

CERTIFICATION OF ENROLLMENT

SUBSTITUTE HOUSE BILL 2079

61st Legislature
2009 Regular Session

Passed by the House April 20, 2009
Yeas 95 Nays 0

Speaker of the House of Representatives

Passed by the Senate April 14, 2009
Yeas 45 Nays 0

President of the Senate

Approved

Governor of the State of Washington

CERTIFICATE

I, Barbara Baker, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **SUBSTITUTE HOUSE BILL 2079** as passed by the House of Representatives and the Senate on the dates hereon set forth.

Chief Clerk

FILED

**Secretary of State
State of Washington**

SUBSTITUTE HOUSE BILL 2079

AS AMENDED BY THE SENATE

Passed Legislature - 2009 Regular Session

State of Washington 61st Legislature 2009 Regular Session

By House Health Care & Wellness (originally sponsored by
Representatives Cody, Ericksen, and Morrell)

READ FIRST TIME 02/20/09.

1 AN ACT Relating to the office of financial management's access to
2 health professional licensing information; and amending RCW 43.370.020
3 and 43.70.050.

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

5 **Sec. 1.** RCW 43.370.020 and 2007 c 259 s 51 are each amended to
6 read as follows:

7 (1) The office shall serve as a coordinating body for public and
8 private efforts to improve quality in health care, promote cost-
9 effectiveness in health care, and plan health facility and health
10 service availability. In addition, the office shall facilitate access
11 to health care data collected by public and private organizations as
12 needed to conduct its planning responsibilities.

13 (2) The office shall:

14 (a) Conduct strategic health planning activities related to the
15 preparation of the strategy, as specified in this chapter;

16 (b) Develop a computerized system for accessing, analyzing, and
17 disseminating data relevant to strategic health planning
18 responsibilities. The office may contract with an organization to

1 create the computerized system capable of meeting the needs of the
2 office;

3 ~~(c) ((Maintain access to deidentified data collected and stored by~~
4 ~~any public and private organizations as necessary to support its~~
5 ~~planning responsibilities, including state purchased health care~~
6 ~~program data, hospital discharge data, and private efforts to collect~~
7 ~~utilization and claims related data. The office is authorized to enter~~
8 ~~into any data sharing agreements and contractual arrangements necessary~~
9 ~~to obtain data or to distribute data. Among the sources of~~
10 ~~deidentified data that the office may access are any databases~~
11 ~~established pursuant to the recommendations of the health information~~
12 ~~infrastructure advisory board established by chapter 261, Laws of 2005.~~
13 ~~The office may store limited data sets as necessary to support its~~
14 ~~activities. Unless specifically authorized, the office shall not~~
15 ~~collect data directly from the records of health care providers and~~
16 ~~health care facilities, but shall make use of databases that have~~
17 ~~already collected such information))~~ Have access to the information
18 submitted as part of the health professional licensing application and
19 renewal process, excluding social security number and background check
20 information, whether the license is issued by the secretary of the
21 department of health or a board or commission. The office shall also
22 have access to information submitted to the department of health as
23 part of the medical or health facility licensing process. Access to
24 and use of all data shall be in accordance with state and federal
25 confidentiality laws and ethical guidelines, and the office shall
26 maintain the same degree of confidentiality as the department of
27 health. For professional licensing information provided to the office,
28 the department of health shall replace any social security number with
29 an alternative identifier capable of linking all licensing records of
30 an individual; and

31 (d) Conduct research and analysis or arrange for research and
32 analysis projects to be conducted by public or private organizations to
33 further the purposes of the strategy.

34 (3) The office shall establish a technical advisory committee to
35 assist in the development of the strategy. Members of the committee
36 shall include health economists, health planners, representatives of
37 government and nongovernment health care purchasers, representatives of
38 state agencies that use or regulate entities with an interest in health

1 planning, representatives of acute care facilities, representatives of
2 long-term care facilities, representatives of community-based long-term
3 care providers, representatives of health care providers, a
4 representative of one or more federally recognized Indian tribes, and
5 representatives of health care consumers. The committee shall include
6 members with experience in the provision of health services to rural
7 communities.

8 **Sec. 2.** RCW 43.70.050 and 2005 c 274 s 301 are each amended to
9 read as follows:

10 (1) The legislature intends that the department and board promote
11 and assess the quality, cost, and accessibility of health care
12 throughout the state as their roles are specified in chapter 9, Laws of
13 1989 1st ex. sess. in accordance with the provisions of this chapter.
14 In furtherance of this goal, the secretary shall create an ongoing
15 program of data collection, storage, assessability, and review. The
16 legislature does not intend that the department conduct or contract for
17 the conduct of basic research activity. The secretary may request
18 appropriations for studies according to this section from the
19 legislature, the federal government, or private sources.

20 (2) All state agencies which collect or have access to population-
21 based, health-related data are directed to allow the secretary access
22 to such data. This includes, but is not limited to, data on needed
23 health services, facilities, and personnel; future health issues;
24 emerging bioethical issues; health promotion; recommendations from
25 state and national organizations and associations; and programmatic and
26 statutory changes needed to address emerging health needs. Private
27 entities, such as insurance companies, health maintenance
28 organizations, and private purchasers are also encouraged to give the
29 secretary access to such data in their possession. The secretary's
30 access to and use of all data shall be in accordance with state and
31 federal confidentiality laws and ethical guidelines. Such data in any
32 form where the patient or provider of health care can be identified
33 shall not be disclosed, subject to disclosure according to chapter
34 42.56 RCW, discoverable or admissible in judicial or administrative
35 proceedings. Such data can be used in proceedings in which the use of
36 the data is clearly relevant and necessary and both the department and
37 the patient or provider are parties.

1 (3) The department shall serve as the clearinghouse for information
2 concerning innovations in the delivery of health care services, the
3 enhancement of competition in the health care marketplace, and federal
4 and state information affecting health care costs.

5 (4) The secretary shall review any data collected, pursuant to this
6 chapter, to:

7 (a) Identify high-priority health issues that require study or
8 evaluation. Such issues may include, but are not limited to:

9 (i) Identification of variations of health practice which indicate
10 a lack of consensus of appropriateness;

11 (ii) Evaluation of outcomes of health care interventions to assess
12 their benefit to the people of the state;

13 (iii) Evaluation of specific population groups to identify needed
14 changes in health practices and services;

15 (iv) Evaluation of the risks and benefits of various incentives
16 aimed at individuals and providers for both preventing illnesses and
17 improving health services;

18 (v) Identification and evaluation of bioethical issues affecting
19 the people of the state; and

20 (vi) Other such objectives as may be appropriate;

21 (b) Further identify a list of high-priority health study issues
22 for consideration by the board, within their authority, for inclusion
23 in the state health report required by RCW 43.20.050. The list shall
24 specify the objectives of each study, a study timeline, the specific
25 improvements in the health status of the citizens expected as a result
26 of the study, and the estimated cost of the study; and

27 (c) Provide background for the state health report required by RCW
28 43.20.050.

29 (5) Any data, research, or findings may also be made available to
30 the general public, including health professions, health associations,
31 the governor, professional boards and regulatory agencies and any
32 person or group who has allowed the secretary access to data.

33 (6) Information submitted as part of the health professional
34 licensing application and renewal process, excluding social security
35 number and background check information, shall be available to the
36 office of financial management consistent with RCW 43.370.020, whether
37 the license is issued by the secretary of the department of health or
38 a board or commission. The department shall replace any social

1 security number with an alternative identifier capable of linking all
2 licensing records of an individual. The office of financial management
3 shall also have access to information submitted to the department of
4 health as part of the medical or health facility licensing process.

5 (7) The secretary may charge a fee to persons requesting copies of
6 any data, research, or findings. The fee shall be no more than
7 necessary to cover the cost to the department of providing the copy.

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