



RULE-MAKING ORDER PERMANENT RULE ONLY

CR-103P (December 2017) (Implements RCW 34.05.360)

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STATE OF WASHINGTON
FILED

DATE: April 06, 2022

TIME: 4:05 PM

WSR 22-09-002

Agency: Department of Health

Effective date of rule:

Permanent Rules

31 days after filing.

Other (specify) 10/01/2022 (If less than 31 days after filing, a specific finding under RCW 34.05.380(3) is required and should be stated below)

Any other findings required by other provisions of law as precondition to adoption or effectiveness of rule?

Yes No If Yes, explain: House Bill 1031 (Chapter 55, Laws of 2021), which created a new certification of birth resulting in stillbirth, becomes effective on October 1, 2022. This rule is necessary to implement the law.

Purpose: Chapter 246-491 WAC, Certificates, and WAC 246-490-200, Electronic reporting of deaths. The Department of Health adopted rules that amended chapter 246-491 WAC, Certificates, to prescribe the information displayed on the certification of birth resulting in stillbirth, add the certification of birth resulting in stillbirth to existing requirements for a person to prove eligibility to obtain the certification, and make necessary editorial changes. WAC 246-490-200, Electronic reporting of deaths, is amended to remove the exclusion of electronic registration of fetal deaths.

Citation of rules affected by this order:

New: None

Repealed: None

Amended: WAC 246-490-200, 246-491-159, 246-491-300, 246-491-310, 246-491-320, 246-491-330

Suspended: None

Statutory authority for adoption: House Bill 1031 (Chapter 55, Laws of 2021)

Other authority: Chapter 70.58A RCW

PERMANENT RULE (Including Expedited Rule Making)

Adopted under notice filed as WSR 22-04-093 on 02/01/2022 (date).

Describe any changes other than editing from proposed to adopted version: None.

If a preliminary cost-benefit analysis was prepared under RCW 34.05.328, a final cost-benefit analysis is available by contacting:

Name: Katitza Holthaus

Address: Department of Health, Center for Health Statistics, PO Box 47814, Olympia, WA 98504

Phone: 360-236-4311

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Email: vitalrecordsrules@doh.wa.gov

Web site: www.doh.wa.gov

Other:

**Note: If any category is left blank, it will be calculated as zero.
No descriptive text.**

**Count by whole WAC sections only, from the WAC number through the history note.
A section may be counted in more than one category.**

The number of sections adopted in order to comply with:

Federal statute:	New	<u>0</u>	Amended	<u>0</u>	Repealed	<u>0</u>
Federal rules or standards:	New	<u>0</u>	Amended	<u>0</u>	Repealed	<u>0</u>
Recently enacted state statutes:	New	<u>0</u>	Amended	<u>5</u>	Repealed	<u>0</u>

The number of sections adopted at the request of a nongovernmental entity:

New	<u>0</u>	Amended	<u>0</u>	Repealed	<u>0</u>
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The number of sections adopted in the agency's own initiative:

New	<u>0</u>	Amended	<u>0</u>	Repealed	<u>0</u>
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The number of sections adopted in order to clarify, streamline, or reform agency procedures:

New	<u>0</u>	Amended	<u>6</u>	Repealed	<u>0</u>
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The number of sections adopted using:

Negotiated rule making:	New	<u>0</u>	Amended	<u>0</u>	Repealed	<u>0</u>
Pilot rule making:	New	<u>0</u>	Amended	<u>0</u>	Repealed	<u>0</u>
Other alternative rule making:	New	<u>0</u>	Amended	<u>6</u>	Repealed	<u>0</u>

Date Adopted: 04/06/2022

Name: Kristin Peterson, JD for Umair A. Shah, MD, MPH

Title: Deputy Secretary, Policy and Planning for Secretary of Health

Signature:



AMENDATORY SECTION (Amending WSR 17-22-073, filed 10/27/17, effective 1/1/18)

WAC 246-490-200 Electronic reporting of deaths. (1) Except as otherwise provided in subsection (2) of this section, all deaths that occur in Washington state (~~, excluding fetal deaths,~~) must be reported electronically using the format and system prescribed by the state registrar.

(2) All fetal deaths that occur in Washington state must be reported using the format and system prescribed by the state registrar. Persons required to report fetal deaths must use the electronic system prescribed by the state registrar once the department makes available an electronic format for registering fetal deaths.

AMENDATORY SECTION (Amending WSR 20-13-017, filed 6/5/20, effective 1/1/21)

WAC 246-491-159 Items on birth and death certifications and informational copies. Certifications and informational copies of birth and death records issued from the state vital records system must contain only items in accordance with this section.

(1) Unless the items are not available or were not collected at the time of birth registration, certifications of birth, certifications of delayed birth, and informational copies of birth and delayed births will display only the following items:

Vital Record Item	Certification of Birth and Informational Birth Copy	Certification of Delayed Birth and Informational Delayed Birth Copy
State file number	Yes	Yes
Date certificate issued	Yes	Yes
First and middle name(s) of subject of the record	Yes	Yes
Last name(s) of subject of the record	Yes	Yes
Date of birth of subject of the record	Yes	Yes
Facility born	Yes	Yes
Place of birth (city, county, state)	Yes	Yes
Time of birth	Yes	Yes
Sex	Yes	Yes
Mother/parent's name prior to first marriage	Yes	Yes
Mother/parent's place of birth	Yes	Yes
Mother/parent's date of birth or age at the time of child's birth	Yes	Yes
Father/parent's current legal name	Yes	Yes
Father/parent's place of birth	Yes	Yes
Father/parent's date of birth or age at the time of child's birth	Yes	Yes
Evidence required by RCW 70.58A.120, 70.58A.130, and WAC 246-490-081	No	Yes
Date record filed	Yes	Yes
Fee number	Yes	Yes
Signature of applicant	No	Yes

(2) (a) For deaths registered starting January 1, 2018, long form certifications of death, short form certifications of death, and informational copies of death will display only the following items:

Vital Record Item	Long Form Certification of Death	Short Form Certification of Death	Informational Copy of Death
State file number	Yes	Yes	Yes
Date certificate issued	Yes	Yes	Yes
Fee number	Yes	Yes	Yes
Decedent's legal first and middle name(s)	Yes	Yes	Yes
Decedent's last name(s)	Yes	Yes	Yes
County of death	Yes	Yes	Yes
Date of death	Yes	Yes	Yes

Vital Record Item	Long Form Certification of Death	Short Form Certification of Death	Informational Copy of Death
Hour of death	Yes	Yes	Yes
Sex	Yes	Yes	Yes
Age	Yes	Yes	Yes
Social Security number	Yes	No	No
Place of death	Yes	Yes	Yes
Facility or address of death	Yes	Yes	Yes
City, state, zip	Yes	Yes	Yes
Hispanic origin	Yes	Yes	Yes
Race	Yes	Yes	Yes
Residence street	Yes	Yes	Yes
Residence city, state, zip	Yes	Yes	Yes
Residence county	Yes	Yes	Yes
Is residence inside city limits?	Yes	Yes	Yes
Tribal reservation	Yes	Yes	Yes
Length of time at residence	Yes	Yes	Yes
Birth date	Yes	Yes	Yes
Birthplace	Yes	Yes	Yes
Father/parent name	Yes	Yes	Yes
Mother/parent name	Yes	Yes	Yes
((Marital)) <u>Marital</u> status	Yes	Yes	Yes
Spouse	Yes	Yes	Yes
Method of disposition of remains	Yes	Yes	Yes
Place of disposition of remains	Yes	Yes	Yes
City, state of disposition of remains	Yes	Yes	Yes
Disposition date of remains	Yes	Yes	Yes
Occupation	Yes	Yes	Yes
Industry	Yes	Yes	Yes
Education	Yes	Yes	Yes
U.S. Armed Forces	Yes	Yes	Yes
Informant name	Yes	Yes	Yes
Informant's relationship to decedent	Yes	Yes	Yes
Informant's address	Yes	Yes	Yes
Funeral facility	Yes	Yes	Yes
Funeral facility address	Yes	Yes	Yes
Funeral facility city, state, zip	Yes	Yes	Yes
Funeral director name	Yes	Yes	Yes
Cause of death (A, B, C, and D)	Yes	No	No
Other conditions contributing to death	Yes	No	No
Date of injury	Yes	No	No
Hour of injury	Yes	No	No
Injury at work	Yes	No	No
Place of injury	Yes	No	No
Location of injury	Yes	No	No
City, state, zip of injury	Yes	No	No
County of injury	Yes	No	No

Vital Record Item	Long Form Certification of Death	Short Form Certification of Death	Informational Copy of Death
Describe how the injury occurred	Yes	No	No
If transportation injury, specify	Yes	No	No
Manner of death	Yes	No	No
Autopsy	Yes	No	No
Were autopsy findings available to complete cause of death?	Yes	No	No
Did tobacco use contribute to death?	Yes	No	No
Pregnancy status if female	Yes	No	No
Certifier name	Yes	No	No
Certifier title	Yes	No	No
Certifier address	Yes	No	No
Certifier city, state, zip	Yes	No	No
Date signed by certifier	Yes	No	No
Case referred to ME/coroner?	Yes	No	No
File number	Yes	No	No
Attending physician	Yes	No	No
Local deputy registrar	Yes	Yes	Yes
Date received by local deputy registrar	Yes	Yes	Yes

(b) For deaths registered before January 1, 2018, long form certifications of death will contain only the vital record items as indicated for long form certification in (a) of this subsection if such vital record items are available or were collected at the time of death registration.

(c) For deaths registered before January 1, 2018, informational copies of death will contain only the vital record items as indicated for informational death copy in (a) of this subsection if such vital record items are available or were collected at the time of death registration.

(d) The short form certification of death is not available for deaths registered before January 1, 2018.

(3) (a) Certification of fetal death and certification of birth resulting in stillbirth will display only the following items:

((Vital Record Item
Local file number
State file number
Name of fetus (first, middle, last, suffix)
Sex
Date of delivery
Time of delivery
Type of birthplace
Planned birthplace, if different
Name of facility
Facility I.D.
City, town, or location of delivery
Zip code of delivery
County of delivery
Mother's name before first marriage (first, middle, last)

((Vital Record Item
Mother's date of birth
Mother's current legal last name, if different
Mother's birthplace (state, territory, or foreign country)
Mother's residence – Number and street
Mother's residence – Apt no.
Mother's residence – City or town
Mother's residence – County
If you live on tribal reservation, give name
State or foreign country
Zip code +4
Mother's residence inside city limits
How long at current residence?
Name and title of person completing cause of death
Signature of person completing cause of death
Date signed by person completing cause of death
Name and title of person delivering the fetus
NPI of person delivering the fetus
Method of disposition
Date of disposition
Place of disposition
Disposition location – City/town, and state
Name and complete address of funeral facility
Funeral director signature
Initiating cause/condition
Other significant causes or conditions
Estimated time of fetal death
Was an autopsy performed?
Was a histological placental examination performed?
Registrar signature
Date received by local registrar))

<u>Vital Record Item</u>	<u>Certification of Fetal Death</u>	<u>Certification of Birth Resulting in Stillbirth</u>
<u>State file number</u>	<u>Yes</u>	<u>Yes</u>
<u>Date certificate issued</u>	<u>Yes</u>	<u>Yes</u>
<u>First and middle name(s) of fetus</u>	<u>Yes</u>	<u>Yes</u>
<u>Last name(s) of fetus</u>	<u>Yes</u>	<u>Yes</u>
<u>Sex</u>	<u>Yes</u>	<u>Yes</u>
<u>Date and time of delivery</u>	<u>Yes</u>	<u>Yes</u>
<u>Place of delivery (city, county, state)</u>	<u>Yes</u>	<u>Yes</u>
<u>Name of facility</u>	<u>Yes</u>	<u>Yes</u>
<u>Mother/parent's name prior to first marriage</u>	<u>Yes</u>	<u>Yes</u>
<u>Mother/parent's place of birth</u>	<u>Yes</u>	<u>Yes</u>
<u>Mother/parent's date of birth or age at the time of the delivery</u>	<u>Yes</u>	<u>Yes</u>
<u>Father/parent's current legal name</u>	<u>Yes</u>	<u>Yes</u>
<u>Father/parent's place of birth</u>	<u>Yes</u>	<u>Yes</u>

<u>Vital Record Item</u>	<u>Certification of Fetal Death</u>	<u>Certification of Birth Resulting in Stillbirth</u>
<u>Father/parent's date of birth or age at the time of the delivery</u>	<u>Yes</u>	<u>Yes</u>
<u>Name and title of person completing cause of death</u>	<u>Yes</u>	<u>No</u>
<u>Date signed by person completing cause of death</u>	<u>Yes</u>	<u>No</u>
<u>Name and title of person delivering the fetus</u>	<u>Yes</u>	<u>No</u>
<u>Method of disposition</u>	<u>Yes</u>	
<u>Date of disposition</u>	<u>Yes</u>	<u>No</u>
<u>Place of disposition</u>	<u>Yes</u>	<u>No</u>
<u>Disposition location – City/town, and state</u>	<u>Yes</u>	<u>No</u>
<u>Funeral facility name</u>	<u>Yes</u>	<u>No</u>
<u>Funeral facility address</u>	<u>Yes</u>	<u>No</u>
<u>Funeral director name</u>	<u>Yes</u>	<u>No</u>
<u>Initiating cause/condition</u>	<u>Yes</u>	<u>No</u>
<u>Other significant causes or conditions</u>	<u>Yes</u>	<u>No</u>
<u>Estimated time of fetal death</u>	<u>Yes</u>	<u>No</u>
<u>Was an autopsy performed?</u>	<u>Yes</u>	<u>No</u>
<u>Was a histological placental examination performed?</u>	<u>Yes</u>	<u>No</u>
<u>Local deputy registrar</u>	<u>Yes</u>	<u>No</u>
<u>Data record filed</u>	<u>Yes</u>	<u>Yes</u>
<u>Fee number</u>	<u>Yes</u>	<u>Yes</u>

(b) For fetal deaths registered before October 1, 2022, certifications of fetal death or certification of birth resulting in stillbirth will contain only the vital record items as indicated in (a) of this subsection if such vital record items are available or were collected at the time of fetal death registration.

(c) The certification of birth resulting in stillbirth is not proof of a live birth and is not an identity document.

AMENDATORY SECTION (Amending WSR 20-13-017, filed 6/5/20, effective 1/1/21)

WAC 246-491-300 Requirements for ordering certifications of birth, death, ((and)) fetal death, and birth resulting in stillbirth.

(1) For certifications of birth, death, ((and)) fetal death, and birth resulting in stillbirth, the state or local registrar shall release certifications only to qualified applicants as permitted by chapter 70.58A RCW.

(2) For each application, the qualified applicant must submit all of the following:

(a) Information to correctly identify the record consistent with the requirements of WAC 246-491-310;

(b) Identity documentation consistent with the requirements of WAC 246-491-320;

(c) Evidence of eligibility consistent with the requirements of WAC 246-491-330; and

(d) Fees required by RCW 70.58A.560 and WAC 246-491-990, or evidence that the qualified applicant is eligible to receive certifications of a vital record at no charge as required by WAC 246-491-350.

(3) All identity documentation and evidence of eligibility documentation submitted to the state or local registrar from the applicant must originate from a source which the state or local registrar can reasonably verify the authenticity of the documentation.

(4) The applicant must submit all required information and documentation to the state or local registrar within thirty days of the state or local registrar requesting additional information. After thirty days, the application is considered denied.

(5) When the applicant cannot submit the required information or documentation, the applicant will be given an opportunity through an exception process to explain the circumstances to the state or local registrar. If the circumstances presented would have prevented the applicant from providing items required by this section, the state or local registrar may grant an exception and issue the record.

(6) The state or local registrar may deny an application if the applicant fails to meet the requirements of this section or chapter 70.58A RCW. If the state registrar denies an application for failing to meet the requirements, the applicant may appeal the decision by requesting a brief adjudicative proceeding pursuant to WAC 246-10-501 through 246-10-505, and RCW 70.58A.550.

(7) For the purpose of this section:

(a) "Application" means a documented request for certifications of birth, death, ~~((and))~~ fetal death, and birth resulting in stillbirth, including short form certifications of death where applicable.

(b) "Birth" includes delayed birth, but does not include birth resulting in stillbirth.

(c) "Stillbirth" means the same as fetal death as defined in RCW 70.58A.010.

AMENDATORY SECTION (Amending WSR 20-13-017, filed 6/5/20, effective 1/1/21)

WAC 246-491-310 Information required to order certifications of birth, death, ~~((and))~~ fetal death, and birth resulting in stillbirth.

(1) A qualified applicant requesting a certification of birth must submit the following information as it appears on the birth record on a form provided by the state or local registrar:

- (a) First, middle, and last name of the subject of the record;
- (b) First and last name of all parents listed on the record;
- (c) Date of birth; and
- (d) City or county where the birth occurred.

(2) A qualified applicant requesting a certification of death must submit the following information on a form provided by the state or local registrar:

- (a) First and last name of the decedent as it appears on the record;
- (b) Approximate date of death; and
- (c) City or county where the death occurred.

(3) A qualified applicant requesting a certification of fetal death or certification of birth resulting in stillbirth, or both, must

submit the following information on a form provided by the state or local registrar:

(a) First and last name of the fetus as it appears on the record;

(b) First and last name of the individual who gave birth as it appears on the record;

(c) Date of delivery; and

(d) City or county where the delivery occurred.

(4) For the purpose of this section:

(a) "Birth" includes delayed birth, but does not include birth resulting in stillbirth.

(b) (~~"Death" includes~~) "Stillbirth" means the same as fetal death as defined in RCW 70.58A.010.

AMENDATORY SECTION (Amending WSR 20-13-017, filed 6/5/20, effective 1/1/21)

WAC 246-491-320 Identity documentation required to obtain certifications of birth, death, ~~((and)) fetal death, and birth resulting in stillbirth.~~ (1) The qualified applicant must submit identity documentation to the state or local registrar to receive a certification of birth, death, ~~((~~o~~)) fetal death, or birth resulting in stillbirth~~ in accordance with this section.

(2)(a) The qualified applicant must submit to the state or local registrar one of the following pieces of identity documentation, valid or expired no more than sixty days that contains the applicant's full name, photograph, and date of birth:

(i) Enhanced driver's license, driver's license, or instruction permit issued by a state or territory of the United States, or the District of Columbia;

(ii) A Washington state identification card or an identification card issued by another state;

(iii) A military identification card;

(iv) A United States passport or passport card; or

(v) An identification document issued by local, state, federal, or foreign government, or federally recognized Indian tribe.

(b) A qualified applicant requesting on behalf of a government agency or courts to conduct official duties may use an identification card issued by their government agency or courts that contains the full name and photograph of the applicant.

(3) If a qualified applicant is unable to submit one identity documentation listed in subsection (2) of this section, they must provide at least two alternate forms of identification. Alternate forms of identification may include, but are not limited to, government issued identifications listed in subsection (2)(a) of this section if expired more than sixty days, letters from government or social agencies, pay statements, utility bills, student identification with photo, or other items acceptable to the state registrar. Alternate forms of identification must at least contain matching first and last names and addresses, or provide the full name, photograph, and date of birth.

(4) For applications received by telephone or internet, the qualified applicant may choose to take an authentication quiz in lieu of submitting identity documents. The authentication quiz must contain or ask information requiring personal knowledge not available from re-

viewing current information typically found in their wallet or personal possession. If the authentication quiz is not successfully completed, the applicant must submit identity documentation listed in subsection (1) or (2) of this section.

(5) Proof of citizenship is not required information to receive a certification of birth, death, ~~((\otimes)) fetal death, or birth resulting in stillbirth.~~

(6) For the purpose of this section ~~((τ))~~:

(a) "Birth" includes delayed birth, but does not include birth resulting in stillbirth.

(b) "Stillbirth" means the same as fetal death as defined in RCW 70.58A.010.

AMENDATORY SECTION (Amending WSR 20-13-017, filed 6/5/20, effective 1/1/21)

WAC 246-491-330 Evidence of eligibility. (1) The qualified applicant must submit evidence of eligibility documents to the state or local registrar to prove they are eligible to receive a certification of birth, death, ~~((\otimes)) fetal death, or birth resulting in stillbirth.~~

(2) If the qualified applicant is listed as a party on the record, and their identity documentation provided in WAC 246-491-320 sufficiently links the applicant to the record, then evidence of eligibility is met.

(3) If the qualified applicant is not listed as a party on the record or the identity documentation does not sufficiently link the qualified applicant to the record, the following documentation may serve as evidence of eligibility:

(a) Copies of vital records such as certifications of birth, death, marriage, and divorce from this or another jurisdiction that link the applicant to the requested record;

(b) Copies of certified court orders from a court of competent jurisdiction linking the applicant to the record;

(c) Document or letter from title insurer or title insurance agent handling a transaction on behalf of the decedent;

(d) Document or letter from a government agency or courts stating the certification will be used in the conduct of official duties; or

(e) Other documents that link the applicant to the record as determined by the state registrar.

(4) For the purpose of this section ~~((τ))~~:

(a) "Birth" includes delayed birth, but does not include birth resulting in stillbirth.

(b) "Stillbirth" means the same as fetal death as defined in RCW 70.58A.010.