



2019-21 Biennium Budget Decision Package

Agency: 303 - Department of Health
Decision Package Code-Title: 2B - Modernize Vital Records Law
Budget Session: 2019-21 Regular
Budget Level: Policy Level
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Agency Recommendation Summary

Current vital records law does not provide adequate protections against identity theft and fraud. Many parts of the statute have not been updated since 1907, making the law outdated, confusing, and inconsistent with current state and national best practices. The Department of Health is developing agency request legislation for the 2019 legislative session to modernize the vital statistics law (chapter 70.58 RCW) based on a national model law developed by the National Center for Health Statistics and National Association for Public Health Statistics and Information Systems.

Fiscal Summary

Dollars in Thousands

| Operating Expenditures | FY 2020 | FY 2021 | FY 2022 | FY 2023 |
|-------------------------------|----------------|----------------|----------------|----------------|
| Fund 001 - 7 | \$95 | \$304 | \$136 | \$136 |
| Total Expenditures | \$95 | \$304 | \$136 | \$136 |
| Biennial Totals | | \$399 | | \$272 |
| Staffing | FY 2020 | FY 2021 | FY 2022 | FY 2023 |
| FTEs | 0.4 | 2.2 | 1.5 | 1.5 |
| Average Annual | | 1.3 | | 1.5 |
| Object of Expenditure | FY 2020 | FY 2021 | FY 2022 | FY 2023 |
| Obj. A | \$32 | \$124 | \$89 | \$89 |
| Obj. B | \$12 | \$43 | \$31 | \$31 |
| Obj. C | \$38 | \$99 | \$0 | \$0 |
| Obj. E | \$9 | \$18 | \$6 | \$6 |

| Object of Expenditure | FY 2020 | FY 2021 | FY 2022 | FY 2023 |
|------------------------------|----------------|----------------|----------------|----------------|
| Obj. J | \$1 | \$5 | \$0 | \$0 |
| Obj. T | \$3 | \$15 | \$10 | \$10 |
| Revenue | FY 2020 | FY 2021 | FY 2022 | FY 2023 |
| 001 - 0597 | \$0 | \$308 | \$615 | \$615 |
| 02K - 0421 | \$0 | \$870 | \$1,740 | \$1,740 |
| Total | \$0 | \$1,178 | \$2,355 | \$2,355 |
| Biennial Totals | | \$1,178 | | \$4,710 |

Package Description

The Department of Health (DOH) administers Washington's vital records system, which is supported by a fee that is set in statute. It manages approximately 14 million birth, death, marriage, and divorce records dating back to 1907, with over 200,000 new records added each year. Vital records serve as documentary proof of a life event, which the public uses to prove identity, citizenship, and relationship to others in order to get a passport or driver license, enroll a child in school, or obtain Social Security or other benefits and services.

What is the problem, opportunity or priority you are addressing with the request?

DOH is developing agency request legislation for the 2019 legislative session to modernize the vital statistics law (chapter 70.58 RCW) because the current law does not provide adequate protections against identity theft and fraud. Many parts of the statute have not been updated since 1907, making the law outdated, confusing, and inconsistent with current state and national best practices. The proposed legislation is based on a national model law developed by the National Center for Health Statistics and National Association for Public Health Statistics and Information Systems (NAPHSIS).

What is your proposed solution?

The proposal includes the following changes:

- Limit the release of certified copies or "certificates" of vital records to a qualified applicant, who is the subject of the record or a person who has a legal relationship with the subject (e.g., the registrant's spouse or domestic partner, child, parent, step parent, sibling, grandparent, grandchild, legal guardian, legal representative, or authorized representative; or government agency or court in the conduct of its official duties). Require all applicants to provide identification and proof of eligibility.
- Give qualified applicants the option to purchase a "short" form death certificate that does not contain cause and manner of death information to protect the decedent's sensitive medical information.
- Allow the release of non-certified informational copies of birth and death records to the public (i.e., media and genealogists). The informational copy of a death record would not display cause and manner of death information.
- Permit government agencies and Tribal governments to access confidential birth information for

non-research public health work by signing a data sharing agreement.

- Release death data with a signed data sharing agreement. The data sharing agreement establishes parameters to secure the sensitive data.
- Shorten the registration timeline for reporting deaths to allow quicker access to death certificates for families and more real-time data to monitor trends, study risks, and track key health issues such as opioid overdose, suicide, and diabetes mortality.
- Transfer custody of vital records to State Archives after specified timeframe so the public can access these records for genealogical purposes (e.g., 100 years for births and 50 years for deaths, marriages, and divorces).
- Gender neutralize the language to reflect social and legal changes, marriage equality, and the 2017 Uniform Parentage Act.
- Increase the certificate fee from \$20 to \$25 and allow the DOH to establish new fees in rule for programmatic services that currently are subsidized by the certification fee (i.e., amendments and data files). In 2023, the fund balance will run out, and the certification fee will no longer cover the development and maintenance of the vital records system.

In addition, the proposal makes the following key administrative changes (not an inclusive list):

- Updates language to reflect current practice and technology,
- Clearly exempts certified copies of records from the public records act,
- Fixes an error in the fee distribution language,
- Requires Local Health Jurisdictions (LHJs) to submit monthly reports on number of certificates and informational copies issued and the amount of fees collected,
- Authorizes rulemaking to implement the changes in the law, and
- Organizes content in a logical way.

The proposal includes a January 1, 2021 effective date in order to allow time for rule making and changes to the DOH's vital records system.

Impacts and Controversial areas anticipated:

1. Closing access to birth and death certificates and information contained in the record will be a major policy shift. Why is this important?
 - Many people are often surprised that anyone can access their birth certificate or a family member's death certificate with little information. Restricting access to certified copies protects families and subjects of the record from fraud and inappropriate use of the record. DOH anticipated opposition from supporters of open public records and after conversations with stakeholders, the proposal allows the public to access non-certified informational copies. Informational copies are not recognized by government entities as documentary proof. The proposal creates a stronger deterrent to fraud and theft than current practice.
 - LHJs issue birth and death certificates and will be required to comply with closing birth and death certificates and provide informational copies. Five LHJs (Tacoma-Pierce, Whatcom, Grays Harbor, Lewis, and Asotin) have their own in-house web-based ordering system that will not be able to verify identity and validate eligibility. The proposal will require either a change or a replacement to their

system, or they can direct customers to VitalChek (a third party vital records ordering company).

2. DOH is proposing release of birth and death records to the State Archives after 100 and 50 years, respectively. Why so long?
- The timeframes for releasing vital records to the public domain through the transfer of custody to State Archives may be contentious with supporters of open public records who believe these timeframes are too long. Model law suggests that the timeframes for transferring custody to State Archives are 125 years for births, 75 years for death, and 100 years for marriage and divorce. The State Archivist advocated the release of all records at 75 years. After meeting with stakeholders, the proposal was adjusted.
 - Records transferred to State Archives provides the public a less costly option than purchasing a certified copy. Currently, records are not released into the public domain today, meaning you can only purchase a certified copy. DOH is proposing access to informational copies and the cost will be the same as certified copies.

3. The DOH is proposing changing the reporting timeline for death certificates. Is this reasonable? What do compliance rates look like today?
- The DOH proposes changing the death reporting requirement from 5 business days to 5 calendar days. The 5 calendar day requirement pertains to the funeral home and medical certifier sending the report of death or fetal death to the LHJ within 5 calendar days from the date the death occurred. During stakeholder meetings with LHJs and Medical Examiners, DOH heard some concern about the calendar days falling on a weekend or holiday, or not having the cause of death results from the state toxicology lab.

Due to reasons listed below, the 5 calendar day requirement is an achievable timeframe:

1. Funeral homes work seven days a week.
2. Medical Examiners can file a report of death with “pending” as the cause of death until the results are received from the state toxicology lab.
3. Death registration is 100% electronic.
4. In 2017, there were 56,973 deaths in Washington State. Only 19% of the deaths were reported after 5 business days and 0.09% fell on a weekend.

This change will allow the DOH to get death data to NCHS quicker, thus allowing cause of death coding to be returned sooner. This supports important surveillance and public health work.

- A changes to the death reporting timeline will allow families to get certificates sooner. There is a high demand from the public to have certificates issued sooner. Families often ask for death certificates within the same week a death occurred.
4. The DOH is proposing to add rule making authority to establish fees for programmatic services. Why is this needed?

The proposal seeks rule making authority to establish fees for programmatic services in order to reduce the reliance on the certification fee and distribute the cost to those using the service, such as charging a fee to make a legal name change to a birth certificate. The majority of the states have additional fees to cover programmatic costs that certificate fees cannot cover to achieve cost recovery. There is some risk of opposition to adding fees for services.

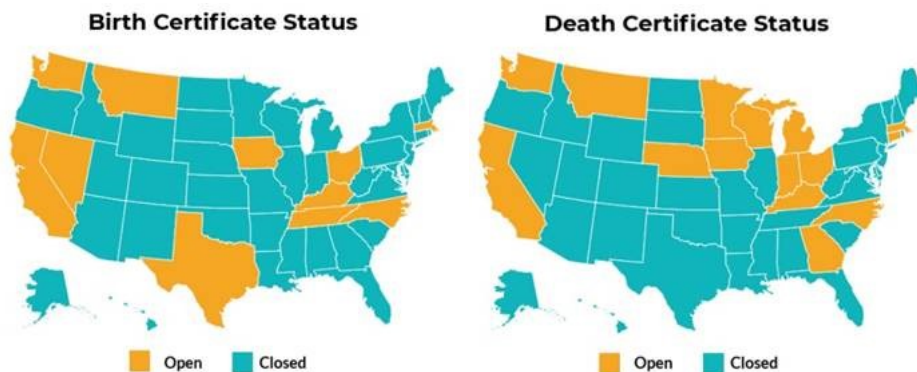
Other potential impacts:

It may be harder for certain individuals, such as the homeless or those estranged from family, to get certified copies of vital records if they cannot provide documentation. However, the proposal does allow for an exception process when required documentation cannot be provided.

Costs for ordering a certificate by web or phone through the service provider, VitalChek, will increase \$3 due to the requirement to verify the identity of the person ordering the certificate. This may disproportionately impact people in rural areas where a vital records office is not in close proximity.

What alternatives did you explore and why was this option chosen?

1. Not taking action means Washington State is more open to identity theft and fraud that could result in public distrust. Access to birth certificates is restricted in 38 states and death certificates in 35 states, including Oregon, Alaska, Utah, and Idaho for both. DOH hears from the public at the state and local levels when they purchase certificates that they are shocked DOH does not require identification. Parents are concerned knowing anyone can receive their child’s birth certificate. After conversations with stakeholders, DOH’s proposal is to close access to certified copies of birth and death records, but allow the public to access non-certified informational copies. This approach creates a stronger deterrent to fraud and theft than current practice. Informational copies are not recognized by government entities as documentary proof. Only a certified copy can do that. As the trend moves to close certificates across the country, and if Washington State remains open, the State may become one of the main targets for identity theft and fraud.



2. Not taking action on the issue means DOH will continue to be out of alignment with current Washington State practice and national best practices. An example is the requirement for LHJs to submit birth records to DOH. This has not been the practice for 26 years because birth registration is electronic. Additionally, the proposal allows DOH to amend vital records, which is not mentioned in the existing law.
3. From an agency perspective, DOH may not qualify for future vital records Public Health Accreditation Board (PHAB) Vital Statistics Accreditation without changes in the enabling statute.
4. The current law is outdated and confusing which lends itself to misinterpretation and ambiguity when making decisions regarding issuance of certificates. This could put DOH at legal risk and continue to cause frustration for customers and partners.
5. The proposal seeks a \$5 increase to the certificate fee and fee authority for programmatic services. Of the \$5 fee increase, \$2 will be retained by DOH or LHJ, who ever issues the certificate. Without a fee increase, DOH's fund balance will run out in FY 2023, and the certificate fee will no longer cover the development and maintenance of the Washington State vital records system. LHJs with higher issuance volume are facing fund deficits and LHJs with lower issuance volume rely on these funds to offset program costs. The remaining \$3 will be transferred into to the Death Investigation Account (DIA). DOH partnered with the Washington Association of County Officials (WACO) and Washington Association of Coroners and Medical Examiners (WACME) to include their fee increase into this proposal. The DIA fee increase will be used for death investigation training, national accreditation, and funding for an autopsy reimbursement program. The \$5 increase to the certificate fee and fee authority for programmatic services will be effective January 1, 2021 when the proposed bill goes into effect.

The \$2 certificate fee increase and fee authority for programmatic services for DOH will pay for:

1. Maintaining and making improvements to the vital records system to address DOH's and LHJs' business needs,
2. Digitize all remaining paper records to prevent risk of loss,
3. Replace Electronic Death Registration System (EDRS) before end of lifecycle by integrating it into Washington Health And Life Events System (WHALES),
4. Move hosting site for the vital records system and other vital records IT applications to the cloud,
5. Support a vital records data quality improvement program,
6. Test the Continuity of Operations Plan, and
7. Seek program accreditation through PHAB.

Authorizing DOH to establish new fees in rule for programmatic services that currently are subsidized by the certification fee (i.e., amendments and data files) will help reduce the need to increase the certificate fee in the future.

Assumptions and Calculations

Expansion or alteration of a current program or service:

The proposal is an alteration to current services with \$5 increase to the certificate fee and fee authority for programmatic services. Of the \$5 fee increase, \$2 will be retained by DOH or LHJ, who ever issues the certificate. Without a fee increase, DOH's fund balance will run out in FY 2023, and the certificate fee will no longer cover the development and maintenance of the Washington State vital records system. LHJs with higher issuance volume are facing fund deficits and LHJs with lower issuance volume rely on these funds to offset program costs. The remaining \$3 will be transferred into to the Death Investigation Account (DIA). DOH partnered with the Washington Association of County Officials (WACO) and Washington Association of Coroners and Medical Examiners (WACME) to include their fee increase into this proposal. The DIA fee increase will be used for death investigation training, national accreditation, and funding for an autopsy reimbursement program. The \$5 increase to the certificate fee and fee authority for programmatic services will be effective January 1, 2021 when the proposed bill goes into effect.

The \$2 certificate fee increase and fee authority for programmatic services for DOH will pay for:

- Maintaining and making improvements to the vital records system to address DOH's and LHJs' business needs,
- Digitize all remaining paper records to prevent risk of loss,
- Replace EDRS before end of lifecycle by integrating it into WHALES,
- Move hosting site for the vital records system and other vital records IT applications to the cloud,
- Support a vital records data quality improvement program,
- Test the Continuity of Operations Plan, and
- Seek program accreditation through PHAB.

Authorizing DOH to establish new fees in rule for programmatic services that currently are subsidized by the certification fee (i.e., amendments and data files) will help reduce the need to increase the certificate fee in the future.

During the 2015-17 bienium, the total expenses of the Vital Records – Local account was \$8,630,791.

Total revenue during this period was \$6,917,531.

Through FM 11 of the 2017-19 bienium, the total expenses of the Vital Records – Local account is \$3,191,815. Total revenue during this period was is \$3,628,458.

Detailed assumptions and calculations:

One-Time Costs for Implementing the Proposal:

Vital Records Electronic System

One-time costs in FY20 include changes to the WHALES system to add the optional short form death certificate and modify the existing Point of Sale (POS) module. The costs will be paid to the vendor to modify the system.

Based on a quote received by the vendor the estimated costs will be \$37,575 for short death form and Rough Order of Magnitude (ROM) of \$99,479 for POS in FY21. DOH will absorb the costs.

Rulemaking

The rulemaking for the proposal will be extensive and require more resources because there will be a number of new processes. The rules will be complex and will involve multiple stakeholders with different interests and impacts. For example, the stakeholders for birth registration will be different than death registration.

The estimated cost of rulemaking is based on the following assumptions:

- The rulemaking activity will take 18 months to implement.
- At least ten stakeholder meetings, rule workshops and one formal hearing will be held at no additional cost because we will use webinars and agency facilities. No travel cost is anticipated.
- Attorney General time will be 80 hours of Assistant Attorney General and paralegal time for rule review.
- 0.50 FTE of MA5 for rule writing prep work, stakeholder meetings and rules hearing.

Rule making costs for FY 2020 will be \$57,000 including .30 FTE and 40 hours AAG costs. In FY 2021 costs will be \$30,000 including .20 FTE and 40 hours AAG costs.

Ongoing Costs for Implementing the Proposal:

Issuance Assumptions

DOH assumes there will be roughly 590,000 certificates per year issued statewide (based on 2017 data). About 95% of the certificates issued will be birth and death certificates and will require additional

resources to verify identity and proof of relationship documents. The amount of resources is anticipated to decrease overtime as DOH staff become more efficient at verifying documents. DOH is unsure about whether or not there will be a decrease in issuance by closing records, however this will be offset by the requests for informational copies which will cost the same as a certified copy.

The current service provider, VitalChek, will be responsible for providing the service to verify identity for online and phone orders. DOH and LHJ will be responsible for verifying relationship to the subject of the record in some instances. This does mean VitalChek will increase the cost to the purchaser to cover the additional work. VitalChek already charges a processing fee today. Their service fee does not impact the DOH's work or costs as it is an optional service the purchaser chooses to use.

Costs beginning in January 2021 include an increase in 1.0 FTE HSC1 and 0.5 FTE HSC2 to meet service needs and not have a backlog in certificate orders. Ongoing costs starting in FY2021 will require an additional 1.0 FTE HSC2 to verify identity and proof of relationship documents for access to a birth or death certificates. Total cost is FY 2021 is \$162,000, starting in FY 2022 ongoing costs are \$114,000 per year.

Data Sharing Assumptions

These assumptions are based on requests for standard data files. It does not include custom data file orders as DOH cannot anticipate how many or the amount of time it may spend on those requests in the future.

Based on the number of 2017 data orders, DOH assumes an increase of 65 data sharing agreements per year for birth and death data. Today, anyone can purchase any of the standard death data files by completing an order form and sign a statement that they will not use the data for commercial purposes. If the proposal is adopted, agencies or individuals requesting death data files will need to complete a data sharing agreement. DOH expects an increase in data sharing agreements for birth data files as government agencies will be able obtain confidential birth data for public health work.

There will be additional costs beginning January 2021 to process and review an estimated additional 65 data sharing agreements a year for birth and death data files that do not require a data sharing agreement today. This does not include time to create and distribute files because the Department doesn't anticipate an increase the number of data files requested. For example, one data share agreement may include the purchase of several data files over several years.

Ongoing costs beginning FY 2021 include an increase in staff time 0.10 FTE AA3 and .05 FTE Epi 2 and .03

FTE Senior Epi to process the additional data sharing agreements each year. Total cost is FY 2021 is \$12,000, starting in FY 2022 ongoing costs are \$22,000 per year. If DOH receives fee authority for programmatic services, it anticipates offsetting some of the data sharing costs through the fee.

Revenue Estimates and Assumptions for Establishing Fees for Programmatic Services (amendments, data files, and delayed birth):

The proposal seeks rule making authority to establish additional fees. A majority of the states have additional fees to cover programmatic costs that certificate fees cannot cover to achieve cost recovery. For example, in addition to their certificate fee, Oregon's fee for corrections/amendments is \$35; California's fee is \$23, and Alaska's is \$60. DOH currently charge fees for adoptions in chapter 26.33 RCW and parentage in chapter 26.26A RCW.

Additional fees set through rule making might include:

- Amendment fee: In 2017, DOH processed 61,201 amendments. DOH projects 13,704 amendments will require a fee. DOH will not charge for corrections made within a year by hospitals or funeral homes. The proposed fee for amendment would be \$30.
- Data file fee: In 2017, DOH produced about 750 data files. Files can contain 50,000+ vital records information. A current vital records data file is \$20 per file. DOH anticipates increasing the data file fee to \$50 per data file, although this does not achieve cost recovery.
- Delayed birth registration: On average, DOH processes 62 delayed birth registrations per year. The proposed fee for delayed birth registration, would be \$25 based on other state's fees, and does not include the cost of the certificate. This does not achieve cost recovery. Other states, for example, in addition to their certificate fee, charge a delayed birth registration fee. Oregon's delayed birth registration fee is \$35, California's is \$23, and Alaska's is \$30.
- Expedite fee: Majority of states have an expedite fee; Oregon's expedite fee is \$7, Alaska's is \$11, and Utah's is \$15. DOH proposes adding an expedite fee of \$5.

Brief Adjudicative Proceedings

The proposal includes an option for a brief adjudicative proceeding (BAPs) when a registration, amendment, or issuance of a record is denied. DOH anticipates the number of potential BAPs will be one a year based on previous experience. A majority of the time DOH is able to resolve issues by working with the customer to obtain the correct information or documentation. DOH anticipates absorbing this

cost.

Workforce Assumptions:

See attached FNCal.

Strategic and Performance Outcomes

Strategic framework:

Governor's Priorities:

Assessment – Vital records are used extensively for public health surveillance and epidemiology. The proposal would allow government agencies to use confidential birth data for non-research public health work. Government agencies and the public will continue to have access to death data.

Policy development and support/Business competencies – Updating the vital records law to reflect national best practice, Washington State practices, and current technology is crucial if DOH wants to qualify for future vital records PHAB Accreditation. The proposal also addresses frustrations and concerns expressed by government partners and stakeholders surrounding the current vital records law.

Healthy and safe communities – Restricting access to birth and death certificates protects the public by reducing the possibility of identity theft and preventing fraud.

Efficient, effective and accountable government – Updating the vital records law creates efficiencies by potentially reducing time and resources spent resolving questions as result of ambiguity in the law. It will allow DOH to adopt rules to clarify processes and requirements, and reporting of certificates issued and revenue generated by LHJs. There could be a cost savings to agencies as a result of potential decrease in identity theft and savings from decreased abuse of benefits or services.

Department of Health Priorities:

Vital records is considered a foundational public health program and assessment is a cross-cutting foundational capability. Updating the Vital Records law enhances important public health work by requiring timelier reporting of deaths for more real-time data and data monitoring; quicker access to death certificates for families; and creates national uniformity in the timeliness and consistency of data reported to the CDC's National Center for Health Statistics.

The proposal increases security of birth and death certificates while also allowing public access to non-certified informational copies.

The proposal transfers custody of vital records to State Archives after 100 years for births and 50 years for deaths. This will potentially be a less costly option for genealogical purposes.

The proposal creates an avenue for government agencies doing non-research public health work to access confidential birth information without Washington State Institutional Review Board (WSIRB) review. Government agencies conducting surveillance, program evaluation, policy planning and implementation, administering services, health promotion, and disease prevention will sign a data sharing agreement instead of trying to modify their work to allow WSIRB review.

Performance outcomes:

Efficient, effective, and accountable government:

- Updating the vital records law creates efficiencies by potentially reducing time and resources spent resolving questions as result of ambiguity in the law.
- It will allow the Department to adopt rules to clarify processes and requirements, tracking and reporting of certificates issued and revenue generated by LHJs.
- There could be a cost savings to agencies as a result of potential decrease to identity theft resulting in benefits or services fraud.
- The \$2 certificate fee increase to cover future technology replacements for fully electronic processes. Fully electronic processes increases the timeliness of registration and issuance of vital records.
- The proposal increases the timeliness of reporting of birth and death registrations so families can purchase birth and death certificates sooner.
- Government agencies and tribal governments will be able to access confidential birth record data by signing a data sharing agreement. Death record data will be available to anyone who signs a data sharing agreement. The proposal will create an increase to the number of data sharing agreements but allow the Department to track how the data is used to better understand the needs of the Department's customers.

Other Collateral Connections

Intergovernmental:

- **Local Health Jurisdictions (LHJs):** DOH worked closely with the LHJs during the drafting of the proposal and anticipate overall support of the proposal. LHJs issue birth and death certificates and will be required to comply with closing birth and death records. LHJs will be impacted by increased

processing time of certificate orders as a result of the requirement to verify identity and eligibility. The volume of certificates varies by county. These costs will be offset by the \$2 increase in fee for certified and informational copies of birth and death records. In addition, they will be required to report the volume of certificates issued and amount of revenue to DOH on a monthly basis. They currently report revenue but not volume of certificates issued. Five LHJs (Tacoma-Pierce, Whatcom, Grays Harbor, Lewis, and Asotin) have their own in-house web-based ordering system that will not be able to verify identity and validate eligibility. The proposal will require either a change or a replacement to their system, or they can direct customers to VitalChek (a third party vital records ordering company). The \$2 increase to the certificate fee will be retained by the LHJ who issues the certificate.

- **Tribal governments:** DOH anticipates no impact as Tribal governments will have the same access to vital records and data files as government agencies.
- **Secretary of State, State Archives:** DOH anticipates the State Archivist to oppose the proposal because they support open public records. The proposal increases security of birth and death certificates while also allowing public access to records after an appropriate amount of time. Today, birth and death records are never released to the public domain. This proposal allows anyone to access that information through Secretary of State, State Archives after 100 years for births and 50 years for deaths.
- **State agencies, city governments, and higher education institutions** such as Health Care Authority, Department of Social and Health Services, Department of Ecology, Department of Early Learning, Office of Financial Management, City of Tacoma, University of Washington, Department of Retirement Systems, Department of Licensing, and Secretary of State Elections all receive vital records data on a routine basis. The proposal creates an avenue for government agencies and tribal governments to access confidential birth data for non-research public health purposes. Under the existing statute, only confidential birth data is released for research purposes. Their existing access to other data will not change. DOH anticipates they will be neutral to the proposal.
- **Office of the Attorney General- Sunshine Committee:** DOH anticipates the Sunshine Committee will oppose the proposal because they support open public records. DOH is in the process of scheduling a meeting. Allowing access to informational copies could help mediate the opposition.

Stakeholder response:

The Department anticipates support from ACLU, Legal Voice, Ancestry, Family Search, and Washington State Local Public Health Officials (WSALPHO). ACLU and Legal Voice are supportive of closing birth and death certificates to protect individual's information. They are also supportive of the gender neutralized

language to reflect social and legal changes such as marriage equality and the 2017 Uniform Parentage Act. The Department met with Ancestry and Family Search to work on the timeframes for releasing custody of vital records to the state archivist. The Department decreased the timeframe from 125 years to 100 years for births and 100 years to 50 years for death, marriage, and divorce. Ancestry and Family Search are supportive of these timeframes because it aligns with other closed states. The Department worked with WSALPHO during the drafting of the proposal and held numerous meetings and webinars to talk through the potential changes.

The Department anticipates some opposition from the Washington Newspaper Publishers Association, Allied Daily Newspapers of Washington, Washington Coalition for Open Government because they support open public records. Allowing access to informational copies could help mediate the opposition.

The Department anticipates neutral support from the Washington Adoption Reunion Movement (WARM), Washington Association of Prosecuting Attorneys, Washington State Hospital Association, Washington Association of Coroners and Medical Examiners, Washington Association of County Officials (WACO), Washington Association of Counties (WSAC), and State Board of Health. The Department anticipates no impact to their business functions. The proposal updates language to reflect current practice and technology, organizes content in a logical way, and clarifies ambiguities in the law, which are current frustrations for these organizations.

Legal or administrative mandates:

N/A

Changes from current law:

The proposal overhauls the existing statute chapter 70.58 RCW. Changes to chapters 246-490 & 246-491 WAC will be required once the proposed bill passes.

State workforce impacts:

N/A

State facilities impacts:

N/A

Puget Sound recovery:

N/A

Agency Questions

Did you include cost models and backup assumptions?

See attachments

Reference Documents

- 2B Modernize Vital Records Fee Summary.xlsx
- 2B Modernize Vital Records Law FNCal.xlsm
- 2B Modernize Vital Records Law IT_Addendum.docx

IT Addendum

Does this Decision Package include funding for any IT-related costs, including hardware, software, (including cloud-based services), contracts or IT staff?

Yes

2B Modernize Vital Records Law IT_Addendum.docx