ENGROSSED SUBSTITUTE HOUSE BILL 1551

State of Washington 66th Legislature 2019 Regular Session

By House Health Care & Wellness (originally sponsored by Representatives Jinkins, Cody, Stonier, Fey, Appleton, and Pollet; by request of Department of Health)

READ FIRST TIME 02/22/19.

1 AN ACT Relating to modernizing the control of certain 2 communicable diseases; amending RCW 70.24.015, 70.24.017, 70.24.024, 3 70.24.080, 70.24.110, 70.24.120, 70.24.130, 70.24.220, 70.24.290, 70.24.325, 70.24.340, 70.24.360, 70.24.370, 9A.36.011, 18.35.040, 4 49.44.180, 49.60.172, 43.150.050, and 74.39.005; adding new sections 5 to chapter 70.24 RCW; repealing RCW 70.24.095, 70.24.100, 70.24.107, 6 7 70.24.125, 70.24.140, 70.24.200, 70.24.210, 70.24.240, 70.24.250, 8 70.24.260, 70.24.270, 70.24.280, 70.24.300, 70.24.310, 70.24.320, 70.24.350, 70.24.380, and 70.24.410; and prescribing penalties. 9

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

11 Sec. 1. RCW 70.24.015 and 1988 c 206 s 901 are each amended to 12 read as follows:

13 The legislature declares that sexually transmitted diseases and blood-borne pathogens constitute a serious and sometimes fatal threat 14 15 to the public and individual health and welfare of the people of the 16 state. The legislature finds that the incidence of sexually 17 transmitted diseases and blood-borne pathogens is rising at an 18 alarming rate and that these diseases result in significant social, 19 health, and economic costs, including infant and maternal mortality, 20 and lifelong disability, and temporary premature death. The 21 legislature further finds that sexually transmitted diseases and

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1 blood-borne pathogens, by their nature, involve sensitive issues of privacy, and it is the intent of the legislature that all programs 2 designed to deal with these diseases afford patients privacy, 3 confidentiality, and dignity. The legislature also finds that medical 4 knowledge and information about sexually transmitted diseases and 5 6 blood-borne pathogens are rapidly changing. It is therefore the 7 intent of the legislature to provide a program that is sufficiently flexible to meet emerging needs, deals efficiently and effectively 8 with reducing the incidence of sexually transmitted diseases and 9 blood-borne pathogens, and provides patients with a secure knowledge 10 that information they provide will remain private and confidential. 11

12 Sec. 2. RCW 70.24.017 and 2001 c 319 s 4 are each amended to 13 read as follows:

14 Unless the context clearly requires otherwise, the definitions in 15 this section apply throughout this chapter:

(1) (("Acquired immunodeficiency syndrome" or "AIDS" means the clinical syndrome of HIV-related illness as defined by the board of health by rule.)) "Blood-borne pathogen" means a pathogenic microorganism that is present in human blood and can cause disease in humans, including hepatitis B virus, hepatitis C virus, and human immunodeficiency virus, as well as any other pathogen specified by the board in rule.

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(2) "Board" means the state board of health.

(3) "Department" means the department of health, or any successordepartment with jurisdiction over public health matters.

(4) "Health care provider" means any person who is a member of a profession under RCW 18.130.040 or other person providing medical, nursing, psychological, or other health care services regulated by the department of health.

30 (5) "Health care facility" means a hospital, nursing home, 31 neuropsychiatric or mental health facility, home health agency, 32 hospice, child care agency, group care facility, family foster home, 33 clinic, blood bank, blood center, sperm bank, laboratory, or other 34 social service or health care institution regulated or operated by 35 the department of health.

36 (6) (("HIV-related condition" means any medical condition 37 resulting from infection with HIV including, but not limited to, 38 seropositivity for HIV.)) "Health order" means a written directive 39 issued by the state or local health officer that requires the 1 recipient to take specific action to remove, reduce, control or 2 prevent a risk to public health.

3 (7) "Human immunodeficiency virus" or "HIV" means all HIV and 4 HIV-related viruses which damage the cellular branch of the human 5 immune ((or neurological)) system((s)) and leave the ((infected)) 6 person immunodeficient ((or neurologically impaired)).

7 (8) "Test for a sexually transmitted disease" means a test8 approved by the board by rule.

9 (9) "Legal guardian" means a person appointed by a court to 10 assume legal authority for another who has been found incompetent or, 11 in the case of a minor, a person who has legal custody of the child.

12 (10) "Local ((public)) health officer" ((means the officer 13 directing the county health department or his or her designee who has 14 been given the responsibility and authority to protect the health of 15 the public within his or her jurisdiction)) has the same meaning as 16 in RCW 70.05.010.

(11) "Medical treatment" includes treatment for curable diseases and treatment that causes a person to be unable to transmit a disease to others, based upon generally accepted standards of medical and public health science, as specified by the board in rule.

21 <u>(12)</u> "Person" includes any natural person, partnership, 22 association, joint venture, trust, public or private corporation, or 23 health facility.

24 (((12) "Release of test results" means a written authorization 25 for disclosure of any sexually transmitted disease test result which 26 is signed, dated, and which specifies to whom disclosure is 27 authorized and the time period during which the release is to be 28 effective.))

(13) "Sexually transmitted disease" means a bacterial, viral, 29 fungal, or parasitic ((disease)) infection, determined by the board 30 31 by rule to be sexually transmitted, to be a threat to the public health and welfare, and to be ((a disease)) an infection for which a 32 legitimate public interest will be served by providing for regulation 33 34 and treatment. The board shall designate chancroid, gonorrhea, granuloma inguinale, lymphogranuloma venereum, genital 35 herpes 36 simplex, chlamydia, ((nongonococcal urethritis (NGU),)) trachomitis, papilloma virus infection, syphilis, ((acquired 37 genital human immunodeficiency syndrome (AIDS),) and human immunodeficiency virus 38 39 (HIV) infection as sexually transmitted diseases, and shall consider 40 the recommendations and classifications of the centers for disease

control and other nationally recognized medical authorities in
 designating other diseases as sexually transmitted.

3 (14) "State ((public)) health officer" means the secretary of
4 health or an officer appointed by the secretary.

5 Sec. 3. RCW 70.24.024 and 1988 c 206 s 909 are each amended to 6 read as follows:

7 (1) Subject to the provisions of this chapter, the state and 8 local ((public)) health officers or their authorized representatives 9 may examine and counsel ((or cause to be examined and counseled)) 10 persons reasonably believed to be infected with or to have been 11 exposed to a sexually transmitted disease.

(2) ((Orders or restrictive measures directed to persons with a 12 sexually transmitted disease shall be used as the last resort when 13 14 other measures to protect the public health have failed, including reasonable efforts, which shall be documented, to obtain the 15 voluntary cooperation of the person who may be subject to such an 16 order. The orders and measures shall be applied serially with the 17 least intrusive measures used first. The burden of proof shall be on 18 the state or local public health officer to show that specified 19 grounds exist for the issuance of the orders or restrictive measures 20 21 and that the terms and conditions imposed are no more restrictive 22 than necessary to protect the public health.

23 (3) When the state or local public health officer within his or 24 her respective jurisdiction knows or has reason to believe, because of direct medical knowledge or reliable testimony of others in a 25 position to have direct knowledge of a person's behavior, that a 26 person has a sexually transmitted disease and is engaging in 27 specified conduct, as determined by the board by rule based upon 28 29 generally accepted standards of medical and public health science, that endangers the public health, he or she shall conduct an 30 31 investigation in accordance with procedures prescribed by the board to evaluate the specific facts alleged, if any, and the reliability 32 and credibility of the person or persons providing such information 33 34 and, if satisfied that the allegations are true, he or she may issue an order according to the following priority to: 35

36 (a) Order a person to)) (a) The state or a local health officer 37 may conduct an investigation when:

(i) He or she knows or has reason to believe that a person in his or her jurisdiction has a sexually transmitted disease and is engaging in specified behavior that endangers the public health; and (ii) The basis for the health officer's investigation is the officer's direct medical knowledge or reliable testimony of another who is in a position to have direct knowledge of the person's

7 <u>behavior</u>.

8 (b) In conducting the investigation, the health officer shall 9 evaluate the allegations, as well as the reliability and credibility 10 of any person or persons who provided information related to the 11 specified behavior that endangers the public health.

12 <u>(3) If the state or local health officer determines upon</u> 13 conclusion of the investigation that the allegations are true and 14 that the person continues to engage in behavior that endangers the 15 public health, the health officer shall document measures taken to 16 protect the public health, including reasonable efforts to obtain the 17 person's voluntary cooperation.

18 (4) (a) If the measures taken under subsection (3) of this section 19 fail to protect the public health, the state or local health officer 20 may issue a health order requiring the person to:

21 <u>(i) Submit to a medical examination or testing, ((seek)) receive</u> 22 counseling, or ((obtain)) receive medical treatment ((for curable 23 diseases)), or any combination of these((, within a period of time 24 determined by the public health officer, not to exceed fourteen days.

25 (b) Order a person to)). If ordering a person to receive medical 26 treatment, the health officer must provide the person with at least 27 one additional appropriate option to choose from in the health order; 28 or

29 (ii) Immediately cease and desist from specified ((conduct 30 which)) behavior that endangers the public health ((of others)) by 31 imposing such restrictions upon the person as are necessary to 32 prevent the specified ((conduct)) behavior that endangers the public health ((of others only if the public health officer has determined 33 that clear and convincing evidence exists to believe that such person 34 has been ordered to report for counseling as provided in (a) of this 35 subsection and continues to demonstrate behavior which endangers the 36 health of others)). 37

38 (b) Any restriction shall be in writing, setting forth the name 39 of the person to be restricted $((and))_{L}$ the initial period of time $((_{\tau}$ 40 not to exceed three months_r)) during which the <u>health</u> order shall

1 remain effective, the terms of the restrictions, and such other 2 conditions as may be necessary to protect the public health. 3 Restrictions shall be imposed in the least-restrictive manner 4 necessary to protect the public health. The period of time during 5 which the health order is effective must be reasonably related to the 6 purpose of the restriction or restrictions contained in the order, up 7 to a maximum period of twelve months.

(((4))) <u>(5)</u>(a) Upon the issuance of ((any)) <u>a health</u> order ((by 8 the state or local public health officer or an authorized 9 10 representative)) pursuant to subsection $\left(\frac{(-3)}{(-3)}\right)$ of this section ((or RCW 70.24.340(4), such public)), the state or local health 11 12 officer shall give written notice promptly, personally, and confidentially to the person who is the subject of the order stating 13 the grounds and provisions of the order, including the factual bases 14 15 therefor, the evidence relied upon for proof of infection and dangerous behavior, and the likelihood of repetition of such 16 17 behaviors in the absence of such an order((, and notifying)). The written notice must inform the person who is the subject of the order 18 that, if he or she contests the order, he or she may file an appeal 19 and appear at a judicial hearing on the enforceability of the order, 20 to be held in superior court. ((He or she may have an attorney appear 21 on his or her behalf in the hearing at public expense, if 22 23 necessary.)) The hearing shall be held within seventy-two hours of 24 receipt of the notice, unless the person subject to the order agrees 25 to comply. If the person contests the order, no invasive medical procedures shall be carried out prior to a hearing being held 26 27 pursuant to this subsection. ((If the person does not contest the 28 order within seventy-two hours of receiving it, and the person does not comply with the order within the time period specified for 29 30 compliance with the order, the state or local public health officer 31 may request a warrant be issued by the superior court to insure 32 appearance at the hearing. The hearing shall be within seventy-two hours of the expiration date of the time specified for compliance 33 34 with the original order.))

35 <u>(b) The health officer may apply to the superior court for a</u> 36 <u>court order requiring the person to comply with the health order if</u> 37 <u>the person fails to comply with the health order within the time</u> 38 <u>period specified.</u>

39 (c) At a hearing held pursuant to (a) or (b) of this subsection 40 (5), the person subject to the health order may have an attorney

appear on his or her behalf at public expense, if necessary. The 1 burden of proof shall be on the ((public)) health officer to show by 2 clear and convincing evidence that the specified grounds exist for 3 the issuance of the order and for the need for compliance and that 4 the terms and conditions imposed therein are no more restrictive than 5 necessary to protect the public health. Upon conclusion of the 6 7 hearing, the court shall issue appropriate orders affirming, modifying, or dismissing the <u>health</u> order. 8

9 (((b))) <u>(d)</u> If the superior court dismisses the <u>health</u> order ((of 10 the public health officer)), the fact that the order was issued shall 11 be expunged from the records of the department or local department of 12 health.

13 (((5) Any hearing conducted pursuant to this section shall be 14 closed and confidential unless a public hearing is requested by the 15 person who is the subject of the order, in which case the hearing 16 will be conducted in open court. Unless in open hearing, any 17 transcripts or records relating thereto shall also be confidential 18 and may be sealed by the order of the court.))

19 <u>NEW SECTION.</u> Sec. 4. A new section is added to chapter 70.24 20 RCW to read as follows:

21 A person who violates or fails to comply with a health order 22 issued under RCW 70.24.024 is guilty of a gross misdemeanor punishable by confinement until the order has been complied with or 23 24 terminated, up to a maximum period of three hundred sixty-four days. In lieu of confinement, the court may place the defendant on 25 probation upon condition that the defendant comply with the health 26 27 order, up to the length of the health order. If the defendant is placed on probation and subsequently violates or fails to comply with 28 the health order, the court shall revoke the probation and reinstate 29 30 the original sentence of confinement.

31 <u>NEW SECTION.</u> Sec. 5. A new section is added to chapter 70.24 32 RCW to read as follows:

33 (1) It is unlawful for a person who knows that he or she has HIV 34 to have sexual intercourse if:

35 (a) The person has been counseled by a health care provider or 36 public health professional regarding the risk of transmitting HIV to 37 others;

1 (b) The partner or partners exposed to HIV through sexual 2 intercourse did not know that the person had HIV; and

(c) The person intended to transmit HIV to the partner.

(2) It is a defense to a prosecution under this section if:

(a) HIV was not transmitted to the partner; or

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6 (b) The person took or attempted to take practical means to 7 prevent transmission of HIV.

8 (3)(a) Except as provided in (b) of this subsection, violation of 9 this section is a misdemeanor punishable as provided in RCW 10 9A.20.021.

(b) Violation of this section is a gross misdemeanor punishable as provided in RCW 9A.20.021 if the person knowingly misrepresented his or her infection status to the partner.

14 (c) Violation of this section does not require registration under 15 RCW 9A.44.130, unless the partner is a child or vulnerable adult 16 victim.

17 (4) For purposes of this section, the following terms have the 18 following meanings:

(a) "Practical means to prevent transmission" means good faith 19 20 employment of an activity, behavior, method, or device that is 21 scientifically demonstrated to measurably reduce the risk of transmitting a sexually transmitted disease, including but not 22 limited to: The use of a condom, barrier protection, or other 23 prophylactic device; or good faith participation in a treatment 24 25 regimen prescribed by a health care provider or public health 26 professional.

(b) "Sexual intercourse" has its ordinary meaning and occurs upon any penetration, however slight, of the vagina or anus of one person by the sexual organs of another whether such persons are of the same or another sex.

31 Sec. 6. RCW 70.24.080 and 1988 c 206 s 911 are each amended to 32 read as follows:

Except as provided in sections 4 and 5 of this act, any person who ((shall)) violates any of the provisions of this chapter or any ((lawful)) rule adopted by the board ((pursuant to the authority herein granted)) under this chapter, or who ((shall)) fails or refuses to obey any lawful order issued by any state, county or municipal ((public)) health officer((, pursuant to the authority

1 granted in)) under this chapter((τ)) shall be deemed guilty of a 2 gross misdemeanor punishable as provided under RCW 9A.20.021.

3 Sec. 7. RCW 70.24.110 and 1988 c 206 s 912 are each amended to 4 read as follows:

5 A minor fourteen years of age or older who may have come in contact with any sexually transmitted disease or suspected sexually 6 transmitted disease may give consent to the furnishing of hospital, 7 medical_L and surgical care related to the diagnosis or treatment of 8 such disease; and treatment to avoid HIV infection. Such consent 9 10 shall not be subject to disaffirmance because of minority. The consent of the parent, parents, or legal guardian of such minor shall 11 not be necessary to authorize hospital, medical, and surgical care 12 13 related to such disease, and such parent, parents, or legal guardian shall not be liable for payment for any care rendered pursuant to 14 15 this section.

16 Sec. 8. RCW 70.24.120 and 1991 c 3 s 324 are each amended to 17 read as follows:

18 ((Sexually transmitted)) (1) Disease case investigators, upon 19 specific authorization from a physician or by a physician's standing order, are hereby authorized to ((perform)) gather specimens, 20 including through performance of venipuncture or ((skin)) fingerstick 21 puncture ((on)), from a person for the sole purpose of ((withdrawing 22 23 blood)) obtaining specimens for use in ((sexually transmitted disease tests)) testing for sexually transmitted diseases, blood-borne 24 pathogens, and other infections as defined by board rule. 25

26 ((The term "sexually transmitted)) (2) For the purposes of this
27 section:

28 <u>(a) "D</u>isease case investigator" ((shall)) means only those 29 persons who:

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((+1))) (i) Are employed by public health authorities; and

31 (((2))) <u>(ii)</u> Have been trained by a physician in proper 32 procedures to be employed when ((withdrawing)) <u>collecting specimens</u>, 33 <u>including blood</u>, in accordance with training requirements established 34 by the department of health; and

35 (((3))) <u>(iii)</u> Possess a statement signed by the instructing 36 physician that the training required by <u>(a)(ii) of this</u> subsection 37 (((2) of this section)) has been successfully completed. 1 ((The term)) (b) "Physician" means any person licensed under the 2 provisions of chapters 18.57 or 18.71 RCW.

3 Sec. 9. RCW 70.24.130 and 1991 c 3 s 325 are each amended to 4 read as follows:

5 <u>(1)</u> The board shall adopt such rules as are necessary to 6 implement and enforce this chapter((. Rules may also be adopted by 7 the department of health for the purposes of this chapter. The rules 8 may include)), including, but not limited to, rules:

9 <u>(a) Establishing</u> procedures for taking appropriate action, in 10 addition to any other penalty under this chapter, with regard to 11 health care facilities or health care providers ((which)) <u>that</u> 12 violate this chapter or the rules adopted under this chapter((. The 13 rules shall prescribe));

14 <u>(b) Prescribing</u> stringent safeguards to protect the 15 confidentiality of the persons and records subject to this chapter_ 16 <u>consistent with chapter 70.02 RCW;</u>

17 (c) Establishing reporting requirements for sexually transmitted 18 diseases;

19 (d) Establishing procedures for investigations under RCW
20 70.24.024;

(e) Specifying, for purposes of RCW 70.24.024, behavior that endangers the public health, based upon generally accepted standards of medical and public health science;

24 (f) Defining, for the purposes of RCW 70.24.120, specimens that 25 can be obtained and tests that can be administered for sexually 26 transmitted diseases, blood-borne pathogens, and other infections;

27 (g) Determining, for purposes of RCW 70.24.340, categories of 28 employment that are at risk of substantial exposure to a blood-borne 29 pathogen; and

30 (h) Defining, for purposes of RCW 70.24.340, 70.24.360, and 31 70.24.370, what constitutes an exposure that presents a possible risk 32 of transmission of a blood-borne pathogen.

33 (2) In addition to any rules adopted by the board, the department 34 may adopt any rules necessary to implement and enforce this chapter.

35 <u>(3)</u> The procedures set forth in chapter 34.05 RCW apply to the 36 administration of this chapter, except that in case of conflict 37 between chapter 34.05 RCW and this chapter, the provisions of this 38 chapter shall control. 1 Sec. 10. RCW 70.24.220 and 1988 c 206 s 401 are each amended to 2 read as follows:

3 The legislature finds that the public schools provide a unique and appropriate setting for educating young people about the 4 pathology and prevention of ((acquired immunodeficiency syndrome 5 6 (AIDS))) sexually transmitted diseases. The legislature recognizes 7 that schools and communities vary throughout the state and that locally elected school directors should have a significant role in 8 establishing a program of ((AIDS)) sexually transmitted disease 9 education in their districts, consistent with RCW 28A.230.020 and 10 11 28A.300.475.

12 Sec. 11. RCW 70.24.290 and 1988 c 206 s 606 are each amended to 13 read as follows:

The superintendent of public instruction shall adopt rules that 14 15 require appropriate education and training, to be included as part of 16 their present continuing education requirements, for public school employees on the prevention, transmission, and treatment of ((AIDS)) 17 18 blood-borne pathogens. The superintendent of public instruction, in 19 consultation with the department of health, shall ((work with the office on AIDS under RCW 70.24.250 to)) develop the educational and 20 21 training material necessary for school employees.

22 Sec. 12. RCW 70.24.325 and 1989 c 387 s 1 are each amended to 23 read as follows:

(1) This section shall apply to ((counseling and)) consent for
 ((HIV)) <u>blood-borne pathogen</u> testing administered as part of an
 application for coverage authorized under Title 48 RCW.

(2) Persons subject to regulation under Title 48 RCW who are requesting an insured, a subscriber, or a potential insured or subscriber to furnish the results of ((an HIV)) <u>a blood-borne</u> <u>pathogen</u> test for underwriting purposes as a condition for obtaining or renewing coverage under an insurance contract, health care service contract, or health maintenance organization agreement shall:

33 (a) Provide written information to the individual prior to being 34 tested which explains((:

35 (i) What an HIV test is;

36 (ii) Behaviors that place a person at risk for HIV infection;

1 (iii)) which blood-borne pathogen test is being administered; 2 and that the purpose of ((HIV)) blood-borne pathogen testing in this 3 setting is to determine eligibility for coverage((;

4 (iv) The potential risks of HIV testing; and

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5 (v) Where to obtain HIV pretest counseling)).

6 (b) Obtain informed specific written consent for ((an HIV test))
7 <u>the blood-borne pathogen test or tests</u>. The written informed consent
8 shall include((÷

9 (i)) <u>an explanation of the confidential treatment of the test</u> 10 results which limits access to the results to persons involved in 11 handling or determining applications for coverage or claims of the 12 applicant or claimant ((and to those persons designated under 13 (c)(iii) of this subsection; and

14 (ii) Requirements under (c) (iii) of this subsection)).

(c) Establish procedures to inform an applicant of the following:

16 (i) ((That post-test counseling, as specified under WAC 17 248-100-209(4), is required if an HIV test is positive or 18 indeterminate;

- 19 (ii) That post-test counseling occurs at the time a positive or 20 indeterminate HIV test result is given to the tested individual;
- (iii))) That the applicant may designate a health care provider 21 or health care agency to whom the insurer, the health care service 22 23 health maintenance organization will provide contractor, or ((positive or indeterminate)) test results indicative of infection 24 25 with a blood-borne pathogen for interpretation ((and post-test counseling. When an applicant does not identify a designated health 26 27 care provider or health care agency and the applicant's test results are either positive or indeterminate, the insurer, the health care 28 service contractor, or health maintenance organization shall provide 29 30 the test results to the local health department for interpretation 31 and post-test counseling)); and
- 32 ((((iv))) (ii) That ((positive or indeterminate HIV)) test results 33 ((shall not)) indicative of infection with a blood-borne pathogen 34 will be sent directly to the applicant.
- 35 Sec. 13. RCW 70.24.340 and 2011 c 232 s 2 are each amended to 36 read as follows:
- 37 (((1) Local health departments authorized under this chapter 38 shall conduct or cause to be conducted pretest counseling, HIV 39 testing, and posttest counseling of all persons:

1 (a) Convicted of a sexual offense under chapter 9A.44 RCW;

2 (b) Convicted of prostitution or offenses relating to
3 prostitution under chapter 9A.88 RCW; or

4 (c) Convicted of drug offenses under chapter 69.50 RCW if the
5 court determines at the time of conviction that the related drug
6 offense is one associated with the use of hypodermic needles.

7 (2) Such testing shall be conducted as soon as possible after
8 sentencing and shall be so ordered by the sentencing judge.

9 (3) This section applies only to offenses committed after March 10 23, 1988.

(4)) A law enforcement officer, firefighter, health 11 care 12 provider, health care facility staff person, department of corrections' staff person, jail staff person, or person employed in 13 other categories of employment ((determined by the board in rule)) to 14 be at risk of ((substantial)) exposure ((to HIV)) that presents a 15 possible risk of transmission of a blood-borne pathogen, who has 16 17 experienced ((a substantial)) an exposure to another person's bodily fluids in the course of his or her employment, may request a state or 18 local ((public)) health officer to order ((pretest counseling, HIV 19 testing, and posttest counseling)) blood-borne pathogen testing for 20 21 the person whose bodily fluids he or she has been exposed to. ((A 22 person eligible to request a state or local health official to order 23 HIV testing under this chapter and board rule may also request a state or local health officer to order testing for other blood-borne 24 25 pathogens.)) If the state or local ((public)) health officer refuses 26 to order ((counseling and)) testing under this ((sub))section, the person who made the request may petition the superior court for a 27 28 hearing to determine whether an order shall be issued. The hearing on the petition shall be held within seventy-two hours of filing the 29 petition, exclusive of Saturdays, Sundays, and holidays. The standard 30 31 of review to determine whether the ((public)) state or local health 32 officer shall required to issue the order is be whether ((substantial)) an exposure occurred and whether that exposure 33 presents a possible risk of transmission of ((the HIV virus as 34 defined by the board by rule)) <u>a blood-borne pathogen</u>. Upon 35 conclusion of the hearing, the court shall issue the appropriate 36 order((, which may require additional testing for other blood-borne 37 pathogens)). 38

The person who is subject to the state or local ((public)) health officer's order to receive ((counseling and)) testing shall be given

1 written notice of the order promptly, personally, and confidentially, stating the grounds and provisions of the order, including the 2 factual basis therefor. If the person who is subject to the order 3 refuses to comply, the state or local ((public)) health officer may 4 petition the superior court for a hearing. The hearing on the 5 6 petition shall be held within seventy-two hours of filing the petition, exclusive of Saturdays, Sundays, and holidays. The standard 7 of review for the order is whether ((substantial)) an exposure 8 occurred and whether that exposure presents a possible risk of 9 transmission of ((the HIV virus as defined by the board by rule)) a 10 blood-borne pathogen. Upon conclusion of the hearing, the court shall 11 issue the appropriate order. 12

The state or local ((public)) health officer shall perform ((counseling and)) testing under this ((sub))section if he or she finds that the exposure ((was substantial and)) presents a possible risk ((as defined by the board of health by rule)) of transmission of a blood-borne pathogen or if he or she is ordered to do so by a court.

The ((counseling and)) testing required under this ((sub))section shall be completed as soon as possible after the substantial exposure or ((after an order is issued by a court, but shall begin not later than)), if ordered by the court, within seventy-two hours ((after the substantial exposure or an order is issued by the court)) of the order's issuance.

25 Sec. 14. RCW 70.24.360 and 1988 c 206 s 706 are each amended to 26 read as follows:

27 Jail administrators, with the approval of the local ((public)) 28 health officer, may order ((pretest counseling, HIV testing, and posttest counseling for persons)) blood-borne pathogen testing for a 29 30 person detained in the jail if the local ((public)) health officer 31 determines that ((actual or threatened)) the detainee's behavior ((presents a possible risk to)) exposed the staff, general public, or 32 other persons, and that exposure presents a possible risk of 33 transmitting a blood-borne pathogen. ((Approval of the local public 34 health officer shall be based on RCW 70.24.024(3) and may be 35 contested through RCW 70.24.024(4). The administrator shall 36 establish, pursuant to RCW 70.48.071, a procedure to document the 37 38 possible risk which is the basis for the HIV testing. "Possible 39 risk," as used in this section, shall be defined by the board in 1 rule.)) Documentation of the behavior((, or threat thereof,)) shall
2 be reviewed with the person to ((try to assure)) ensure that the
3 person understands the basis for testing.

4 Sec. 15. RCW 70.24.370 and 1988 c 206 s 707 are each amended to 5 read as follows:

(1) ((Department of corrections facility administrators may order 6 7 pretest counseling, HIV testing, and posttest counseling for inmates if the secretary of corrections or the secretary's designee 8 9 determines that actual or threatened)) The chief medical officer of the department of corrections may order blood-borne pathogen testing 10 for an inmate if the chief medical officer or his or her designee 11 determines that the inmate's behavior ((presents a possible risk to)) 12 exposed the staff, general public, or other inmates, and that 13 exposure presents a possible risk of transmitting a blood-borne 14 15 pathogen. The department of corrections shall establish a procedure 16 document the <u>exposure that presents a</u> possible risk to of transmitting a blood-borne pathogen which is the basis for the 17 ((HIV)) testing. (("Possible risk," as used in this section, shall be 18 defined by the department of corrections after consultation with the 19 board. Possible risk, as used in the documentation of the behavior, 20 or threat thereof, shall be reviewed with the inmate.)) The chief 21 medical officer, or his or her designee, shall review the exposure 22 23 that presents a possible risk of transmitting a blood-borne pathogen 24 in the documentation of the behavior with the inmate to ensure that he or she understands the basis for the testing. 25

26 (2) ((Department of corrections administrators and superintendents who are authorized to make decisions about testing and dissemination of test information shall, at least annually, participate in training seminars on public health considerations conducted by the assistant secretary for public health or her or his designee.

32 (3)) Administrative hearing requirements set forth in chapter 33 34.05 RCW do not apply to the procedure developed by the department 34 of corrections pursuant to this section. This section shall not be 35 construed as requiring any hearing process except as may be required 36 under existing federal constitutional law.

37 (((4) RCW 70.24.340 does not apply to the department of 38 corrections or to inmates in its custody or subject to its 39 jurisdiction.)) 1 Sec. 16. RCW 9A.36.011 and 1997 c 196 s 1 are each amended to 2 read as follows:

3 (1) A person is guilty of assault in the first degree if he or 4 she, with intent to inflict great bodily harm:

5 (a) Assaults another with a firearm or any deadly weapon or by 6 any force or means likely to produce great bodily harm or death; or

(b) <u>Transmits HIV to a child or vulnerable adult; or</u>

8 <u>(c)</u> Administers, exposes, or transmits to or causes to be taken 9 by another, poison((, the human immunodeficiency virus as defined in 10 chapter 70.24 RCW,)) or any other destructive or noxious substance; 11 or

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(((c))) <u>(d)</u> Assaults another and inflicts great bodily harm.

13 (2) Assault in the first degree is a class A felony.

14 Sec. 17. RCW 18.35.040 and 2014 c 189 s 4 are each amended to 15 read as follows:

16 (1) An applicant for licensure as a hearing aid specialist must 17 have the following minimum qualifications and shall pay a fee 18 determined by the secretary as provided in RCW 43.70.250. An 19 applicant shall be issued a license under the provisions of this 20 chapter if the applicant has not committed unprofessional conduct as 21 specified by chapter 18.130 RCW, and:

(a) (i) Satisfactorily completes the hearing aid specialistexamination required by this chapter; and

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(ii) Satisfactorily completes:

(A) A minimum of a two-year degree program in hearing aid
 specialist instruction. The program must be approved by the board;

27 (B) A two-year or four-year degree in a field of study approved by the board from an accredited institution, a nine-month 28 board-approved certificate program offered by a board-approved 29 aid specialist program, and the practical examination 30 hearing 31 approved by the board. The practical examination must be given at least quarterly, as determined by the board. The department may hire 32 licensed industry experts approved by the board to proctor the 33 34 examination; or

35 (b) Holds a current, unsuspended, unrevoked license from another 36 jurisdiction if the standards for licensing in such other 37 jurisdiction are substantially equivalent to those prevailing in this 38 state as provided in (a) of this subsection; or

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1 (c)(i) Holds a current, unsuspended, unrevoked license from 2 another jurisdiction, has been actively practicing as a licensed 3 hearing aid specialist in another jurisdiction for at least forty-4 eight of the last sixty months, and submits proof of completion of 5 advance certification from either the international hearing society 6 or the national board for certification in hearing instrument 7 sciences; and

8 (ii) Satisfactorily completes the hearing aid specialist 9 examination required by this chapter or a substantially equivalent 10 examination approved by the board.

11 The applicant must present proof of qualifications to the board 12 in the manner and on forms prescribed by the secretary ((and proof of 13 completion of a minimum of four clock hours of AIDS education and 14 training pursuant to rules adopted by the board)).

15 (2)(a) An applicant for licensure as a speech-language 16 pathologist or audiologist must have the following minimum 17 qualifications:

18 (i) Has not committed unprofessional conduct as specified by the 19 uniform disciplinary act;

(ii) Has a master's degree or the equivalent, or a doctorate degree or the equivalent, from a program at a board-approved institution of higher learning, which includes completion of a supervised clinical practicum experience as defined by rules adopted by the board; and

25 (iii) Has completed postgraduate professional work experience 26 approved by the board.

(b) All qualified applicants must satisfactorily complete the speech-language pathology or audiology examinations required by this chapter.

30 (c) The applicant must present proof of qualifications to the 31 board in the manner and on forms prescribed by the secretary ((and 32 proof of completion of a minimum of four clock hours of AIDS 33 education and training pursuant to rules adopted by the board)).

(3) An applicant for certification as a speech-language pathology
 assistant shall pay a fee determined by the secretary as provided in
 RCW 43.70.250 and must have the following minimum qualifications:

37 (a) An associate of arts or sciences degree, or a certificate of 38 proficiency, from a speech-language pathology assistant program from 39 an institution of higher education that is approved by the board, as 40 is evidenced by the following: (i) Transcripts showing forty-five quarter hours or thirty
 semester hours of speech-language pathology coursework; and

3 (ii) Transcripts showing forty-five quarter hours or thirty 4 semester hours of general education credit; or

5 (b) A bachelor of arts or bachelor of sciences degree, as 6 evidenced by transcripts, from a speech, language, and hearing 7 program from an institution of higher education that is approved by 8 the board.

9 Sec. 18. RCW 49.44.180 and 2004 c 12 s 1 are each amended to 10 read as follows:

11 It shall be unlawful for any person, firm, corporation, or the 12 state of Washington, its political subdivisions, or municipal 13 corporations to require, directly or indirectly, that any employee or 14 prospective employee submit genetic information or submit to 15 screening for genetic information as a condition of employment or 16 continued employment.

17 "Genetic information" for purposes of this chapter, is information about inherited characteristics that can be derived from 18 a DNA-based or other laboratory test, family history, or medical 19 20 examination. "Genetic information" for purposes of this chapter, does 21 not include: (1) Routine physical measurements, including chemical, blood, and urine analysis, unless conducted purposefully to diagnose 22 genetic or inherited characteristics; and (2) results from tests for 23 24 abuse of alcohol or drugs ($(\frac{1}{7} \text{ or for the presence of HIV})$).

25 Sec. 19. RCW 49.60.172 and 2003 c 273 s 2 are each amended to 26 read as follows:

(1) No person may require an individual to take an HIV ((test, as defined in chapter 70.24 RCW,)) or hepatitis C test, as a condition of hiring, promotion, or continued employment unless the absence of HIV or hepatitis C infection is a bona fide occupational qualification for the job in question.

32 (2) No person may discharge or fail or refuse to hire any 33 individual, or segregate or classify any individual in any way which 34 would deprive or tend to deprive that individual of employment 35 opportunities or adversely affect his or her status as an employee, 36 or otherwise discriminate against any individual with respect to 37 compensation, terms, conditions, or privileges of employment on the 38 basis of the results of an HIV test or hepatitis C test unless the

1 absence of HIV or hepatitis C infection is a bona fide occupational 2 qualification of the job in question.

3 (3) The absence of HIV or hepatitis C infection as a bona fide 4 occupational qualification exists when performance of a particular 5 job can be shown to present a significant risk, as defined by the 6 board of health by rule, of transmitting HIV or hepatitis C infection 7 to other persons, and there exists no means of eliminating the risk 8 by restructuring the job.

9 (4) For the purpose of this chapter, any person who is actually 10 infected with HIV or hepatitis C, but is not disabled as a result of 11 the infection, shall not be eligible for any benefits under the 12 affirmative action provisions of chapter 49.74 RCW solely on the 13 basis of such infection.

14 (5) Employers are immune from civil action for damages arising 15 out of transmission of HIV or hepatitis C to employees or to members 16 of the public unless such transmission occurs as a result of the 17 employer's gross negligence.

18 Sec. 20. RCW 43.150.050 and 1992 c 66 s 5 are each amended to 19 read as follows:

20 The center, working in cooperation with individuals, local 21 groups, and organizations throughout the state, may undertake any 22 program or activity for which funds are available which furthers the 23 goals of this chapter. These programs and activities may include, but 24 are not limited to:

(1) Providing information about programs, activities, and
 resources of value to volunteers and to organizations operating or
 planning volunteer or citizen service programs;

(2) Sponsoring recognition events for outstanding individuals andorganizations;

30 (3) Facilitating the involvement of business, industry,31 government, and labor in community service and betterment;

32 (4) Organizing, or assisting in the organization of, training33 workshops and conferences;

34 (5) Publishing schedules of significant events, lists of 35 published materials, accounts of successful programs and programming 36 techniques, and other information concerning the field of 37 volunteerism and citizen service, and distributing this information 38 broadly;

1 (6) Reviewing the laws and rules of the state of Washington, and 2 proposed changes therein, to determine their impact on the success of 3 volunteer activities and programs, and recommending such changes as 4 seem appropriate to ensure the achievement of the goals of this 5 chapter;

6 (7) Seeking funding sources for enhancing, promoting, and 7 supporting the ethic of service and facilitating or providing 8 information to those organizations and agencies which may benefit;

9 (8) Providing information about agencies and individuals who are 10 working to prevent the spread of the human immunodeficiency virus, as 11 defined in chapter 70.24 RCW, and to agencies and individuals who are 12 working to provide health and social services to persons <u>living</u> with 13 ((acquired immunodeficiency syndrome)) the human immunodeficiency 14 <u>virus</u>, as defined in chapter 70.24 RCW.

15 Sec. 21. RCW 74.39.005 and 1995 1st sp.s. c 18 s 10 are each 16 amended to read as follows:

17 The purpose of this chapter is to:

(1) Establish a balanced range of health, social, and supportive services that deliver long-term care services to ((chronically, <u>functionally disabled</u>)) persons <u>with chronic functional disabilities</u> of all ages;

(2) Ensure that functional ability shall be the determining factor in defining long-term care service needs and that these needs will be determined by a uniform system for comprehensively assessing functional disability;

(3) Ensure that services are provided in the most independent
 living situation consistent with individual needs;

(4) Ensure that long-term care service options shall be developed and made available that enable ((functionally disabled)) persons with functional disabilities to continue to live in their homes or other community residential facilities while in the care of their families or other volunteer support persons;

(5) Ensure that long-term care services are coordinated in a way that minimizes administrative cost, eliminates unnecessarily complex organization, minimizes program and service duplication, and maximizes the use of financial resources in directly meeting the needs of persons with functional limitations;

38 (6) Develop a systematic plan for the coordination, planning,39 budgeting, and administration of long-term care services now

1 fragmented between the division of developmental disabilities, 2 division of mental health, aging and adult services administration, 3 division of children and family services, division of vocational 4 rehabilitation, ((office on AIDS,)) division of health, ((and)) 5 bureau of alcohol and substance abuse, and the department of health;

6 (7) Encourage the development of a statewide long-term care case 7 management system that effectively coordinates the plan of care and 8 services provided to eligible clients;

9 (8) Ensure that individuals and organizations affected by or 10 interested in long-term care programs have an opportunity to 11 participate in identification of needs and priorities, policy 12 development, planning, and development, implementation, and 13 monitoring of state supported long-term care programs;

14 (9) Support educational institutions in Washington state to 15 assist in the procurement of federal support for expanded research 16 and training in long-term care; and

(10) Facilitate the development of a coordinated system of longterm care education that is clearly articulated between all levels of higher education and reflective of both in-home care needs and institutional care needs of ((functionally disabled)) persons with functional disabilities.

22 <u>NEW SECTION.</u> Sec. 22. The following acts or parts of acts are 23 each repealed:

24 (1) RCW 70.24.095 (Pregnant women—Drug treatment program 25 participants—AIDS counseling) and 1988 c 206 s 705;

26 (2) RCW 70.24.100 (Syphilis laboratory tests) and 1991 c 3 s 323,
27 1979 c 141 s 95, & 1939 c 165 s 2;

(3) RCW 70.24.107 (Rule-making authority—1997 c 345) and 1999 c
 372 s 14 & 1997 c 345 s 6;

30 (4) RCW 70.24.125 (Reporting requirements for sexually 31 transmitted diseases—Rules) and 1988 c 206 s 905;

32 (5) RCW 70.24.140 (Certain infected persons—Sexual intercourse
 33 unlawful without notification) and 1988 c 206 s 917;

34 (6) RCW 70.24.200 (Information for the general public on sexually
 35 transmitted diseases—Emphasis) and 1988 c 206 s 201;

36 (7) RCW 70.24.210 (Information for children on sexually 37 transmitted diseases—Emphasis) and 1988 c 206 s 202; (8) RCW 70.24.240 (Clearinghouse for AIDS educational materials)
 and 1988 c 206 s 601;

3 (9) RCW 70.24.250 (Office on AIDS—Repository and clearinghouse
4 for AIDS education and training material—University of Washington
5 duties) and 1988 c 206 s 602;

6 (10) RCW 70.24.260 (Emergency medical personnel—Rules for AIDS 7 education and training) and 1988 c 206 s 603;

8 (11) RCW 70.24.270 (Health professionals—Rules for AIDS education 9 and training) and 1988 c 206 s 604;

10 (12) RCW 70.24.280 (Pharmacy quality assurance commission—Rules 11 for AIDS education and training) and 2013 c 19 s 122 & 1988 c 206 s 12 605;

13 (13) RCW 70.24.300 (State and local government employees— 14 Determination of substantial likelihood of exposure—Rules for AIDS 15 education and training) and 1993 c 281 s 60 & 1988 c 206 s 607;

16 (14) RCW 70.24.310 (Health care facility employees—Rules for AIDS 17 education and training) and 1988 c 206 s 608;

18 (15) RCW 70.24.320 (Counseling and testing—AIDS and HIV— 19 Definitions) and 1988 c 206 s 701;

20 (16) RCW 70.24.350 (Prostitution and drug offenses—Voluntary 21 testing and counseling) and 1988 c 206 s 704;

22 (17) RCW 70.24.380 (Board of health—Rules for counseling and 23 testing) and 1988 c 206 s 709; and

(18) RCW 70.24.410 (AIDS advisory committee—Duties, review of insurance problems—Termination) and 1991 c 3 s 328 & 1988 c 206 s 803.

27 <u>NEW SECTION.</u> Sec. 23. If any provision of this act or its 28 application to any person or circumstance is held invalid, the 29 remainder of the act or the application of the provision to other 30 persons or circumstances is not affected.

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