

2 **SHB 1589 - H AMD 330 ADOPTED 3/14/95**

3 By Representative Backlund and others

4

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

7 "NEW SECTION. **Sec. 1.** HOSPITAL DISCHARGE DATA--OTHER DATA
8 REQUIREMENTS. (1) To promote the public interest consistent with the
9 purposes of chapter 492, Laws of 1993 as amended by chapter . . . , Laws
10 of 1995 (this act), the department shall continue to require hospitals
11 to submit hospital financial and patient discharge information, which
12 shall be collected, maintained, analyzed, and disseminated by the
13 department. The department shall, if deemed cost-effective and
14 efficient, contract with a private entity for any or all parts of data
15 collection. Data elements shall be reported in conformance with a
16 uniform reporting system established by the department. This includes
17 data elements identifying each hospital's revenues, expenses,
18 contractual allowances, charity care, bad debt, other income, total
19 units of inpatient and outpatient services, and other financial
20 information reasonably necessary to fulfill the purposes of chapter
21 492, Laws of 1993 as amended by chapter . . . , Laws of 1995 (this act).
22 Data elements relating to use of hospital services by patients shall be
23 the same as those currently compiled by hospitals through inpatient
24 discharge abstracts. The department shall encourage and permit
25 reporting by electronic transmission or hard copy as is practical and
26 economical to reporters.

27 (2) In identifying financial reporting requirements, the department
28 may require both annual reports and condensed quarterly reports from
29 hospitals, so as to achieve both accuracy and timeliness in reporting,
30 but shall craft such requirements with due regard of the data reporting
31 burdens of hospitals.

32 (3) The health care data collected, maintained, and studied by the
33 department shall only be available for retrieval in original or
34 processed form to public and private requestors and shall be available
35 within a reasonable period of time after the date of request. The cost
36 of retrieving data for state officials and agencies shall be funded

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

6 (4) The department shall, in consultation and collaboration with
7 the federally recognized tribes, urban or other Indian health service
8 organizations, and the federal area Indian health service, design,
9 develop, and maintain an American Indian-specific health data,
10 statistics information system. The department rules regarding
11 confidentiality shall apply to safeguard the information from
12 inappropriate use or release.

13 (5) All persons subject to the data collection requirements of
14 chapter 492, Laws of 1993 as amended shall comply with departmental
15 requirements established by rule in the acquisition of data.

16 NEW SECTION. **Sec. 2.** HEALTH CARE QUALITY--FINDINGS AND INTENT.
17 The legislature finds that it is difficult for consumers of health care
18 services to determine the quality of health care prior to purchase or
19 utilization of medical care. The legislature also finds that
20 accountability is a key component in promoting quality assurance and
21 quality improvement throughout the health care delivery system,
22 including public programs. Quality assurance and improvement standards
23 are necessary to promote the public interest, contribute to cost
24 efficiencies, and improve the ability of consumers to ascertain quality
25 health care purchases.

26 The legislature intends to have consumers, health carriers, health
27 care providers and facilities, and public agencies participate in the
28 development of quality assurance and improvement standards that can be
29 used to develop a uniform quality assurance program for use by all
30 public and private health plans, providers, and facilities. To that
31 end, in conducting the study required under section 3 of this act, the
32 department of health shall:

33 (1) Consider the needs of consumers, employers, health care
34 providers and facilities, and public and private health plans;

35 (2) Take full advantage of existing national standards of quality
36 assurance to extend to middle-income populations the protections
37 required for state management of health programs for low-income
38 populations;

1 (3) Consider the appropriate minimum level of quality assurance
2 standards that should be disclosed to consumers and employers by health
3 care providers and facilities, and public and private health plans; and

4 (4) Consider standards that permit health care providers and
5 facilities to share responsibility for participation in a uniform
6 quality assurance program.

7 NEW SECTION. **Sec. 3.** UNIFORM QUALITY ASSURANCE. (1) The
8 department of health shall study the feasibility of a uniform quality
9 assurance and improvement program for use by all public and private
10 health plans and health care providers and facilities. In this study,
11 the department shall consult with:

- 12 (a) Public and private purchasers of health care services;
- 13 (b) Health carriers;
- 14 (c) Health care providers and facilities; and
- 15 (d) Consumers of health services.

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

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

- 24 (a) Health care provider training, credentialing, and licensure
25 standards;
- 26 (b) Health care facility credentialing and recredentialing;
- 27 (c) Staff ratios in health care facilities;
- 28 (d) Annual mortality and morbidity rates of cases based on a
29 defined set of procedures performed or diagnoses treated in health care
30 facilities, adjusted to fairly consider variable factors such as
31 patient demographics and case severity;
- 32 (e) The average total cost and average length of hospital stay for
33 a defined set of procedures and diagnoses;
- 34 (f) The total number of the defined set of procedures, by
35 specialty, performed by each physician at a health care facility within
36 the previous twelve months;
- 37 (g) Utilization performance profiles by provider, both primary care
38 and specialty care, that have been adjusted to fairly consider variable

1 factors such as patient demographics and severity of case;

2 (h) Health plan fiscal performance standards;

3 (i) Health care provider and facility recordkeeping and reporting
4 standards;

5 (j) Health care utilization management that monitors trends in
6 health service under-utilization, as well as over-utilization of
7 services;

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

10 (l) Assessment of consumer satisfaction and disclosure of consumer
11 survey results.

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

18 In developing proposed standards under this subsection, the
19 department shall identify options that would minimize provider burden
20 and administrative cost resulting from duplicative private sector data
21 submission requirements. Duplicative burdens imposed by state agencies
22 shall be addressed pursuant to section 4 of this act.

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

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

31 NEW SECTION. **Sec. 4.** QUALITY ASSURANCE--INTERAGENCY COOPERATION--
32 ELIMINATION AND COORDINATION OF DUPLICATE STATE PROGRAMS. No later
33 than July 1, 1995, the department of health together with the health
34 care authority, the department of social and health services, the
35 office of the insurance commissioner, and the department of labor and
36 industries shall form an interagency group for coordination and
37 consultation on quality assurance activities and collaboration on final
38 recommendations for the study required under section 3 of this act. By

1 December 31, 1996, the group shall review all state agency programs
2 governing health service quality assurance, in light of legislative
3 actions pursuant to section 3(6) of this act, and shall recommend to
4 the legislature, the consolidation, coordination, or elimination of
5 rules and programs that would be made unnecessary pursuant to the
6 development of a uniform quality assurance and improvement program.

7 NEW SECTION. **Sec. 5.** A new section is added to chapter 18.130 RCW
8 to read as follows:

9 PRESERVATION OF ETHICAL STANDARDS IN MANAGED CARE CONTRACTING. (1)
10 Any quality assurance commission, professional regulatory board,
11 committee, or professional association for professions subject to RCW
12 18.130.040, or any other person, may recommend to the secretary the
13 adoption of rules providing for standards of ethical conduct with
14 respect to the terms and conditions of a contract or agreement between
15 a practitioner subject to RCW 18.130.040 and a payer of health
16 services, including but not limited to a carrier regulated under Title
17 48 RCW. Recommendations shall be considered by the secretary only if
18 the proposed rule would foster strict compliance with standards of
19 patient care, professional conduct, and scopes of practice; would
20 promote quality medical and health practice; or would protect the
21 public health and safety.

22 (2) The secretary is authorized to adopt rules, pursuant to chapter
23 34.05 RCW, based upon recommendations made in accordance with
24 subsection (1) of this section. When practical and appropriate and
25 with the approval of the appropriate commission, board, or committee,
26 the secretary shall apply the rules to all practitioners subject to RCW
27 18.130.040 to promote consistent standards for contracting process
28 between such practitioners and payers of health services.

29 **Sec. 6.** RCW 18.130.180 and 1993 c 367 s 22 are each amended to
30 read as follows:

31 UNPROFESSIONAL CONDUCT--MODIFIED. The following conduct, acts, or
32 conditions constitute unprofessional conduct for any license holder or
33 applicant under the jurisdiction of this chapter:

34 (1) The commission of any act involving moral turpitude,
35 dishonesty, or corruption relating to the practice of the person's
36 profession, whether the act constitutes a crime or not. If the act
37 constitutes a crime, conviction in a criminal proceeding is not a

1 condition precedent to disciplinary action. Upon such a conviction,
2 however, the judgment and sentence is conclusive evidence at the
3 ensuing disciplinary hearing of the guilt of the license holder or
4 applicant of the crime described in the indictment or information, and
5 of the person's violation of the statute on which it is based. For the
6 purposes of this section, conviction includes all instances in which a
7 plea of guilty or nolo contendere is the basis for the conviction and
8 all proceedings in which the sentence has been deferred or suspended.
9 Nothing in this section abrogates rights guaranteed under chapter 9.96A
10 RCW;

11 (2) Misrepresentation or concealment of a material fact in
12 obtaining a license or in reinstatement thereof;

13 (3) All advertising which is false, fraudulent, or misleading;

14 (4) Incompetence, negligence, or malpractice which results in
15 injury to a patient or which creates an unreasonable risk that a
16 patient may be harmed. The use of a nontraditional treatment by itself
17 shall not constitute unprofessional conduct, provided that it does not
18 result in injury to a patient or create an unreasonable risk that a
19 patient may be harmed;

20 (5) Suspension, revocation, or restriction of the individual's
21 license to practice the profession by competent authority in any state,
22 federal, or foreign jurisdiction, a certified copy of the order,
23 stipulation, or agreement being conclusive evidence of the revocation,
24 suspension, or restriction;

25 (6) The possession, use, prescription for use, or distribution of
26 controlled substances or legend drugs in any way other than for
27 legitimate or therapeutic purposes, diversion of controlled substances
28 or legend drugs, the violation of any drug law, or prescribing
29 controlled substances for oneself;

30 (7) Violation of any state or federal statute or administrative
31 rule regulating the profession in question, including any statute or
32 rule defining or establishing standards of patient care or professional
33 conduct or practice;

34 (8) Failure to cooperate with the disciplining authority by:

35 (a) Not furnishing any papers or documents;

36 (b) Not furnishing in writing a full and complete explanation
37 covering the matter contained in the complaint filed with the
38 disciplining authority; or

39 (c) Not responding to subpoenas issued by the disciplining

1 authority, whether or not the recipient of the subpoena is the accused
2 in the proceeding;

3 (9) Failure to comply with an order issued by the disciplinary
4 authority or a stipulation for informal disposition entered into with
5 the disciplinary authority;

6 (10) Aiding or abetting an unlicensed person to practice when a
7 license is required;

8 (11) Violations of rules established by any health agency;

9 (12) Practice beyond the scope of practice as defined by law or
10 rule;

11 (13) Misrepresentation or fraud in any aspect of the conduct of the
12 business or profession;

13 (14) Failure to adequately supervise auxiliary staff to the extent
14 that the consumer's health or safety is at risk;

15 (15) Engaging in a profession involving contact with the public
16 while suffering from a contagious or infectious disease involving
17 serious risk to public health;

18 (16) Promotion for personal gain of any unnecessary or
19 inefficacious drug, device, treatment, procedure, or service;

20 (17) Conviction of any gross misdemeanor or felony relating to the
21 practice of the person's profession. For the purposes of this
22 subsection, conviction includes all instances in which a plea of guilty
23 or nolo contendere is the basis for conviction and all proceedings in
24 which the sentence has been deferred or suspended. Nothing in this
25 section abrogates rights guaranteed under chapter 9.96A RCW;

26 (18) The procuring, or aiding or abetting in procuring, a criminal
27 abortion;

28 (19) The offering, undertaking, or agreeing to cure or treat
29 disease by a secret method, procedure, treatment, or medicine, or the
30 treating, operating, or prescribing for any health condition by a
31 method, means, or procedure which the licensee refuses to divulge upon
32 demand of the disciplining authority;

33 (20) The willful betrayal of a practitioner-patient privilege as
34 recognized by law;

35 (21) Violation of chapter 19.68 RCW;

36 (22) Interference with an investigation or disciplinary proceeding
37 by willful misrepresentation of facts before the disciplining authority
38 or its authorized representative, or by the use of threats or
39 harassment against any patient or witness to prevent them from

1 providing evidence in a disciplinary proceeding or any other legal
2 action;

3 (23) Current misuse of:

4 (a) Alcohol;

5 (b) Controlled substances; or

6 (c) Legend drugs;

7 (24) Abuse of a client or patient or sexual contact with a client
8 or patient;

9 (25) Acceptance of more than a nominal gratuity, hospitality, or
10 subsidy offered by a representative or vendor of medical or health-
11 related products or services intended for patients, in contemplation of
12 a sale or for use in research publishable in professional journals,
13 where a conflict of interest is presented, as defined by rules of the
14 disciplining authority, in consultation with the department, based on
15 recognized professional ethical standards;

16 (26) Violation of standards of ethics in contracting established
17 under section 5 of this act.

18 **Sec. 7.** RCW 42.17.310 and 1994 c 233 s 2 and 1994 c 182 s 1 are
19 each reenacted and amended to read as follows:

20 RECORDS EXEMPT FROM PUBLIC INSPECTION--MODIFIED. (1) The following
21 are exempt from public inspection and copying:

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

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

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

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

1 (e) Information revealing the identity of persons who are witnesses
2 to or victims of crime or who file complaints with investigative, law
3 enforcement, or penology agencies, other than the public disclosure
4 commission, if disclosure would endanger any person's life, physical
5 safety, or property. If at the time a complaint is filed the
6 complainant, victim or witness indicates a desire for disclosure or
7 nondisclosure, such desire shall govern. However, all complaints filed
8 with the public disclosure commission about any elected official or
9 candidate for public office must be made in writing and signed by the
10 complainant under oath.

11 (f) Test questions, scoring keys, and other examination data used
12 to administer a license, employment, or academic examination.

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

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

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

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

31 (k) Records, maps, or other information identifying the location of
32 archaeological sites in order to avoid the looting or depredation of
33 such sites.

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

37 (m) Financial information supplied by or on behalf of a person,
38 firm, or corporation for the purpose of qualifying to submit a bid or
39 proposal for (i) a ferry system construction or repair contract as

1 required by RCW 47.60.680 through 47.60.750 or (ii) highway
2 construction or improvement as required by RCW 47.28.070.

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

7 (o) Financial and commercial information and records supplied by
8 private persons pertaining to export services provided pursuant to
9 chapter 43.163 RCW and chapter 53.31 RCW.

10 (p) Financial disclosures filed by private vocational schools under
11 chapter 28C.10 RCW.

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

15 (r) Financial and commercial information and records supplied by
16 businesses or individuals during application for loans or program
17 services provided by chapters 43.163, 43.160, 43.330, and 43.168 RCW,
18 or during application for economic development loans or program
19 services provided by any local agency.

20 (s) Membership lists or lists of members or owners of interests of
21 units in timeshare projects, subdivisions, camping resorts,
22 condominiums, land developments, or common-interest communities
23 affiliated with such projects, regulated by the department of
24 licensing, in the files or possession of the department.

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

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

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

35 (w)(i) The federal social security number of individuals governed
36 under chapter 18.130 RCW maintained in the files of the department of
37 health, except this exemption does not apply to requests made directly
38 to the department from federal, state, and local agencies of
39 government, and national and state licensing, credentialing,

1 investigatory, disciplinary, and examination organizations; (ii) the
2 current residential address and current residential telephone number of
3 a health care provider governed under chapter 18.130 RCW maintained in
4 the files of the department, if the provider requests that this
5 information be withheld from public inspection and copying, and
6 provides to the department an accurate alternate or business address
7 and business telephone number. On or after January 1, 1995, the
8 current residential address and residential telephone number of a
9 health care provider governed under RCW 18.130.140 maintained in the
10 files of the department shall automatically be withheld from public
11 inspection and copying if the provider has provided the department with
12 an accurate alternative or business address and telephone number.

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

15 (y) Information obtained by the board of pharmacy or the department
16 of health and its representatives as provided in RCW 69.41.044,
17 69.41.280, and 18.64.420.

18 (z) Financial information, business plans, examination reports, and
19 any information produced or obtained in evaluating or examining a
20 business and industrial development corporation organized or seeking
21 certification under chapter 31.24 RCW.

22 (aa) Financial and commercial information supplied to the state
23 investment board by any person when the information relates to the
24 investment of public trust or retirement funds and when disclosure
25 would result in loss to such funds or in private loss to the providers
26 of this information.

27 (bb) Financial and valuable trade information under RCW 51.36.120.

28 (cc) Client records maintained by an agency that is a domestic
29 violence program as defined in RCW 70.123.020 or 70.123.075 or a rape
30 crisis center as defined in RCW 70.125.030.

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

37 (ee) Investigative records compiled by an employing agency
38 conducting a current investigation of a possible unfair practice under
39 chapter 49.60 RCW or of a possible violation of other federal, state,

1 or local laws prohibiting discrimination in employment.

2 (ff) Business related information protected from public inspection
3 and copying under RCW 15.86.110.

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

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

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

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

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

30 **Sec. 8.** RCW 43.70.510 and 1993 c 492 s 417 are each amended to
31 read as follows:

32 QUALITY IMPROVEMENT PROGRAMS--ADDING CERTAIN STATE AGENCIES AND
33 HEALTH CARRIERS. (1)(a) Health care institutions and medical
34 facilities, other than hospitals, that are licensed by the department,
35 professional societies or organizations, ~~((and certified))~~ health care
36 service contractors, health maintenance organizations, health ((plans))
37 carriers approved pursuant to ((RCW 43.72.100)) chapter 48.43 RCW, and
38 any other person or entity providing health care coverage under chapter

1 48.42 RCW that is subject to the jurisdiction and regulation of any
2 state agency or any subdivision thereof may maintain a coordinated
3 quality improvement program for the improvement of the quality of
4 health care services rendered to patients and the identification and
5 prevention of medical malpractice as set forth in RCW 70.41.200.

6 (b) All such programs shall comply with the requirements of RCW
7 70.41.200(1)(a), (c), (d), (e), (f), (g), and (h) as modified to
8 reflect the structural organization of the institution, facility,
9 professional societies or organizations, (~~or certified~~) health care
10 service contractors, health maintenance organizations, health ((plan))
11 carriers, or any other person or entity providing health care coverage
12 under chapter 48.42 RCW that is subject to the jurisdiction and
13 regulation of any state agency or any subdivision thereof, unless an
14 alternative quality improvement program substantially equivalent to RCW
15 70.41.200(1)(a) is developed. All such programs, whether complying
16 with the requirement set forth in RCW 70.41.200(1)(a) or in the form of
17 an alternative program, must be approved by the department before the
18 discovery limitations provided in subsections (3) and (4) of this
19 section and the exemption under RCW 42.17.310(1)(hh) and subsection (5)
20 of this section shall apply. In reviewing plans submitted by licensed
21 entities that are associated with physicians' offices, the department
22 shall ensure that the exemption under RCW 42.17.310(1)(hh) and the
23 discovery limitations of this section are applied only to information
24 and documents related specifically to quality improvement activities
25 undertaken by the licensed entity.

26 (2) Health care provider groups of ten or more providers may
27 maintain a coordinated quality improvement program for the improvement
28 of the quality of health care services rendered to patients and the
29 identification and prevention of medical malpractice as set forth in
30 RCW 70.41.200. All such programs shall comply with the requirements of
31 RCW 70.41.200(1)(a), (c), (d), (e), (f), (g), and (h) as modified to
32 reflect the structural organization of the health care provider group.
33 All such programs must be approved by the department before the
34 discovery limitations provided in subsections (3) and (4) of this
35 section and the exemption under RCW 42.17.310(1)(hh) and subsection (5)
36 of this section shall apply.

37 (3) Any person who, in substantial good faith, provides information
38 to further the purposes of the quality improvement and medical
39 malpractice prevention program or who, in substantial good faith,

1 participates on the quality improvement committee shall not be subject
2 to an action for civil damages or other relief as a result of such
3 activity.

4 (4) Information and documents, including complaints and incident
5 reports, created specifically for, and collected, and maintained by a
6 quality improvement committee are not subject to discovery or
7 introduction into evidence in any civil action, and no person who was
8 in attendance at a meeting of such committee or who participated in the
9 creation, collection, or maintenance of information or documents
10 specifically for the committee shall be permitted or required to
11 testify in any civil action as to the content of such proceedings or
12 the documents and information prepared specifically for the committee.
13 This subsection does not preclude: (a) In any civil action, the
14 discovery of the identity of persons involved in the medical care that
15 is the basis of the civil action whose involvement was independent of
16 any quality improvement activity; (b) in any civil action, the
17 testimony of any person concerning the facts that form the basis for
18 the institution of such proceedings of which the person had personal
19 knowledge acquired independently of such proceedings; (c) in any civil
20 action by a health care provider regarding the restriction or
21 revocation of that individual's clinical or staff privileges,
22 introduction into evidence information collected and maintained by
23 quality improvement committees regarding such health care provider; (d)
24 in any civil action challenging the termination of a contract by a
25 state agency with any entity maintaining a coordinated quality
26 improvement program under this section if the termination was on the
27 basis of quality of care concerns, introduction into evidence of
28 information created, collected, or maintained by the quality
29 improvement committees of the subject entity, which may be under terms
30 of a protective order as specified by the court; (e) in any civil
31 action, disclosure of the fact that staff privileges were terminated or
32 restricted, including the specific restrictions imposed, if any and the
33 reasons for the restrictions; or ((+e)) (f) in any civil action,
34 discovery and introduction into evidence of the patient's medical
35 records required by rule of the department of health to be made
36 regarding the care and treatment received.

37 (5) Information and documents created specifically for, or
38 collected or maintained by a quality improvement committee are exempt
39 from disclosure under chapter 42.17 RCW.

1 (6) The department of health shall adopt rules as are necessary to
2 implement this section.

3 NEW SECTION. **Sec. 9.** REPEALERS. The following acts or parts of
4 acts are each repealed:

5 (1) RCW 70.170.100 and 1993 c 492 s 259, 1990 c 269 s 12, & 1989
6 1st ex.s. c 9 s 510;

7 (2) RCW 70.170.110 and 1993 c 492 s 260 & 1989 1st ex.s. c 9 s 511;

8 (3) RCW 70.170.120 and 1993 c 492 s 261;

9 (4) RCW 70.170.130 and 1993 c 492 s 262;

10 (5) RCW 70.170.140 and 1993 c 492 s 263; and

11 (6) RCW 43.72.070 and 1993 c 492 s 409.

12 NEW SECTION. **Sec. 10.** CODIFICATION. Sections 1 through 4 of this
13 act are each added to chapter 43.70 RCW.

14 NEW SECTION. **Sec. 11.** CAPTIONS. Captions as used in this act
15 constitute no part of the law.

16 NEW SECTION. **Sec. 12.** SEVERABILITY. If any provision of this act
17 or its application to any person or circumstance is held invalid, the
18 remainder of the act or the application of the provision to other
19 persons or circumstances is not affected.

20 NEW SECTION. **Sec. 13.** EMERGENCY CLAUSE--EFFECTIVE DATE. This act
21 is necessary for the immediate preservation of the public peace,
22 health, or safety, or support of the state government and its existing
23 public institutions, and shall take effect July 1, 1995."

24 EFFECT: Requires Department of Health [DOH] to contract with
25 private entities for operation of the Hospital Discharge Data System
26 (CHARS); reinserts in law the American Indian Data System inadvertently
27 repealed in another bill; permits public health assessment information
28 to be used in quality improvement program study; directs DOH to
29 minimize administrative burden upon providers in quality improvement
30 study; permits any person, in addition to health profession regulatory
31 entities, to propose rules regarding ethical standards; corrects
32 reporting dates and section captions; removes redundant language; and
33 makes numerous technical amendments.

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