SSB 6265 - S AMD **488**

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By Senators Becker, Pedersen, Dammeier, Frockt, Rivers

ADOPTED 02/18/2014

1 On page 2, after line 13, insert the following:

- 2 "Sec. 2. RCW 43.70.052 and 2012 c 98 s 1 are each amended to read as follows:
- (1) To promote the public interest consistent with the purposes of 4 5 chapter 492, Laws of 1993 as amended by chapter 267, Laws of 1995, the 6 department shall continue to require hospitals to submit hospital 7 financial and patient discharge information, which shall be collected, 8 maintained, analyzed, and disseminated by the department. 9 department shall, if deemed cost-effective and efficient, contract with 10 a private entity for any or all parts of data collection. 11 elements shall be reported in conformance with a uniform reporting 12 system established by the department. This includes data elements 13 identifying each hospital's revenues, expenses, contractual allowances, 14 charity care, bad debt, other income, total units of inpatient and outpatient services, and other financial and employee compensation 15 16 information reasonably necessary to fulfill the purposes of this 17 Data elements relating to use of hospital services by section. patients shall be the same as those currently compiled by hospitals 18 19 through inpatient discharge abstracts. The department shall encourage 20 and permit reporting by electronic transmission or hard copy as is 21 practical and economical to reporters.
 - (2) In identifying financial reporting requirements, the department may require both annual reports and condensed quarterly reports from hospitals, so as to achieve both accuracy and timeliness in reporting, but shall craft such requirements with due regard of the data reporting burdens of hospitals.
- (3)(a) Beginning with compensation information for 2012, unless a hospital is operated on a for-profit basis, the department shall require a hospital licensed under chapter 70.41 RCW to annually submit employee compensation information. To satisfy employee compensation

reporting requirements to the department, a hospital shall submit information as directed in (a)(i) or (ii) of this subsection. A hospital may determine whether to report under (a)(i) or (ii) of this subsection for purposes of reporting.

- (i) Within one hundred thirty-five days following the end of each hospital's fiscal year, a nonprofit hospital shall file the appropriate schedule of the federal internal revenue service form 990 that identifies the employee compensation information with the department. If the lead administrator responsible for the hospital or the lead administrator's compensation is not identified on the schedule of form 990 that identifies the employee compensation information, the hospital shall also submit the compensation information for the lead administrator as directed by the department's form required in (b) of this subsection.
- (ii) Within one hundred thirty-five days following the end of each hospital's calendar year, a hospital shall submit the names and compensation of the five highest compensated employees of the hospital who do not have any direct patient responsibilities. Compensation information shall be reported on a calendar year basis for the calendar year immediately preceding the reporting date. If those five highest compensated employees do not include the lead administrator for the hospital, compensation information for the lead administrator shall also be submitted. Compensation information shall include base compensation, bonus and incentive compensation, other payments that qualify as reportable compensation, retirement and other deferred compensation, and nontaxable benefits.
- (b) To satisfy the reporting requirements of this subsection (3), the department shall create a form and make it available no later than August 1, 2012. To the greatest extent possible, the form shall follow the format and reporting requirements of the portion of the internal revenue service form 990 schedule relating to compensation information. If the internal revenue service substantially revises its schedule, the department shall update its form.
- (4) The health care data collected, maintained, and studied by the department shall only be available for retrieval in original or processed form to public and private requestors <u>pursuant to subsection</u> (7) of this section and shall be available within a reasonable period of time after the date of request. The cost of retrieving data for

state officials and agencies shall be funded through the state general appropriation. The cost of retrieving data for individuals and organizations engaged in research or private use of data or studies shall be funded by a fee schedule developed by the department that reflects the direct cost of retrieving the data or study in the requested form.

- (5) The department shall, in consultation and collaboration with the federally recognized tribes, urban or other Indian health service organizations, and the federal area Indian health service, design, develop, and maintain an American Indian-specific health data, statistics information system. ((The department rules regarding confidentiality shall apply to safeguard the information from inappropriate use or release.))
- (6) All persons subject to the data collection requirements of this section shall comply with departmental requirements established by rule in the acquisition of data.
- (7) The department must maintain the confidentiality of patient discharge data it collects under subsection (1) of this section. Patient discharge data that includes direct and indirect identifiers is not subject to public inspection and the department may only release such data as allowed for in this section. Any agency that receives patient discharge data under (a) or (b) of this subsection must also maintain the confidentiality of the data and may not release the data except as consistent with subsection (8)(b) of this section. The department may release the data as follows:
- (a) Data that includes direct and indirect patient identifiers, as specifically defined in rule, may be released to:
- (i) Federal, state, and local government agencies upon receipt of a signed data use agreement with the department; and
- (ii) Researchers with approval of the Washington state
 institutional review board upon receipt of a signed confidentiality
 agreement with the department.
 - (b) Data that does not contain direct patient identifiers but may contain indirect patient identifiers may be released to agencies, researchers, and other persons upon receipt of a signed data use agreement with the department.
- 37 <u>(c) Data that does not contain direct or indirect patient</u>38 identifiers may be released on request.

- 1 (8) Recipients of data under subsection (7)(a) and (b) of this 2 section must agree in a written data use agreement, at a minimum, to:
 - (a) Take steps to protect direct and indirect patient identifying information as described in the data use agreement; and
- 5 (b) Not re-disclose the data except as authorized in their data use 6 agreement consistent with the purpose of the agreement.
 - (9) Recipients of data under subsection (7)(b) and (c) of this section must not attempt to determine the identity of persons whose information is included in the data set or use the data in any manner that identifies individuals or their families.
- 11 (10) For the purposes of this section:
- 12 <u>(a) "Direct patient identifier" means information that identifies</u>
 13 a patient; and
- 14 <u>(b) "Indirect patient identifier" means information that may</u> 15 <u>identify a patient when combined with other information.</u>
- 16 <u>(11) The department must adopt rules necessary to carry out its</u> 17 <u>responsibilities under this section. The department must consider</u> 18 national standards when adopting rules."
- 19 Renumber the remaining section consecutively.

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20 On page 1, line 2 of the title, after "70.02.290" insert "and 21 43.70.052"

<u>EFFECT:</u> Requires the Department of Health to maintain the confidentiality of patient discharge data it collects. Exempts patient discharge data that includes direct and indirect identifiers from public inspection.

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