

WAC 246-455-025 Reporting of additional patient demographic information. (1) In addition to the data elements required by WAC 246-455-020, hospitals must collect additional information on patient's ethnicity, race, preferred language, disability, gender identity, and sexual orientation. When requesting demographic information under this section, hospitals must inform patients that providing the information is voluntary.

(2) Patient's ethnicity shall be identified by the patient and reported using one of the following categories:

- (a) Hispanic, Latino/a, Latinx;
- (b) Non-Hispanic, Latino/a, Latinx;
- (c) Patient declined to respond; or
- (d) Unknown to patient.

(3) Patient's race shall be identified by the patient and reported using one or more of the following categories. If the patient self-identifies more than one race, each race shall be reported.

- (a) Afghan;
- (b) Afro-Caribbean;
- (c) Alaska Native;
- (d) American Indian;
- (e) Arab;
- (f) Asian;
- (g) Asian Indian;
- (h) Bamar/Burman/Burmese;
- (i) Bangladeshi;
- (j) Bhutanese;
- (k) Black or African American;
- (l) Central American;
- (m) Cham;
- (n) Chicano/a or Chicanx;
- (o) Chinese;
- (p) Congolese;
- (q) Cuban;
- (r) Dominican;
- (s) Egyptian;
- (t) Eritrean;
- (u) Ethiopian;
- (v) Fijian;
- (w) Filipino;
- (x) First Nations;
- (y) Guamanian or Chamorro;
- (z) Hmong/Mong;
- (aa) Indigenous-Latino/a or Indigenous-Latinx;
- (bb) Indonesian;
- (cc) Iranian;
- (dd) Iraqi;
- (ee) Japanese;
- (ff) Jordanian;
- (gg) Karen;
- (hh) Kenyan;
- (ii) Khmer/Cambodian;
- (jj) Korean;
- (kk) Kuwaiti;
- (ll) Lao;
- (mm) Lebanese;
- (nn) Malaysian;
- (oo) Marshallese;

(pp) Mestizo;
(qq) Mexican/Mexican American;
(rr) Middle Eastern;
(ss) Mien;
(tt) Moroccan;
(uu) Native Hawaiian;
(vv) Nepalese;
(ww) North African;
(xx) Oromo;
(yy) Pacific Islander;
(zz) Pakistani;
(aaa) Puerto Rican;
(bbb) Romanian/Rumanian;
(ccc) Russian;
(ddd) Samoan;
(eee) Saudi Arabian;
(fff) Somali;
(ggg) South African;
(hhh) South American;
(iii) Syrian;
(jjj) Taiwanese;
(kkk) Thai;
(lll) Tongan;
(mmm) Ugandan;
(nnn) Ukrainian;
(ooo) Vietnamese;
(ppp) White;
(qqq) Yemeni;
(rrr) Other race;
(sss) Patient declined to respond; and
(ttt) Unknown to patient.

(4) Patient's preferred language either written or spoken or both shall be identified by the patient and reported to the department. Preferred language shall be reported using the following categories:

(a) Amharic;
(b) Arabic;
(c) Balochi/Baluchi;
(d) Burmese;
(e) Cantonese;
(f) Chinese (unspecified);
(g) Chamorro;
(h) Chuukese;
(i) Dari;
(j) English;
(k) Farsi/Persian;
(l) Fijian;
(m) Filipino/Pilipino;
(n) French;
(o) German;
(p) Hindi;
(q) Hmong;
(r) Japanese;
(s) Karen;
(t) Khmer/Cambodian;
(u) Kinyarwanda;
(v) Korean;
(w) Kosraean;

- (x) Lao;
- (y) Mandarin;
- (z) Marshallese;
- (aa) Mixteco;
- (bb) Nepali;
- (cc) Oromo;
- (dd) Panjabi/Punjabi;
- (ee) Pashto;
- (ff) Portuguese;
- (gg) Romanian/Rumanian;
- (hh) Russian;
- (ii) Samoan;
- (jj) Sign languages;
- (kk) Somali;
- (ll) Spanish/Castilian;
- (mm) Swahili/Kiswahili;
- (nn) Tagalog;
- (oo) Tamil;
- (pp) Telugu;
- (qq) Thai;
- (rr) Tigrinya;
- (ss) Ukrainian;
- (tt) Urdu;
- (uu) Vietnamese;
- (vv) Other language;
- (ww) Patient declined to respond; or
- (xx) Unknown.

(5) Patient's disability shall be identified by the patient and reported consistent with the categories in this subsection. If the patient self-identifies more than one disability, each disability shall be reported.

(a) The patient experiences any of the following in their daily living:

- (i) Difficulty hearing;
- (ii) Difficulty seeing, even when wearing glasses;
- (iii) Limitations in any activities because of a physical, mental, or emotional condition;
- (iv) Uses a cane, a wheelchair, a trained service animal, adaptive bed, adaptive telephone, or some other device;
- (v) Difficulty concentrating, remembering, or making decisions because of a physical, mental, or emotional condition;
- (vi) Difficulty walking or climbing stairs;
- (vii) Difficulty dressing or bathing;
- (viii) Difficulty doing errands alone such as visiting a doctor's office or shopping;
- (ix) Not listed above;
- (x) Not applicable (no limitations);
- (xi) Patient declined to respond; or
- (xii) Unknown.

(b) The patient has any of the following disabilities or conditions:

- (i) Intellectual disability;
- (ii) Developmental disability;
- (iii) Physical disability;
- (iv) Brain injury;
- (v) Mental health disability;
- (vi) Neurocognitive disability;

- (vii) Deaf, d/Deaf, or hard of hearing;
- (viii) Blind, low vision, or visually impaired;
- (ix) Chronic medical condition;
- (x) Not listed above;
- (xi) Not applicable (no disability or condition);
- (xii) Patient declined to respond; or
- (xiii) Unknown.

(6) Patient's gender identity shall be identified by the patient and reported using one or more of the following options. If the patient self-identifies more than one gender, each gender shall be reported.

- (a) Male;
- (b) Female;
- (c) Man or Masculine/Masc;
- (d) Woman or Feminine/Femme;
- (e) Trans* or transgender;
- (f) Cis or cisgender;
- (g) Genderqueer;
- (h) Nonbinary;
- (i) Two spirit;
- (j) Gender fluid;
- (k) Bigender;
- (l) Agender;
- (m) Demigirl;
- (n) Demiboy;
- (o) Gender not listed above, please specify;
- (p) Patient declined to respond; or
- (q) Unknown.

(7) Patient's sexual orientation shall be identified by the patient and reported using one or more of the following categories. If the patient self-identifies more than one sexual orientation, each sexual orientation shall be reported.

- (a) Straight;
- (b) Gay;
- (c) Lesbian;
- (d) Queer;
- (e) Bisexual;
- (f) Pansexual/Bi+;
- (g) Asexual;
- (h) Sexual orientation not listed above, please specify;
- (i) Patient declined to respond; or
- (j) Unknown.

[Statutory Authority: 2021 c 162 and RCW 43.70.052. WSR 22-13-187, § 246-455-025, filed 6/22/22, effective 10/1/22.]