

# SENATE BILL REPORT

## SB 5671

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As Reported by Senate Committee On:  
Health & Long-Term Care, February 17, 2011

**Title:** An act relating to hospital and emergency service personnel reporting requirements to local enforcement.

**Brief Description:** Modifying hospital and emergency service personnel reporting requirements to local enforcement.

**Sponsors:** Senators Ericksen, Becker, Delvin and Honeyford.

**Brief History:**

**Committee Activity:** Health & Long-Term Care: 2/14/11, 2/17/11 [DPS].

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### SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

**Majority Report:** That Substitute Senate Bill No. 5671 be substituted therefor, and the substitute bill do pass.

Signed by Senators Keiser, Chair; Conway, Vice Chair; Becker, Ranking Minority Member; Carrell, Kline, Murray, Parlette, Pflug and Pridemore.

**Staff:** Rhoda Donkin (786-7465)

**Background:** Currently, hospitals are required to report to law enforcement anytime they have treated someone with a bullet wound, gunshot wound, or stab wound. This is to happen as soon as is reasonable taking into consideration the patient's emergency care needs. Hospitals are required to establish a written policy to identify the person or persons responsible for making these reports. A hospital, that in good faith makes such a report, is immune from civil or criminal liability or professional licensure action in an investigation or criminal proceeding.

Hospitals are required to keep in their custody any bullets, clothing, or other foreign objects until law enforcement takes these items into their possession.

**Summary of Bill (Recommended Substitute):** Any emergency service personnel must report to local law enforcement authority as soon as possible, considering a patient's emergency needs, when they have been called to the aid of some one who is already deceased

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or dies prior to transport from a drug-related overdose. Emergency service personnel must establish a written policy to identify who will be responsible for making the report.

Hospitals must report to law enforcement when they have treated a patient for a blunt force injury or when they have treated a patient who is deceased or dies after admission from a drug-related overdose.

**EFFECT OF CHANGES MADE BY HEALTH & LONG-TERM CARE COMMITTEE (Recommended Substitute):** Emergency service personnel are not required to report gunshot, stab, bullet wounds or blunt object injuries. However, they are required to report to law enforcement when they are called to the aid of a patient who is already deceased or dies prior to transport from a drug-related overdose. Emergency personnel must have a written policy to identify the person making these reports. Hospitals must report bullet, gunshot, or stab wounds on patients who are unconscious and on patients who are deceased or die after admission from a drug-related overdose.

All references to blunt object injury are removed.

**Appropriation:** None.

**Fiscal Note:** Not requested.

**Committee/Commission/Task Force Created:** No.

**Effective Date:** Ninety days after adjournment of session in which bill is passed.

**Staff Summary of Public Testimony on Original Bill:** PRO: The most important thing about this bill is that hospitals and emergency personnel must report these specific violent injuries even when the victim is conscious. Removing the unconscious provision gives law enforcement more opportunity to pursue investigations and ultimately to achieve more successful prosecutions of perpetrators. Today, very often when there is an injury or death resulting from any of the circumstances listed in the bill, too much time elapses and valuable evidence is lost. We have to deal with families, and being able to conduct solid investigations is important to them. Too often it's too late because there has been a delay in contacting law enforcement.

CON: This bill turns hospitals into enforcers, and this is not our job. Our primary job is to treat the injured and save lives, not gather evidence and report to law enforcement. The bill names blunt force injury as something that should be reported. This is too vague and we cannot be put in the position of having to make subjective decisions. Conscious patients have the ability to decide whether to report or not. Over 60 percent of calls to firefighters are for first responders. We are not trained at collecting evidence, and it's not our job. This will have a chilling effect on people seeking emergency medical care.

OTHER: Women who are the victims of domestic violence are the ones who should decide whether or not to report an incident to the police. In this bill, they lose the control, because they could ask not to have it reported, and hospitals would have to. Just because law

enforcement is notified doesn't mean victims will be safe. They still have to face the perpetrator; and when the incident has been reported, that can be very dangerous.

**Persons Testifying:** PRO: Senator Ericksen, prime sponsor; Don Pierce, Washington Assn. of Sheriffs and Police Chiefs; Sgt. Mike Johnston, Bellingham Police; Tom McBride, Washington Assn. of Prosecuting Attorneys.

CON: Richard Meeks, Washington State Hospital Assn., Harborview.

OTHER: Grace Huang, Washington Coalition Against Domestic Violence.