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**SUBSTITUTE SENATE BILL 5514**

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**State of Washington**

**65th Legislature**

**2017 Regular Session**

**By** Senate Health Care (originally sponsored by Senators Rivers, Cleveland, and Keiser; by request of Department of Health)

READ FIRST TIME 02/10/17.

1 AN ACT Relating to rapid health information network data  
2 reporting; and adding a new section to chapter 43.70 RCW.

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

4 NEW SECTION. **Sec. 1.** A new section is added to chapter 43.70  
5 RCW to read as follows:

6 (1) The legislature finds that public health data is critical to  
7 the department's ability to respond to emerging public health threats  
8 and chronic conditions affecting the public health and, therefore,  
9 intends that the department be fully informed about emerging public  
10 health threats and chronic conditions that may impact the health of  
11 Washington citizens.

12 (2) The department shall require hospitals with emergency  
13 departments to submit emergency department patient care information,  
14 which must be collected, maintained, analyzed, and disseminated by  
15 the department. The department shall also accept other data types  
16 submitted voluntarily as approved by the department. The data must be  
17 collected in a way that allows automated reporting by electronic  
18 transmission. Emergency departments submitting data must be able to  
19 obtain their data and aggregate regional and statewide data from the  
20 collection system within thirty minutes of submission of a query for  
21 the data once the data is available in the system. The department

1 may, if deemed cost-effective and efficient, contract with a private  
2 entity for any or all parts of data collection, maintenance,  
3 analysis, and dissemination. The department or contractor shall  
4 include the following elements:

5 (a) A demonstrated ability to collect the data required by this  
6 section in a way that allows automated reporting by electronic  
7 transmission;

8 (b) An established data submission arrangement with the majority  
9 of emergency departments required to submit data pursuant to this  
10 section;

11 (c) The demonstrated ability to allow emergency departments  
12 submitting data to immediately obtain their own data and aggregate  
13 regional and statewide data and the department to immediately obtain  
14 any data within thirty minutes of submission of a query for data once  
15 the data is available in the system; and

16 (d) The capacity to work with existing emergency department data  
17 systems to minimize administrative reporting burden and costs.

18 (3) Data elements must be reported in conformance with a uniform  
19 reporting system established by the department in collaboration with  
20 representatives from emergency departments required to submit data  
21 pursuant to this section and in conformance with current or emerging  
22 national standards for reporting similar data. Data elements to be  
23 initially collected include, but are not limited to, data elements  
24 identifying facility information, limited patient identifiers,  
25 patient demographics, and encounter, clinical, and laboratory  
26 information. In order to ensure meaningful public health  
27 surveillance, after consulting with emergency departments required to  
28 submit data pursuant to this section, the department shall adopt  
29 rules including, but not limited to, data element and format  
30 requirements and time frames for reporting and addressing errors in  
31 submission. The rules adopted shall support alignment with current or  
32 emerging national standards for reporting similar data and  
33 minimization of administrative burden and costs.

34 (4) The department may require additional information from data  
35 providers only for the purposes of validating data received,  
36 verifying data accuracy, conducting surveillance of potential public  
37 health threats, and addressing potential public health threats.

38 (5) The data collected, maintained, and analyzed by the  
39 department must only be available for retrieval in original or  
40 processed form to public and private requestors pursuant to

1 subsection (6) of this section and must be available within a  
2 reasonable period of time after the date of request, except that  
3 emergency departments submitting data pursuant to this section must  
4 have the ability to immediately obtain their own data and aggregate  
5 regional and statewide data within thirty minutes of submission of a  
6 query for data once the data is available in the system. The cost of  
7 retrieving their own data and aggregate regional and statewide data  
8 in standardized reports for state, local, tribal, federal officials  
9 and agencies, and health care facilities, and health care providers  
10 associated with the emergency departments submitting data pursuant to  
11 this section, must be funded through the agency's resources. The cost  
12 of retrieving data for individuals and organizations engaged in  
13 research or private use of data or reports must be funded by a fee  
14 schedule developed by the department that reflects the direct cost of  
15 retrieving the data or report in the requested form.

16 (6) The department must maintain the confidentiality of patient  
17 data it collects under subsection (2) of this section. Patient data  
18 collected by the department is health care information under chapter  
19 70.02 RCW. Patient data that includes direct and indirect identifiers  
20 is not subject to public inspection and copying and the department  
21 may only release that data as allowed for in this section. Any agency  
22 that receives patient data under (a) or (b) of this subsection must  
23 also maintain the confidentiality of the data and may not release the  
24 data except as consistent with subsection (7)(b) of this section. The  
25 department may release the data as follows:

26 (a) Data that includes direct and indirect patient identifiers,  
27 as specifically defined in rule, may be released to:

28 (i)(A) Federal, Washington state, tribal, and local government  
29 agencies upon receipt of a signed data use agreement with the  
30 department;

31 (B) In the case of an emergent public health threat, the signed  
32 data use agreement requirement must be waived for public health  
33 authorities. The department may disclose only the minimum amount of  
34 information necessary, to the fewest number of people, for the least  
35 amount of time required to address the threat;

36 (ii) Researchers with approval of an institutional review board  
37 upon receipt of a signed confidentiality agreement with the  
38 department;

39 (b) Data that does not contain direct patient identifiers but may  
40 contain indirect patient identifiers may be released to agencies,

1 institutional review board-approved researchers, and other persons  
2 upon receipt of a signed data use agreement with the department;

3 (c) Data that does not contain direct or indirect patient  
4 identifiers may be released on request.

5 (7) Recipients of data under subsection (6)(a) and (b) of this  
6 section must agree in a data use agreement, as applicable, at a  
7 minimum, to:

8 (a) Take steps to protect direct and indirect patient identifiers  
9 as described in the data use agreement; and

10 (b) Not redisclose the data except as authorized in their data  
11 use agreement consistent with the purpose of the agreement.

12 (8) Recipients of data under subsection (6)(b) and (c) of this  
13 section must not attempt to determine the identity of persons whose  
14 information is included in the data set or use the data in any manner  
15 that identifies individuals or their families.

16 (9) For the purposes of this section:

17 (a) "Direct patient identifier" means information that identifies  
18 a patient; and

19 (b) "Indirect patient identifier" means information that may  
20 identify a patient when combined with other information.

21 (10) The department may adopt rules necessary to carry out its  
22 responsibilities under this section. The department must consider  
23 national standards when adopting rules.

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