

(e) Coordination with work release programs established pursuant to chapter 72.65 RCW.

Passed the House May 2, 1979.

Passed the Senate April 19, 1979.

Approved by the Governor May 11, 1979.

Filed in Office of Secretary of State May 11, 1979.

CHAPTER 161

[Substitute House Bill No. 249]

STATE HEALTH PLANNING AND RESOURCES DEVELOPMENT ACT

AN ACT Relating to health care and implementing The National Health Planning and Resources Development Act of 1974, Public Law 93-641; adding new sections to chapter 70.38 RCW; repealing sections 2 through 5, chapter 198, Laws of 1971 ex. sess. and RCW 70.38.010 through 70.38.040; repealing section 6, chapter 198, Laws of 1971 ex. sess., section 158, chapter 34, Laws of 1975-76 2nd ex. sess. and RCW 70.38.050; repealing sections 7 through 22, chapter 198, Laws of 1971 ex. sess. and RCW 70.38.060 through 70.38.210; repealing section 23, chapter 198, Laws of 1971 ex. sess. and RCW 70.38.900; and providing an effective date.

Be it enacted by the Legislature of the State of Washington:

NEW SECTION. Section 1. In consideration of the findings made and national health priorities declared by the congress in the National Health Planning and Resources Development Act of 1974, Public Law 93-641, it is declared to be the public policy of this state:

(1) That planning for promoting, maintaining, and assuring a high level of health for all citizens of the state, and for the provision of health services, health manpower, health facilities, and other resources is essential to the health, safety, and welfare of the people of the state. Such planning is necessary on both a state-wide and regional basis and must maintain responsiveness to changing health and social needs and conditions. The marshaling of all health resources to assure the quality and availability of health services to every person must be the goal of such planning, which must likewise assure optimum efficiency, effectiveness, equity, coordination, and economy in development and implementation to reach that goal;

(2) That the development and offering of new institutional health services should be accomplished in a manner which is orderly, timely, economical, and consistent with the effective development of necessary and adequate means of providing quality health care for persons to be served by such facilities without unnecessary duplication or fragmentation of such facilities;

(3) That the development of health resources, including the construction, modernization, and conversion of health facilities, should be accomplished in a planned, orderly fashion, consistent with identified priorities; and

(4) That the development and maintenance of adequate health care information and statistics essential to effective health planning and resources development be accomplished.

NEW SECTION, Sec. 2. When used in this chapter, the terms defined in this section shall have the meanings indicated.

(1) "Annual implementation plan" means a description of objectives which will achieve goals of the health systems plan and specific priorities among the objectives. The annual implementation plan is for a one-year period and must be reviewed and amended as necessary on an annual basis.

(2) "Board of health" means the state board of health created pursuant to chapter 43.20 RCW.

(3) "Capital expenditure" is an expenditure, including a force account expenditure (i.e., an expenditure for a construction project undertaken by a facility as its own contractor) which, under generally accepted accounting principles, is not properly chargeable as an expense of operation or maintenance. Where a person makes an acquisition under lease or comparable arrangement, or through donation, which would have required review if the acquisition had been made by purchase, such expenditure shall be deemed a capital expenditure.

(4) "Council" means the state health coordinating council created in section 5 of this act and described in Public Law 93-641.

(5) "Department" means the state department of social and health services.

(6) "Health care facility" means hospitals, psychiatric hospitals, tuberculosis hospitals, nursing homes, kidney disease treatment centers, ambulatory surgical facilities, and home health agencies, and includes such facilities when owned and operated by the state or by a political subdivision or instrumentality of the state and such other facilities as required by Public Law 93-641 and implementing regulations, but does not include Christian Science sanitoriums operated, listed, or certified by the First Church of Christ Scientist, Boston, Massachusetts.

(7) "Health maintenance organization" means an entity as defined in Public Law 93-641 and, in addition, any organization defined under RCW 48.46.020(1).

(8) "Health services" means clinically related (i.e., preventive, diagnostic, curative, rehabilitative, or palliative) services and includes alcoholism, drug abuse, and mental health services and as defined in Public Law 93-641.

(9) "Health systems agency" means a public regional planning body or a private nonprofit corporation which is organized and operated in a manner that is consistent with the laws of the state of Washington and Public Law 93-641 and which is capable of performing each of the functions described in section 8 of this act and is capable as determined by the secretary of the

United States department of health, education and welfare, upon recommendation of the governor, of performing each of the functions described in the federal law.

(10) "Health systems plan" means a detailed statement of goals and resources required to reach those goals as described in Public Law 93-641. Goals describe a healthful environment and health systems in the health service area which, when developed, will assure that quality health services will be available and accessible in a manner which assures continuity of care, at reasonable cost, for all residents of the area; are responsive to the unique needs and resources of the health service area; and take into account national guidelines for health planning policy and state-wide health needs and priorities. The health systems plan is for a period longer than one year and must be reviewed and amended as necessary on an annual basis.

(11) "Institutional health services" means health services provided in or through health care facilities and health maintenance organizations and includes the entities in or through which such services are provided as defined in Public Law 93-641.

(12) "Long-range health facility plan" means a document prepared by each hospital which contains a description of its plans for substantial changes in its facilities and services for three years.

(13) "Person" means an individual, a trust or estate, a partnership, a corporation (including associations, joint stock companies, and insurance companies), the state, or a political subdivision or instrumentality of the state, including a municipal corporation or a hospital district.

(14) "Provider" generally means a health care professional or an organization, institution, or other entity providing health care but the precise definition for this term shall be in accord with Public Law 93-641.

(15) "State health plan" means a document, described in Public Law 93-641, developed by the department, and approved by the state health coordinating council which recommends priorities for changes in the health system of the state to achieve the desired health status of the citizens of the state and describes the relationship of these priorities to national health priorities and to the priorities of the health systems agencies of the state as set forth in their health systems plans.

(16) "State medical facilities plan" means a public document, described in Public Law 93-641, which sets forth: The number and type of medical facility beds and medical facilities needed to provide adequate inpatient care to people residing in the state and a plan for the distribution of such beds and facilities throughout the state; the number and type of outpatient and other medical facilities needed to provide adequate public health services and outpatient care to people residing in the state; and a plan for the distribution of such facilities throughout the state and the extent to which

existing medical facilities in the state are in need of modernization or conversion, or construction of new facilities is indicated, and the priorities for such modernization, conversion, or construction projects.

NEW SECTION. Sec. 3. The department is designated, as the state health planning and development agency, as the sole and official agency of the state to administer and supervise the administration of the state responsibilities pursuant to The National Health Planning and Resources Development Act of 1974, Public Law 93-641, and rules and regulations promulgated thereunder. The department is designated as the agency of this state to accept, receive, retain, and administer federal funds made pursuant to the provisions of Public Law 93-641. Nothing in this chapter shall be construed to affect the authority of the state hospital commission pursuant to chapter 70.39 RCW.

NEW SECTION. Sec. 4. The department is authorized and empowered to exercise such duties and powers as are prescribed for state health planning and development agencies in Public Law 93-641, including but not limited to the following:

(1) Conduct health planning activities, and implement the state health plan and the plans of the health systems agencies within the state which relate to the government of the state;

(2) Prepare and review and revise as necessary a preliminary state health plan to be submitted to the council for approval or disapproval and for use in developing the state plan;

(3) Assist the council in the review of the state medical facilities plan and in the performance of its functions generally;

(4) Serve as the designated planning agency of the state for the purposes of section 1122 of the Social Security Act, if the department maintains an agreement with the secretary, United States department of health, education and welfare pursuant to section 1122 of Public Law 92-603, and administer a state certificate of need program as provided in sections 10, 11, and 12 of this act;

(5) After consideration of recommendations submitted by the health systems agencies respecting new institutional health services proposed to be offered within the state, make findings as to the need for such services;

(6) Review on a periodic basis, not less than every five years, all institutional health services being offered in the state and, after consideration of recommendations submitted by health systems agencies respecting the appropriateness of such services, make public its findings.

NEW SECTION. Sec. 5. (1) There is established a state health coordinating council.

(2) The council shall be composed of members who shall be appointed by the governor in accordance with the provisions of Public Law 93-641

and shall be considered appointed officials for whom compliance with section 1, chapter 104, Laws of 1975-'76 2nd ex. sess., (Ref. Bill No. 36), RCW 42.17.240, is required.

(3) The council shall, in addition to the appointed members, include as nonvoting, ex officio members the chairpersons of the house and senate committees on social and health services, the secretary of the department, the chairman of the hospital commission, or their designees, and an individual whom the chief medical director of the veterans administration shall have designated as a representative of the veterans administration who shall be a voting member.

(4) The council shall have a chairperson designated in a manner consistent with Public Law 93-641.

(5) The council shall conduct all of its business meetings in public pursuant to the "Open Public Meetings Act of 1971", chapter 42.30 RCW, and shall meet at least once in each calendar quarter of a year. Books and records of the council shall be subject to public disclosure in accordance with RCW 42.17.250 through 42.17.340.

(6) Members of the council shall serve without pay, but shall be entitled to reimbursement for travel expenses incurred as provided in RCW 43.03-.050 and 43.03.060.

(7) The governor shall have the power to stagger the terms of the members so that one-third thereof may be appointed for an original term of one year, one-third for an original term of two years, and one-third for an original term of three years, with all subsequent appointments to be for terms of three years.

NEW SECTION. Sec. 6. The council is authorized and empowered to exercise such duties and powers as are required for state-wide health coordinating councils in P.L. 93-641, including but not limited to the following:

(1) Review annually and coordinate the health systems plan and annual implementation plan of each health systems agency and report to the secretary of health, education and welfare its comments;

(2) Prepare and review and revise as necessary, at least annually, a state health plan which shall be made up of the health systems plans of the health systems agencies and which plan may, as found necessary by the state health coordinating council, contain revisions of such health systems plans to achieve their appropriate coordination or to deal more effectively with state-wide health needs;

(3) Review annually the budget of each health systems agency and report to the secretary of the United States department of health, education and welfare its comments on such budget;

(4) Review applications submitted by the health systems agencies for planning and development grants, and report to the secretary of the United States department of health, education and welfare its comments;

(5) Advise the department generally on the performance of its functions; and

(6) Perform such duties in connection with the state health plan as may be required as a condition to the receipt of federal funds.

NEW SECTION. Sec. 7. The department is authorized and directed to prepare and administer a state medical facilities plan to comply with Public Law 93-641 and is empowered to take such action as might be required in the development and administration of such plan and the performance of state agency functions necessary to ensure that each entity which receives or has received financial assistance under Title XVI or Title VI of the Public Health Service Act complies with the assurances required to be made at the time such financial assistance was received. The state medical facilities plan shall be approved by the state health coordinating council as consistent with the state health plan.

NEW SECTION. Sec. 8. There shall be established in accordance with Public Law 93-641, and implementing regulations, health service areas within the state and health systems agencies organized and established in accordance with such law.

Each health systems agency shall have as its primary responsibility the provision of effective health planning for its health service area and the promotion of the development within the area of health services, manpower, and facilities which meet identified needs, reduce documented inefficiencies, and implement the health plans of the agencies which shall include all classes of health care practitioners. To meet its primary responsibility, a health systems agency shall carry out such functions as are prescribed for health systems agencies in Public Law 93-641, including but not limited to the following functions:

(1) Assemble and analyze data concerning: The status and its determinants of the health of the residents of its health service area; the status of the health care delivery system in the area and the use of that system by the residents of the area; the effect which the area's health care delivery system has on the health of the residents of the area; the number, type, and location of the area's health resources including health services, manpower, and facilities; the patterns of utilization of the area's health resources; and the environmental and occupational exposure factors affecting immediate and long-term health conditions;

(2) Establish, annually review, and amend as necessary a health systems plan;

(3) Establish, annually review, and amend as necessary an annual implementation plan which describes objectives which will achieve the goals of the health systems plan and priorities among the objectives;

(4) Develop and publish specific plans and projects for achieving the objectives of the annual implementation plan;

(5) Review and make recommendations to the department respecting the need for new institutional health services proposed to be offered or developed in the health service area of such health systems agency;

(6) Review on a periodic basis, at least every five years, all institutional health services offered in the health service area of the agency and make recommendations to the department respecting the appropriateness of such services in the area;

(7) Recommend annually to the department projects for the modernization, construction, and conversion of medical facilities in the agency's health service area—which projects will achieve the health systems plan and annual implementation plan of the health systems agency and the priorities among such projects; and

(8) Seek the assistance of individuals and public and private entities in the health service area, to the extent practicable, in implementing the health systems plan and annual implementation plan.

NEW SECTION. Sec. 9. Public accessibility to records shall be accorded by health systems agencies pursuant to Public Law 93-641 and RCW 42.17.250 through 42.17.340. A health systems agency shall be considered a "public agency" for the sole purpose of complying with the "Open Public Meetings Act of 1971", chapter 42.30 RCW.

NEW SECTION. Sec. 10. (1) The department is authorized and directed to implement the certificate of need program in this state pursuant to the provisions of this chapter.

(2) There shall be a state certificate of need program which is consistent with the provisions of Public Law 93-641.

(3) No person shall offer or develop a new institutional health service, or undertake expenditures in preparation for such offering or development, unless a certificate of need authorizing such new institutional health services has been issued.

(4) New institutional health services subject to review under this chapter shall include:

(a) The construction, development, or other establishment of a new health care facility or health maintenance organization;

(b) Any expenditure by or on behalf of a health care facility or health maintenance organization in excess of one hundred and fifty thousand dollars which under generally accepted accounting principles consistently applied is a capital expenditure, excluding expenditures for site acquisition, acquisition of existing acute care health facilities, health maintenance organizations, or expenditures solely for the termination or reduction of beds or of a health service;

(c) A change in bed capacity of a health care facility or health maintenance organization which increases the total number of licensed beds or redistributes beds among facility and service categories of acute care, skilled

nursing, intermediate care, and boarding home care if the bed redistribution is to be effective for a period in excess of six months;

(d) Any new health services which are offered in or through a health care facility or health maintenance organization, and which were not offered on a regular basis by, in, or through such health care facility or health maintenance organization within the twelve-month period prior to the time such services would be offered; and

(e) Any expenditure by or on behalf of a health care facility or health maintenance organization in excess of one hundred and fifty thousand dollars made in preparation for the offering or development of a new institutional service and any arrangement or commitment made for financing the offering or development of the new institutional health service. Expenditures of preparation for the offering of a new institutional health service shall include expenditures for architectural designs, plans, working drawings, and specifications. The department may issue certificates of need permitting predevelopment expenditures only, without authorizing the development or offering of new institutional health services with respect to which such predevelopment expenditures are made.

(5) No person may divide a project in order to avoid review requirements under any of the thresholds specified in this section.

(6) Notwithstanding any other provision of this section, prior to October 1, 1980, new institutional health services of health maintenance organizations shall include only those services which are provided in or through a health care facility owned, operated, or otherwise utilized by the health maintenance organization.

NEW SECTION. Sec. 11. (1) Certificates of need shall be issued, denied, suspended, or revoked by the secretary of the department, or his designee, in accord with the provisions of this chapter and rules and regulations proposed by the department and adopted by the board of health pursuant to this chapter. Rules and regulations shall establish review procedures and criteria for the certificate of need program.

(2) Criteria for the review of certificate of need applications shall include but not be limited to consideration of the following:

(a) The relationship of the health services being reviewed to the applicable health plans;

(b) The relationship of services reviewed to the long-range development plan, if any, of the persons providing or proposing such services;

(c) The need that the population served or to be served by such services has for such services;

(d) The availability of less costly or more effective alternative methods of providing such services;

(e) The immediate and the long-range financial feasibility of the proposal as well as the probable impact of the proposal on the cost of and

charges for providing health services by the persons proposing the new institutional health service, including findings and recommendations of the Washington state hospital commission in the case of applications submitted by hospitals;

(f) The relationship of the services proposed to be provided to the existing health care system of the area in which such services are proposed to be provided;

(g) The availability of resources including health manpower, management personnel, and funds for capital and operating needs for the provision of the services and the availability of alternative uses of such resources for the provision of other health services;

(h) The relationship, including the organizational relationship, of the health services proposed to be provided to ancillary and support services;

(i) Special needs and circumstances of those entities which provide a substantial portion of their services or resources, or both, to individuals not residing in the health service areas in which the entities are located or in adjacent health service areas;

(j) The special needs and circumstances of health maintenance organizations and the enrolled participants for whom the health maintenance organization has a contractual obligation to serve or may reasonably be expected to serve in the future. In order to permit health maintenance organizations to plan on the basis of enrolled participants rather than a geographical service area, health maintenance organization projects shall be evaluated on the basis of cost-effectiveness to the enrolled participants of the health maintenance organization: PROVIDED HOWEVER, That consideration of a new institutional health service proposed by a health maintenance organization shall also address the availability and cost of obtaining the proposed new institutional health services from the existing providers in the area;

(k) The special needs and circumstances of biomedical and behavioral research projects which are designed to meet a national need and for which local conditions offer special advantages;

(l) In the case of a construction project, the costs and methods of the proposed construction, including the cost and methods of energy provision, and the probable impact of the construction project reviewed on the cost of providing health services by the person proposing such construction project; and

(m) The special needs and circumstances of osteopathic hospitals and nonallopathic services.

(3) When a hospital has developed a long-range health facility plan, pursuant to section 14 of this act, and the proposed new institutional health service is consistent with such plan, an expedited review process shall be instituted by the department as it has been done since the enactment of chapter 70.38 RCW in 1971.

(4) The department in making its final decision may issue a conditional certificate of need if it finds that the project is justified only under specific circumstances. The conditions may be released if it can be substantiated that the conditions are no longer valid and the release of such conditions would be consistent with the purposes of this chapter.

(5) Criteria adopted for review in accordance with subsection (2) of this section may vary according to the purpose for which the particular review is being conducted or the type of health service reviewed.

(6) Any applicant denied a certificate of need or whose certificate of need has been suspended or revoked shall be afforded an opportunity for administrative review in accordance with chapter 34.04 RCW and a hearing shall be held within one hundred twenty days of a request therefor.

NEW SECTION. Sec. 12. (1) A certificate of need shall be valid for two years: PROVIDED, That one six-month extension may be made if it can be substantiated that substantial and continuing progress toward commencement of the project has been made as defined by regulations to be adopted pursuant to this chapter.

(2) A project for which a certificate of need has been issued shall be commenced during the validity period for the certificate of need.

(3) The department, in cooperation with the health systems agencies established in the state under the provision of Public Law 93-641, and the hospital commission, in the case of hospital projects, shall monitor the costs and components of approved projects to assure conformance with certificates of need that have been issued. Rules and regulations adopted shall specify when changes in the cost or components of a project require reevaluation of the project. The department may require applicants to submit periodic progress reports on approved projects or other information as may be necessary to effectuate its monitoring responsibilities.

(4) The secretary of the department, in the case of a new health facility, shall not issue any license, and the insurance commissioner, in the case of a new health maintenance organization, shall not issue any certificate of registration, unless and until a prior certificate of need shall have been issued by the department for the offering or development of such new health facility or new health maintenance organization respectively.

(5) Any person who offers or develops a new institutional health service without first being granted a certificate of need by the secretary of the department shall be liable to the state in an amount not to exceed one hundred dollars a day for each day of such unauthorized offering or development. Such amounts of money shall be recoverable in an action brought by the attorney general on behalf of the state in the superior court of any county in which the unauthorized offering or development occurred. Any amounts of money so recovered by the attorney general shall be deposited in the state general fund.

(6) The department may bring any action to enjoin a violation or the threatened violation of the provisions of this chapter or any rules and regulations adopted pursuant to this chapter, or may bring any legal proceeding authorized by law, including but not limited to the special proceedings authorized in Title 7 RCW, in the superior court in the county in which such violation occurs or is about to occur, or in the superior court of Thurston county.

NEW SECTION. Sec. 13. (1) The secretary of the department shall have authority to:

(a) Provide when needed temporary or intermittent services of experts or consultants or organizations thereof, by contract, when such services are to be performed on a part time or fee-for-service basis; and

(b) Make or cause to be made such on-site surveys of health care or medical facilities as may be necessary to the development of the state health plan and state medical facilities plan and the administration of the certificate of need program.

(2) Upon recommendation of the department the board of health shall have authority to:

(a) Promulgate and enforce rules and regulations under which providers doing business with the state shall submit to the department such data related to health and health care as the department finds necessary to the performance of its functions under this chapter;

(b) Promulgate rules and regulations pertaining to the maintenance and operation of medical facilities which receive federal assistance under the provisions of Title XVI;

(c) Promulgate rules and regulations in implementation of the provisions of this chapter, including the establishment of procedures for public hearings for predecisions and post-decisions on applications for certificate of need.

NEW SECTION. Sec. 14. (1) Long-range health facility plans shall be filed with the appropriate health systems agency effective January 1, 1984. In order to ensure a streamlined planning process with the minimum of duplication, a common form for such plan shall be developed by the department, in cooperation with the health systems agencies and the Washington state hospital commission, which shall also be utilized as the three-year capital expenditure plan required by the hospital commission.

(2) The health systems agency shall review all such health facility plans in its area, identify any significant inconsistencies with the health systems plan for that area, and assist hospitals to cooperatively resolve inconsistencies among their plans and the health systems plan.

(3) An expedited certificate of need review shall be conducted by the department when:

(a) Long-range health facility plans have been developed in accordance with the requirements of this section; and

(b) When an application for a certificate of need has been found to be consistent with the applicant's long-range health facility plan and the applicable health systems plan, annual implementation plan, state health plan, and state medical facilities plan; and

(c) When there has not been a significant change, since the long-range health facility plan was approved, in existing health facilities of the same type or in the need for such health facilities and services.

NEW SECTION. Sec. 15. The enactment of this chapter shall not have the effect of terminating, or in any way modifying the validity of any certificate of need which shall already have been issued prior to the effective date of this act.

NEW SECTION. Sec. 16. In any case where the provisions of this chapter may directly conflict with provisions of Public Law 93-641 or any amendments thereto, or regulations promulgated thereunder, the provisions of Public Law 93-641 shall supersede and be paramount.

NEW SECTION. Sec. 17. If any provision of this act, or its application to any person or circumstance is held invalid, the remainder of the act, or the application of the provision to other persons or circumstances is not affected.

NEW SECTION. Sec. 18. Sections 1 through 16 of this act shall be added to chapter 70.38 RCW.

NEW SECTION. Sec. 19. (1) Sections 10, 11, 12, and 21 shall take effect on January 1, 1980.

(2) Any certificate of need application which was submitted and declared complete, but upon which final action had not been taken prior to January 1, 1980, shall be reviewed and action taken based on chapter 70.38 RCW, as in effect prior to the effective date of this 1979 act, and the regulations adopted thereunder.

NEW SECTION. Sec. 20. The following acts or parts of acts are each repealed:

- (1) Section 2, chapter 198, Laws of 1971 ex. sess. and RCW 70.38.010;
- (2) Sections 4 and 5, chapter 198, Laws of 1971 ex. sess. and RCW 70.38.030 and 70.38.040;
- (3) Section 6, chapter 198, Laws of 1971 ex. sess., section 158, chapter 34, Laws of 1975-'76 2nd ex. sess. and RCW 70.38.050;
- (4) Sections 7 through 11, chapter 198, Laws of 1971 ex. sess. and RCW 70.38.060 through 70.38.100;
- (5) Section 21, chapter 198, Laws of 1971 ex. sess. and RCW 70.38.200; and
- (6) Section 23, chapter 198, Laws of 1971 ex. sess. and RCW 70.38.900.

NEW SECTION. Sec. 21. The following acts or parts of acts are each repealed:

- (1) Section 3, chapter 198, Laws of 1971 ex. sess. and RCW 70.38.020;
- (2) Sections 12 through 20, chapter 198, Laws of 1971 ex. sess. and RCW 70.38.110 through 70.38.190; and
- (3) Section 22, chapter 198, Laws of 1971 ex. sess. and RCW 70.38.210.

NEW SECTION. Sec. 22. This act may be cited as the "State Health Planning and Resources Development Act".

Passed the House April 27, 1979.
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CHAPTER 162

[Substitute House Bill No. 262]

DEATH CERTIFICATE—ATTENDING PHYSICIAN'S OR HEALTH OFFICIAL'S SIGNATURE—FEDERAL STANDARDS

AN ACT Relating to vital statistics; amending section 2, chapter 159, Laws of 1945 as amended by section 13, chapter 5, Laws of 1961 ex. sess. and RCW 70.58.170; and amending section 6, chapter 159, Laws of 1945 as last amended by section 39, chapter 42, Laws of 1975-'76 2nd ex. sess. and RCW 70.58.200.

Be it enacted by the Legislature of the State of Washington:

Section 1. Section 2, chapter 159, Laws of 1945 as amended by section 13, chapter 5, Laws of 1961 ex. sess. and RCW 70.58.170 are each amended to read as follows:

The funeral director or person in charge of interment shall file the certificate of death or fetal death. In preparing such certificate, the funeral director or person in charge of interment shall obtain and enter on the certificate such personal data as the certificate requires from the person or persons best qualified to supply them. He shall present the certificate of death to the physician last in attendance upon the deceased, or, if the deceased died without medical attendance, to the health officer, coroner, or prosecuting attorney having jurisdiction, who shall thereupon certify the cause of death according to his best knowledge and belief and shall sign the certificate of death or fetal death within two days after being presented with the certificate unless good cause for not signing the certificate within the two days can be established. He shall present the certificate of fetal death to the physician, midwife, or other person in attendance at the fetal death, who shall certify the fetal death and such medical data pertaining thereto as he can furnish.