S-4555.1

SUBSTITUTE SENATE BILL 5933

State of Washington 69th Legislature 2026 Regular Session

By Senate Health & Long-Term Care (originally sponsored by Senators Riccelli, Muzzall, Gildon, Liias, Nobles, and C. Wilson)

READ FIRST TIME 02/04/26.

AN ACT Relating to the facilitation of rapid sharing of overdose mapping information for overdose prevention; amending RCW 70.168.090; adding a new section to chapter 43.70 RCW; and creating a new section.

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

NEW SECTION. **Sec. 1.** (1) The legislature finds that substance use disorder and drug overdose is a major health problem that affects the lives of many people and multiple service systems, and leads to profound consequences, including permanent injury or death. Accidental overdoses caused by opioids and other legal and illegal drugs are a Washington state health crisis that stress and strain the financial, public health, health care, and public safety resources in Washington state. This impact occurs because there are few central databases that can quickly help identify this problem and limited funding for support to mitigate the crisis and risks statewide.

(2) The legislature finds there is a need for collaboration among local, regional, and state agencies and service systems within Washington, and other partners to establish a comprehensive system addressing the problems associated with overdoses and to reduce duplicative requirements across local, county, state, public safety, and health care agencies. Formalized collaboration will allow these

entities to combine their numerous resources and strengths, thus reducing insular decision making. Contemporaneous data collection about, and analysis of, confirmed or suspected overdoses within Washington will further allow state and local agencies to focus on specific areas where the following are needed most in order to maximize resources: (a) Outreach and implementation of risk reduction strategies; (b) real-time notification of spikes in overdose activity; (c) public education about overdose prevention; and (d) treatment, supportive services, and other health care options to reduce demand.

(3) Therefore, the legislature intends to:

(a) Provide near real-time drug overdose analysis of confirmed or suspected overdoses occurring within Washington, using a specialized program to collect information about overdose incidents that supports public health efforts to mobilize an immediate response to a sudden increase in overdoses;

(b) Provide a centralized resource that can collect information about overdose incidents and make the data available to the health care community, and municipal, county, and state agencies to quickly identify needs and provide short and long-term solutions while protecting and respecting the privacy rights of individuals;

(c) Prevent accidental overdoses by quickly identifying the areas within Washington where overdoses pose the highest risk to the community;

(d) Enable local, regional, and state agencies and service systems to develop effective strategies for addressing confirmed or suspected overdoses occurring within their jurisdictions and implement interventional strategies; and

(e) Encourage formal collaborative agreements among local, regional, and state agencies and service systems that enhance present and future work pertaining to the various health care and public safety aspects of this crisis.

NEW SECTION. **Sec. 2.** A new section is added to chapter 43.70 RCW to read as follows:

(1)(a) Beginning January 1, 2027, the department shall submit the information required under this section to the overdose detection mapping application program to report all incidences of fatal and nonfatal opioid overdoses submitted to the Washington emergency medical services information system. The department shall establish

an application programing interface or similar process to allow for the near time transfer of the information required under the section between the Washington emergency medical services information system and the overdose detection mapping application program.

(b) Within 24 hours of submission of a patient care report by a licensed ambulance service, aid service, or other emergency medical services provider into the Washington emergency medical services information system, the department shall submit the following information for each patient care report to the overdose detection mapping application program:

(i) The date and time of the overdose;

(ii) The location in latitude and longitude, to no more than four decimal places in urban areas and no less than two decimal places in rural areas, where the patient was initially encountered by the emergency medical services provider;

(iii) Whether one or more doses of an opioid overdose reversal medication was administered; and

(iv) Whether the overdose was fatal or nonfatal when the patient was initially encountered by the emergency medical services provider or during transportation of the patient to a health care facility.

(2) Within the parameters established in subsection (1)(b)(ii) of this section, geolocation data specificity submitted to the overdose detection mapping application program is at the discretion of the department but should allow for effective deployment of resources in areas affected by overdose spikes.

(3) Information submitted under this section by the department or available through the overdose detection mapping application program may not be used for law enforcement welfare checks, warrant checks, or criminal investigations or prosecution of the individual who was treated by the emergency medical services providers for experiencing the suspected or actual overdose.

(4) The department may not submit any information pursuant to this section that allows for or creates a risk of identification of an individual or individuals experiencing a suspected or actual overdose.

(5) If any federal agency obtains access to any information pursuant to this section held by the department without prior authorization, use of and access to the overdose detection mapping application program must be immediately terminated.

(6) For purposes of this section:

(a) "Aid service" means an emergency medical services agency licensed by the secretary to operate one or more aid vehicles, consistent with regional and state plans, and the department-approved license application.

(b) "Ambulance service" means an emergency medical services agency licensed by the secretary to operate one or more ground or air ambulances, consistent with regional and state plans, and the department-approved license application.

(c) "Opioid" means any narcotic containing opium or one or more of its natural or synthetic derivatives.

(d) "Overdose detection mapping application program" means the Washington/Baltimore high intensity drug trafficking area overdose detection mapping application program or subsequent program operated by a unit of state or local government for the same purpose, if the subsequent program is approved by the department.

(e) "Washington emergency medical services information system" means the emergency medical services data system established by the department pursuant to RCW 70.168.090.

Sec. 3. RCW 70.168.090 and 2019 c 314 s 19 are each amended to read as follows:

(1)(a) By July 1991, the department shall establish a statewide data registry to collect and analyze data on the incidence, severity, and causes of trauma, including traumatic brain injury. The department shall collect additional data on traumatic brain injury should additional data requirements be enacted by the legislature. The registry shall be used to improve the availability and delivery of prehospital and hospital trauma care services. Specific data elements of the registry shall be defined by rule by the department. To the extent possible, the department shall coordinate data collection from hospitals for the trauma registry with the health care data system authorized in chapter 70.170 RCW. Every hospital, facility, or health care provider authorized to provide level I, II, III, IV, or V trauma care services, level I, II, or III pediatric trauma care services, level I, level I-pediatric, II, or III trauma-related rehabilitative services, and prehospital trauma-related services in the state shall furnish data to the registry. All other hospitals and prehospital providers shall furnish trauma data as required by the department by rule.

(b) The department may respond to requests for data and other information from the registry for special studies and analysis consistent with requirements for confidentiality of patient and quality assurance records. The department may require requestors to pay any or all of the reasonable costs associated with such requests that might be approved.

(2) The department must establish a statewide electronic emergency medical services data system and adopt rules requiring licensed ambulance and aid services to report and furnish patient encounter data to the electronic emergency medical services data system. The data system must be used to improve the availability and delivery of prehospital emergency medical services. The department must establish in rule the specific data elements of the data system and secure transport methods for data. The data collected must include data on suspected drug overdoses for the purposes of including, but not limited to, sharing data with the overdose detection mapping application program in alignment with section 2 of this act, identifying individuals to engage substance use disorder peer professionals, patient navigators, outreach workers, and other professionals as appropriate to prevent further overdoses and to induct into treatment and provide other needed supports as may be available.

(3) In each emergency medical services and trauma care planning and service region, a regional emergency medical services and trauma care systems quality assurance program shall be established by those facilities authorized to provide levels I, II, and III trauma care services. The systems quality assurance program shall evaluate trauma care delivery, patient care outcomes, and compliance with the requirements of this chapter. The systems quality assurance program may also evaluate emergency cardiac and stroke care delivery. The emergency medical services medical program director and all other health care providers and facilities who provide trauma and emergency cardiac and stroke care services within the region shall be invited to participate in the regional emergency medical services and trauma care quality assurance program.

(4) ((~~Data~~)) Except as provided in section 2 of this act, data elements related to the identification of individual patient's, provider's and facility's care outcomes shall be confidential, shall be exempt from RCW 29B.05.030, 29B.15.010, 29B.20.010 through 29B.20.030, 29B.20.060 through 29B.20.100, 29B.60.010 through

29B.60.050, and 42.56.030 through 42.56.570 ((~~and 42.17.350 through 42.17.450~~)), and shall not be subject to discovery by subpoena or admissible as evidence.

(5) Patient care quality assurance proceedings, records, and reports developed pursuant to this section are confidential, exempt from chapter 42.56 RCW, and are not subject to discovery by subpoena or admissible as evidence in any civil action, except, after in camera review, pursuant to a court order which provides for the protection of sensitive information of interested parties including the department: (a) In actions arising out of the department's designation of a hospital or health care facility pursuant to RCW 70.168.070; (b) in actions arising out of the department's revocation or suspension of designation status of a hospital or health care facility under RCW 70.168.070; (c) in actions arising out of the department's licensing or verification of an ambulance or aid service pursuant to RCW 18.73.030 or 70.168.080; (d) in actions arising out of the certification of a medical program director pursuant to RCW 18.71.212; or (e) in actions arising out of the restriction or revocation of the clinical or staff privileges of a health care provider as defined in RCW 7.70.020 (1) and (2), subject to any further restrictions on disclosure in RCW 4.24.250 that may apply. Information that identifies individual patients shall not be publicly disclosed without the patient's consent.

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