
HOUSE BILL 2346

State of Washington

68th Legislature

2024 Regular Session

By Representatives Santos, Riccelli, Gregerson, and Macri; by request of Governor's Interagency Council on Health Disparities

Read first time 01/12/24. Referred to Committee on State Government & Tribal Relations.

1 AN ACT Relating to updating the name, authority, membership, and
2 duties of the governor's interagency coordinating council on health
3 disparities; amending RCW 43.20.270, 43.20.275, 43.20.280, 41.05.840,
4 and 70.41.470; reenacting and amending RCW 43.20.025; and repealing
5 RCW 44.28.810.

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

7 **Sec. 1.** RCW 43.20.025 and 2019 c 185 s 1 are each reenacted and
8 amended to read as follows:

9 The definitions in this section apply throughout this chapter
10 unless the context clearly requires otherwise.

11 (1) "Commissary" means an approved food establishment where food
12 is stored, prepared, portioned, or packaged for service elsewhere.

13 (2) (~~"Commissions" means the Washington state commission on~~
14 ~~African American affairs established in chapter 43.113 RCW, the~~
15 ~~Washington state commission on Asian Pacific American affairs~~
16 ~~established in chapter 43.117 RCW, the Washington state commission on~~
17 ~~Hispanic affairs established in chapter 43.115 RCW, and the~~
18 ~~governor's office of Indian affairs.~~

19 ~~(3))~~ "Consumer representative" means any person who is not an
20 elected official, who has no fiduciary obligation to a health

1 facility or other health agency, and who has no material financial
2 interest in the rendering of health services.

3 ~~((4))~~ (3) "Council" means the governor's ~~((interagency~~
4 ~~coordinating))~~ council ~~((on))~~ for health ~~((disparities))~~ justice and
5 equity, convened according to this chapter.

6 ~~((5))~~ (4) "Department" means the department of health.

7 ~~((6))~~ (5) "Health disparities" means the difference in
8 incidence, prevalence, mortality, or burden of disease and other
9 adverse health conditions, including lack of access to proven health
10 care services that exists between specific population groups in
11 Washington state.

12 ~~((7))~~ (6) "Health impact review" means a review of a
13 legislative or budgetary proposal completed according to the terms of
14 this chapter that determines the extent to which the proposal
15 improves or exacerbates health disparities.

16 ~~((8))~~ (7) "Local health board" means a health board created
17 pursuant to chapter 70.05, 70.08, or 70.46 RCW.

18 ~~((9))~~ (8) "Local health officer" means the legally qualified
19 physician appointed as a health officer pursuant to chapter 70.05,
20 70.08, or 70.46 RCW.

21 ~~((10))~~ (9) "Mobile food unit" means a readily movable food
22 establishment.

23 ~~((11))~~ (10) "Regulatory authority" means the local, state, or
24 federal enforcement body or authorized representative having
25 jurisdiction over the food establishment. The local board of health,
26 acting through the local health officer, is the regulatory authority
27 for the activity of a food establishment, except as otherwise
28 provided by law.

29 ~~((12))~~ (11) "Secretary" means the secretary of health, or the
30 secretary's designee.

31 ~~((13))~~ (12) "Servicing area" means an operating base location
32 to which a mobile food unit or transportation vehicle returns
33 regularly for such things as vehicle and equipment cleaning,
34 discharging liquid or solid wastes, refilling water tanks and ice
35 bins, and boarding food.

36 ~~((14))~~ (13) "Social determinants of health" means those
37 elements of social structure most closely shown to affect health and
38 illness, including at a minimum, early learning, education,
39 socioeconomic standing, safe housing, gender, incidence of violence,

1 convenient and affordable access to safe opportunities for physical
2 activity, healthy diet, and appropriate health care services.

3 ~~((15))~~ (14) "State board" means the state board of health
4 created under this chapter.

5 **Sec. 2.** RCW 43.20.270 and 2006 c 239 s 1 are each amended to
6 read as follows:

7 The legislature finds that women and people of color experience
8 significant disparities from men and the general population in
9 education, employment, healthful living conditions, access to health
10 care, and other social determinants of health. The legislature finds
11 that these circumstances coupled with lower, slower, and less
12 culturally appropriate and gender appropriate access to needed
13 medical care result in higher rates of morbidity and mortality for
14 women and persons of color than observed in the general population.
15 Health disparities are defined by the national institute[s] of health
16 as the differences in incidence, prevalence, mortality, and burden of
17 disease and other adverse health conditions that exist among specific
18 population groups in the United States.

19 It is the intent of the Washington state legislature to create
20 the healthiest state in the nation by striving to eliminate health
21 disparities in people of color and between men and women. In meeting
22 the intent of ~~((chapter 239, Laws of 2006))~~ this chapter, the
23 legislature creates the governor's ~~((interagency coordinating council
24 on health disparities))~~ council for health justice and equity. This
25 council shall create an action plan and statewide policy to include
26 health impact reviews that measure and address other social
27 determinants of health that lead to disparities as well as the
28 contributing factors of health that can have broad impacts on
29 improving status, health literacy, physical activity, and nutrition.

30 **Sec. 3.** RCW 43.20.275 and 2018 c 58 s 19 are each amended to
31 read as follows:

32 (1) In collaboration with staff whom the office of financial
33 management may assign, and within funds made expressly available to
34 the state board for these purposes, the state board shall ~~((assist
35 the governor by convening and providing))~~ convene and provide
36 assistance to the council.

1 (2) The council shall consist of 22 core members which shall
2 include ~~((one representative from each of))~~ the following ~~((groups+~~
3 ~~Each of the commissions,))~~ representatives:

4 (a) One from the commission on African American affairs;

5 (b) One from the commission on Asian Pacific American affairs;

6 (c) One from the commission on Hispanic affairs;

7 (d) One from the governor's office of Indian affairs;

8 (e) One from the LGBTQ commission;

9 (f) One from the state board((~~τ~~));

10 (g) One from the department((~~τ~~));

11 (h) One from the department of social and health services((~~τ~~));

12 (i) One from the department of commerce((~~τ~~));

13 (j) One from the health care authority((~~τ~~));

14 (k) One from the department of agriculture((~~τ~~));

15 (l) One from the department of ecology((~~τ~~));

16 (m) One from the office of the superintendent of public
17 instruction((~~τ~~));

18 (n) One from the department of children, youth, and
19 families((~~τ~~));

20 (o) One from the workforce training and education coordinating
21 board((~~τ~~)); and ((~~two~~))

22 (p) Seven members of the public ((~~who will represent the~~
23 interests of health care consumers. The council is a class one group
24 under RCW 43.03.220. The two public members shall be paid per diem
25 and travel expenses in accordance with RCW 43.03.050 and 43.03.060.
26 The council shall reflect diversity in race, ethnicity, and gender.
27 The governor or the governor's designee shall chair the council.

28 ~~(2) The council shall promote and facilitate communication,~~
29 ~~coordination, and collaboration among relevant state agencies and~~
30 ~~communities of color, and the private sector and public sector, to~~
31 ~~address health disparities. The council shall conduct public~~
32 ~~hearings, inquiries, studies, or other forms of information gathering~~
33 ~~to understand how the actions of state government ameliorate or~~
34 ~~contribute to health disparities. All state agencies must cooperate~~
35 ~~with the council's efforts.~~

36 ~~(3) The council with assistance from the state board, shall~~
37 ~~assess through public hearings, review of existing data, and other~~
38 ~~means, and recommend initiatives for improving the availability of~~
39 ~~culturally appropriate health literature and interpretive services~~
40 ~~within public and private health-related agencies.~~

1 ~~(4) In order to assist with its work, the council shall establish~~
2 ~~advisory committees to assist in plan development for specific issues~~
3 ~~and shall include members of other state agencies and local~~
4 ~~communities.~~

5 ~~(5) The advisory committee shall reflect diversity in race,~~
6 ~~ethnicity, and gender)), including at least two youth~~
7 ~~representatives, who have direct lived experience with health~~
8 ~~inequities and will bring the voices of communities who have been~~
9 ~~systematically excluded from the power, opportunities, access, and~~
10 ~~resources needed to attain health and well-being.~~

11 (3) The council shall establish its decision making and voting
12 procedures within council bylaws.

13 (4) Councilmembers must be persons who are committed to and well-
14 informed regarding principles of health justice and equity and who,
15 to the greatest extent practicable, reflect diversity in race,
16 ethnicity, age, disability status, sexual orientation, gender, gender
17 identity, military or military family status, urban and rural areas,
18 and regions of the state.

19 (a) To promote agency commitment and coordination, each state
20 agency on the council shall identify an executive team level staff
21 person or designee to participate on behalf of the agency.

22 (b) Nongovernmental members of the council shall be appointed by
23 the governor with guidance from the office of equity.

24 (c) The youth representatives must be 26 years of age or younger
25 at the time of appointment.

26 (d) The governor shall appoint cochairs who have expertise or
27 experience with health justice and equity. At least one cochair must
28 be selected from among councilmembers representing the commissions
29 identified in subsection (2)(a) through (e) of this section or
30 members of the public identified in subsection (2)(p) of this
31 section. The governor shall consider cochair nominations or
32 recommendations from the council.

33 (5) When representing the council, councilmembers may communicate
34 policy recommendations and positions on behalf of the council instead
35 of their respective agency or organization.

36 (6) The council is a class one group under RCW 43.03.220.
37 Nongovernmental members of the council shall be compensated and
38 reimbursed in accordance with RCW 43.03.050, 43.03.060, and
39 43.03.220.

1 **Sec. 4.** RCW 43.20.280 and 2006 c 239 s 4 are each amended to
2 read as follows:

3 (1) The council shall ((consider in its deliberations and by
4 2012, create an action plan for eliminating health disparities. The
5 action plan must address, but is not limited to, the following
6 diseases, conditions, and health indicators: Diabetes, asthma, infant
7 mortality, HIV/AIDS, heart disease, strokes, breast cancer, cervical
8 cancer, prostate cancer, chronic kidney disease, sudden infant death
9 syndrome (SIDS), mental health, women's health issues, smoking
10 cessation, oral disease, and immunization rates of children and
11 senior citizens. The council shall prioritize the diseases,
12 conditions, and health indicators according to prevalence and
13 severity of the health disparity. The council shall address these
14 priorities on an incremental basis by adding no more than five of the
15 diseases, conditions, and health indicators to each update or revised
16 version of the action plan. The action plan shall be updated
17 biannually. The council shall meet as often as necessary but not less
18 than two times per calendar year. The council shall report its
19 progress with the action plan to the governor and the legislature no
20 later than January 15, 2008. A second report shall be presented no
21 later than January 15, 2010, and a third report from the council
22 shall be presented to the governor and the legislature no later than
23 January 15, 2012. Thereafter, the governor and legislature shall
24 require progress updates from the council every four years in odd-
25 numbered years. The action plan shall recognize the need for
26 flexibility)) work with governmental and nongovernmental partners to
27 create a statewide vision and universal goals for health and well-
28 being as well as policy recommendations to move Washington toward
29 achieving its vision and goals.

30 (a) The vision, goals, and policy recommendations shall:

31 (i) Provide an actionable framework to support communities, state
32 agencies, the governor, and the legislature in advancing health
33 justice and equity in Washington state;

34 (ii) Recognize racism as a public health crisis;

35 (iii) Recognize how climate change affects us all and exacerbates
36 inequities;

37 (iv) Incorporate the diversity of communities across the state
38 and recognize the intersecting forms of oppression people may
39 experience as barriers to attaining optimal health and reaching their
40 full potential;

1 (v) Guide state agencies as they continue to fulfill requirements
2 pursuant to chapters 70A.02 and 43.06D RCW; and

3 (vi) Work toward resolving the negative structural and social
4 determinants of health and promoting the positive determinants.

5 (b) In the development of the vision, goals, and policy
6 recommendations, the council shall engage communities and may use
7 participatory methods that promote community-led planning and design,
8 so that communities who are disproportionately impacted by inequities
9 have meaningful opportunity and power to shape narratives,
10 priorities, and policy recommendations.

11 (2) The council shall promote and facilitate communication,
12 information sharing, coordination, and collaboration among relevant
13 state agencies, organizations that have been established for and by
14 the people most impacted by an issue such as racism and health
15 inequities, communities of color and other marginalized communities,
16 and the private and public sectors to support health justice and
17 equity, well-being, truth and reconciliation, and healing.

18 (3) The council, with assistance from state agencies and other
19 partners, shall conduct public hearings, research, inquiries,
20 studies, or other forms of information gathering to:

21 (a) Understand how the actions of state government ameliorate or
22 contribute to health inequities; and

23 (b) Recommend initiatives for improving the availability of
24 culturally and linguistically appropriate information and services
25 within public and private health-related agencies.

26 (4) The council shall collaborate with the environmental justice
27 council, the state poverty reduction work group, the state office of
28 equity, and other state agencies, boards, committees, and commissions
29 to propel state government toward actions that are coordinated and
30 rooted in antiracism, access, belonging, and justice so that these
31 efforts benefit all Washingtonians.

32 (5) The council shall submit an initial report to the governor
33 and relevant committees of the legislature by October 31, 2026, with
34 the statewide vision and universal goals for health and well-being
35 detailed in subsection (1) of this section. Beginning October 31,
36 2028, and every two years thereafter until 2038, the council shall
37 submit an update to the governor and relevant committees of the
38 legislature with policy recommendations, the status of policy
39 adoption and implementation among relevant state agencies, the
40 governor, and the legislature, as well as any revisions to the

1 statewide vision and universal goals for health and well-being. The
2 council shall make its reports publicly available on its website to
3 provide convenient access to all state agencies.

4 (6) Within available resources, all relevant state agencies shall
5 collaborate and be responsive to the council's requests.

6 (7) The council may:

7 (a) Use topics and findings from health impact reviews, as
8 authorized by RCW 43.20.285, to inform the council's priorities,
9 strategies, and recommendations;

10 (b) Use disaggregated data to inform its work;

11 (c) Develop policy positions; and

12 (d) Form advisory committees or implement participatory models,
13 such as collaboratives or community assemblies, to support the
14 council in gathering information and developing policy priorities,
15 recommendations, and positions. These groups may include members of
16 the community and state agencies.

17 **Sec. 5.** RCW 41.05.840 and 2021 c 309 s 2 are each amended to
18 read as follows:

19 (1) The universal health care commission is established to create
20 immediate and impactful changes in the health care access and
21 delivery system in Washington and to prepare the state for the
22 creation of a health care system that provides coverage and access
23 for all Washington residents through a unified financing system once
24 the necessary federal authority has become available. The authority
25 must begin any necessary federal application process within 60 days
26 of its availability.

27 (2) The commission includes the following voting members:

28 (a) One member from each of the two largest caucuses of the house
29 of representatives, appointed by the speaker of the house of
30 representatives;

31 (b) One member from each of the two largest caucuses of the
32 senate, appointed by the president of the senate;

33 (c) The secretary of the department of health, or the secretary's
34 designee;

35 (d) The director of the health care authority, or the director's
36 designee;

37 (e) The chief executive officer of the Washington health benefit
38 exchange, or the chief executive officer's designee;

39 (f) The insurance commissioner, or the commissioner's designee;

1 (g) The director of the office of equity, or the director's
2 designee; and

3 (h) Six members appointed by the governor, using an equity lens,
4 with knowledge and experience regarding health care coverage, access,
5 and financing, or other relevant expertise, including at least one
6 consumer representative and at least one invitation to an individual
7 representing tribal governments with knowledge of the Indian health
8 care delivery in the state.

9 (3) (a) The governor must appoint the chair of the commission from
10 any of the members identified in subsection (2) of this section for a
11 term of no more than three years. A majority of the voting members of
12 the commission shall constitute a quorum for any votes of the
13 commission.

14 (b) The commission's meetings shall be open to the public
15 pursuant to chapter 42.30 RCW. The authority must publish on its
16 website the dates and locations of commission meetings, agendas of
17 prior and upcoming commission meetings, and meeting materials for
18 prior and upcoming commission meetings.

19 (4) The health care authority shall staff the commission.

20 (5) Members of the commission shall serve without compensation
21 but must be reimbursed for their travel expenses while on official
22 business in accordance with RCW 43.03.050 and 43.03.060.

23 (6) The commission may establish advisory committees that include
24 members of the public with knowledge and experience in health care,
25 in order to support stakeholder engagement and an analytical process
26 by which key design options are developed. A member of an advisory
27 committee need not be a member of the commission.

28 (7) By November 1, 2022, the commission shall submit a baseline
29 report to the legislature and the governor, and post it on the
30 authority's website. The report must include:

31 (a) A complete synthesis of analyses done on Washington's
32 existing health care finance and delivery system, including cost,
33 quality, workforce, and provider consolidation trends and how they
34 impact the state's ability to provide all Washingtonians with timely
35 access to high quality, affordable health care;

36 (b) A strategy for developing implementable changes to the
37 state's health care financing and delivery system to increase access
38 to health care services and health coverage, reduce health care
39 costs, reduce health disparities, improve quality, and prepare for
40 the transition to a unified health care financing system by actively

1 examining data and reports from sources that are monitoring the
2 health care system. Such sources shall include data or reports from
3 the health care cost transparency board under RCW 70.390.070, the
4 public health advisory board, the governor's (~~(interagency~~
5 ~~coordinating)~~) council (~~(on)~~) for health (~~(disparities)~~) justice and
6 equity under RCW 43.20.275, the all-payer health care claims database
7 established under chapter 43.371 RCW, prescription drug price data,
8 performance measure data under chapter 70.320 RCW, and other health
9 care cost containment programs;

10 (c) An inventory of the key design elements of a universal health
11 care system including:

12 (i) A unified financing system including, but not limited to, a
13 single-payer financing system;

14 (ii) Eligibility and enrollment processes and requirements;

15 (iii) Covered benefits and services;

16 (iv) Provider participation;

17 (v) Effective and efficient provider payments, including
18 consideration of global budgets and health plan payments;

19 (vi) Cost containment and savings strategies that are designed to
20 assure that total health care expenditures do not exceed the health
21 care cost growth benchmark established under chapter 70.390 RCW;

22 (vii) Quality improvement strategies;

23 (viii) Participant cost sharing, if appropriate;

24 (ix) Quality monitoring and disparities reduction;

25 (x) Initiatives for improving culturally appropriate health
26 services within public and private health-related agencies;

27 (xi) Strategies to reduce health disparities including, but not
28 limited to, mitigating structural racism and other determinants of
29 health as set forth by the office of equity;

30 (xii) Information technology systems and financial management
31 systems;

32 (xiii) Data sharing and transparency; and

33 (xiv) Governance and administration structure, including
34 integration of federal funding sources;

35 (d) An assessment of the state's current level of preparedness to
36 meet the elements of (c) of this subsection and steps Washington
37 should take to prepare for a just transition to a unified health care
38 financing system, including a single-payer financing system.
39 Recommendations must include, but are not limited to, administrative
40 changes, reorganization of state programs, retraining programs for

1 displaced workers, federal waivers, and statutory and constitutional
2 changes;

3 (e) Recommendations for implementing reimbursement rates for
4 health care providers serving medical assistance clients who are
5 enrolled in programs under chapter 74.09 RCW at a rate that is no
6 less than 80 percent of the rate paid by medicare for similar
7 services;

8 (f) Recommendations for coverage expansions to be implemented
9 prior to and consistent with a universal health care system,
10 including potential funding sources; and

11 (g) Recommendations for the creation of a finance committee to
12 develop a financially feasible model to implement universal health
13 care coverage using state and federal funds.

14 (8) Following the submission of the baseline report on November
15 1, 2022, the commission must structure its work to continue to
16 further identify opportunities to implement reforms consistent with
17 subsection (7)(b) of this section and to implement structural changes
18 to prepare the state for a transition to a unified health care
19 financing system. The commission must submit annual reports to the
20 governor and the legislature each November 1st, beginning in 2023.
21 The reports must detail the work of the commission, the opportunities
22 identified to advance the goals under subsection (7) of this section,
23 which, if any, of the opportunities a state agency is implementing,
24 which, if any, opportunities should be pursued with legislative
25 policy or fiscal authority, and which opportunities have been
26 identified as beneficial, but lack federal authority to implement.

27 (9) Subject to sufficient existing agency authority, state
28 agencies may implement specific elements of any report issued under
29 this section. This section shall not be construed to authorize the
30 commission to implement a universal health care system through a
31 unified financing system until there is further action by the
32 legislature and the governor.

33 (10) The commission must hold its first meeting within 90 days of
34 July 25, 2021.

35 **Sec. 6.** RCW 70.41.470 and 2021 c 162 s 5 are each amended to
36 read as follows:

37 (1) As of January 1, 2013, each hospital that is recognized by
38 the internal revenue service as a 501(c)(3) nonprofit entity must
39 make its federally required community health needs assessment widely

1 available to the public and submit it to the department within
2 fifteen days of submission to the internal revenue service. Following
3 completion of the initial community health needs assessment, each
4 hospital in accordance with the internal revenue service shall
5 complete and make widely available to the public and submit to the
6 department an assessment once every three years. The department must
7 post the information submitted to it pursuant to this subsection on
8 its website.

9 (2) (a) Unless contained in the community health needs assessment
10 under subsection (1) of this section, a hospital subject to the
11 requirements under subsection (1) of this section shall make public
12 and submit to the department a description of the community served by
13 the hospital, including both a geographic description and a
14 description of the general population served by the hospital; and
15 demographic information such as leading causes of death, levels of
16 chronic illness, and descriptions of the medically underserved,
17 low-income, and minority, or chronically ill populations in the
18 community.

19 (b) (i) Beginning July 1, 2022, a hospital, other than a hospital
20 designated by medicare as a critical access hospital or sole
21 community hospital, that is subject to the requirements under
22 subsection (1) of this section must annually submit to the department
23 an addendum which details information about activities identified as
24 community health improvement services with a cost of \$5,000 or more.
25 The addendum must include the type of activity, the method in which
26 the activity was delivered, how the activity relates to an identified
27 community need in the community health needs assessment, the target
28 population for the activity, strategies to reach the target
29 population, identified outcome metrics, the cost to the hospital to
30 provide the activity, the methodology used to calculate the
31 hospital's costs, and the number of people served by the activity. If
32 a community health improvement service is administered by an entity
33 other than the hospital, the other entity must be identified in the
34 addendum.

35 (ii) Beginning July 1, 2022, a hospital designated by medicare as
36 a critical access hospital or sole community hospital that is subject
37 to the requirements under subsection (1) of this section must
38 annually submit to the department an addendum which details
39 information about the 10 highest cost activities identified as
40 community health improvement services. The addendum must include the

1 type of activity, the method in which the activity was delivered, how
2 the activity relates to an identified community need in the community
3 health needs assessment, the target population for the activity,
4 strategies to reach the target population, identified outcome
5 metrics, the cost to the hospital to provide the activity, the
6 methodology used to calculate the hospital's costs, and the number of
7 people served by the activity. If a community health improvement
8 service is administered by an entity other than the hospital, the
9 other entity must be identified in the addendum.

10 (iii) The department shall require the reporting of demographic
11 information about participant race, ethnicity, any disability, gender
12 identity, preferred language, and zip code of primary residency. The
13 department, in consultation with interested entities, may revise the
14 required demographic information according to an established six-year
15 review cycle about participant race, ethnicity, disabilities, gender
16 identity, preferred language, and zip code of primary residence that
17 must be reported under (b)(i) and (ii) of this subsection (2). At a
18 minimum, the department's consultation process shall include
19 community organizations that provide community health improvement
20 services, communities impacted by health inequities, health care
21 workers, hospitals, and the governor's (~~(interagency-coordinating)~~)
22 council (~~(en)~~) for health ((disparities)) justice and equity. The
23 department shall establish a six-year cycle for the review of the
24 information requested under this subsection (2)(b)(iii).

25 (iv) The department shall provide guidance on participant data
26 collection and the reporting requirements under this subsection
27 (2)(b). The guidance shall include a standard form for the reporting
28 of information under this subsection (2)(b). The standard form must
29 allow for the reporting of community health improvement services that
30 are repeated within a reporting period to be combined within the
31 addendum as a single project with the number of instances of the
32 services listed. The department must develop the guidelines in
33 consultation with interested entities, including an association
34 representing hospitals in Washington, labor unions representing
35 workers who work in hospital settings, and community health board
36 associations. The department must post the information submitted to
37 it pursuant to this subsection (2)(b) on its website.

38 (3)(a) Each hospital subject to the requirements of subsection
39 (1) of this section shall make widely available to the public a
40 community benefit implementation strategy within one year of

1 completing its community health needs assessment. In developing the
2 implementation strategy, hospitals shall consult with community-based
3 organizations and stakeholders, and local public health
4 jurisdictions, as well as any additional consultations the hospital
5 decides to undertake. Unless contained in the implementation strategy
6 under this subsection (3)(a), the hospital must provide a brief
7 explanation for not accepting recommendations for community benefit
8 proposals identified in the assessment through the stakeholder
9 consultation process, such as excessive expense to implement or
10 infeasibility of implementation of the proposal.

11 (b) Implementation strategies must be evidence-based, when
12 available; or development and implementation of innovative programs
13 and practices should be supported by evaluation measures.

14 (4) When requesting demographic information under subsection
15 (2)(b) of this section, a hospital must inform participants that
16 providing the information is voluntary. If a hospital fails to report
17 demographic information under subsection (2)(b) of this section
18 because a participant refused to provide the information, the
19 department may not take any action against the hospital for failure
20 to comply with reporting requirements or other licensing standards on
21 that basis.

22 (5) For the purposes of this section, the term "widely available
23 to the public" has the same meaning as in the internal revenue
24 service guidelines.

25 NEW SECTION. **Sec. 7.** RCW 44.28.810 (Review of governor's
26 interagency coordinating council on health disparities—Report to the
27 legislature) and 2006 c 239 s 7 are each repealed.

--- END ---