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**HOUSE BILL 1251**

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**State of Washington**

**69th Legislature**

**2025 Regular Session**

**By** Representative Wylie

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1 AN ACT Relating to improving the timeliness and accuracy of the  
2 issuance of a report of death; and amending RCW 70.58A.200,  
3 70.58A.500, 18.130.180, 43.70.150, and 18.71.080.

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

5 **Sec. 1.** RCW 70.58A.200 and 2019 c 148 s 13 are each amended to  
6 read as follows:

7 (1)(a) Reports of death and fetal death must comply with the  
8 requirements of this section.

9 (b) For the purposes of this section, "death" includes "fetal  
10 death" as defined in RCW 70.58A.010.

11 (2) A complete report of death must be filed with the local  
12 registrar in the local health jurisdiction where the death occurred  
13 for each death that occurs in this state. Except for circumstances  
14 covered by subsection (7) of this section, the report must be filed  
15 within five calendar days after the death or finding of human remains  
16 and prior to final disposition of the human remains as required by  
17 this section.

18 (a) If the place of death is unknown and the human remains are  
19 found in state prior to final disposition, the death must be filed in  
20 state and the place where the human remains were found is the place  
21 of death.

1 (b) When death occurs in a moving conveyance within or outside  
2 the United States and the human remains are first removed from the  
3 conveyance in state, the death must be filed in state and the place  
4 of death is the place where the remains were removed from the moving  
5 conveyance.

6 (c) In all other cases, the place where death is pronounced is  
7 the place where death occurred.

8 (d) An approximate date of death may be used if date of death is  
9 unknown. If the date cannot be determined by approximation, the date  
10 of death must be the date the human remains were found.

11 (3) If the death occurred with medical attendance, a funeral  
12 director, funeral establishment, or person having the right to  
13 control the disposition of the human remains under RCW 68.50.160  
14 shall:

15 (a) Obtain and enter personal data on the report of death about  
16 the decedent from the person best qualified to provide the  
17 information;

18 (b) Provide the report of death to the medical certifier within  
19 two calendar days after the death or finding of human remains;

20 (c) File the completed report of death with the local registrar;  
21 and

22 (d) Obtain a burial-transit permit prior to the disposition of  
23 the human remains as required in RCW 70.58A.210.

24 (4) The medical certifier shall:

25 (a) Attest to the cause, date, and time of death; and

26 (b) Return the report of death to the funeral director, funeral  
27 establishment, or person having the right to control the disposition  
28 of the human remains under RCW 68.50.160 within two calendar days.

29 (5) The report of death may be completed by another individual  
30 qualified to be a medical certifier as defined in RCW 70.58A.010 who  
31 has access to the medical history of the decedent when:

32 (a) The medical certifier is absent or unable to attest to the  
33 cause, date, and time of death; or

34 (b) The death occurred due to natural causes, and the medical  
35 certifier gives approval.

36 (6) If the death occurred without medical attendance, the funeral  
37 director, funeral establishment, or person having the right to  
38 control the disposition of the human remains under RCW 68.50.160  
39 shall provide the report of death to the coroner, medical examiner,  
40 or local health officer as allowed by (a) of this subsection.

1 (a) If the death occurred due to natural causes, the coroner,  
2 medical examiner, or local health officer shall determine whether to  
3 certify the report of death. If the coroner, medical examiner, or  
4 local health officer decides to certify the report of death, the  
5 person certifying the report shall:

6 (i) Attest to the manner, cause, and date of death without  
7 holding an inquest or performing an autopsy or postmortem, based on  
8 statements of relatives, persons in attendance during the last  
9 sickness, persons present at the time of death, or other persons  
10 having adequate knowledge of the facts;

11 (ii) Note that there was no medical attendance at the time of  
12 death; and

13 (iii) Return the report of death to the funeral home within two  
14 calendar days.

15 (b) If the death appears to be the result of unlawful or  
16 unnatural causes, the coroner or medical examiner shall:

17 (i) Attest to the cause, place, and date of death;

18 (ii) Note that there was no medical attendance at the time of  
19 death;

20 (iii) Note when the cause of death is pending investigation; and

21 (iv) Return the report of death to the funeral director, funeral  
22 establishment, or person having the right to control the disposition  
23 of the human remains under RCW 68.50.160 within two calendar days.

24 (7) When there is no funeral director, funeral establishment, or  
25 person having the right to control the disposition of human remains  
26 under chapter 68.50 RCW, the coroner, medical examiner, or local  
27 health officer shall file the completed report of death with the  
28 local registrar as required by subsection (2) of this section.

29 (8) When a coroner or medical examiner determines that there is  
30 sufficient circumstantial evidence to indicate that an individual has  
31 died in the county or in waters contiguous to the county, and that it  
32 is unlikely that the body will be recovered, the coroner or medical  
33 examiner shall file a report of death, including the cause, place,  
34 and date of death, to the extent possible.

35 (9) The coroner or medical examiner in a county in which a  
36 decedent was last known to be alive may file a report of death with  
37 the local registrar when the county in which the presumed death  
38 occurred cannot be determined with certainty. The coroner or medical  
39 examiner shall file a report of death, including the cause, place,  
40 and date of death, to the extent possible.

1 (10) The coroner or medical examiner having jurisdiction may  
2 release information contained in a report of death according to RCW  
3 68.50.300.

4 (11) The local registrar shall:

5 (a) Review filed reports of death to ensure completion in  
6 accordance with this chapter;

7 (b) Request missing information or corrections;

8 (c) Ensure issuance of the burial-transit permit as required  
9 under RCW 70.58A.210;

10 (d) Register a report of death with the department if it has been  
11 completed and submitted in accordance with this section.

12 (12) A medical certifier, coroner, medical examiner, or local  
13 health officer shall submit an affidavit of correction to the state  
14 registrar to amend the report of death within five calendar days of  
15 receipt of an autopsy result or other information that completes or  
16 amends the cause of death or corrects demographic or other relevant  
17 information from that originally filed with the department.

18 (13) The department may require a medical certifier, coroner,  
19 medical examiner, or local health officer to provide additional or  
20 clarifying information to properly code and classify cause of death  
21 or to properly enter demographic or other relevant information for  
22 the decedent.

23 **Sec. 2.** RCW 70.58A.500 and 2019 c 148 s 18 are each amended to  
24 read as follows:

25 (1) The state registrar may amend certification items on state  
26 vital records.

27 (2) The state registrar may amend a live birth record to change  
28 the name of a person born in state:

29 (a) Upon receipt of a complete and signed amendment application  
30 with applicable fees and a certified copy of an order of a court of  
31 competent jurisdiction, including the name of the person as it  
32 appears on the current live birth record and the new name to be  
33 designated on the amended live birth record, under RCW 4.24.130; or

34 (b) As authorized under 18 U.S.C. Sec. 3521, the federal witness  
35 relocation and protection act.

36 (3) The state registrar shall seal the original live birth record  
37 amended under subsection (2)(b) of this section. The sealed record is  
38 not subject to public inspection and copying under chapter 42.56 RCW  
39 except upon order of a court of competent jurisdiction.

1 (4) The state registrar may amend a vital record to change the  
2 sex designation of the subject of the record. The state registrar  
3 shall include a nonbinary option for sex designation on the record.

4 (5) The state registrar may amend vital records for purposes  
5 other than those established in this section.

6 (6) A local or state registrar may amend a report of death to  
7 correct demographic information upon receipt of an application from a  
8 decedent's immediate family within two years of the decedent's death.  
9 For the purposes of this section, "immediate family" means children,  
10 stepchildren, grandchildren, great grandchildren, parents,  
11 stepparents, grandparents, great grandparents, siblings, aunts,  
12 uncles, and a person who was legally married to or in a state  
13 registered domestic partnership with the decedent at the time of the  
14 decedent's death, and includes adoptive family.

15 (7) The state registrar may deny an application to amend a vital  
16 record when:

17 (a) The application is not completed or filed in accordance with  
18 this chapter;

19 (b) The state registrar has cause to question the validity or  
20 adequacy of the applicant's statements or documentary evidence; or

21 (c) The deficiencies under (a) or (b) of this subsection are not  
22 addressed to the satisfaction of the state registrar.

23 ~~((7))~~ (8) The state registrar shall provide notice of the  
24 denial of an application to amend a vital record and state the  
25 reasons for the denial. If the state registrar denies an amendment to  
26 a vital record under the provisions of this section, a person may  
27 appeal the decision under RCW 70.58A.550.

28 **Sec. 3.** RCW 18.130.180 and 2024 c 220 s 2 are each amended to  
29 read as follows:

30 Except as provided in RCW 18.130.450, the following conduct,  
31 acts, or conditions constitute unprofessional conduct for any license  
32 holder under the jurisdiction of this chapter:

33 (1) The commission of any act involving moral turpitude,  
34 dishonesty, or corruption relating to the practice of the person's  
35 profession, whether the act constitutes a crime or not. If the act  
36 constitutes a crime, conviction in a criminal proceeding is not a  
37 condition precedent to disciplinary action. Upon such a conviction,  
38 however, the judgment and sentence is conclusive evidence at the  
39 ensuing disciplinary hearing of the guilt of the license holder of

1 the crime described in the indictment or information, and of the  
2 person's violation of the statute on which it is based. For the  
3 purposes of this section, conviction includes all instances in which  
4 a plea of guilty or nolo contendere is the basis for the conviction  
5 and all proceedings in which the sentence has been deferred or  
6 suspended. Nothing in this section abrogates rights guaranteed under  
7 chapter 9.96A RCW;

8 (2) Misrepresentation or concealment of a material fact in  
9 obtaining a license or in reinstatement thereof;

10 (3) All advertising which is false, fraudulent, or misleading;

11 (4) Incompetence, negligence, or malpractice which results in  
12 injury to a patient or which creates an unreasonable risk that a  
13 patient may be harmed. The use of a nontraditional treatment by  
14 itself shall not constitute unprofessional conduct, provided that it  
15 does not result in injury to a patient or create an unreasonable risk  
16 that a patient may be harmed;

17 (5) Suspension, revocation, or restriction of the individual's  
18 license to practice any health care profession by competent authority  
19 in any state, federal, or foreign jurisdiction, a certified copy of  
20 the order, stipulation, or agreement being conclusive evidence of the  
21 revocation, suspension, or restriction;

22 (6) The possession, use, prescription for use, or distribution of  
23 controlled substances or legend drugs in any way other than for  
24 legitimate or therapeutic purposes, diversion of controlled  
25 substances or legend drugs, the violation of any drug law, or  
26 prescribing controlled substances for oneself;

27 (7) Violation of any state or federal statute or administrative  
28 rule regulating the profession in question, including any statute or  
29 rule defining or establishing standards of patient care or  
30 professional conduct or practice;

31 (8) Failure to cooperate with the disciplining authority by:

32 (a) Not furnishing any papers, documents, records, or other  
33 items;

34 (b) Not furnishing in writing a full and complete explanation  
35 covering the matter contained in the complaint filed with the  
36 disciplining authority;

37 (c) Not responding to subpoenas issued by the disciplining  
38 authority, whether or not the recipient of the subpoena is the  
39 accused in the proceeding; or

- 1 (d) Not providing reasonable and timely access for authorized  
2 representatives of the disciplining authority seeking to perform  
3 practice reviews at facilities utilized by the license holder;
- 4 (9) Failure to comply with an order issued by the disciplining  
5 authority or a stipulation for informal disposition entered into with  
6 the disciplining authority;
- 7 (10) Aiding or abetting an unlicensed person to practice when a  
8 license is required;
- 9 (11) Violations of rules established by any health agency;
- 10 (12) Practice beyond the scope of practice as defined by law or  
11 rule;
- 12 (13) Misrepresentation or fraud in any aspect of the conduct of  
13 the business or profession;
- 14 (14) Failure to adequately supervise auxiliary staff to the  
15 extent that the consumer's health or safety is at risk;
- 16 (15) Engaging in a profession involving contact with the public  
17 while suffering from a contagious or infectious disease involving  
18 serious risk to public health;
- 19 (16) Promotion for personal gain of any unnecessary or  
20 inefficacious drug, device, treatment, procedure, or service;
- 21 (17) Conviction of any gross misdemeanor or felony relating to  
22 the practice of the person's profession. For the purposes of this  
23 subsection, conviction includes all instances in which a plea of  
24 guilty or nolo contendere is the basis for conviction and all  
25 proceedings in which the sentence has been deferred or suspended.  
26 Nothing in this section abrogates rights guaranteed under chapter  
27 9.96A RCW;
- 28 (18) The offering, undertaking, or agreeing to cure or treat  
29 disease by a secret method, procedure, treatment, or medicine, or the  
30 treating, operating, or prescribing for any health condition by a  
31 method, means, or procedure which the licensee refuses to divulge  
32 upon demand of the disciplining authority;
- 33 (19) The willful betrayal of a practitioner-patient privilege as  
34 recognized by law;
- 35 (20) Violation of chapter 19.68 RCW or a pattern of violations of  
36 RCW 41.05.700(8), 48.43.735(8), 48.49.020, 48.49.030, 71.24.335(8),  
37 or 74.09.325(8);
- 38 (21) Interference with an investigation or disciplinary  
39 proceeding by willful misrepresentation of facts before the  
40 disciplining authority or its authorized representative, or by the

1 use of threats or harassment against any patient or witness to  
2 prevent them from providing evidence in a disciplinary proceeding or  
3 any other legal action, or by the use of financial inducements to any  
4 patient or witness to prevent or attempt to prevent him or her from  
5 providing evidence in a disciplinary proceeding;

6 (22) Current misuse of:

7 (a) Alcohol;

8 (b) Controlled substances; or

9 (c) Legend drugs;

10 (23) Abuse of a client or patient or sexual contact with a client  
11 or patient;

12 (24) Acceptance of more than a nominal gratuity, hospitality, or  
13 subsidy offered by a representative or vendor of medical or health-  
14 related products or services intended for patients, in contemplation  
15 of a sale or for use in research publishable in professional  
16 journals, where a conflict of interest is presented, as defined by  
17 rules of the disciplining authority, in consultation with the  
18 department, based on recognized professional ethical standards;

19 (25) Violation of RCW 18.130.420;

20 (26) Performing conversion therapy on a patient under age  
21 eighteen;

22 (27) Violation of RCW 18.130.430;

23 (28) Violation of RCW 18.130.460; (~~(e)~~)

24 (29) Implanting the license holder's own gametes or reproductive  
25 material into a patient;

26 (30) Failing to timely produce a report of death as required by  
27 RCW 70.58A.200 two or more times in a calendar year.

28 **Sec. 4.** RCW 43.70.150 and 1989 1st ex.s. c 9 s 254 are each  
29 amended to read as follows:

30 (1) The secretary of health shall have charge of the state system  
31 of registration of births, deaths, fetal deaths, marriages, and  
32 decrees of divorce, annulment and separate maintenance, and shall  
33 prepare the necessary rules, forms, and blanks for obtaining records,  
34 and insure the faithful registration thereof.

35 (2)(a) The secretary of health shall work with insurance  
36 regulators and providers in bordering states to have practitioners of  
37 health professions in those states qualified to utilize the vital  
38 records system operated by the department under chapter 70.58A RCW in  
39 order to allow such practitioners of health professions to certify a



1 report of death of a citizen of the state of Washington who dies in  
2 such a bordering state.

3 (b) For the purposes of this section:

4 (i) "Health professions" and "practitioner" have the same meaning  
5 as in RCW 18.120.020; and

6 (ii) "Vital records system" has the same meaning as in RCW  
7 70.58A.010.

8 **Sec. 5.** RCW 18.71.080 and 2015 c 252 s 8 are each amended to  
9 read as follows:

10 (1)(a) Every person licensed to practice medicine in this state  
11 shall pay licensing fees and renew his or her license in accordance  
12 with administrative procedures and administrative requirements  
13 adopted as provided in RCW 43.70.250 and 43.70.280.

14 (b) The commission shall request licensees to submit information  
15 about their current professional practice at the time of license  
16 renewal and licensees must provide the information requested. This  
17 information may include practice setting, medical specialty, board  
18 certification, or other relevant data determined by the commission.

19 (c) A physician who resides and practices in Washington and  
20 obtains or renews a retired active license shall be exempt from  
21 licensing fees imposed under this section. The commission may  
22 establish rules governing mandatory continuing education requirements  
23 which shall be met by physicians applying for renewal of licenses,  
24 including a requirement that any physician who in the normal course  
25 of practice may be required to certify a report of death under  
26 chapter 70.58A RCW has received training on entering information into  
27 the vital records system operated by the department of health. The  
28 rules shall provide that mandatory continuing education requirements  
29 may be met in part by physicians showing evidence of the completion  
30 of approved activities relating to professional liability risk  
31 management. The number of hours of continuing education for a  
32 physician holding a retired active license shall not exceed fifty  
33 hours per year.

34 (2) The office of crime victims advocacy shall supply the  
35 commission with information on methods of recognizing victims of  
36 human trafficking, what services are available for these victims, and  
37 where to report potential trafficking situations. The information  
38 supplied must be culturally sensitive and must include information  
39 relating to minor victims. The commission shall disseminate this

1 information to licensees by: Providing the information on the  
2 commission's website; including the information in newsletters;  
3 holding trainings at meetings attended by organization members; or  
4 another distribution method determined by the commission. The  
5 commission shall report to the office of crime victims advocacy on  
6 the method or methods it uses to distribute information under this  
7 subsection.

8 (3) The commission, in its sole discretion, may permit an  
9 applicant who has not renewed his or her license to be licensed  
10 without examination if it is satisfied that such applicant meets all  
11 the requirements for licensure in this state, and is competent to  
12 engage in the practice of medicine.

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