S-0416.2

## SENATE BILL 5254

State of Washington 69th Legislature 2025 Regular Session

By Senators Orwall, Trudeau, Frame, Nobles, Valdez, and C. Wilson Read first time 01/14/25. Referred to Committee on Health & Long-Term Care.

- AN ACT Relating to strengthening patients' rights regarding their health care information by promoting access to information and providing enforcement protections for the appropriate use of the information; amending RCW 70.02.010, 70.02.030, 70.02.080, 70.02.090, 70.02.170, and 70.02.220; reenacting and amending RCW 70.02.260; and adding a new section to chapter 70.02 RCW.
- 7 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:
- 8 <u>NEW SECTION.</u> **Sec. 1.** A new section is added to chapter 70.02 9 RCW to read as follows:
- (1) Except as provided in subsection (2) of this section and RCW 70.02.370, a health care provider or health care facility may charge a reasonable fee, in accordance with the department's standards established in subsection (3) of this section, for providing health care information to a person and is not required to honor an authorization until the fee is paid.
- 16 (2)(a) A health care provider or health care facility may not 17 charge a fee of more than \$50 for providing a patient's health care 18 information to:
- 19 (i) The patient;
- 20 (ii) The patient's representative, including a person authorized 21 to consent to health care for the patient under RCW 70.02.130;

p. 1 SB 5254

- 1 (iii) A licensed attorney who is representing the patient or the 2 patient's estate;
- 3 (iv) A health care provider or health care facility providing 4 health care services to the patient;
- 5 (v) A community-based or system-based advocate designated by the 6 patient; or
  - (vi) The patient's quardian.

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- 8 (b) The \$50 fee limit in (a) of this subsection applies to any 9 third party acting on behalf of a health care provider or health care 10 facility, including any agent, vendor, or business associate.
  - (3) The department shall adopt rules to establish standards for a reasonable fee that a health care provider or health care facility may charge for providing access to or exchanging health care information. The standards must recognize the prevalence of the use of electronic health record searching and exchange capabilities and consider federal laws related to the establishment of fees for accessing and exchanging health care information. The standards must be based upon the actual costs of searching and producing the particular patient's records and may not be based upon a per page calculation.
- 21 **Sec. 2.** RCW 70.02.010 and 2024 c 209 s 31 are each amended to 22 read as follows:
- The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.
  - (1) "Admission" has the same meaning as in RCW 71.05.020.
  - (2) "Audit" means an assessment, evaluation, determination, or investigation of a health care provider by a person not employed by or affiliated with the provider to determine compliance with:
- 29 (a) Statutory, regulatory, fiscal, medical, or scientific 30 standards;
- 31 (b) A private or public program of payments to a health care 32 provider; or
  - (c) Requirements for licensing, accreditation, or certification.
- 34 (3) "Authority" means the Washington state health care authority.
- 35 (4) "Commitment" has the same meaning as in RCW 71.05.020.
- 36 (5) "Custody" has the same meaning as in RCW 71.05.020.
- 37 (6) "Deidentified" means health information that does not 38 identify an individual and with respect to which there is no

p. 2 SB 5254

- 1 reasonable basis to believe that the information can be used to 2 identify an individual.
- 3 (7) "Department" means the department of social and health 4 services.
- 5 (8) "Designated crisis responder" has the same meaning as in RCW 71.05.020 or 71.34.020, as applicable.
- 7 (9) "Detention" or "detain" has the same meaning as in RCW 8 71.05.020.
- 9 (10) "Directory information" means information disclosing the 10 presence, and for the purpose of identification, the name, location 11 within a health care facility, and the general health condition of a 12 particular patient who is a patient in a health care facility or who 13 is currently receiving emergency health care in a health care 14 facility.
  - (11) "Discharge" has the same meaning as in RCW 71.05.020.

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- 16 (12) "Evaluation and treatment facility" has the same meaning as 17 in RCW 71.05.020 or 71.34.020, as applicable.
  - (13) "Federal, state, or local law enforcement authorities" means an officer of any agency or authority in the United States, a state, a tribe, a territory, or a political subdivision of a state, a tribe, or a territory who is empowered by law to: (a) Investigate or conduct an official inquiry into a potential criminal violation of law; or (b) prosecute or otherwise conduct a criminal proceeding arising from an alleged violation of law.
- 25 (14) "General health condition" means the patient's health status 26 described in terms of "critical," "poor," "fair," "good," 27 "excellent," or terms denoting similar conditions.
- 28 (15) "Health care" means any care, service, or procedure provided 29 by a health care provider:
- 30 (a) To diagnose, treat, or maintain a patient's physical or 31 mental condition; or
  - (b) That affects the structure or any function of the human body.
  - (16) "Health care facility" means a hospital, clinic, nursing home, laboratory, office, or similar place where a health care provider provides health care to patients.
  - (17) "Health care information" means any information, whether oral or recorded in any form or medium, that identifies or can readily be associated with the identity of a patient and directly relates to the patient's health care, including a patient's deoxyribonucleic acid and identified sequence of chemical base pairs.

p. 3 SB 5254

1 The term includes any required accounting of disclosures of health 2 care information.

- (18) "Health care operations" means any of the following activities of a health care provider, health care facility, or third-party payor to the extent that the activities are related to functions that make an entity a health care provider, a health care facility, or a third-party payor:
- (a) Conducting: Quality assessment and improvement activities, including outcomes evaluation and development of clinical guidelines, if the obtaining of generalizable knowledge is not the primary purpose of any studies resulting from such activities; population-based activities relating to improving health or reducing health care costs, protocol development, case management and care coordination, contacting of health care providers and patients with information about treatment alternatives; and related functions that do not include treatment;
- (b) Reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance and third-party payor performance, conducting training programs in which students, trainees, or practitioners in areas of health care learn under supervision to practice or improve their skills as health care providers, training of nonhealth care professionals, accreditation, certification, licensing, or credentialing activities;
- (c) Underwriting, premium rating, and other activities relating to the creation, renewal, or replacement of a contract of health insurance or health benefits, and ceding, securing, or placing a contract for reinsurance of risk relating to claims for health care, including stop-loss insurance and excess of loss insurance, if any applicable legal requirements are met;
- (d) Conducting or arranging for medical review, legal services, and auditing functions, including fraud and abuse detection and compliance programs;
- (e) Business planning and development, such as conducting costmanagement and planning-related analyses related to managing and operating the health care facility or third-party payor, including formulary development and administration, development, or improvement of methods of payment or coverage policies; and
- 38 (f) Business management and general administrative activities of 39 the health care facility, health care provider, or third-party payor 40 including, but not limited to:

p. 4 SB 5254

- 1 (i) Management activities relating to implementation of and 2 compliance with the requirements of this chapter;
  - (ii) Customer service, including the provision of data analyses for policyholders, plan sponsors, or other customers, provided that health care information is not disclosed to such policyholder, plan sponsor, or customer;
    - (iii) Resolution of internal grievances;

- (iv) The sale, transfer, merger, or consolidation of all or part of a health care provider, health care facility, or third-party payor with another health care provider, health care facility, or third-party payor or an entity that following such activity will become a health care provider, health care facility, or third-party payor, and due diligence related to such activity; and
- (v) Consistent with applicable legal requirements, creating deidentified health care information or a limited data set for the benefit of the health care provider, health care facility, or third-party payor.
- (19) "Health care provider" means a person who is licensed, certified, registered, or otherwise authorized by the law of this state to provide health care in the ordinary course of business or practice of a profession.
- 22 (20) "Human immunodeficiency virus" or "HIV" has the same meaning as in RCW 70.24.017.
  - (21) "Imminent" has the same meaning as in RCW 71.05.020.
- 25 (22) "Indian health care provider" has the same meaning as in RCW 43.71B.010(11).
  - means a type of health care information that relates to all information and records compiled, obtained, or maintained in the course of providing services by a mental health service agency or mental health professional to persons who are receiving or have received services for mental illness. The term includes mental health information contained in a medical bill, registration records, and all other records regarding the person maintained by the department, by the authority, by behavioral health administrative services organizations and their staff, managed care organizations contracted with the authority under chapter 74.09 RCW and their staff, and by treatment facilities. The term further includes documents of legal proceedings under chapter 71.05, 71.34, or 10.77 RCW, or somatic health care information. For health care information maintained by a

p. 5 SB 5254

hospital as defined in RCW 70.41.020 or a health care facility or health care provider that participates with a hospital in organized health care arrangement defined under federal law, "information and records related to mental health services" limited to information and records of services provided by a mental health professional or information and records of services created by a hospital-operated community behavioral health program as defined in RCW 71.24.025. The term does not include psychotherapy notes. 

- (24) "Information and records related to sexually transmitted diseases" means a type of health care information that relates to the identity of any person upon whom an HIV antibody test or other sexually transmitted infection test is performed, the results of such tests, and any information relating to diagnosis of or treatment for any confirmed sexually transmitted infections.
- (25) "Institutional review board" means any board, committee, or other group formally designated by an institution, or authorized under federal or state law, to review, approve the initiation of, or conduct periodic review of research programs to assure the protection of the rights and welfare of human research subjects.
  - (26) (("Legal counsel" has the same meaning as in RCW 71.05.020.
- $\frac{(27)}{(27)}$ ) "Local public health officer" has the same meaning as the 22 term "local health officer" as defined in RCW 70.24.017.
- $((\frac{(28)}{(28)}))$  <u>(27)</u> "Maintain," as related to health care information, means to hold, possess, preserve, retain, store, or control that information.
- $((\frac{(29)}{)})$  (28) "Managed care organization" has the same meaning as 27 provided in RCW 71.24.025.
  - $((\frac{30}{10}))$  (29) "Mental health professional" means a psychiatrist, psychologist, psychiatric advanced registered nurse practitioner, psychiatric nurse, or social worker, and such other mental health professionals as may be defined by rules adopted by the secretary of health under chapter 71.05 RCW, whether that person works in a private or public setting.
  - $((\frac{31}{10}))$  <u>(30)</u> "Mental health service agency" means a public or private agency that provides services to persons with mental disorders as defined under RCW 71.05.020 or 71.34.020 and receives funding from public sources. This includes evaluation and treatment facilities as defined in RCW 71.34.020, community mental health service delivery systems, or community behavioral health programs, as

p. 6 SB 5254

- defined in RCW 71.24.025, and facilities conducting competency evaluations and restoration under chapter 10.77 RCW.
- (((32))) (31) "Minor" has the same meaning as in RCW 71.34.020.
- 4 (((33))) <u>(32)</u> "Parent" has the same meaning as in RCW 71.34.020.
- (((34))) <u>(33)</u> "Patient" means an individual who receives or has received health care. The term includes a deceased individual who has received health care.
  - $((\frac{(35)}{(34)}))$  <u>(34)</u> "Payment" means:

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- 9 (a) The activities undertaken by:
- 10 (i) A third-party payor to obtain premiums or to determine or 11 fulfill its responsibility for coverage and provision of benefits by 12 the third-party payor; or
- (ii) A health care provider, health care facility, or third-party payor, to obtain or provide reimbursement for the provision of health care; and
- 16 (b) The activities in (a) of this subsection that relate to the 17 patient to whom health care is provided and that include, but are not 18 limited to:
  - (i) Determinations of eligibility or coverage, including coordination of benefits or the determination of cost-sharing amounts, and adjudication or subrogation of health benefit claims;
- 22 (ii) Risk adjusting amounts due based on enrollee health status 23 and demographic characteristics;
- (iii) Billing, claims management, collection activities, obtaining payment under a contract for reinsurance, including stoploss insurance and excess of loss insurance, and related health care data processing;
- (iv) Review of health care services with respect to medical necessity, coverage under a health plan, appropriateness of care, or justification of charges;
- 31 (v) Utilization review activities, including precertification and 32 preauthorization of services, and concurrent and retrospective review 33 of services; and
- (vi) Disclosure to consumer reporting agencies of any of the following health care information relating to collection of premiums or reimbursement:
- 37 (A) Name and address;
- 38 (B) Date of birth;
- 39 (C) Social security number;
- 40 (D) Payment history;

p. 7 SB 5254

(E) Account number; and

- 2 (F) Name and address of the health care provider, health care facility, and/or third-party payor.
  - $((\frac{36}{36}))$  <u>(35)</u> "Person" means an individual, corporation, business trust, estate, trust, partnership, association, joint venture, government, governmental subdivision or agency, or any other legal or commercial entity.
- $((\frac{(37)}{)})$   $\underline{(36)}$  "Professional person" has the same meaning as in 9 RCW 71.05.020.
- $((\frac{(38)}{)})$  "Psychiatric advanced registered nurse practitioner" has the same meaning as in RCW 71.05.020.
  - ((<del>(39)</del>)) (38) "Psychotherapy notes" means notes recorded, in any medium, by a mental health professional documenting or analyzing the contents of conversations during a private counseling session or group, joint, or family counseling session, and that are separated from the rest of the individual's medical record. The term excludes ((mediation)) medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: Diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.
  - ((40) "Reasonable fee" means the charges for duplicating or searching the record, but shall not exceed 65 cents per page for the first 30 pages and 50 cents per page for all other pages. In addition, a clerical fee for searching and handling may be charged not to exceed \$15. These amounts shall be adjusted biennially in accordance with changes in the consumer price index, all consumers, for Seattle-Tacoma metropolitan statistical area as determined by the secretary of health. However, where editing of records by a health care provider is required by statute and is done by the provider personally, the fee may be the usual and customary charge for a basic office visit.
  - $\frac{(41)}{(39)}$  "Release" has the same meaning as in RCW 71.05.020.
- $((\frac{42}{10}))$  "Resource management services" has the same meaning as in RCW 71.05.020.
- $((\frac{(43)}{)})$  <u>(41)</u> "Serious violent offense" has the same meaning as 37 in RCW 9.94A.030.
- $((\frac{44}{}))$   $\underline{(42)}$  "Sexually transmitted infection" or "sexually 39 transmitted disease" has the same meaning as "sexually transmitted 40 disease" in RCW 70.24.017.

p. 8 SB 5254

(((45))) (43) "Test for a sexually transmitted disease" has the 2 same meaning as in RCW 70.24.017.

((<del>(46)</del>)) <u>(44)</u> "Third-party payor" means an insurer regulated under Title 48 RCW authorized to transact business in this state or other jurisdiction, including a health care service contractor, and health maintenance organization; or an employee welfare benefit plan, excluding fitness or wellness plans; or a state or federal health benefit program.

((\(\frac{(47)}{)}\)) (45) "Treatment" means the provision, coordination, or management of health care and related services by one or more health care providers or health care facilities, including the coordination or management of health care by a health care provider or health care facility with a third party; consultation between health care providers or health care facilities relating to a patient; or the referral of a patient for health care from one health care provider or health care facility to another.

 $((\frac{48}{0}))$   $\underline{(46)}$  "Tribal public health authority" means a tribe that is responsible for public health matters as a part of its official mandate.

(((49))) (47) "Tribal public health officer" means the individual appointed as the health officer for the tribe.

(((50))) (48) "Tribe" has the same meaning as in RCW 71.24.025.

- **Sec. 3.** RCW 70.02.030 and 2024 c 150 s 2 are each amended to 24 read as follows:
  - (1) A patient may authorize a health care provider or health care facility to disclose the patient's health care information. A health care provider or health care facility shall honor an authorization and, if requested, ((provide a copy of)) assist the designated recipient with obtaining the recorded health care information unless the health care provider or health care facility denies the patient access to health care information under RCW 70.02.090 or an exemption required under federal law.
  - (2)(((a) Except as provided in (b) of this subsection and RCW 70.02.370, a health care provider or health care facility may charge a reasonable fee for providing the health care information and is not required to honor an authorization until the fee is paid.
  - (b) Upon request of a patient or a patient's personal representative, a health care facility or health care provider shall provide the patient or representative with one copy of the patient's

p. 9 SB 5254

1 health care information free of charge if the patient is appealing the denial of federal supplemental security income or social security 2 3 disability benefits. The patient or representative may complete a disclosure authorization specifying the health care information 4 requested and provide it to the health care facility or health care 5 6 provider. The health care facility or health care provider may provide the health care information in either paper or electronic 7 format. A health care facility or health care provider is not 8 required to provide a patient or a patient's personal representative 9 with a free copy of health care information that has previously been 10 11 provided free of charge pursuant to a request within the preceding 12 two years.

- (3))) To be valid, a disclosure authorization to a health care provider or health care facility shall:
- (a) Be in writing, dated, and signed by the patient, the patient's personal representative, or any person or entity designated by the patient to receive the information;
  - (b) Identify the nature of the information to be disclosed;
- (c) Identify the name and institutional affiliation of the person or class of persons to whom the information is to be disclosed;
- 21 (d) Identify the provider or class of providers who are to make 22 the disclosure;
  - (e) Identify the patient; and

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- (f) Contain an expiration date or an expiration event that relates to the patient or the purpose of the use or disclosure.
- ((4+)) (3) Unless disclosure without authorization is otherwise permitted under RCW 70.02.050 or the federal health insurance portability and accountability act of 1996 and its implementing regulations, an authorization may permit the disclosure of health care information to a class of persons that includes:
- (a) Researchers if the health care provider or health care facility obtains the informed consent for the use of the patient's health care information for research purposes; or
- (b) Third-party payors if the information is only disclosed for payment purposes.
- $((\frac{(5)}{)})$  (4) Except as provided by this chapter, the signing of an authorization by a patient is not a waiver of any rights a patient has under other statutes, the rules of evidence, or common law.
- $((\frac{(6)}{(6)}))$  <u>(5)</u> When an authorization permits the disclosure of health care information to a financial institution or an employer of

p. 10 SB 5254

the patient for purposes other than payment, the authorization as it pertains to those disclosures shall expire one year after the signing of the authorization, unless the authorization is renewed by the patient.

- $((\frac{(7)}{(7)}))$  (6) A health care provider or health care facility shall retain the original or a copy of each authorization or revocation in conjunction with any health care information from which disclosures are made.
- 9 ((<del>(8)</del>)) <u>(7)</u> Where the patient is under the supervision of the department of corrections, an authorization signed pursuant to this section for health care information related to mental health or drug or alcohol treatment expires at the end of the term of supervision, unless the patient is part of a treatment program that requires the continued exchange of information until the end of the period of treatment.
- **Sec. 4.** RCW 70.02.080 and 2018 c 87 s 3 are each amended to read 17 as follows:
  - (1) Upon receipt of a written request from a patient to ((examine or copy)) obtain all or part of the patient's recorded health care information, a health care provider, as promptly as required under the circumstances, but no later than ((fifteen)) 15 working days after receiving the request shall:
  - (a) Make the information available for examination during regular business hours and provide a copy, if requested, to the patient, the patient's personal representative, or any person or entity designated by the patient to receive the information;
  - (b) Inform the patient if the information does not exist or cannot be found;
  - (c) If the health care provider does not maintain a record of the information, inform the patient and provide the name and address, if known, of the health care provider who maintains the record;
  - (d) If the information is in use or unusual circumstances have delayed handling the request, inform the patient and specify in writing the reasons for the delay and the earliest date, not later than ((twenty-one)) 21 working days after receiving the request, when the information will be available for examination or copying or when the request will be otherwise disposed of; or
- 38 (e) Deny the request, in whole or in part, under RCW 70.02.090 39 and inform the patient.

p. 11 SB 5254

(2) Upon request, the health care provider shall provide an explanation of any code or abbreviation used in the health care information. If a record of the particular health care information requested is not maintained by the health care provider in the requested form, the health care provider is not required to create a new record or reformulate an existing record to make the health care information available in the requested form. Except as provided in ((RCW 70.02.030)) section 1 of this act, the health care provider may charge a reasonable fee for ((providing)) assisting the designated recipient to obtain the health care information and is not required to ((permit examination or copying)) provide the health care information until the fee is paid.

- **Sec. 5.** RCW 70.02.090 and 2005 c 274 s 331 are each amended to 14 read as follows:
  - (1) Subject to any conflicting requirement in the public records act, chapter 42.56 RCW, a health care provider may deny access to health care information by a patient if the health care provider reasonably concludes that:
  - (a) Knowledge of the health care information would be injurious to the health of the patient;
  - (b) Knowledge of the health care information could reasonably be expected to lead to the patient's identification of an individual who provided the information in confidence and under circumstances in which confidentiality was appropriate;
  - (c) Knowledge of the health care information could reasonably be expected to cause danger to the life or safety of any individual;
  - (d) The health care information was compiled and is used solely for litigation, quality assurance, peer review, or administrative purposes; or
- 30 (e) Access to the health care information is otherwise prohibited 31 by state or federal law.
  - (2) If a health care provider denies a request for ((examination and copying)) the patient to obtain health care information under this section, the provider, to the extent possible, shall segregate health care information for which access has been denied under subsection (1) of this section from information for which access cannot be denied and permit the patient to ((examine or copy)) obtain the disclosable information.

p. 12 SB 5254

- 1 (3) If a health care provider denies a patient's request for ((examination and copying)) obtaining health care information, in 2 whole or in part, under subsection (1)(a) or (c) of this section, the 3 provider shall permit ((examination and copying of the record by)) 4 another health care provider ( ( ) ) to obtain the health care 5 6 information if the other health care provider has been selected by the patient  $((\frac{1}{1-1}))$  and is licensed, certified, registered, or 7 otherwise authorized under the laws of this state to treat the 8 patient for the same condition as the health care provider denying 9 the request. The health care provider denying the request shall 10 inform the patient of the patient's right to select another health 11 12 care provider under this subsection. The patient shall be responsible for arranging for compensation of the other health care provider so 13 14 selected.
- 15 **Sec. 6.** RCW 70.02.170 and 1991 c 335 s 801 are each amended to 16 read as follows:
  - (1) A person who has complied with this chapter may maintain an action for the relief provided in this section against a health care provider or facility who has not complied with this chapter.
    - (2) The court may order the health care provider or other person to comply with this chapter. Such relief may include actual damages, but shall not include consequential or incidental damages. The court shall award reasonable attorneys' fees and all other expenses reasonably incurred to the prevailing ((party)) patient.
  - (3) Any action under this chapter is barred unless the action is commenced within two years after the cause of action is discovered.
  - (4) A violation of this chapter shall not be deemed a violation of the consumer protection act, chapter 19.86 RCW.
- 29 <u>(5) For the purposes of this section, "prevailing patient"</u> 30 <u>includes:</u>
  - (a) The patient;

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- 32 (b) The patient's legal or authorized representative, including a 33 person authorized to consent to health care for the patient under RCW 34 70.02.130;
  - (c) The patient's power of attorney;
- 36 (d) The patient's quardian; and
- 37 <u>(e) The patient's estate.</u>

p. 13 SB 5254

**Sec. 7.** RCW 70.02.220 and 2021 c 270 s 5 are each amended to 2 read as follows:

- (1) No person may disclose or be compelled to disclose the identity of any person who has investigated, considered, or requested a test or treatment for a sexually transmitted disease, except as authorized by this section, RCW 70.02.210, or chapter 70.24 RCW.
- (2) No person may disclose or be compelled to disclose information and records related to sexually transmitted diseases, except as authorized by this section, RCW 70.02.210, 70.02.205, or chapter 70.24 RCW. A person may disclose information related to sexually transmitted diseases about a patient without the patient's authorization, to the extent a recipient needs to know the information, if the disclosure is to:
- (a) The subject of the test or the subject's ( $(\frac{1egal}{})$ ) representative for health care decisions in accordance with RCW 7.70.065, with the exception of such a representative of a minor ( $(\frac{1egal}{})$ ) 14 years of age or over and otherwise capable of making health care decisions;
- (b) The state health officer as defined in RCW 70.24.017, a local public health officer, or the centers for disease control of the United States public health service in accordance with reporting requirements for a diagnosed case of a sexually transmitted disease;
- (c) A health facility or health care provider that procures, processes, distributes, or uses: (i) A human body part, tissue, or blood from a deceased person with respect to medical information regarding that person; (ii) semen, including that was provided prior to March 23, 1988, for the purpose of artificial insemination; or (iii) blood specimens;
- (d) Any state or local public health officer conducting an investigation pursuant to RCW 70.24.024, so long as the record was obtained by means of court-ordered HIV testing pursuant to RCW 70.24.340 or 70.24.024;
- (e) A person allowed access to the record by a court order granted after application showing good cause therefor. In assessing good cause, the court shall weigh the public interest and the need for disclosure against the injury to the patient, to the physician-patient relationship, and to the treatment services. Upon the granting of the order, the court, in determining the extent to which any disclosure of all or any part of the record of any such test is necessary, shall impose appropriate safeguards against unauthorized

p. 14 SB 5254

disclosure. An order authorizing disclosure must: (i) Limit disclosure to those parts of the patient's record deemed essential to fulfill the objective for which the order was granted; (ii) limit disclosure to those persons whose need for information is the basis for the order; and (iii) include any other appropriate measures to keep disclosure to a minimum for the protection of the patient, the physician-patient relationship, and the treatment services;

- (f) Persons who, because of their behavioral interaction with the infected individual, have been placed at risk for acquisition of a sexually transmitted disease, as provided in RCW 70.24.022, if the health officer or authorized representative believes that the exposed person was unaware that a risk of disease exposure existed and that the disclosure of the identity of the infected person is necessary;
- (g) A law enforcement officer, firefighter, health care provider, health care facility staff person, department of correction's staff person, jail staff person, or other persons as defined by the board of health in rule pursuant to RCW 70.24.340, who has requested a test of a person whose bodily fluids he or she has been substantially exposed to, pursuant to RCW 70.24.340, if a state or local public health officer performs the test;
- (h) Claims management personnel employed by or associated with an insurer, health care service contractor, health maintenance organization, self-funded health plan, state administered health care claims payer, or any other payer of health care claims where such disclosure is to be used solely for the prompt and accurate evaluation and payment of medical or related claims. Information released under this subsection must be confidential and may not be released or available to persons who are not involved in handling or determining medical claims payment; and
- (i) A department of children, youth, and families worker, a child-placing agency worker, or a guardian ad litem who is responsible for making or reviewing placement or case-planning decisions or recommendations to the court regarding a child, who is less than ((fourteen)) 14 years of age, has a sexually transmitted disease, and is in the custody of the department of children, youth, and families or a licensed child-placing agency. This information may also be received by a person responsible for providing residential care for such a child when the department of social and health services, the department of children, youth, and families, or a

p. 15 SB 5254

licensed child-placing agency determines that it is necessary for the provision of child care services.

- (3) No person to whom the results of a test for a sexually transmitted disease have been disclosed pursuant to subsection (2) of this section may disclose the test results to another person except as authorized by that subsection.
- (4) The release of sexually transmitted disease information regarding an offender or detained person, except as provided in subsection (2)(d) of this section, is governed as follows:
- (a) The sexually transmitted disease status of a department of corrections offender who has had a mandatory test conducted pursuant to RCW  $70.24.340((\frac{1}{(1)}))$ , 70.24.360, or 70.24.370 must be made available by department of corrections health care providers and local public health officers to the department of corrections health care administrator or infection control coordinator of the facility in which the offender is housed. The information made available to the health care administrator or the infection control coordinator under this subsection (4)(a) may be used only for disease prevention or control and for protection of the safety and security of the staff, offenders, and the public. The information may be submitted to transporting officers and receiving facilities, including facilities that are not under the department of corrections' jurisdiction according to the provisions of (d) and (e) of this subsection.
- (b) The sexually transmitted disease status of a person detained in a jail who has had a mandatory test conducted pursuant to RCW 70.24.340(((1))), 70.24.360, or 70.24.370 must be made available by the local public health officer to a jail health care administrator or infection control coordinator. The information made available to a health care administrator under this subsection (4)(b) may be used only for disease prevention or control and for protection of the safety and security of the staff, offenders, detainees, and the public. The information may be submitted to transporting officers and receiving facilities according to the provisions of (d) and (e) of this subsection.
- (c) Information regarding the sexually transmitted disease status of an offender or detained person is confidential and may be disclosed by a correctional health care administrator or infection control coordinator or local jail health care administrator or infection control coordinator only as necessary for disease prevention or control and for protection of the safety and security

p. 16 SB 5254

of the staff, offenders, and the public. Unauthorized disclosure of this information to any person may result in disciplinary action, in addition to the penalties prescribed in RCW 70.24.080 or any other penalties as may be prescribed by law.

- (d) Notwithstanding the limitations on disclosure contained in (a), (b), and (c) of this subsection, whenever any member of a jail staff or department of corrections staff has been substantially exposed to the bodily fluids of an offender or detained person, then the results of any tests conducted pursuant to RCW  $70.24.340((\frac{(1)}{1}))$ , 70.24.360, or 70.24.370, must be immediately disclosed to the staff person in accordance with the Washington Administrative Code rules governing employees' occupational exposure to blood-borne pathogens. Disclosure must be accompanied by appropriate counseling for the staff member, including information regarding follow-up testing and treatment. Disclosure must also include notice that subsequent disclosure of the information in violation of this chapter or use of the information to harass or discriminate against the offender or detainee may result in disciplinary action, in addition to the penalties prescribed in RCW 70.24.080, and imposition of other penalties prescribed by law.
  - (e) The staff member must also be informed whether the offender or detained person had any other communicable disease, as defined in RCW 72.09.251(3), when the staff person was substantially exposed to the offender's or detainee's bodily fluids.
  - (f) The test results of voluntary and anonymous HIV testing or HIV-related condition(( $_{7}$  as defined in RCW  $70.24.017_{_{7}}$ )) may not be disclosed to a staff person except as provided in this section and RCW 70.02.050(1) (d) and 70.24.340. A health care administrator or infection control coordinator may provide the staff member with information about how to obtain the offender's or detainee's test results under this section and RCW 70.02.050(1) (d) and 70.24.340.
  - (5) The requirements of this section do not apply to the customary methods utilized for the exchange of medical information among health care providers in order to provide health care services to the patient, nor do they apply within health care facilities where there is a need for access to confidential medical information to fulfill professional duties.
  - (6) Upon request of the victim, disclosure of test results under this section to victims of sexual offenses under chapter 9A.44 RCW must be made if the result is negative or positive. The county

p. 17 SB 5254

prosecuting attorney shall notify the victim of the right to such disclosure. The disclosure must be accompanied by appropriate counseling, including information regarding follow-up testing.

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- (7) A person, including a health care facility or health care 4 provider, shall disclose the identity of any person who has 5 6 investigated, considered, or requested a test or treatment for a sexually transmitted disease and information and records related to 7 sexually transmitted diseases to federal, state, or local public 8 health authorities, to the extent the health care provider 9 required by law to report health care information; when needed to 10 11 determine compliance with state or federal certification 12 registration rules or laws; or when needed to protect the public health. Any health care information obtained under this subsection is 13 exempt from public inspection and copying pursuant to chapter 42.56 14 15 RCW.
- 16 **Sec. 8.** RCW 70.02.260 and 2024 c 290 s 6 and 2024 c 209 s 34 are each reenacted and amended to read as follows:
- 18 (1)(a) A mental health service agency shall release to the 19 persons authorized under subsection (2) of this section, upon 20 request:
  - (i) The fact, place, and date of an involuntary commitment, the fact and date of discharge or release, and the last known address of a person who has been committed under chapter 71.05 or 71.34 RCW.
    - (ii) Information and records related to mental health services, in the format determined under subsection (9) of this section, concerning a person who:
    - (A) Is currently committed to the custody or supervision of the department of corrections or the indeterminate sentence review board under chapter 9.94A or 9.95 RCW;
- 30 (B) Has been convicted or found not guilty by reason of insanity 31 of a serious violent offense; or
- 32 (C) Was charged with a serious violent offense and the charges 33 were dismissed under RCW 10.77.086.
- 34 (b) Legal counsel for the mental health service agency, including 35 a county prosecutor or assistant attorney general who represents the 36 mental health service agency for the purpose of involuntary 37 commitment proceedings, may release this information on behalf of the 38 mental health service agency.

p. 18 SB 5254

(c) Nothing in this subsection requires the disclosure of attorney work product or attorney-client privileged information.

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- (2) The information subject to release under subsection (1) of 3 this section must be released to law enforcement officers, city or 4 county prosecuting attorneys, personnel of a county, city, or tribal 5 6 jail or tribal detention or holding facility, designated mental health professionals or designated crisis responders, as appropriate, 7 public health officers, therapeutic court personnel as defined in RCW 8 71.05.020, or personnel of the department of corrections, including 9 the indeterminate sentence review board and personnel assigned to 10 perform board-related duties, when such information is requested 11 during the course of business and for the purpose of carrying out the 12 responsibilities of the requesting person's office. No mental health 13 service agency or person employed by a mental health service agency, 14 or its legal counsel, may be liable for information released to or 15 16 used under the provisions of this section or rules adopted under this 17 section except under RCW 71.05.680.
  - (3) A person who requests information under subsection (1)(a)(ii) of this section must comply with the following restrictions:
  - (a) Information must be requested only for the purposes permitted by this subsection and for the purpose of carrying out the responsibilities of the requesting person's office. Appropriate purposes for requesting information under this section include:
- 24 (i) Completing presentence investigations or risk assessment 25 reports;
  - (ii) Assessing a person's risk to the community;
- 27 (iii) Assessing a person's risk of harm to self or others when 28 confined in a city or county jail;
  - (iv) Planning for and provision of supervision of an offender, including decisions related to sanctions for violations of conditions of community supervision; ((and))
  - (v) Responding to an offender's failure to report for department of corrections supervision; and
- 34 (vi) Assessing the need for an extreme risk protection order 35 under chapter 7.105 RCW;
- 36 (b) Information may not be requested under this section unless 37 the requesting person has reasonable suspicion that the individual 38 who is the subject of the information:
- 39 (i) Has engaged in activity indicating that a crime or a 40 violation of community custody or parole has been committed or, based

p. 19 SB 5254

upon his or her current or recent past behavior, is likely to be committed in the near future; or

- (ii) Is exhibiting signs of a deterioration in mental functioning which may make the individual appropriate for civil commitment under chapter 71.05 or 71.34 RCW, or which is associated with a recent detention or order of commitment under chapter 71.05 or 71.34 RCW or an order of commitment or dismissal of charges under chapter 10.77 RCW; and
- 9 (c) Any information received under this section must be held 10 confidential and subject to the limitations on disclosure outlined in 11 this chapter, except:
  - (i) The information may be shared with other persons who have the right to request similar information under subsection (2) of this section, solely for the purpose of coordinating activities related to the individual who is the subject of the information in a manner consistent with the official responsibilities of the persons involved;
  - (ii) The information may be shared with a prosecuting attorney who is acting in an advisory capacity for a person who receives information under this section or who is carrying out other official duties within the scope of this section. A prosecuting attorney under this subsection is subject to the same restrictions and confidentiality limitations as the person who requested the information; and
    - (iii) As provided in RCW 72.09.585.

- (4) A request for information and records related to mental health services under this section does not require the consent of the subject of the records. The request must be provided in writing, except to the extent authorized in subsection (5) of this section. A written request may include requests made by email or facsimile so long as the requesting person is clearly identified. The request must specify the information being requested.
- (5) In the event of an emergency situation that poses a significant risk to the public or the offender, a mental health service agency, or its legal counsel, shall release information related to mental health services delivered to the offender and, if known, information regarding where the offender is likely to be found to the department of corrections or law enforcement upon request. The initial request may be written or oral. All oral requests must be subsequently confirmed in writing. Information released in response

p. 20 SB 5254

to an oral request is limited to a statement as to whether the offender is or is not being treated by the mental health service agency and the address or information about the location or whereabouts of the offender.

- (6) Disclosure under this section to state or local law enforcement authorities is mandatory for the purposes of the federal health insurance portability and accountability act.
- (7) Whenever federal law or federal regulations restrict the release of information contained in the treatment records of any patient who receives treatment for alcoholism or drug dependency, the release of the information may be restricted as necessary to comply with federal law and regulations.
- (8) This section does not modify the terms and conditions of disclosure of information related to sexually transmitted diseases under this chapter.
- (9) In collaboration with interested organizations, the authority shall develop a standard form for requests for information related to mental health services made under this section and a standard format for information provided in response to the requests. Consistent with the goals of the health information privacy provisions of the federal health insurance portability and accountability act, in developing the standard form for responsive information, the authority shall design the form in such a way that the information disclosed is limited to the minimum necessary to serve the purpose for which the information is requested.
- 26 (10) For the purposes of this section, "legal counsel" has the same meaning as in RCW 71.05.020.

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p. 21 SB 5254