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State of Washington

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HOUSE BILL 1859

By Representatives Lantz, Cody, Schual-Berke, Morrell, Kirby, Springer, Miloscia, Kilmer, Upthegrove, Linville, Chase, Wood and Kagi

59th Legislature

2005 Regular Session

Read first time 02/08/2005. Referred to Committee on Judiciary.

AN ACT Relating to compensation for birth-related injuries; adding a new section to chapter 18.130 RCW; adding a new section to chapter 70.41 RCW; adding a new section to chapter 18.46 RCW; adding a new section to chapter 51.52 RCW; adding a new section to chapter 7.70 RCW; adding a new chapter to Title 7 RCW; and creating a new section.

- 6 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:
- NEW SECTION. Sec. 1. FINDINGS AND INTENT. (1) The legislature finds that:
- 9 (a) Physicians and advanced registered nurse practitioners 10 practicing obstetrics are high-risk medical specialists for whom 11 malpractice insurance premiums are very costly, and recent increases in 12 such premiums have been greater for such physicians than for other 13 physicians.
 - (b) Because obstetric services are essential and the state of Washington currently pays for almost half of the births in the state through its medical assistance programs, it is incumbent upon the legislature to provide a plan designed to result in the stabilization and reduction of malpractice insurance premiums for providers of obstetric services in Washington.

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1 (c) The costs of birth-related injury claims are particularly high 2 and warrant the establishment of a limited system of compensation 3 irrespective of fault. The issue of whether such claims are covered by 4 this chapter must be determined exclusively in an administrative 5 proceeding.

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- (2) It is the intent of the legislature to provide compensation, on a no-fault basis, for a limited class of birth-related injuries that result in high costs for custodial care and rehabilitation. This plan applies only to birth-related injuries.
- NEW SECTION. Sec. 2. DEFINITIONS. The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.
 - (1) "Advanced registered nurse practitioner" means an advanced registered nurse practitioner licensed under chapter 18.79 RCW.

 "Advanced registered nurse practitioner" does not include an advanced registered nurse practitioner who practices medicine as an officer, employee, or agent of the federal government.
 - (2) "Association" means the Washington birth-related injury compensation association established in section 18 of this act.
 - (3) "Birth-related injury" means injury to a live infant at birth caused by oxygen deprivation or mechanical injury, occurring in the course of labor, delivery, or resuscitation in the immediate postdelivery period in a hospital or childbirth center, that renders the infant permanently and significantly mentally or physically impaired in one or more major life activities. This definition applies to live births only and does not include disability or death caused by genetic or congenital abnormality.
 - (4) "Board" means the board of industrial insurance appeals established in chapter 51.52 RCW, or an industrial appeals judge appointed by the board to hear and determine claims filed under this chapter.
- 32 (5) "Childbirth center" means a facility licensed under chapter 33 18.46 RCW.
- 34 (6) "Claimant" means any person who files a claim under this 35 chapter for compensation for a birth-related injury to an infant.
- 36 (7) "Family member" means a biological or adoptive father, mother,
 37 grandparent, or legal guardian.

1 (8) "Family residential or custodial care" means care normally 2 rendered by trained professional attendants that is beyond the scope of 3 child care duties, but is provided by family members.

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- (9) "Hospital" means any facility licensed under chapter 70.41 RCW.
- (10) "Physician" means a physician licensed under chapter 18.71 RCW, or an osteopathic physician licensed under chapter 18.57 RCW. "Physician" does not include a physician who practices medicine as an officer, employee, or agent of the federal government.
- 9 (11) "Plan" means the Washington birth-related injury compensation plan.
- NEW SECTION. Sec. 3. WASHINGTON BIRTH-RELATED INJURY COMPENSATION
 PLAN--EXCLUSIVENESS OF REMEDY. (1) There is established the Washington
 birth-related injury compensation plan for the purpose of providing
 compensation, irrespective of fault, for birth-related injury claims.
 The plan applies to births occurring on or after January 1, 2007, and
 is administered by the Washington birth-related injury compensation
 association.
 - (2) The rights and remedies granted by this plan on account of a birth-related injury that is covered by this chapter are exclusive and preclude all other rights and remedies at common law or otherwise of the claimant arising out of or related to a medical negligence claim with respect to the injury against any person or entity directly involved in the labor, delivery, or immediate postdelivery resuscitation during which the injury occurs. A civil action is not foreclosed under this section when:
 - (a) There is a preponderance of the evidence showing that the acts or omissions of the hospital, childbirth center, physician, or advanced registered nurse practitioner were made in bad faith or with malicious purpose or willful or wanton disregard of human rights, safety, or property; and
- 31 (b) The suit is filed prior to and in lieu of payment of an award 32 under this chapter.
- NEW SECTION. Sec. 4. BOARD OF INDUSTRIAL INSURANCE APPEALS
 AUTHORIZED TO HEAR AND DETERMINE CLAIMS. The board is authorized to
 hear and pass upon all claims filed under this chapter. The board may

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- 1 exercise the power and authority granted to it in chapter 51.52 RCW to
- 2 appoint industrial appeals judges to hear and determine claims and as
- 3 otherwise necessary to carry out the purposes of this chapter.
- NEW SECTION. Sec. 5. FILING OF CLAIMS AND RESPONSES--MEDICAL 4 (1) A claimant may initiate a claim for 5 DISCIPLINARY REVIEW. compensation under the plan by filing with the board a petition seeking 6 7 Such claim may be filed by a legal representative on compensation. 8 behalf of an injured infant. In the case of a deceased infant, the claim may be filed by an administrator, personal representative, or 9 10 other legal representative thereof. The petition shall include the 11 following information:
- 12 (a) The name and address of the claimant and his or her attorney, 13 if any;
 - (b) The name and address of the injured infant;

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- (c) The name and address of any physician or advanced registered nurse practitioner who provided obstetrical services at the birth and the name and address of the hospital or childbirth center at which the birth occurred;
- 19 (d) A description of the disability resulting from the injury for 20 which the claim is made;
 - (e) The time and place the injury occurred; and
- 22 (f) A brief statement of the facts and circumstances surrounding 23 the injury and giving rise to the claim.
 - (2) The claimant shall furnish the board with as many copies of the petition as required for service upon the association, any physician, advanced registered nurse practitioner, hospital, or childbirth center named in the petition, and the department of health, along with a twenty dollar filing fee payable to the department of labor and industries. Upon receipt of the petition, the board shall immediately serve the association, by service upon the agent designated to accept service on behalf of the association, by registered or certified mail, and shall mail copies of the petition, by registered or certified mail, to any physician, advanced registered nurse practitioner, hospital, or childbirth center named in the petition, and shall furnish a copy of the petition by regular mail to the department of health.
- 36 (3)(a) The claimant shall furnish to the association the following

information, which must be filed with the association within ten days after the filing of the petition as set forth in subsection (1) of this section:

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- (i) All available relevant medical records relating to the birth-related injury and a list identifying any unavailable records known to the claimant and the reasons for the records' unavailability;
- (ii) Appropriate assessments, evaluations, and prognoses, and other records and documents that are reasonably necessary for the determination of the amount of compensation to be paid to, or on behalf of, the injured infant on account of the birth-related injury;
- (iii) Documentation of expenses and services incurred to date that identifies any payment made for such expenses and services and the payer; and
- (iv) Documentation of any applicable private or government source of services or reimbursement related to the disability resulting from the injury.
 - (b) The information required by (a) of this subsection remains confidential and exempt under section 18(4) of this act and is exempt from disclosure under chapter 42.17 RCW.
 - (4) The association has forty-five days from the date of service of a petition, filed under this section, in which to file a response to the petition and to submit to the board relevant written information relating to the issue of whether the injury alleged is a birth-related injury.

NEW SECTION. Sec. 6. BOARD TO DETERMINE CLAIMS. The board has exclusive jurisdiction to determine whether a claim filed under this chapter is a compensable birth-related injury. If the board determines that the claimant is entitled to compensation from the association, or if the claimant accepts an award issued under section 10 of this act, no civil action for damages resulting from the birth-related injury may be brought or continued in violation of the exclusiveness of remedy provisions of section 3 of this act. If it is determined that a claim filed under this chapter is not a compensable birth-related injury, neither the doctrine of collateral estoppel nor res judicata prohibits the claimant from pursuing any and all civil remedies available under common law and statutory law. The findings of fact and conclusions of law of the board are not admissible in any

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subsequent proceeding; however, the sworn testimony of any person and the exhibits introduced into evidence in the administrative case are admissible for impeachment purposes in any subsequent civil action only against a party to the administrative proceeding, subject to the rules of evidence. An award may not be made or paid under this chapter if the claimant recovers damages for the birth-related injury either under a settlement or by final judgment in a civil action.

NEW SECTION. Sec. 7. TOLLING OF STATUTE OF LIMITATIONS. The statute of limitations with respect to any civil action that may be brought by, or on behalf of, an injured infant allegedly arising out of, or related to, a birth-related injury is tolled by the filing of a claim in accordance with this chapter, and the time during which the claim is pending or is on appeal is not computed as part of the period within which the civil action may be brought.

- NEW SECTION. Sec. 8. HEARING--PARTIES--DISCOVERY. (1) The board shall set the date for a hearing no sooner than sixty days and no later than one hundred twenty days after the filing by a claimant of a petition in compliance with section 5 of this act. The board shall immediately notify the claimant and the association of the time and place of the hearing, which shall be held in the county where the injury occurred unless otherwise agreed to by the parties and authorized by the board.
- (2) Any party to a proceeding under this chapter may, upon application to the board setting forth the materiality of the evidence to be given, serve interrogatories or cause the depositions of witnesses residing within or without the state to be taken, the costs thereof to be taxed as expenses incurred in connection with the filing of a claim. Depositions shall be taken after giving notice to the parties and in the manner prescribed for the taking of depositions under chapter 51.52 RCW.
- NEW SECTION. Sec. 9. DETERMINATION OF CLAIMS--PRESUMPTION--32 FINDINGS OF BOARD BINDING ON PARTICIPANTS. (1) The board shall make 33 the following determinations based upon all available evidence:
- 34 (a) Whether the injury claimed is a birth-related injury. There is 35 a rebuttable presumption that the injury is a birth-related injury if

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the claimant demonstrates, to the satisfaction of the board, that the infant sustained an injury at birth caused by oxygen deprivation or mechanical injury and that the infant was thereby rendered permanently and significantly mentally or physically impaired in one or more major life activities; and

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- 6 (b) How much compensation, if any, is awardable pursuant to section 7 10 of this act.
 - (2) If the board determines that the injury claimed is not a birth-related injury, an order denying the claim shall be entered and a copy of the order must be sent immediately to the parties by registered or certified mail.
 - (3) A physician or advanced registered nurse practitioner is bound for all purposes by the finding of the board or any court considering an appeal of an order of the board with respect to whether the injury is a birth-related injury.
 - (4) If it is in the interest of judicial economy or if requested by the claimant, the board may bifurcate the proceeding and address the issue of whether the injury is a birth-related injury first. An award pursuant to section 10 of this act, if any, can be considered in a separate proceeding. The board may issue a final order on whether the injury is a birth-related injury that is subject to appeal under section 11 of this act, before issuance of an award under section 10 of this act.
 - NEW SECTION. Sec. 10. BOARD AWARDS FOR BIRTH-RELATED INJURIES—NOTICE OF AWARD. (1)(a) Upon determining that an infant has sustained a birth-related injury, the board shall make an award providing compensation for the following items relative to the injury:
 - (i) Actual expenses for: Medically necessary and reasonable medical and hospital services, habilitative and training services, family residential or custodial care, professional residential care, and in-home custodial care; medically necessary drugs, special equipment, and facilities; and related travel. Family members who provide nonprofessional residential or custodial care may not be compensated under this chapter for care that falls within the scope of child care duties and other services normally and gratuitously provided by family members. Family residential or custodial care shall be performed only at the direction and control of a physician when such

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- 1 care is medically necessary. Reasonable charges for expenses for
- 2 family residential or custodial care provided by a family member shall
- 3 be equal to the rates established by medicaid for services provided by
- 4 home care workers. A family member or a combination of family members
- 5 providing care in accordance with this section may not be compensated
- 6 for more than a total of ten hours per day. No professional
- 7 residential or custodial care may be awarded for the period of time
- 8 during the day that family residential or custodial care is being
- 9 provided.

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- (ii) Actual expenses shall not include:
- 11 (A) Expenses for items or services that the infant has received, or 12 is entitled to receive, under the laws of any state or the federal 13 government, except to the extent this exclusion may be prohibited by 14 federal law;
 - (B) Expenses for items or services that the infant has received, or is contractually entitled to receive, from any health carrier, as defined in RCW 48.43.005(18), or other insurer;
 - (C) Expenses for which the infant has received reimbursement, or for which the infant is entitled to receive reimbursement, under the laws of any state or the federal government, except to the extent this exclusion may be prohibited by federal law; and
 - (D) Expenses for which the infant has received reimbursement, or for which the infant is contractually entitled to receive reimbursement, under the provisions of a health or sickness insurance policy or other private insurance program.
 - (iii)(A) Periodic payments of an award to the parents or legal guardians of the infant found to have sustained a birth-related injury. The award may not exceed one hundred thousand dollars. At the discretion of the board, the award may be made in a lump sum.
- 30 (B) Death benefit for the infant if the infant has died as a result 31 of the birth-related injury in an amount of ten thousand dollars.
- (iv) Reasonable expenses incurred in connection with the filing of a claim under this chapter, including reasonable attorneys' fees, which shall be subject to the approval and award of the board. In determining an award for attorneys' fees, the board shall consider the following factors:
- 37 (A) The time and labor required, the novelty and difficulty of the

1 questions involved, and the skill requisite to perform the legal 2 services properly;

- (B) The fee customarily charged in the locality for similar legal services;
- 5 (C) The time limitations imposed by the claimant or the 6 circumstances;
 - (D) The nature and length of the professional relationship with the claimant;
- 9 (E) The experience, reputation, and ability of the lawyer or lawyers performing services; and
 - (F) The contingency or certainty of a fee.

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- (b) Expenses included under (a)(i) of this section shall be limited to reasonable fees paid by private health benefit plans, as defined in RCW 48.43.005(19), in the same community for similar treatment of injured persons.
 - (c) If the board makes a final determination that a claim is compensable under this chapter, and the claimant accepts an award under this section, the claimant shall not be liable for any expenses, including attorneys' fees, incurred in connection with the filing of a claim under this chapter, other than those expenses awarded under this section.
- (2) The award shall require that the association immediately pay those expenses previously incurred and pay future expenses as they are incurred.
- 25 (3) A copy of the award shall be sent immediately by registered or 26 certified mail to each person or entity served with a copy of the 27 petition under section 5 of this act.
- NEW SECTION. Sec. 11. CONCLUSIVENESS OF DETERMINATION OR AWARD-29 APPEAL. (1) A determination of the board as to whether an injury is a
 30 birth-related injury under section 9 of this act or an award of
 31 compensation under section 10 of this act is conclusive and binding as
 32 to all questions of fact. An order of the board may be appealed to the
 33 court of appeals. Appeals shall be filed in accordance with rules of
 34 procedure prescribed by the supreme court.
 - (2) In case of an appeal from an award of the board, the appeal operates as a suspension of the award of compensation, and the

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- 1 association is not required to make payment of the award involved in
- 2 the appeal until the questions at issue in the appeal have been fully
- 3 determined.
- 4 <u>NEW SECTION.</u> **Sec. 12.** ENFORCEMENT OF AWARDS. (1) The board has
- 5 full authority to enforce its awards and to respond to deception or
- 6 lack of cooperation in reaching the determination as to any award.
- 7 That authority includes the power to petition the superior court for an
- 8 order of contempt.
- 9 (2) A party may petition the superior court for enforcement of a
- 10 final award by the board.
- 11 <u>NEW SECTION.</u> **Sec. 13.** LIMITATION ON CLAIM. Any claim for
- 12 compensation under this chapter that is filed more than eight years
- 13 after the birth of an infant alleged to have a birth-related injury is
- 14 barred.
- 15 <u>NEW SECTION.</u> **Sec. 14.** PLAN OF OPERATION. (1) The assessments
- 16 established under sections 15 and 16 of this act shall be used to
- 17 finance the Washington birth-related injury compensation plan.
- 18 (2) The association established in section 18 of this act shall
- 19 administer the assessments and appropriations dedicated to the plan, in
- 20 accordance with the following requirements:
- 21 (a) By July 1, 2006, the directors of the association shall submit
- 22 to the office of the insurance commissioner for review a plan of
- 23 operation that provides for the efficient administration of the plan
- 24 and for prompt processing of claims against and awards made on behalf
- 25 of the plan. The plan of operation must include provision for:
- 26 (i) Establishment of necessary facilities;
- 27 (ii) Management of the funds collected on behalf of the plan;
- 28 (iii) Processing of claims against the plan;
- 29 (iv) Assessment of the persons and entities listed in sections 15
- 30 and 16 of this act to pay awards and expenses. Assessments shall be on
- 31 an actuarially sound basis subject to the limits set forth in sections
- 32 15 and 16 of this act; and
- 33 (v) Any other matters necessary for the efficient operation of the
- 34 birth-related injury compensation plan.

1 (b) Amendments to the plan of operation may be made by the 2 directors of the plan, subject to the approval of the office of the 3 insurance commissioner.

- (3) The funds collected by the association and any income therefrom shall be disbursed only for the payment of awards under this chapter and for the payment of the reasonable expenses of administering the plan.
- 8 <u>NEW SECTION.</u> **Sec. 15.** ASSESSMENTS ON HEALTH CARE PROVIDERS. The following persons and entities shall pay into the association an assessment in accordance with the plan of operation:
 - (1) Beginning January 1, 2006, and each January 1st thereafter, each hospital licensed under chapter 70.41 RCW and each childbirth center licensed under chapter 18.46 RCW shall pay an initial assessment of fifty dollars per infant delivered in the hospital during the prior calendar year, as reported to the department of health. Upon demonstration of financial need by a hospital, the association may provide for installment payments of assessments.
 - (2) Beginning January 1, 2006, and each January 1st thereafter, all physicians licensed under chapter 18.71 RCW, all osteopathic physicians licensed under chapter 18.57 RCW, and all advanced registered nurse practitioners licensed under chapter 18.79 RCW, shall be assessed an assessment of five hundred dollars, which must be paid by March 1, 2006, and each March 1st thereafter. The assessment imposed under this subsection does not apply to the following physicians or advanced registered nurse practitioners:
 - (a) A resident physician, assistant resident physician, or intern in an approved postgraduate training program, as defined by the department of health;
 - (b) A retired physician who has withdrawn from the practice of medicine but who maintains an active license. Before reentering the practice of medicine in this state, a retired physician must notify the department of health and pay the appropriate assessments under this section;
 - (c) A physician or advanced registered nurse practitioner who is employed full time by the United States department of veterans affairs and whose practice is confined to United States department of veterans affairs hospitals;

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1 (d) A physician or advanced registered nurse practitioner who is a member of the armed forces of the United States; or

- (e) A physician or advanced registered nurse practitioner who is employed full time by the state of Washington and whose practice is confined to state-owned correctional institutions, or state-owned mental health or developmental services facilities, or who is employed full time by the department of health.
- NEW SECTION. Sec. 16. ASSESSMENTS ON CASUALTY INSURERS. (1)(a) If the assessments collected pursuant to section 15 of this act and any appropriation of funds provided by the legislature are insufficient to maintain the plan on an actuarially sound basis, the office of the insurance commissioner shall require each entity licensed to issue casualty insurance under chapter 48.22 RCW to pay into the association an annual assessment in an amount determined by the office pursuant to subsection (3)(a) of this section, in the manner required by the plan of operation.
 - (b) All annual assessments shall be made on the basis of net direct premiums written for casualty insurance in the state during the prior year ending December 31st, as reported to the office of the insurance commissioner, and shall be in the proportion that the net direct premiums written by each carrier for casualty insurance bears to the aggregate net direct premiums for all casualty insurance written in this state by all such entities.
 - (c) No casualty insurer shall be individually liable for an annual assessment in excess of 0.25 percent of that insurer's net direct premiums written.
 - (d) Casualty insurance carriers are entitled to recover their initial and annual assessments through a surcharge on future policies, a rate increase applicable prospectively, or a combination of the two.
 - (2) The association may enforce collection of assessments required to be paid pursuant to this chapter by suit filed in superior court. The association shall be entitled to an award of attorneys' fees, costs, and interest upon the entry of a judgment against a physician for failure to pay an assessment, with interest accruing until the assessment is paid.
- 36 (3)(a) The office of the insurance commissioner shall undertake an 37 actuarial evaluation of the requirements of the plan based on the

plan's experience in the first year of operation and any additional 1 relevant information, including without limitation, the assets and 2 liabilities of the plan. Pursuant to the investigation, the office of 3 the insurance commissioner shall establish the rate of contribution of 4 5 casualty insurers for the tax year beginning January 1, Following the initial evaluation, the office of the insurance 6 7 commissioner shall cause an actuarial evaluation to be made of the assets and liabilities of the plan no less frequently than biennially. 8 9 Pursuant to the results of the evaluations, the office of the insurance 10 commissioner shall prepare a statement as to the appropriate contribution rate applicable to casualty insurers to maintain the plan 11 12 on an actuarially sound basis.

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(b) If the office of the insurance commissioner finds that the plan cannot be maintained on an actuarially sound basis based on the assessments in section 15 of this act and any appropriation of funds provided by the legislature, the commissioner shall increase the assessments specified in this section on a proportional basis as needed. At no time shall the rate be greater than 0.25 percent of net direct premiums written.

NEW SECTION. Sec. 17. SUSPENSION OF NEW CLAIMS. (1) If current estimates of the present value of the total cost of claims, including the estimated amount to be paid to claimants, the claimants' attorneys, the attorneys' fees of the association incident to claims, and any other expenses that are reasonably anticipated to be incurred by the association in connection with the adjudication and payment of claims equals eighty percent of the funds on hand plus the funds that will become available to the association within the next twelve months from all sources described in sections 15 and 16 of this act, the association shall not accept any new claims without express authority from the legislature. Nothing in this section precludes association from accepting any claim if the injury occurred eighteen months or more before the effective date of this suspension. thirty days of the effective date of this suspension, the association shall notify the governor, the speaker of the house of representatives, the president of the senate, the office of the insurance commissioner, and the department of health of this suspension.

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- 1 (2) If any person is precluded from asserting a claim against the 2 association because of subsection (1) of this section, the plan shall 3 not constitute the exclusive remedy for such person, his or her 4 personal representative, parents, dependents, or next of kin.
 - NEW SECTION. Sec. 18. WASHINGTON BIRTH-RELATED INJURY COMPENSATION ASSOCIATION--BOARD OF DIRECTORS. (1)(a) The Washington birth-related injury compensation plan is governed by a board of seven directors, known as the Washington birth-related injury compensation association. The association is not a state agency, board, or commission.
- 11 (b) The directors shall be appointed for staggered terms of three 12 years or until their successors are appointed and have qualified.
 - (c) The directors shall be appointed by the governor as follows:
 - (i) Two citizen representatives;

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- (ii) One representative of physicians;
- 16 (iii) One representative of advanced registered nurse 17 practitioners;
 - (iv) One representative of hospitals;
 - (v) One representative of childbirth centers; and
- 20 (vi) One representative of casualty insurers.
- 21 (2) The directors shall not transact any business or exercise any 22 power of the plan except upon the affirmative vote of four directors. 23 The directors shall serve without salary, but each director shall be 24 reimbursed for actual and necessary expenses incurred in the 25 performance of his or her official duties as a director of the plan.
 - (3) The board of directors shall:
 - (a) Administer the plan;
 - (b) Administer the funds collected on behalf of the plan;
- 29 (c) Administer the payment of claims on behalf of the plan;
- 30 (d) Direct the investment and reinvestment of any surplus funds 31 over losses and expenses, provided that any investment income generated 32 thereby remains credited to the plan;
 - (e) Reinsure the risks of the plan in whole or in part;
- 34 (f) Sue and be sued, and appear and defend, in all actions and 35 proceedings in its name to the same extent as a natural person;
- 36 (g) Have and exercise all powers necessary or convenient to effect 37 any or all of the purposes for which the plan is created;

(h) Enter into such contracts as are necessary or proper to administer the plan;

- (i) Employ or retain such persons as are necessary to perform the administrative and financial transactions and responsibilities of the plan and to perform other necessary and proper functions not prohibited by law;
- (j) Take such legal action as may be necessary to avoid payment of improper claims; and
- (k) Indemnify any employee, agent, member of the board of directors or alternate thereof, or person acting on behalf of the plan in an official capacity, for expenses, including attorneys' fees, judgments, fines, and amounts paid in settlement actually and reasonably incurred in connection with any action, suit, or proceeding, including any appeal thereof, arising out of such person's actions undertaken in good faith on behalf of the plan.
- (4) All books, records, and audits of the plan are open for reasonable inspection to the general public, except that a claim file in the possession of the association or its representative is confidential and exempt from chapter 42.17 RCW until termination of litigation or settlement of the claim. Medical records and other portions of the claim file may remain confidential and exempt as otherwise provided by law. Any book, record, document, audit, or asset acquired by, prepared for, or paid for by the association is subject to the authority of the board of directors, which is responsible therefor.
- (5) Annually, the association shall furnish audited financial reports to any claimant who has been awarded compensation under section 10 of this act upon request, and to the office of the insurance commissioner. The reports must be prepared in accordance with accepted accounting procedures and must include such information as may be required by the office of the insurance commissioner. At any time determined to be necessary, the office of the insurance commissioner may conduct an audit of the plan.
- (6) The state of Washington and the directors of the association are not subject to any liability with respect to their good faith administration of the plan, except the association may be sued to enforce payment of compensation awarded under section 10 of this act.

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NEW SECTION. Sec. 19. PATIENT SAFETY. In collaboration with the 1 2 department of health, the association shall monitor and analyze claims submitted under this chapter. The analysis shall attempt to detect 3 patterns of practice or care that can be modified to reduce the 4 5 incidence of birth-related injuries. Where appropriate, the department of health may issue recommendations related to the findings of their 6 7 analysis of birth-related injury claims. Any such recommendations shall be posted on the web site of the department of health. 8

9 <u>NEW SECTION.</u> **Sec. 20.** A new section is added to chapter 18.130 10 RCW to read as follows:

Upon receipt of a copy of a petition filed under section 5 of this act, the applicable disciplinary authority shall review the information in the petition and determine whether the claim involved conduct by a physician licensed under chapter 18.71 RCW, an osteopathic physician licensed under chapter 18.57 RCW, or an advanced registered nurse practitioner licensed under chapter 18.79 RCW, that is subject to disciplinary action under this chapter.

NEW SECTION. Sec. 21. A new section is added to chapter 70.41 RCW to read as follows:

Upon receipt of a copy of a petition filed under section 5 of this act, the department shall investigate the claim presented in the petition, and if it determines that the injury resulted from, or was aggravated by, a violation of licensing statutes or rules on the part of a hospital, it shall take appropriate action consistent with its enforcement authority.

NEW SECTION. Sec. 22. A new section is added to chapter 18.46 RCW to read as follows:

Upon receipt of a copy of a petition filed under section 5 of this act, the department shall investigate the claim presented in the petition, and if it determines that the injury resulted from, or was aggravated by, a violation of licensing statutes or rules on the part of a childbirth center, it shall take appropriate action consistent with its enforcement authority.

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- NEW SECTION. Sec. 23. A new section is added to chapter 51.52 RCW to read as follows:
- 3 The board may adopt rules to implement sections 1 through 19 of
- 4 this act to promote the efficient administration of, and to minimize
- 5 costs associated with, the resolution of claims filed under this
- 6 chapter.
- 7 NEW SECTION. Sec. 24. A new section is added to chapter 7.70 RCW
- 8 to read as follows:
- 9 Sections 1 through 19 of this act constitute the exclusive remedy
- 10 for claims for damages for birth-related injury, as defined in section
- 11 2 of this act, that occur on or after January 1, 2007.
- 12 <u>NEW SECTION.</u> **Sec. 25.** Captions used in this act are not any part
- 13 of the law.
- 14 <u>NEW SECTION.</u> **Sec. 26.** Sections 1 through 19 of this act
- 15 constitute a new chapter in Title 7 RCW.

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