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**SENATE BILL 5228**

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**State of Washington**

**69th Legislature**

**2025 Regular Session**

**By** Senators Riccelli and Hasegawa; by request of Governor's Interagency Council on Health Disparities

Prefiled 01/10/25.

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]))~~  
16 institutes of health as the differences in incidence, prevalence,  
17 mortality, and burden of disease and other adverse health conditions  
18 that exist among specific 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 24 members which shall include  
2        ~~((one representative from each of))~~ the following ~~((groups: Each of~~  
3        ~~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 governor's committee on disability issues and  
9        employment;

10       (f) One from the LGBTQ commission;

11       (g) One from the women's commission;

12       (h) One from the state board((~~τ~~));

13       (i) One from the department((~~τ~~));

14       (j) One from the department of social and health services((~~τ~~));

15       (k) One from the department of commerce((~~τ~~));

16       (l) One from the health care authority((~~τ~~));

17       (m) One from the department of agriculture((~~τ~~));

18       (n) One from the department of ecology((~~τ~~));

19       (o) One from the office of the superintendent of public  
20       instruction((~~τ~~));

21       (p) One from the department of children, youth, and  
22       families((~~τ~~));

23       (q) One from the workforce training and education coordinating  
24       board((~~τ~~ and two));

25       (r) One from a federally recognized tribe; and

26       (s) Six members of the public ~~((who will represent the interests~~  
27       ~~of health care consumers. The council is a class one group under RCW~~  
28       ~~43.03.220. The two public members shall be paid per diem and travel~~  
29       ~~expenses in accordance with RCW 43.03.050 and 43.03.060. The council~~  
30       ~~shall reflect diversity in race, ethnicity, and gender. The governor~~  
31       ~~or the governor's designee shall chair the council.~~

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

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

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

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

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

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

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

27       (b) Councilmembers who are not representing a Washington state  
28 governmental entity shall be appointed by the governor with guidance  
29 from the office of equity.

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

32       (d) The governor shall appoint cochairs who have expertise or  
33 experience with health justice and equity. At least one cochair must  
34 be selected from among councilmembers listed in subsection (2)(a)  
35 through (g), (r), or (s) of this section. The governor shall consider  
36 cochair nominations or recommendations from the council.

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

1 (6) The council is a class one group under RCW 43.03.220.  
2 Eligible members of the council shall be compensated and reimbursed  
3 in accordance with RCW 43.03.050, 43.03.060, and 43.03.220.

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

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

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

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

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

38 (iii) Recognize how climate change affects us all and exacerbates  
39 inequities;

1 (iv) Incorporate the diversity of communities across the state  
2 and recognize the intersecting forms of oppression people may  
3 experience as barriers to attaining optimal health and reaching their  
4 full potential;

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

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

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

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

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

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

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

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

36 (5) The council shall submit an initial report to the governor  
37 and relevant committees of the legislature by October 31, 2027, with  
38 the statewide vision and universal goals for health and well-being  
39 detailed in subsection (1) of this section. Beginning October 31,  
40 2029, and every two years thereafter until 2039, the council shall

1 submit an update to the governor and relevant committees of the  
2 legislature with policy recommendations, the status of policy  
3 adoption and implementation among relevant state agencies, the  
4 governor, and the legislature, as well as any revisions to the  
5 statewide vision and universal goals for health and well-being. The  
6 council shall make its reports publicly available on its website to  
7 provide convenient access to all state agencies.

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

10 (7) The council may:

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

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

15 (c) Develop policy positions; and

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

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

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

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

32 (a) One member from each of the two largest caucuses of the house  
33 of representatives, appointed by the speaker of the house of  
34 representatives;

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

37 (c) The secretary of the department of health, or the secretary's  
38 designee;



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

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

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

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

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

14 (3) (a) The governor must appoint the chair of the commission from  
15 any of the members identified in subsection (2) of this section for a  
16 term of no more than three years. A majority of the voting members of  
17 the commission shall constitute a quorum for any votes of the  
18 commission.

19 (b) The commission's meetings shall be open to the public  
20 pursuant to chapter 42.30 RCW. The authority must publish on its  
21 website the dates and locations of commission meetings, agendas of  
22 prior and upcoming commission meetings, and meeting materials for  
23 prior and upcoming commission meetings.

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

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

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

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

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

1 (b) A strategy for developing implementable changes to the  
2 state's health care financing and delivery system to increase access  
3 to health care services and health coverage, reduce health care  
4 costs, reduce health disparities, improve quality, and prepare for  
5 the transition to a unified health care financing system by actively  
6 examining data and reports from sources that are monitoring the  
7 health care system. Such sources shall include data or reports from  
8 the health care cost transparency board under RCW 70.390.070, the  
9 public health advisory board, the governor's (~~interagency~~  
10 ~~coordinating~~) council (~~on~~) for health (~~disparities~~) justice and  
11 equity under RCW 43.20.275, the all-payer health care claims database  
12 established under chapter 43.371 RCW, prescription drug price data,  
13 performance measure data under chapter 70.320 RCW, and other health  
14 care cost containment programs;

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

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

19 (ii) Eligibility and enrollment processes and requirements;

20 (iii) Covered benefits and services;

21 (iv) Provider participation;

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

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

27 (vii) Quality improvement strategies;

28 (viii) Participant cost sharing, if appropriate;

29 (ix) Quality monitoring and disparities reduction;

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

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

35 (xii) Information technology systems and financial management  
36 systems;

37 (xiii) Data sharing and transparency; and

38 (xiv) Governance and administration structure, including  
39 integration of federal funding sources;

1 (d) An assessment of the state's current level of preparedness to  
2 meet the elements of (c) of this subsection and steps Washington  
3 should take to prepare for a just transition to a unified health care  
4 financing system, including a single-payer financing system.  
5 Recommendations must include, but are not limited to, administrative  
6 changes, reorganization of state programs, retraining programs for  
7 displaced workers, federal waivers, and statutory and constitutional  
8 changes;

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

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

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

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

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

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

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

3       (1) As of January 1, 2013, each hospital that is recognized by  
4 the internal revenue service as a 501(c)(3) nonprofit entity must  
5 make its federally required community health needs assessment widely  
6 available to the public and submit it to the department within  
7 fifteen days of submission to the internal revenue service. Following  
8 completion of the initial community health needs assessment, each  
9 hospital in accordance with the internal revenue service shall  
10 complete and make widely available to the public and submit to the  
11 department an assessment once every three years. The department must  
12 post the information submitted to it pursuant to this subsection on  
13 its website.

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

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

1 (ii) Beginning July 1, 2022, a hospital designated by medicare as  
2 a critical access hospital or sole community hospital that is subject  
3 to the requirements under subsection (1) of this section must  
4 annually submit to the department an addendum which details  
5 information about the 10 highest cost activities identified as  
6 community health improvement services. The addendum must include the  
7 type of activity, the method in which the activity was delivered, how  
8 the activity relates to an identified community need in the community  
9 health needs assessment, the target population for the activity,  
10 strategies to reach the target population, identified outcome  
11 metrics, the cost to the hospital to provide the activity, the  
12 methodology used to calculate the hospital's costs, and the number of  
13 people served by the activity. If a community health improvement  
14 service is administered by an entity other than the hospital, the  
15 other entity must be identified in the addendum.

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

31 (iv) The department shall provide guidance on participant data  
32 collection and the reporting requirements under this subsection  
33 (2)(b). The guidance shall include a standard form for the reporting  
34 of information under this subsection (2)(b). The standard form must  
35 allow for the reporting of community health improvement services that  
36 are repeated within a reporting period to be combined within the  
37 addendum as a single project with the number of instances of the  
38 services listed. The department must develop the guidelines in  
39 consultation with interested entities, including an association  
40 representing hospitals in Washington, labor unions representing

1 workers who work in hospital settings, and community health board  
2 associations. The department must post the information submitted to  
3 it pursuant to this subsection (2)(b) on its website.

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

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

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

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

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

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