, clothing, or other foreign objects that are  
4 removed from a patient for whom a hospital is required to make a report  
5 pursuant to subsection (1) of this section shall be preserved and kept  
6 in custody in such a way that the identity and integrity thereof are  
7 reasonably maintained until the bullets, clothing, or other foreign  
8 objects are taken into possession by a law enforcement authority or the  
9 hospital's normal period for retention of such items expires, whichever  
10 occurs first.

11 (5) Any hospital or person who in good faith, and without gross  
12 negligence or willful or wanton misconduct, makes a report required by  
13 this section, cooperates in an investigation or criminal or judicial  
14 proceeding related to such report, or maintains bullets, clothing, or  
15 other foreign objects, or provides such items to a law enforcement  
16 authority as described in subsection (4) of this section, is immune  
17 from civil or criminal liability or professional licensure action  
18 arising out of or related to the report and its contents or the absence  
19 of information in the report, cooperation in an investigation or  
20 criminal or judicial proceeding, and the maintenance or provision to a  
21 law enforcement authority of bullets, clothing, or other foreign  
22 objects under subsection (4) of this section.

23 (6) The physician-patient privilege described in RCW 5.60.060(4),  
24 the registered nurse-patient privilege described in RCW 5.62.020, and  
25 any other health care provider-patient privilege created or recognized  
26 by law are not a basis for excluding as evidence in any criminal  
27 proceeding any report, or information contained in a report made under  
28 this section.

29 (7) All reporting, preservation, or other requirements of this  
30 section are secondary to patient care needs and may be delayed or  
31 compromised without penalty to the hospital or person required to  
32 fulfill the requirements of this section.

33 (8) If the health care provider believes that the patient's injury  
34 could be the result of domestic violence, the hospital must alert a  
35 case manager, social worker, domestic violence advocate, or other  
36 patient advocate to coordinate with the law enforcement officer who  
37 responds to the report required by this section. The law enforcement  
38 officer and case manager, social worker, domestic violence advocate, or

1 other patient advocate must determine whether there should be a delay  
2 in contact with the patient, suspect, or other witness to assist the  
3 patient in ensuring his or her safety or the safety of the patient's  
4 family.

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