
HOUSE BILL 1369

State of Washington

66th Legislature

2019 Regular Session

By Representatives Macri, Harris, Robinson, Graham, Riccelli, Stonier, Jinkins, Appleton, Cody, Reeves, Pollet, Leavitt, Ormsby, and Ortiz-Self; by request of Department of Health

Read first time 01/21/19. Referred to Committee on Health Care & Wellness.

1 AN ACT Relating to maternal mortality reviews; amending RCW
2 70.54.450, 70.02.230, and 68.50.104; and repealing 2016 c 238 s 4
3 (uncodified).

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

5 **Sec. 1.** RCW 70.54.450 and 2016 c 238 s 1 are each amended to
6 read as follows:

7 (1) For the purposes of this section, "maternal mortality" or
8 "maternal death" means a death of a woman while pregnant or within
9 one year of (~~delivering or following~~) the end of a pregnancy,
10 (~~whether or not the woman's death is related to or aggravated by the~~
11 ~~pregnancy~~) from any cause.

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

20 (a) (~~An obstetrician;~~

21 ~~(b) A physician specializing in maternal fetal medicine;~~

1 ~~(c) A neonatologist;~~

2 ~~(d) A midwife with licensure in the state of Washington;))~~

3 Women's medical, nursing, and service providers;

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

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

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

7 (e) Birthing hospital or licensed birth center representative;

8 (f) Coroners, medical examiners, or pathologists;

9 (g) Behavioral health and service providers;

10 (h) State agency representatives;

11 (i) Community representatives;

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

14 ~~((f))~~ (k) A department of health epidemiologist with experience
15 analyzing perinatal data(

16 ~~(g) A pathologist; and~~

17 ~~(h) A representative of the community mental health centers)).~~

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

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

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

1 personal knowledge acquired independently of the panel or which is
2 public information.

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

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

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

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

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

31 (b) Request and receive data as described in (a) of this
32 subsection from health care providers, health care facilities,
33 clinics, laboratories, medical examiners, coroners, professions and
34 facilities licensed by the department of health, local health
35 jurisdictions, the health care authority and its licensees and
36 providers, ~~((and))~~ the department of social and health services and
37 its licensees and providers, and the department of children, youth,
38 and families and its licensees and providers.

39 (6) Upon request by the department of health, health care
40 providers, health care facilities, clinics, laboratories, medical

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

11 (7) By ~~((July 1, 2017))~~ October 1, 2019, and ~~((biennially))~~ every
12 three years thereafter, the maternal mortality review panel must
13 submit a report to the secretary of the department of health and the
14 health care committees of the senate and house of representatives.
15 The report must protect the confidentiality of all decedents and
16 other participants involved in any incident. The report must be
17 distributed to relevant stakeholder groups for performance
18 improvement. Interim results may be shared ~~((at))~~ with the Washington
19 state hospital association coordinated quality improvement program.
20 The report must include the following:

21 (a) A description of the maternal deaths reviewed by the panel
22 ~~((during the preceding twenty-four months))~~, including statistics and
23 causes of maternal deaths presented in the aggregate, but the report
24 must not disclose any identifying information of patients, decedents,
25 providers, and organizations involved; and

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

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

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

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

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

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

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

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

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

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

18 (c) For the purposes of this subsection:

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

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

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

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

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

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

37 (d) Reimbursement of these autopsies must be at one hundred
38 percent to the counties for autopsy services.

1 **Sec. 2.** RCW 70.02.230 and 2018 c 201 s 8002 are each amended to
2 read as follows:

3 (1) Except as provided in this section, RCW 70.02.050, 71.05.445,
4 74.09.295, 70.02.210, 70.02.240, 70.02.250, and 70.02.260, or
5 pursuant to a valid authorization under RCW 70.02.030, the fact of
6 admission to a provider for mental health services and all
7 information and records compiled, obtained, or maintained in the
8 course of providing mental health services to either voluntary or
9 involuntary recipients of services at public or private agencies must
10 be confidential.

11 (2) Information and records related to mental health services,
12 other than those obtained through treatment under chapter 71.34 RCW,
13 may be disclosed only:

14 (a) In communications between qualified professional persons to
15 meet the requirements of chapter 71.05 RCW, in the provision of
16 services or appropriate referrals, or in the course of guardianship
17 proceedings if provided to a professional person:

18 (i) Employed by the facility;

19 (ii) Who has medical responsibility for the patient's care;

20 (iii) Who is a designated crisis responder;

21 (iv) Who is providing services under chapter 71.24 RCW;

22 (v) Who is employed by a state or local correctional facility
23 where the person is confined or supervised; or

24 (vi) Who is providing evaluation, treatment, or follow-up
25 services under chapter 10.77 RCW;

26 (b) When the communications regard the special needs of a patient
27 and the necessary circumstances giving rise to such needs and the
28 disclosure is made by a facility providing services to the operator
29 of a facility in which the patient resides or will reside;

30 (c) (i) When the person receiving services, or his or her
31 guardian, designates persons to whom information or records may be
32 released, or if the person is a minor, when his or her parents make
33 such a designation;

34 (ii) A public or private agency shall release to a person's next
35 of kin, attorney, personal representative, guardian, or conservator,
36 if any:

37 (A) The information that the person is presently a patient in the
38 facility or that the person is seriously physically ill;

39 (B) A statement evaluating the mental and physical condition of
40 the patient, and a statement of the probable duration of the

1 patient's confinement, if such information is requested by the next
2 of kin, attorney, personal representative, guardian, or conservator;
3 and

4 (iii) Other information requested by the next of kin or attorney
5 as may be necessary to decide whether or not proceedings should be
6 instituted to appoint a guardian or conservator;

7 (d)(i) To the courts as necessary to the administration of
8 chapter 71.05 RCW or to a court ordering an evaluation or treatment
9 under chapter 10.77 RCW solely for the purpose of preventing the
10 entry of any evaluation or treatment order that is inconsistent with
11 any order entered under chapter 71.05 RCW.

12 (ii) To a court or its designee in which a motion under chapter
13 10.77 RCW has been made for involuntary medication of a defendant for
14 the purpose of competency restoration.

15 (iii) Disclosure under this subsection is mandatory for the
16 purpose of the federal health insurance portability and
17 accountability act;

18 (e)(i) When a mental health professional or designated crisis
19 responder is requested by a representative of a law enforcement or
20 corrections agency, including a police officer, sheriff, community
21 corrections officer, a municipal attorney, or prosecuting attorney to
22 undertake an investigation or provide treatment under RCW 71.05.150,
23 10.31.110, or 71.05.153, the mental health professional or designated
24 crisis responder shall, if requested to do so, advise the
25 representative in writing of the results of the investigation
26 including a statement of reasons for the decision to detain or
27 release the person investigated. The written report must be submitted
28 within seventy-two hours of the completion of the investigation or
29 the request from the law enforcement or corrections representative,
30 whichever occurs later.

31 (ii) Disclosure under this subsection is mandatory for the
32 purposes of the federal health insurance portability and
33 accountability act;

34 (f) To the attorney of the detained person;

35 (g) To the prosecuting attorney as necessary to carry out the
36 responsibilities of the office under RCW 71.05.330(2),
37 71.05.340(1)(b), and 71.05.335. The prosecutor must be provided
38 access to records regarding the committed person's treatment and
39 prognosis, medication, behavior problems, and other records relevant
40 to the issue of whether treatment less restrictive than inpatient

1 treatment is in the best interest of the committed person or others.
2 Information must be disclosed only after giving notice to the
3 committed person and the person's counsel;

4 (h)(i) To appropriate law enforcement agencies and to a person,
5 when the identity of the person is known to the public or private
6 agency, whose health and safety has been threatened, or who is known
7 to have been repeatedly harassed, by the patient. The person may
8 designate a representative to receive the disclosure. The disclosure
9 must be made by the professional person in charge of the public or
10 private agency or his or her designee and must include the dates of
11 commitment, admission, discharge, or release, authorized or
12 unauthorized absence from the agency's facility, and only any other
13 information that is pertinent to the threat or harassment. The agency
14 or its employees are not civilly liable for the decision to disclose
15 or not, so long as the decision was reached in good faith and without
16 gross negligence.

17 (ii) Disclosure under this subsection is mandatory for the
18 purposes of the federal health insurance portability and
19 accountability act;

20 (i)(i) To appropriate corrections and law enforcement agencies
21 all necessary and relevant information in the event of a crisis or
22 emergent situation that poses a significant and imminent risk to the
23 public. The mental health service agency or its employees are not
24 civilly liable for the decision to disclose or not so long as the
25 decision was reached in good faith and without gross negligence.

26 (ii) Disclosure under this subsection is mandatory for the
27 purposes of the health insurance portability and accountability act;

28 (j) To the persons designated in RCW 71.05.425 for the purposes
29 described in those sections;

30 (k) Upon the death of a person. The person's next of kin,
31 personal representative, guardian, or conservator, if any, must be
32 notified. Next of kin who are of legal age and competent must be
33 notified under this section in the following order: Spouse, parents,
34 children, brothers and sisters, and other relatives according to the
35 degree of relation. Access to all records and information compiled,
36 obtained, or maintained in the course of providing services to a
37 deceased patient are governed by RCW 70.02.140;

38 (l) To mark headstones or otherwise memorialize patients interred
39 at state hospital cemeteries. The department of social and health
40 services shall make available the name, date of birth, and date of

1 death of patients buried in state hospital cemeteries fifty years
2 after the death of a patient;

3 (m) To law enforcement officers and to prosecuting attorneys as
4 are necessary to enforce RCW 9.41.040(2)(a)(~~(iii)~~) (iv). The extent
5 of information that may be released is limited as follows:

6 (i) Only the fact, place, and date of involuntary commitment, an
7 official copy of any order or orders of commitment, and an official
8 copy of any written or oral notice of ineligibility to possess a
9 firearm that was provided to the person pursuant to RCW 9.41.047(1),
10 must be disclosed upon request;

11 (ii) The law enforcement and prosecuting attorneys may only
12 release the information obtained to the person's attorney as required
13 by court rule and to a jury or judge, if a jury is waived, that
14 presides over any trial at which the person is charged with violating
15 RCW 9.41.040(2)(a)(~~(iii)~~) (iv);

16 (iii) Disclosure under this subsection is mandatory for the
17 purposes of the federal health insurance portability and
18 accountability act;

19 (n) When a patient would otherwise be subject to the provisions
20 of this section and disclosure is necessary for the protection of the
21 patient or others due to his or her unauthorized disappearance from
22 the facility, and his or her whereabouts is unknown, notice of the
23 disappearance, along with relevant information, may be made to
24 relatives, the department of corrections when the person is under the
25 supervision of the department, and governmental law enforcement
26 agencies designated by the physician or psychiatric advanced
27 registered nurse practitioner in charge of the patient or the
28 professional person in charge of the facility, or his or her
29 professional designee;

30 (o) Pursuant to lawful order of a court;

31 (p) To qualified staff members of the department, to the
32 authority, to the director of behavioral health organizations, to
33 resource management services responsible for serving a patient, or to
34 service providers designated by resource management services as
35 necessary to determine the progress and adequacy of treatment and to
36 determine whether the person should be transferred to a less
37 restrictive or more appropriate treatment modality or facility;

38 (q) Within the mental health service agency where the patient is
39 receiving treatment, confidential information may be disclosed to
40 persons employed, serving in bona fide training programs, or

1 participating in supervised volunteer programs, at the facility when
2 it is necessary to perform their duties;

3 (r) Within the department and the authority as necessary to
4 coordinate treatment for mental illness, developmental disabilities,
5 alcoholism, or substance use disorder of persons who are under the
6 supervision of the department;

7 (s) Between the department of social and health services, the
8 department of children, youth, and families, and the health care
9 authority as necessary to coordinate treatment for mental illness,
10 developmental disabilities, alcoholism, or drug abuse of persons who
11 are under the supervision of the department of social and health
12 services or the department of children, youth, and families;

13 (t) To a licensed physician or psychiatric advanced registered
14 nurse practitioner who has determined that the life or health of the
15 person is in danger and that treatment without the information and
16 records related to mental health services could be injurious to the
17 patient's health. Disclosure must be limited to the portions of the
18 records necessary to meet the medical emergency;

19 (u)(i) Consistent with the requirements of the federal health
20 insurance portability and accountability act, to:

21 (A) A health care provider who is providing care to a patient, or
22 to whom a patient has been referred for evaluation or treatment; or

23 (B) Any other person who is working in a care coordinator role
24 for a health care facility or health care provider or is under an
25 agreement pursuant to the federal health insurance portability and
26 accountability act with a health care facility or a health care
27 provider and requires the information and records to assure
28 coordinated care and treatment of that patient.

29 (ii) A person authorized to use or disclose information and
30 records related to mental health services under this subsection
31 (2)(u) must take appropriate steps to protect the information and
32 records relating to mental health services.

33 (iii) Psychotherapy notes may not be released without
34 authorization of the patient who is the subject of the request for
35 release of information;

36 (v) To administrative and office support staff designated to
37 obtain medical records for those licensed professionals listed in (u)
38 of this subsection;

39 (w) To a facility that is to receive a person who is
40 involuntarily committed under chapter 71.05 RCW, or upon transfer of

1 the person from one evaluation and treatment facility to another. The
2 release of records under this subsection is limited to the
3 information and records related to mental health services required by
4 law, a record or summary of all somatic treatments, and a discharge
5 summary. The discharge summary may include a statement of the
6 patient's problem, the treatment goals, the type of treatment which
7 has been provided, and recommendation for future treatment, but may
8 not include the patient's complete treatment record;

9 (x) To the person's counsel or guardian ad litem, without
10 modification, at any time in order to prepare for involuntary
11 commitment or recommitment proceedings, reexaminations, appeals, or
12 other actions relating to detention, admission, commitment, or
13 patient's rights under chapter 71.05 RCW;

14 (y) To staff members of the protection and advocacy agency or to
15 staff members of a private, nonprofit corporation for the purpose of
16 protecting and advocating the rights of persons with mental disorders
17 or developmental disabilities. Resource management services may limit
18 the release of information to the name, birthdate, and county of
19 residence of the patient, information regarding whether the patient
20 was voluntarily admitted, or involuntarily committed, the date and
21 place of admission, placement, or commitment, the name and address of
22 a guardian of the patient, and the date and place of the guardian's
23 appointment. Any staff member who wishes to obtain additional
24 information must notify the patient's resource management services in
25 writing of the request and of the resource management services' right
26 to object. The staff member shall send the notice by mail to the
27 guardian's address. If the guardian does not object in writing within
28 fifteen days after the notice is mailed, the staff member may obtain
29 the additional information. If the guardian objects in writing within
30 fifteen days after the notice is mailed, the staff member may not
31 obtain the additional information;

32 (z) To all current treating providers of the patient with
33 prescriptive authority who have written a prescription for the
34 patient within the last twelve months. For purposes of coordinating
35 health care, the department or the authority may release without
36 written authorization of the patient, information acquired for
37 billing and collection purposes as described in RCW 70.02.050(1)(d).
38 The department, or the authority, if applicable, shall notify the
39 patient that billing and collection information has been released to
40 named providers, and provide the substance of the information

1 released and the dates of such release. Neither the department nor
2 the authority may release counseling, inpatient psychiatric
3 hospitalization, or drug and alcohol treatment information without a
4 signed written release from the client;

5 (aa)(i) To the secretary of social and health services and the
6 director of the health care authority for either program evaluation
7 or research, or both so long as the secretary or director, where
8 applicable, adopts rules for the conduct of the evaluation or
9 research, or both. Such rules must include, but need not be limited
10 to, the requirement that all evaluators and researchers sign an oath
11 of confidentiality substantially as follows:

12 "As a condition of conducting evaluation or research concerning
13 persons who have received services from (fill in the facility,
14 agency, or person) I,, agree not to divulge, publish, or
15 otherwise make known to unauthorized persons or the public any
16 information obtained in the course of such evaluation or research
17 regarding persons who have received services such that the person who
18 received such services is identifiable.

19 I recognize that unauthorized release of confidential information
20 may subject me to civil liability under the provisions of state law.

21 /s/"

22 (ii) Nothing in this chapter may be construed to prohibit the
23 compilation and publication of statistical data for use by government
24 or researchers under standards, including standards to assure
25 maintenance of confidentiality, set forth by the secretary, or
26 director, where applicable;

27 (bb) To any person if the conditions in RCW 70.02.205 are met;

28 (cc) To the secretary of health for the purposes of the maternal
29 mortality review panel established in RCW 70.54.450.

30 (3) Whenever federal law or federal regulations restrict the
31 release of information contained in the information and records
32 related to mental health services of any patient who receives
33 treatment for chemical dependency, the department or the authority
34 may restrict the release of the information as necessary to comply
35 with federal law and regulations.

36 (4) Civil liability and immunity for the release of information
37 about a particular person who is committed to the department of
38 social and health services or the authority under RCW 71.05.280(3)

1 and 71.05.320(4)(c) after dismissal of a sex offense as defined in
2 RCW 9.94A.030, is governed by RCW 4.24.550.

3 (5) The fact of admission to a provider of mental health
4 services, as well as all records, files, evidence, findings, or
5 orders made, prepared, collected, or maintained pursuant to chapter
6 71.05 RCW are not admissible as evidence in any legal proceeding
7 outside that chapter without the written authorization of the person
8 who was the subject of the proceeding except as provided in RCW
9 70.02.260, in a subsequent criminal prosecution of a person committed
10 pursuant to RCW 71.05.280(3) or 71.05.320(4)(c) on charges that were
11 dismissed pursuant to chapter 10.77 RCW due to incompetency to stand
12 trial, in a civil commitment proceeding pursuant to chapter 71.09
13 RCW, or, in the case of a minor, a guardianship or dependency
14 proceeding. The records and files maintained in any court proceeding
15 pursuant to chapter 71.05 RCW must be confidential and available
16 subsequent to such proceedings only to the person who was the subject
17 of the proceeding or his or her attorney. In addition, the court may
18 order the subsequent release or use of such records or files only
19 upon good cause shown if the court finds that appropriate safeguards
20 for strict confidentiality are and will be maintained.

21 (6)(a) Except as provided in RCW 4.24.550, any person may bring
22 an action against an individual who has willfully released
23 confidential information or records concerning him or her in
24 violation of the provisions of this section, for the greater of the
25 following amounts:

26 (i) One thousand dollars; or

27 (ii) Three times the amount of actual damages sustained, if any.

28 (b) It is not a prerequisite to recovery under this subsection
29 that the plaintiff suffered or was threatened with special, as
30 contrasted with general, damages.

31 (c) Any person may bring an action to enjoin the release of
32 confidential information or records concerning him or her or his or
33 her ward, in violation of the provisions of this section, and may in
34 the same action seek damages as provided in this subsection.

35 (d) The court may award to the plaintiff, should he or she
36 prevail in any action authorized by this subsection, reasonable
37 attorney fees in addition to those otherwise provided by law.

38 (e) If an action is brought under this subsection, no action may
39 be brought under RCW 70.02.170.

1 NEW SECTION. **Sec. 3.** 2016 c 238 s 4 (uncodified) is repealed.

2 **Sec. 4.** RCW 68.50.104 and 2001 c 82 s 2 are each amended to read
3 as follows:

4 (1) The cost of autopsy shall be borne by the county in which the
5 autopsy is performed, except when requested by the department of
6 labor and industries, in which case, the department shall bear the
7 cost of such autopsy.

8 (2) ~~(a)~~ Except as provided in ~~((e))~~ (b) of this subsection, when
9 the county bears the cost of an autopsy, it shall be reimbursed from
10 the death investigations account, established by RCW 43.79.445, as
11 follows:

12 ~~((a))~~ (i) Up to forty percent of the cost of contracting for
13 the services of a pathologist to perform an autopsy;

14 ~~((b))~~ (ii) Up to twenty-five percent of the salary of
15 pathologists who are primarily engaged in performing autopsies and
16 are ~~((i))~~ (A) county coroners or county medical examiners, or
17 ~~((ii))~~ (B) employees of a county coroner or county medical
18 examiner; and

19 ~~((e))~~ (iii) One hundred percent of the cost of autopsies
20 conducted under RCW 70.54.450.

21 (b) When the county bears the cost of an autopsy of a child under
22 the age of three whose death was sudden and unexplained, the county
23 shall be reimbursed for the expenses of the autopsy when the death
24 scene investigation and the autopsy have been conducted under RCW
25 43.103.100 (4) and (5), and the autopsy has been done at a facility
26 designed for the performance of autopsies.

27 (3) Payments from the account shall be made pursuant to biennial
28 appropriation: PROVIDED, That no county may reduce funds appropriated
29 for this purpose below 1983 budgeted levels.

--- END ---