

SENATE BILL REPORT

ESB 5305

As Amended by House, April 16, 2013

Title: An act relating to requiring hospitals to report when providing treatment for bullet wounds, gunshot wounds, and stab wounds to all patients.

Brief Description: Requiring hospitals to report when providing treatment for bullet wounds, gunshot wounds, and stab wounds to all patients.

Sponsors: Senators Becker, Schlicher, Kline, Dammeier, Delvin, Ericksen, Parlette and Carrell.

Brief History:

Committee Activity: Health Care: 2/07/13, 2/18/13 [DP, w/oRec].

Passed Senate: 3/04/13, 49-0.

Passed House: 4/16/13, 94-2.

SENATE COMMITTEE ON HEALTH CARE

Majority Report: Do pass.

Signed by Senators Becker, Chair; Dammeier, Vice Chair; Bailey, Ericksen, Parlette and Schlicher.

Minority Report: That it be referred without recommendation.

Signed by Senators Keiser, Ranking Member; Cleveland.

Staff: Kathleen Buchli (786-7488)

Background: The Health Insurance Portability and Accountability Act (HIPAA) and state law generally limit disclosure of a patient's health care information, if a patient has not authorized disclosure. However, both HIPAA and state law permit disclosure of health care information without a patient's authorization under some circumstances. If a state law permits such disclosure, a patient's authorization is not required under HIPAA.

Washington State law requires hospitals to report bullet, gunshot, and stab wounds to law enforcement as soon as reasonably possible if a patient is unconscious or unable to make such a report. Information to be reported includes: the name, residence, sex, and age of the patient, whether the patient has received a bullet, gunshot, or stab wound, and the name of the health care provider providing treatment.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

Summary of Engrossed Bill: Hospitals must report bullet, gunshot, or stab wounds to law enforcement as soon as reasonably possible when the hospital is providing treatment for such an injury. This requirement must consider the patient's emergency care needs but is mandated whether or not the patient is unconscious. If the treating health care provider believes that the injury could be the result of domestic violence, the hospital must alert a case manager who must coordinate with law enforcement to determine whether there should be a delay in contact with the patient, suspect, or other witness to assist the patient in ensuring his or her safety of the safety of the patient's family.

Appropriation: None.

Fiscal Note: Not requested.

Committee/Commission/Task Force Created: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Staff Summary of Public Testimony: PRO: We ought to expect people to do the right thing and this is true in cases where failure to act might endanger the injured person or another. The state has mandatory reporting requirements for a variety of issues and we need to intervene to prevent the worst forms of violence. This kind of reporting will help to get dangerous people off the street and will help law enforcement do their jobs. Law enforcement seeks to prevent crimes, but we also have to focus on crime victims. We have worked with and continue to work with the domestic violence community; we can resolve differences in how the law enforcement officer responds to the situation, such as delay in contact or arrest to help the victims ensure their own safety. Emergency doctors do report victims of violence now. In many situations, the incident could have been prevented if there had been earlier intervention. This bill will save more lives than not. There is a change in how hospitals manage domestic violence cases. Many hospitals use case managers who work with domestic violence victims to see if they can go back to a safe environment. Domestic violence victims do plan for their own safety, but the need for a hospital report demonstrates that the safety plan has failed. We need to consider other people involved such as children and other family members of the victim who may need assistance as well.

OTHER: We are primarily concerned with whether or not people will seek health care. They might not seek help if they know the police will be called. Some communities do not want law enforcement to be contacted. Abusers might not let their victims seek medical help if they know law enforcement will be contacted. The concern is in the response of law enforcement; there are no assurances that a safe, effective response will be made. There is a concern in a delay of health care while law enforcement begins its investigation.

Persons Testifying: PRO: Senator Becker, prime sponsor; Paul Pastor, Pierce County Sheriff; Colleen Wilson, Port of Seattle Police; John Snaza, Thurston County Sheriff; Ken Thomas, Kent Police Department; Susie Tracy, WA State Medical Assn.; Tom McBride, WA Assn. of Prosecuting Attorneys.

OTHER: Grace Huang, WA State Coalition Against Domestic Violence; Courtney Weaver, citizen.

House Amendment(s): Requires hospitals to follow their procedures for informing a patient of resources to assure the safety of the patient and their family if the patient states that their injury is the result of domestic violence. Removes a requirement that the health care provider alert a patient advocate if the provider believes the injury is a result of domestic violence and removes a requirement that the law enforcement officer consult with the patient advocate to determine whether to delay contact with the patient to ensure patient safety.