

**SSB 5425** - H COMM AMD  
By Committee on Appropriations

ADOPTED 04/12/2019

1 Strike everything after the enacting clause and insert the  
2 following:

3 "Sec. 1. RCW 70.54.450 and 2016 c 238 s 1 are each amended to  
4 read as follows:

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

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

- 18 (a) (~~An obstetrician;~~  
19 ~~(b) A physician specializing in maternal fetal medicine;~~  
20 ~~(c) A neonatologist;~~  
21 ~~(d) A midwife with licensure in the state of Washington;))~~  
22 Women's medical, nursing, and service providers;  
23 (b) Perinatal medical, nursing, and service providers;  
24 (c) Obstetric medical, nursing, and service providers;  
25 (d) Newborn or pediatric medical, nursing, and service providers;  
26 (e) Birthing hospital or licensed birth center representative;  
27 (f) Coroners, medical examiners, or pathologists;  
28 (g) Behavioral health and service providers;  
29 (h) State agency representatives;  
30 (i) Individuals or organizations that represent the populations  
31 most affected by pregnancy-related deaths or pregnancy-associated  
32 deaths and lack of access to maternal health care services;

1       (j) A representative from the department of health who works in  
2 the field of maternal and child health; and  
3       (~~(f)~~) (k) A department of health epidemiologist with experience  
4 analyzing perinatal data(~~(g)~~  
5 ~~(g) A pathologist; and~~  
6 ~~(h) A representative of the community mental health centers)~~).

7       (3) The maternal mortality review panel must conduct  
8 comprehensive, multidisciplinary reviews of maternal mortality in  
9 Washington. The panel may not call witnesses or take testimony from  
10 any individual involved in the investigation of a maternal death or  
11 enforce any public health standard or criminal law or otherwise  
12 participate in any legal proceeding relating to a maternal death.

13       (4) (a) Information, documents, proceedings, records, and opinions  
14 created, collected, or maintained by the maternity mortality review  
15 panel or the department of health in support of the maternal  
16 mortality review panel are confidential and are not subject to public  
17 inspection or copying under chapter 42.56 RCW and are not subject to  
18 discovery or introduction into evidence in any civil or criminal  
19 action.

20       (b) Any person who was in attendance at a meeting of the maternal  
21 mortality review panel or who participated in the creation,  
22 collection, or maintenance of the panel's information, documents,  
23 proceedings, records, or opinions may not be permitted or required to  
24 testify in any civil or criminal action as to the content of such  
25 proceedings, or the panel's information, documents, records, or  
26 opinions. This subsection does not prevent a member of the panel from  
27 testifying in a civil or criminal action concerning facts which form  
28 the basis for the panel's proceedings of which the panel member had  
29 personal knowledge acquired independently of the panel or which is  
30 public information.

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

36       (d) All meetings, proceedings, and deliberations of the maternal  
37 mortality review panel may, at the discretion of the maternal  
38 mortality review panel, be confidential and may be conducted in  
39 executive session.

1 (e) The maternal mortality review panel and ~~((the secretary of))~~  
2 the department of health may retain identifiable information  
3 regarding facilities where maternal deaths occur, or facilities from  
4 which ~~((the patient was transferred, occur))~~ a patient whose record  
5 is or will be examined by the maternal mortality review panel was  
6 transferred, and geographic information on each case ~~((solely))~~ for  
7 the purposes of ~~((trending and analysis over time))~~ determining  
8 trends, performing analysis over time, and for quality improvement  
9 efforts. All individually identifiable information must be removed  
10 before any case review by the panel.

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

16 (a) Request and receive data for specific maternal deaths  
17 including, but not limited to, all medical records, autopsy reports,  
18 medical examiner reports, coroner reports, and social service  
19 records; and

20 (b) Request and receive data as described in (a) of this  
21 subsection from health care providers, health care facilities,  
22 clinics, laboratories, medical examiners, coroners, professions and  
23 facilities licensed by the department of health, local health  
24 jurisdictions, the health care authority and its licensees and  
25 providers, ~~((and))~~ the department of social and health services and  
26 its licensees and providers, and the department of children, youth,  
27 and families and its licensees and providers.

28 (6) Upon request by the department of health, health care  
29 providers, health care facilities, clinics, laboratories, medical  
30 examiners, coroners, professions and facilities licensed by the  
31 department of health, local health jurisdictions, the health care  
32 authority and its licensees and providers, ~~((and))~~ the department of  
33 social and health services and its licensees and providers, and the  
34 department of children, youth, and families and its licensees and  
35 providers must provide all medical records, autopsy reports, medical  
36 examiner reports, coroner reports, social services records,  
37 information and records related to sexually transmitted diseases, and  
38 other data requested for specific maternal deaths as provided for in  
39 subsection (5) of this section to the department.

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

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

16 (b) Evidence-based system changes and possible legislation to  
17 improve maternal outcomes and reduce preventable maternal deaths in  
18 Washington.

19 (8) Upon the approval of the department of health and with a  
20 signed written data-sharing agreement, the department of health may  
21 release either data or findings with indirect identifiers, or both,  
22 to the centers for disease control and prevention, regional maternal  
23 mortality review efforts, local health jurisdictions of Washington  
24 state, or tribes at the discretion of the department.

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

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

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

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

34 (iv) Prohibit the recipient of the data from attempting to  
35 determine the identity of persons or parties whose information is  
36 included in the data set or use the data in any manner that  
37 identifies individuals or their family members, or health care  
38 providers and facilities;

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

4 (vi) Require the recipient of the data to include appropriate  
5 citations when the data is used in research reports or publications  
6 of research findings.

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

9 (c) For the purposes of this subsection:

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

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

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

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

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

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

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

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

32 (1) Except as provided in this section, RCW 70.02.050, 71.05.445,  
33 74.09.295, 70.02.210, 70.02.240, 70.02.250, and 70.02.260, or  
34 pursuant to a valid authorization under RCW 70.02.030, the fact of  
35 admission to a provider for mental health services and all  
36 information and records compiled, obtained, or maintained in the  
37 course of providing mental health services to either voluntary or  
38 involuntary recipients of services at public or private agencies must  
39 be confidential.

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

4 (a) In communications between qualified professional persons to  
5 meet the requirements of chapter 71.05 RCW, in the provision of  
6 services or appropriate referrals, or in the course of guardianship  
7 proceedings if provided to a professional person:

8 (i) Employed by the facility;

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

10 (iii) Who is a designated crisis responder;

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

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

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

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

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

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

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

29 (B) A statement evaluating the mental and physical condition of  
30 the patient, and a statement of the probable duration of the  
31 patient's confinement, if such information is requested by the next  
32 of kin, attorney, personal representative, guardian, or conservator;  
33 and

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

37 (d)(i) To the courts as necessary to the administration of  
38 chapter 71.05 RCW or to a court ordering an evaluation or treatment  
39 under chapter 10.77 RCW solely for the purpose of preventing the

1 entry of any evaluation or treatment order that is inconsistent with  
2 any order entered under chapter 71.05 RCW.

3 (ii) To a court or its designee in which a motion under chapter  
4 10.77 RCW has been made for involuntary medication of a defendant for  
5 the purpose of competency restoration.

6 (iii) Disclosure under this subsection is mandatory for the  
7 purpose of the federal health insurance portability and  
8 accountability act;

9 (e)(i) When a mental health professional or designated crisis  
10 responder is requested by a representative of a law enforcement or  
11 corrections agency, including a police officer, sheriff, community  
12 corrections officer, a municipal attorney, or prosecuting attorney to  
13 undertake an investigation or provide treatment under RCW 71.05.150,  
14 10.31.110, or 71.05.153, the mental health professional or designated  
15 crisis responder shall, if requested to do so, advise the  
16 representative in writing of the results of the investigation  
17 including a statement of reasons for the decision to detain or  
18 release the person investigated. The written report must be submitted  
19 within seventy-two hours of the completion of the investigation or  
20 the request from the law enforcement or corrections representative,  
21 whichever occurs later.

22 (ii) Disclosure under this subsection is mandatory for the  
23 purposes of the federal health insurance portability and  
24 accountability act;

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

26 (g) To the prosecuting attorney as necessary to carry out the  
27 responsibilities of the office under RCW 71.05.330(2),  
28 71.05.340(1)(b), and 71.05.335. The prosecutor must be provided  
29 access to records regarding the committed person's treatment and  
30 prognosis, medication, behavior problems, and other records relevant  
31 to the issue of whether treatment less restrictive than inpatient  
32 treatment is in the best interest of the committed person or others.  
33 Information must be disclosed only after giving notice to the  
34 committed person and the person's counsel;

35 (h)(i) To appropriate law enforcement agencies and to a person,  
36 when the identity of the person is known to the public or private  
37 agency, whose health and safety has been threatened, or who is known  
38 to have been repeatedly harassed, by the patient. The person may  
39 designate a representative to receive the disclosure. The disclosure  
40 must be made by the professional person in charge of the public or

1 private agency or his or her designee and must include the dates of  
2 commitment, admission, discharge, or release, authorized or  
3 unauthorized absence from the agency's facility, and only any other  
4 information that is pertinent to the threat or harassment. The agency  
5 or its employees are not civilly liable for the decision to disclose  
6 or not, so long as the decision was reached in good faith and without  
7 gross negligence.

8 (ii) Disclosure under this subsection is mandatory for the  
9 purposes of the federal health insurance portability and  
10 accountability act;

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

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

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

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

29 (l) To mark headstones or otherwise memorialize patients interred  
30 at state hospital cemeteries. The department of social and health  
31 services shall make available the name, date of birth, and date of  
32 death of patients buried in state hospital cemeteries fifty years  
33 after the death of a patient;

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

37 (i) Only the fact, place, and date of involuntary commitment, an  
38 official copy of any order or orders of commitment, and an official  
39 copy of any written or oral notice of ineligibility to possess a



1 firearm that was provided to the person pursuant to RCW 9.41.047(1),  
2 must be disclosed upon request;

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

8 (iii) Disclosure under this subsection is mandatory for the  
9 purposes of the federal health insurance portability and  
10 accountability act;

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

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

23 (p) To qualified staff members of the department, to the  
24 authority, to the director of behavioral health organizations, to  
25 resource management services responsible for serving a patient, or to  
26 service providers designated by resource management services as  
27 necessary to determine the progress and adequacy of treatment and to  
28 determine whether the person should be transferred to a less  
29 restrictive or more appropriate treatment modality or facility;

30 (q) Within the mental health service agency where the patient is  
31 receiving treatment, confidential information may be disclosed to  
32 persons employed, serving in bona fide training programs, or  
33 participating in supervised volunteer programs, at the facility when  
34 it is necessary to perform their duties;

35 (r) Within the department and the authority as necessary to  
36 coordinate treatment for mental illness, developmental disabilities,  
37 alcoholism, or substance use disorder of persons who are under the  
38 supervision of the department;

39 (s) Between the department of social and health services, the  
40 department of children, youth, and families, and the health care

1 authority as necessary to coordinate treatment for mental illness,  
2 developmental disabilities, alcoholism, or drug abuse of persons who  
3 are under the supervision of the department of social and health  
4 services or the department of children, youth, and families;

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

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

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

15 (B) Any other person who is working in a care coordinator role  
16 for a health care facility or health care provider or is under an  
17 agreement pursuant to the federal health insurance portability and  
18 accountability act with a health care facility or a health care  
19 provider and requires the information and records to assure  
20 coordinated care and treatment of that patient.

21 (ii) A person authorized to use or disclose information and  
22 records related to mental health services under this subsection  
23 (2)(u) must take appropriate steps to protect the information and  
24 records relating to mental health services.

25 (iii) Psychotherapy notes may not be released without  
26 authorization of the patient who is the subject of the request for  
27 release of information;

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

31 (w) To a facility that is to receive a person who is  
32 involuntarily committed under chapter 71.05 RCW, or upon transfer of  
33 the person from one evaluation and treatment facility to another. The  
34 release of records under this subsection is limited to the  
35 information and records related to mental health services required by  
36 law, a record or summary of all somatic treatments, and a discharge  
37 summary. The discharge summary may include a statement of the  
38 patient's problem, the treatment goals, the type of treatment which  
39 has been provided, and recommendation for future treatment, but may  
40 not include the patient's complete treatment record;

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

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

24 (z) To all current treating providers of the patient with  
25 prescriptive authority who have written a prescription for the  
26 patient within the last twelve months. For purposes of coordinating  
27 health care, the department or the authority may release without  
28 written authorization of the patient, information acquired for  
29 billing and collection purposes as described in RCW 70.02.050(1)(d).  
30 The department, or the authority, if applicable, shall notify the  
31 patient that billing and collection information has been released to  
32 named providers, and provide the substance of the information  
33 released and the dates of such release. Neither the department nor  
34 the authority may release counseling, inpatient psychiatric  
35 hospitalization, or drug and alcohol treatment information without a  
36 signed written release from the client;

37 (aa)(i) To the secretary of social and health services and the  
38 director of the health care authority for either program evaluation  
39 or research, or both so long as the secretary or director, where  
40 applicable, adopts rules for the conduct of the evaluation or

1 research, or both. Such rules must include, but need not be limited  
2 to, the requirement that all evaluators and researchers sign an oath  
3 of confidentiality substantially as follows:

4 "As a condition of conducting evaluation or research concerning  
5 persons who have received services from (fill in the facility,  
6 agency, or person) I, . . . . ., agree not to divulge, publish, or  
7 otherwise make known to unauthorized persons or the public any  
8 information obtained in the course of such evaluation or research  
9 regarding persons who have received services such that the person who  
10 received such services is identifiable.

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

13 /s/ . . . . ."

14 (ii) Nothing in this chapter may be construed to prohibit the  
15 compilation and publication of statistical data for use by government  
16 or researchers under standards, including standards to assure  
17 maintenance of confidentiality, set forth by the secretary, or  
18 director, where applicable;

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

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

22 (3) Whenever federal law or federal regulations restrict the  
23 release of information contained in the information and records  
24 related to mental health services of any patient who receives  
25 treatment for chemical dependency, the department or the authority  
26 may restrict the release of the information as necessary to comply  
27 with federal law and regulations.

28 (4) Civil liability and immunity for the release of information  
29 about a particular person who is committed to the department of  
30 social and health services or the authority under RCW 71.05.280(3)  
31 and 71.05.320(4)(c) after dismissal of a sex offense as defined in  
32 RCW 9.94A.030, is governed by RCW 4.24.550.

33 (5) The fact of admission to a provider of mental health  
34 services, as well as all records, files, evidence, findings, or  
35 orders made, prepared, collected, or maintained pursuant to chapter  
36 71.05 RCW are not admissible as evidence in any legal proceeding  
37 outside that chapter without the written authorization of the person  
38 who was the subject of the proceeding except as provided in RCW  
39 70.02.260, in a subsequent criminal prosecution of a person committed

1 pursuant to RCW 71.05.280(3) or 71.05.320(4)(c) on charges that were  
2 dismissed pursuant to chapter 10.77 RCW due to incompetency to stand  
3 trial, in a civil commitment proceeding pursuant to chapter 71.09  
4 RCW, or, in the case of a minor, a guardianship or dependency  
5 proceeding. The records and files maintained in any court proceeding  
6 pursuant to chapter 71.05 RCW must be confidential and available  
7 subsequent to such proceedings only to the person who was the subject  
8 of the proceeding or his or her attorney. In addition, the court may  
9 order the subsequent release or use of such records or files only  
10 upon good cause shown if the court finds that appropriate safeguards  
11 for strict confidentiality are and will be maintained.

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

17 (i) One thousand dollars; or

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

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

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

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

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

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

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

34 (1) The cost of autopsy shall be borne by the county in which the  
35 autopsy is performed, except when requested by the department of  
36 labor and industries, in which case, the department shall bear the  
37 cost of such autopsy.

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

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

7       ~~((b))~~ (ii) Up to twenty-five percent of the salary of  
8 pathologists who are primarily engaged in performing autopsies and  
9 are ~~((i))~~ (A) county coroners or county medical examiners, or  
10 ~~((ii))~~ (B) employees of a county coroner or county medical  
11 examiner; and

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

14       (b) When the county bears the cost of an autopsy of a child under  
15 the age of three whose death was sudden and unexplained, the county  
16 shall be reimbursed for the expenses of the autopsy when the death  
17 scene investigation and the autopsy have been conducted under RCW  
18 43.103.100 (4) and (5), and the autopsy has been done at a facility  
19 designed for the performance of autopsies.

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

23       NEW SECTION. Sec. 5. If specific funding for the purposes of  
24 this act, referencing this act by bill or chapter number, is not  
25 provided by June 30, 2019, in the omnibus appropriations act, this  
26 act is null and void."

27       Correct the title.

EFFECT: Adds a null and void clause. The bill is null and void  
unless funded in the budget.

--- END ---