

## CHAPTER 270

[Substitute House Bill No. 1619]

ALCOHOLISM AND OTHER DRUG ADDICTION—PREVENTION AND  
TREATMENT SERVICES

AN ACT Relating to alcoholism and other drug addiction; amending RCW 70.96A.010, 70.96A.020, 70.96A.030, 70.96A.040, 70.96A.050, 70.96A.060, 70.96A.070, 70.96A.080, 70.96A.090, 70.96A.100, 70.96A.110, 70.96A.120, 70.96A.140, 70.96A.150, 70.96A.160, 70.96A.170, 70.96A.180, 70.96A.190, and 18.130.180; adding new sections to chapter 70.96A RCW; and repealing RCW 69.54.010, 69.54.020, 69.54.030, 69.54.033, 69.54.035, 69.54.040, 69.54.050, 69.54.060, 69.54.070, 69.54.080, 69.54.090, 69.54.100, 69.54.110, 69.54.120, 69.54.130, 70.96.021, 70.96.085, 70.96.092, 70.96.094, 70.96.095, 70.96.096, 70.96.150, 70.96.160, 70.96.170, 70.96.180, 70.96.190, 70.96.200, 70.96A.200, 70.96A.210, 70.96A.220, and 70.96A.900.

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

**NEW SECTION.** Sec. 1. The legislature finds that the use of alcohol and other drugs has become a serious threat to the health of the citizens of the state of Washington. The use of psychoactive chemicals has been found to be a prime factor in the current AIDS epidemic. Therefore, a comprehensive statute to deal with alcoholism and other drug addiction is necessary.

The legislature agrees with the 1987 resolution of the American Medical Association that endorses the proposition that all chemical dependencies, including alcoholism, are diseases. It is the intent of the legislature to end the sharp distinctions between alcoholism services and other drug addiction services, to recognize that chemical dependency is a disease, and to insure that prevention and treatment services are available and are of high quality. It is the purpose of this chapter to provide the financial assistance necessary to enable the department of social and health services to provide a discrete program of alcoholism and other drug addiction services.

**\*Sec. 2. Section 1, chapter 122, Laws of 1972 ex. sess. and RCW 70.96A.010 are each amended to read as follows:**

***It is the policy of this state that alcoholics, drug addicts, and intoxicated persons may not be subjected to criminal prosecution solely because of their consumption of alcoholic beverages or addiction to other psychoactive substances but rather should be afforded a continuum of treatment in order that they may lead normal lives as productive members of society.***

**\*Sec. 2 was vetoed, see message at end of chapter.**

Sec. 3. Section 2, chapter 122, Laws of 1972 ex. sess. and RCW 70.96A.020 are each amended to read as follows:

For the purposes of this chapter the following words and phrases shall have the following meanings unless the context clearly requires otherwise:

(1) "Alcoholic" means a person who ~~((habitually lacks self-control as to the use of alcoholic beverages, or uses alcoholic beverages to the extent~~

that his health is substantially impaired or endangered or his social or economic function is substantially disrupted;)) suffers from the disease of alcoholism.

(2) "Alcoholism" means a disease, characterized by a dependency on alcoholic beverages, loss of control over the amount and circumstances of use, symptoms of tolerance, physiological or psychological withdrawal, or both, if use is reduced or discontinued, and impairment of health or disruption of social or economic functioning.

(3) "Approved treatment ((facility)) program" means a discrete program of chemical dependency treatment provided by a treatment ((agency operating under the direction and control of)) program certified by the department of social and health services ((or providing treatment)) as meeting standards adopted under this chapter ((through a contract with the department under RCW 70.96A.080(6) and meeting the standards prescribed in RCW 70.96A.090(1) and approved under RCW 70.96A.090(3));).

((3)) "Secretary" means the secretary of the department of social and health services;)

(4) "Chemical dependency" means alcoholism or drug addiction, or dependence on alcohol and one or more other psychoactive chemicals, as the context requires.

(5) "Chemical dependency program" means expenditures and activities of the department designed and conducted to prevent or treat alcoholism and other drug addiction, including reasonable administration and overhead.

(6) "Department" means the department of social and health services((:)).

((5)) (7) "Director" means the ((director of the division of alcoholism;)) person administering the chemical dependency program within the department.

((6)) (8) "Drug addict" means a person who suffers from the disease of drug addiction.

(9) "Drug addiction" means a disease characterized by a dependency on psychoactive chemicals, loss of control over the amount and circumstances of use, symptoms of tolerance, physiological or psychological withdrawal, or both, if use is reduced or discontinued, and impairment of health or disruption of social or economic functioning.

• (10) "Emergency service patrol" means a patrol established under RCW 70.96A.170((:)).

((7)) (11) "Incapacitated by alcohol or other psychoactive chemicals" means that a person, as a result of the use of alcohol or other psychoactive chemicals, has his or her judgment so impaired that he or she is incapable of realizing and making a rational decision with respect to his or her need for treatment and constitutes a danger to himself or herself, to any other person, or to property((:)).

~~((8))~~ (12) "Incompetent person" means a person who has been adjudged incompetent by the superior court(~~(;)~~).

~~((9))~~ (13) "Intoxicated person" means a person whose mental or physical functioning is substantially impaired as a result of the use of alcohol(~~(;)~~) or other psychoactive chemicals.

~~((10))~~ (14) "Secretary" means the department of social and health services.

(15) "Treatment" means the broad range of emergency, detoxification, residential, and outpatient~~((-intermediate, and inpatient and emergency))~~ services and care, including diagnostic evaluation, chemical dependency education and counseling, medical, psychiatric, psychological, and social service care, vocational rehabilitation and career counseling, which may be extended to alcoholics and other drug addicts and their families, persons incapacitated by alcohol or other psychoactive chemicals, and intoxicated persons.

(16) "Treatment program" means an organization, institution, or corporation, public or private, engaged in the care, treatment, or rehabilitation of alcoholics or other drug addicts.

Sec. 4. Section 3, chapter 122, Laws of 1972 ex. sess. and RCW 70.96A.030 are each amended to read as follows:

A discrete program of ~~((alcoholism))~~ chemical dependency is established within the department of social and health services, to be administered by a qualified person who has training and experience in handling alcoholism and other drug addiction problems or the organization or administration of treatment services for persons suffering from alcoholism or other drug addiction problems.

Sec. 5. Section 4, chapter 122, Laws of 1972 ex. sess. as amended by section 2, chapter 193, Laws of 1988 and RCW 70.96A.040 are each amended to read as follows:

The department, in the operation of the ~~((alcoholism))~~ chemical dependency program may:

(1) Plan, establish, and maintain prevention and treatment programs as necessary or desirable;

(2) Make contracts necessary or incidental to the performance of its duties and the execution of its powers, including contracts with public and private agencies, organizations, and individuals to pay them for services rendered or furnished to alcoholics or other drug addicts, persons incapacitated by alcohol or other psychoactive chemicals, or intoxicated persons~~((; and to))~~;

(3) Enter into agreements for monitoring of verification of qualifications of counselors employed by approved treatment ~~((facilities))~~ programs;

~~((3))~~ (4) Adopt rules under chapter 34.05 RCW to carry out the provisions and purposes of this chapter and contract, cooperate, and coordinate with other public or private agencies or individuals for those purposes;

(5) Solicit and accept for use any gift of money or property made by will or otherwise, and any grant of money, services, or property from the federal government, the state, or any political subdivision thereof or any private source, and do all things necessary to cooperate with the federal government or any of its agencies in making an application for any grant;

~~((4))~~ (6) Administer or supervise the administration of the provisions relating to alcoholics, other drug addicts, and intoxicated persons of any state plan submitted for federal funding pursuant to federal health, welfare, or treatment legislation;

~~((5))~~ (7) Coordinate its activities and cooperate with ~~((alcoholism))~~ chemical dependency programs in this and other states, and make contracts and other joint or cooperative arrangements with state, local, or private agencies in this and other states for the treatment of alcoholics and other drug addicts and their families, persons incapacitated by alcohol or other psychoactive chemicals, and intoxicated persons and for the common advancement of ~~((alcoholism))~~ chemical dependency programs;

~~((6))~~ (8) Keep records and engage in research and the gathering of relevant statistics;

~~((7))~~ (9) Do other acts and things necessary or convenient to execute the authority expressly granted to it; ~~(and~~

~~(8))~~ (10) Acquire, hold, or dispose of real property or any interest therein, and construct, lease, or otherwise provide treatment ~~((facilities for alcoholics, persons incapacitated by alcohol, and intoxicated persons))~~ programs.

Sec. 6. Section 5, chapter 122, Laws of 1972 ex. sess. as amended by section 7, chapter 176, Laws of 1979 ex. sess. and RCW 70.96A.050 are each amended to read as follows:

The department shall:

(1) Develop, encourage, and foster state-wide, regional, and local plans and programs for the prevention of alcoholism and other drug addiction, treatment of alcoholics and other drug addicts and their families, persons incapacitated by alcohol or other psychoactive chemicals, and intoxicated persons in cooperation with public and private agencies, organizations, and individuals and provide technical assistance and consultation services for these purposes;

(2) Coordinate the efforts and enlist the assistance of all public and private agencies, organizations, and individuals interested in prevention of alcoholism and drug addiction, and treatment of alcoholics and other drug addicts and their families, persons incapacitated by alcohol or other psychoactive chemicals, and intoxicated persons;

(3) Cooperate with public and private agencies in establishing and conducting programs to provide treatment for alcoholics and other drug addicts and their families, persons incapacitated by alcohol or other psychoactive chemicals, and intoxicated persons who are clients of the correctional system(·);

(4) Cooperate with the superintendent of public instruction, state board of education, schools, police departments, courts, and other public and private agencies, organizations and individuals in establishing programs for the prevention of alcoholism and other drug addiction, treatment of alcoholics or other drug addicts and their families, persons incapacitated by alcohol and other psychoactive chemicals, and intoxicated persons, and preparing curriculum materials thereon for use at all levels of school education;

(5) Prepare, publish, evaluate, and disseminate educational material dealing with the nature and effects of alcohol and other psychoactive chemicals and the consequences of their use;

(6) Develop and implement, as an integral part of treatment programs, an educational program for use in the treatment of alcoholics or other drug addicts, persons incapacitated by alcohol and other psychoactive chemicals, and intoxicated persons, which program shall include the dissemination of information concerning the nature and effects of alcohol and other psychoactive chemicals, the consequences of their use, the principles of recovery, and HIV and AIDS;

(7) Organize and foster training programs for persons engaged in treatment of alcoholics or other drug addicts, persons incapacitated by alcohol and other psychoactive chemicals, and intoxicated persons;

(8) Sponsor and encourage research into the causes and nature of alcoholism and other drug addiction, treatment of alcoholics and other drug addicts, persons incapacitated by alcohol and other psychoactive chemicals, and intoxicated persons, and serve as a clearing house for information relating to alcoholism or other drug addiction;

(9) Specify uniform methods for keeping statistical information by public and private agencies, organizations, and individuals, and collect and make available relevant statistical information, including number of persons treated, frequency of admission and readmission, and frequency and duration of treatment;

(10) Advise the governor in the preparation of a comprehensive plan for treatment of alcoholics and other drug addicts, persons incapacitated by alcohol or other psychoactive chemicals, and intoxicated persons for inclusion in the state's comprehensive health plan;

(11) Review all state health, welfare, and treatment plans to be submitted for federal funding under federal legislation, and advise the governor on provisions to be included relating to alcoholism and other drug addiction, persons incapacitated by alcohol or other psychoactive chemicals, and intoxicated persons;

(12) Assist in the development of, and cooperate with, programs for alcohol and other psychoactive chemical education and treatment ((programs)) for employees of state and local governments and businesses and industries in the state;

(13) ~~((Utilize))~~ Use the support and assistance of interested persons in the community to encourage alcoholics and other drug addicts voluntarily to undergo treatment;

(14) Cooperate with public and private agencies in establishing and conducting programs designed to deal with the problem of persons operating motor vehicles while intoxicated;

(15) Encourage general hospitals and other appropriate health facilities to admit without discrimination alcoholics and other drug addicts, persons incapacitated by alcohol or other psychoactive chemicals, and intoxicated persons and to provide them with adequate and appropriate treatment;

(16) Encourage all health and disability insurance programs to include alcoholism and other drug addiction as a covered illness; and

(17) Organize and sponsor a state-wide program to help court personnel, including judges, better understand the disease of alcoholism and other drug addiction and the uses of ~~((alcoholism))~~ chemical dependency treatment programs.

NEW SECTION. Sec. 7. Pursuant to the Interlocal Cooperation Act, chapter 39.34 RCW, the department may enter into agreements to accomplish the purposes of this chapter.

Sec. 8. Section 6, chapter 122, Laws of 1972 ex. sess. as amended by section 220, chapter 158, Laws of 1979 and RCW 70.96A.060 are each amended to read as follows:

(1) An interdepartmental coordinating committee is established, composed of the superintendent of public instruction or his or her designee, the director of licensing or his or her designee, the executive secretary of the Washington state law enforcement training commission or his or her designee, and one or more designees (not to exceed three) of the secretary ~~((of the department of social and health services))~~, one of whom shall be the director of the chemical dependency program. The committee shall meet at least twice annually at the call of the secretary, or his or her designee, who shall be its ~~((chairman))~~ chair. The committee shall provide for the coordination of, and exchange of information on, all programs relating to alcoholism and other drug addiction, and shall act as a permanent liaison among the departments engaged in activities affecting alcoholics and other drug addicts, persons incapacitated by alcohol or other psychoactive chemicals, and intoxicated persons. The committee shall assist the secretary and director in formulating a comprehensive plan for prevention of alcoholism and other drug addiction, for treatment of alcoholics and other drug addicts, persons incapacitated by alcohol or other psychoactive chemicals, and intoxicated persons.

(2) In exercising its coordinating functions, the committee shall assure that:

(a) The appropriate state agencies provide or assure all necessary medical, social, treatment, and educational services for alcoholics and other drug addicts and their families, persons incapacitated by alcohol or other psychoactive chemicals, and intoxicated persons and for the prevention of alcoholism and other chemical dependency, without unnecessary duplication of services;

(b) The several state agencies cooperate in the use of facilities and in the treatment of alcoholics and other drug addicts, persons incapacitated by alcohol or other psychoactive chemicals, and intoxicated persons; and

(c) All state agencies adopt approaches to the prevention of alcoholism and other drug addiction, the treatment of alcoholics and other drug addicts and their families, persons incapacitated by alcohol or other psychoactive chemicals, and intoxicated persons consistent with the policy of this chapter.

Sec. 9. Section 7, chapter 122, Laws of 1972 ex. sess. as amended by section 1, chapter 155, Laws of 1973 1st ex. sess. and RCW 70.96A.070 are each amended to read as follows:

Pursuant to the provisions of RCW 43.20A.360, there shall be a citizens advisory council composed of not less than seven nor more than fifteen members, at least two of whom shall be recovered alcoholics or other recovered drug addicts and two of whom shall be members of recognized organizations involved with problems of alcoholism and other drug addiction. The remaining members shall be broadly representative of the community, shall include representation from business and industry, organized labor, the judiciary, and minority groups, chosen for their demonstrated concern with alcoholism and other drug addiction problems. Members shall be appointed by the secretary. In addition to advising the department in carrying out the purposes of this chapter, the council shall develop and propose to the secretary for his or her consideration the rules (~~and regulations~~) for the implementation of the (~~alcoholism~~) chemical dependency program(~~s~~) of the department. The secretary shall thereafter adopt such rules (~~and regulations as shall~~) that, in his or her judgment properly implement the (~~alcoholism~~) chemical dependency program(~~s~~) of the department consistent with the welfare of those to be served, the legislative intent, and the public good.

NEW SECTION. Sec. 10. All facilities, plans, or programs receiving financial assistance under RCW 70.96A.040 must be approved by the department before any state funds may be used to provide the financial assistance. If the facilities, plans, or programs have not been approved as required or do not receive the required approval, the funds set aside for the facility, plan, or program shall be made available for allocation to facilities,

plans, or programs that have received the required approval of the department. In addition, whenever there is an excess of funds set aside for a particular approved facility, plan, or program, the excess shall be made available for allocation to other approved facilities, plans, or programs.

NEW SECTION. Sec. 11. Except as provided in this chapter, the secretary shall not approve any facility, plan, or program for financial assistance under RCW 70.96A.040 unless at least ten percent of the amount spent for the facility, plan, or program is provided from local public or private sources. When deemed necessary to maintain public standards of care in the facility, plan, or program, the secretary may require the facility, plan, or program to provide up to fifty percent of the total spent for the program through fees, gifts, contributions, or volunteer services. The secretary shall determine the value of the gifts, contributions, and volunteer services.

NEW SECTION. Sec. 12. A city, town, or county that does not have its own facility or program for the treatment and rehabilitation of alcoholics and other drug addicts may share in the use of a facility or program maintained by another city or county so long as it contributes no less than two percent of its share of liquor taxes and profits to the support of the facility or program.

NEW SECTION. Sec. 13. To be eligible to receive its share of liquor taxes and profits, each city and county shall devote no less than two percent of its share of liquor taxes and profits to the support of a program of alcoholism and other drug addiction approved by the alcoholism and other drug addiction board authorized by section 15 of this act and the secretary.

***\*NEW SECTION. Sec. 14. The department shall not refuse admission for diagnosis, evaluation, guidance, or treatment to any applicant because it is determined that the applicant is financially unable to contribute fully or in part to the cost of any services or facilities available under the chemical dependency program.***

*\*Sec. 14 was vetoed, see message at end of chapter.*

NEW SECTION. Sec. 15. (1) A county or combination of counties acting jointly by agreement, referred to as "county" in this chapter, may create an alcoholism and other drug addiction board. This board may also be designated as a board for other related purposes.

(2) The board shall be composed of not less than seven nor more than fifteen members, who shall be chosen for their demonstrated concern for alcoholism and other drug addiction problems. Members of the board shall be representative of the community, shall include at least one-quarter recovered alcoholics or other recovered drug addicts, and shall include minority group representation. No member may be a provider of alcoholism and other drug addiction treatment services. No more than four elected or appointed city or county officials may serve on the board at the same time. Members of the board shall serve three-year terms and hold office until



their successors are appointed and qualified. They shall not be compensated for the performance of their duties as members of the board, but may be reimbursed for travel expenses.

(3) The alcoholism and other drug addiction board shall:

(a) Conduct public hearings and other investigations to determine the needs and priorities of county citizens;

(b) Prepare and recommend to the county legislative authority for approval, all plans, budgets, and applications by the county to the department and other state agencies on behalf of the county alcoholism and other drug addiction program;

(c) Monitor the implementation of the alcoholism and other drug addiction plan and evaluate the performance of the alcoholism and drug addiction program at least annually;

(d) Advise the county legislative authority and county alcoholism and other drug addiction program coordinator on matters relating to the alcoholism and other drug addiction program, including prevention and education;

(e) Nominate individuals to the county legislative authority for the position of county alcoholism and other drug addiction program coordinator. The nominees should have training and experience in the administration of alcoholism and other drug addiction services and shall meet the minimum qualifications established by rule of the department;

(f) Carry out other duties that the department may prescribe by rule.

**NEW SECTION.** Sec. 16. (1) The chief executive officer of the county alcoholism and other drug addiction program shall be the county alcoholism and other drug addiction program coordinator. The coordinator shall:

(a) In consultation with the county alcoholism and other drug addiction board, provide general supervision over the county alcoholism and other drug addiction program;

(b) Prepare plans and applications for funds to support the alcoholism and other drug addiction program in consultation with the county alcoholism and other drug addiction board;

(c) Monitor the delivery of services to assure conformance with plans and contracts and, at the discretion of the board, but at least annually, report to the alcoholism and other drug addiction board the results of the monitoring;

(d) Provide staff support to the county alcoholism and other drug addiction board.

(2) The county alcoholism and other drug addiction program coordinator shall be appointed by the county legislative authority from nominations by the alcoholism and other drug addiction program board. The coordinator may serve on either a full-time or part-time basis. Only with the prior approval of the secretary may the coordinator be an employee of a

government or private agency under contract with the department to provide alcoholism or other drug addiction services.

**NEW SECTION.** Sec. 17. (1) A county legislative authority, or two or more counties acting jointly, may establish an alcoholism and other drug addiction program. If two or more counties jointly establish the program, they shall designate one county to provide administrative and financial services.

(2) To be eligible for funds from the department for the support of the county alcoholism and other drug addiction program, the county legislative authority shall establish a county alcoholism and other drug addiction board under section 15 of this act and appoint a county alcoholism and other drug addiction program coordinator under section 16 of this act.

(3) The county legislative authority may apply to the department for financial support for the county program of alcoholism and other drug addiction. To receive financial support, the county legislative authority shall submit a plan that meets the following conditions:

- (a) It shall describe the services and activities to be provided;
- (b) It shall include anticipated expenditures and revenues;
- (c) It shall be prepared by the county alcoholism and other drug addiction program board and be adopted by the county legislative authority;
- (d) It shall reflect maximum effective use of existing services and facilities; and
- (e) It shall meet other conditions that the secretary may require.

(4) The county may accept and spend gifts, grants, and fees, from public and private sources, to implement its program of alcoholism and other drug addiction.

(5) The county may subcontract for detoxification, residential treatment, or outpatient treatment with treatment programs that are approved treatment programs. The county may subcontract for other services with individuals or organizations approved by the department.

(6) To continue to be eligible for financial support from the department for the county alcoholism and other drug addiction program, an increase in state financial support shall not be used to supplant local funds from a source that was used to support the county alcoholism and other drug addiction program before the effective date of the increase

Sec. 18. Section 8, chapter 122, Laws of 1972 ex. sess. and RCW 70.96A.080 are each amended to read as follows:

(1) The department shall establish by all appropriate means, including contracting for services, a comprehensive and coordinated discrete program for the treatment of alcoholics and other drug addicts and their families, persons incapacitated by alcohol or other psychoactive chemicals, and intoxicated persons.

(2) The program shall include, but not necessarily be limited to:

(a) ~~((Emergency treatment provided by a facility affiliated with or part of the medical service of a general hospital or licensed medical institution:))~~

Detoxification;

(b) ~~((Inpatient))~~ Residential treatment; and

(c) ~~((Intermediate treatment; and~~

~~(d))~~ Outpatient ((and follow-up)) treatment.

(3) ~~((The department shall provide for adequate and appropriate treatment for alcoholics, persons incapacitated by alcohol, and intoxicated persons admitted under RCW 70.96A.110 through 70.96A.140. Treatment may not be provided at a jail or prison except for inmates.~~

~~(4))~~ All appropriate public and private resources shall be coordinated with and ((utilized)) used in the program ((if)) when possible.

(5) ~~((The department shall prepare, publish, and distribute annually a list of all approved public and private treatment facilities.~~

~~(6))~~ (4) The department may contract for the use of ((any facility as)) an approved ((public)) treatment ((facility)) program or other individual or organization if the secretary((, subject to the policies of the department;)) considers this to be an effective and economical course to follow.

Sec. 19. Section 9, chapter 122, Laws of 1972 ex. sess. and RCW 70.96A.090 are each amended to read as follows:

(1) The department shall adopt rules establishing standards for approved treatment ~~((facilities that must be met for a treatment facility to be))~~ programs, the process for the review and inspection program applying to the department for certification as an approved ((as a public or private)) treatment ((facility)) program, and fixing the fees to be charged by the department for the required inspections. The standards may concern the health standards to be met and standards of services and treatment to be afforded patients.

(2) The department may either grant or deny a certification of approval or revoke or suspend certification previously granted after investigation to ascertain whether or not the treatment program meets the standards adopted under this chapter.

(3) No treatment program may advertise or represent itself as an approved treatment program if approval has not been granted, has been denied, suspended, revoked, or canceled.

(4) Certification as an approved treatment program is effective for one calendar year from the date of issuance of the certificate. The certification shall specify the types of services provided by the approved treatment program that meet the standards adopted under this chapter. Renewal of certification shall be made in accordance with this section for initial approval and in accordance with the standards set forth in rules adopted by the secretary.

(5) Approved treatment programs shall not provide alcoholism or other drug addiction treatment services for which the approved treatment program has not been certified. Approved treatment programs may provide services for which approval has been sought and is pending, if approval for the services has not been previously revoked or denied.

(6) The department periodically shall inspect approved public and private treatment ((facilities)) programs at reasonable times and in a reasonable manner.

~~((3))~~ (7) The department shall maintain and periodically publish a current list of approved ((public and private)) treatment ((facilities at reasonable times and in a reasonable manner)) programs.

~~((4))~~ (8) Each approved ((public and private)) treatment ((facility)) program shall file with the department on request, data, statistics, schedules, and information the department reasonably requires. An approved ((public or private)) treatment ((facility)) program that without good cause fails to furnish any data, statistics, schedules, or information as requested, or files fraudulent returns thereof, may be removed from the list of approved treatment ((facilities)) programs, and its ((approval)) certification revoked or suspended.

~~((5) The division, after holding a hearing, may suspend, revoke, limit, or restrict an approval, or without hearing, refuse to grant an approval, for failure to meet the provisions of this chapter, or the standards established thereunder.~~

~~((6))~~ (9) The superior court may restrain any violation of this section, review any denial, restriction, or revocation of approval, and grant other relief required to enforce its provisions.

~~((7))~~ (10) Upon petition of the department and after a hearing held upon reasonable notice to the facility, the superior court may issue a warrant to an officer or employee of the department authorizing him or her to enter and inspect at reasonable times, and examine the books and accounts of, any approved public or private treatment ((facility)) program refusing to consent to inspection or examination by the department or which the department has reasonable cause to believe is operating in violation of this chapter.

NEW SECTION. Sec. 20. The state of Washington declares that there is no fundamental right to methadone treatment. The state of Washington further declares that while methadone is an addictive substance, that it nevertheless has several legal, important, and justified uses and that one of its appropriate and legal uses is, in conjunction with other required therapeutic procedures, in the treatment of persons addicted to or habituated to opioids.

Because methadone is addictive and is listed as a schedule II controlled substance in chapter 69.50 RCW, the state of Washington and authorizing counties on behalf of their citizens have the legal obligation and right to

regulate the use of methadone. The state of Washington declares its authority to control and regulate carefully, in cooperation with the authorizing counties, all clinical uses of methadone in the treatment of opium addiction. Further, the state declares that the goal of methadone treatment is drug-free living for the individuals who participate in the treatment program.

**NEW SECTION.** Sec. 21. (1) A county legislative authority may prohibit methadone treatment in that county. The department shall not certify a methadone treatment program in a county where the county legislative authority has prohibited methadone treatment. If a county legislative authority authorizes methadone treatment programs, it shall limit by ordinance the number of methadone treatment programs operating in that county by limiting the number of licenses granted in that county. If a county has authorized methadone treatment programs in that county, it shall only license methadone treatment programs that comply with the department's operating and treatment standards under this section and section 22 of this act. A county that authorizes methadone treatment may operate the programs directly or through a local health department or health district or it may authorize certified methadone treatment programs that the county licenses to provide the services within the county. Counties shall monitor methadone treatment programs for compliance with the department's operating and treatment regulations under this section and section 22 of this act.

(2) A county that authorizes methadone treatment programs shall develop and enact by ordinance licensing standards, consistent with this chapter and the operating and treatment standards adopted under this chapter, that govern the application for, issuance of, renewal of, and revocation of the licenses. Certified programs existing before May 18, 1987, applying for renewal of licensure in subsequent years, that maintain certification and meet all other requirements for licensure, shall be given preference.

(3) In certifying programs, the department shall not discriminate against a methadone program on the basis of its corporate structure. In licensing programs, the county shall not discriminate against a methadone program on the basis of its corporate structure.

(4) A program applying for certification from the department and a program applying for a contract from a state agency that has been denied the certification or contract shall be provided with a written notice specifying the rationale and reasons for the denial. A program applying for a license or a contract from a county that has been denied the license or contract shall be provided with a written notice specifying the rationale and reasons for the denial.

(5) A license is effective for one calendar year from the date of issuance. The license shall be renewed in accordance with the provisions of this section for initial approval and in accordance with the standards set forth in rules adopted by the secretary.

**NEW SECTION.** Sec. 22. (1) The department, in consultation with methadone treatment service providers and counties authorizing methadone treatment programs, shall establish state-wide treatment standards for methadone treatment programs. The department and counties that authorize methadone treatment programs shall enforce these treatment standards. The treatment standards shall include, but not be limited to, reasonable provisions for all appropriate and necessary medical procedures, counseling requirements, urinalysis, and other suitable tests as needed to ensure compliance with this chapter and the treatment standard authorized by this chapter. A methadone treatment program shall not have a caseload in excess of three hundred fifty persons.

(2) The department, in consultation with methadone treatment programs and counties authorizing methadone treatment programs, shall establish state-wide operating standards for methadone treatment programs. The department and counties that authorize methadone treatment programs shall enforce these operating standards. The operating standards shall include, but not be limited to, reasonable provisions necessary to enable the department and authorizing counties to monitor certified and licensed methadone treatment programs for compliance with this chapter and the treatment standards authorized by this chapter and to minimize the impact of the methadone treatment programs upon the business and residential neighborhoods in which the program is located.

Sec. 23. Section 10, chapter 122, Laws of 1972 ex. sess. and RCW 70-.96A.100 are each amended to read as follows:

The secretary shall adopt and may amend and repeal rules for acceptance of persons into the approved treatment program, considering available treatment resources and facilities, for the purpose of early and effective treatment of alcoholics and other drug addicts, persons incapacitated by alcohol or other psychoactive chemicals, and intoxicated persons. In establishing the rules, the secretary shall be guided by the following standards:

(1) If possible a patient shall be treated on a voluntary rather than an involuntary basis.

(2) A patient shall be initially assigned or transferred to outpatient ~~((or intermediate))~~ treatment, unless he or she is found to require ~~((inpatient))~~ residential treatment.

(3) A person shall not be denied treatment solely because he or she has withdrawn from treatment against medical advice on a prior occasion or because he or she has relapsed after earlier treatment.

(4) An individualized treatment plan shall be prepared and maintained on a current basis for each patient.

(5) Provision shall be made for a continuum of coordinated treatment services, so that a person who leaves a facility or a form of treatment will have available and ~~((utilize))~~ use other appropriate treatment.

**NEW SECTION.** Sec. 24. Any person fourteen years of age or older may give consent for himself or herself to the furnishing of counseling, care, treatment, or rehabilitation by a treatment program or by any person. Consent of the parent, parents, or legal guardian of a person less than eighteen years of age is not necessary to authorize the care, except that the person shall not become a resident of the treatment program without such permission except as provided in RCW 70.96A.120. The parent, parents, or legal guardian of a person less than eighteen years of age are not liable for payment of care for such persons pursuant to this chapter, unless they have joined in the consent to the counseling, care, treatment, or rehabilitation.

Sec. 25. Section 11, chapter 122, Laws of 1972 ex. sess. and RCW 70.96A.110 are each amended to read as follows:

(1) An alcoholic or other drug addict may apply for voluntary treatment directly to an approved treatment ((facility)) program. If the proposed patient is a minor or an incompetent person, he or she, a parent, a legal guardian, or other legal representative may make the application.

(2) Subject to rules adopted by the secretary, the administrator in charge of an approved treatment ((facility)) program may determine who shall be admitted for treatment. If a person is refused admission to an approved treatment ((facility)) program, the administrator, subject to rules adopted by the secretary, shall refer the person to another approved treatment ((facility)) program for treatment if possible and appropriate.

(3) If a patient receiving inpatient care leaves an approved treatment ((facility)) program, he or she shall be encouraged to consent to appropriate outpatient ((or intermediate)) treatment. If it appears to the administrator in charge of the treatment ((facility)) program that the patient is an alcoholic or other drug addict who requires help, the department may arrange for assistance in obtaining supportive services and residential facilities.

(4) If a patient leaves an approved public treatment ((facility)) program, with or against the advice of the administrator in charge of the facility, the department may make reasonable provisions for his or her transportation to another facility or to his or her home. If ((~~he~~)) the patient has no home he or she should be assisted in obtaining shelter. If ((~~he~~)) the patient is less than fourteen years of age or an incompetent person the request for discharge from an inpatient facility shall be made by a parent, legal guardian, or other legal representative or by the minor or incompetent if he or she was the original applicant.

**\*Sec. 26. Section 12, chapter 122, Laws of 1972 ex. sess. as last amended by section 13, chapter 439, Laws of 1987 and RCW 70.96A.120 are each amended to read as follows:**

**(1) An intoxicated person may come voluntarily to an approved treatment ((facility)) program for treatment. A person who appears to be intoxicated in a public place and to be in need of help, if he or she consents to the**

proffered help, may be assisted to his or her home, an approved treatment ((facility)) program, or other health facility.

(2) Except for a person who may be apprehended for possible violation of laws not relating to alcoholism or intoxication and except for a person who may be apprehended for possible violation of laws relating to driving or being in physical control of a vehicle while intoxicated and except for a person who may wish to avail himself or herself of the provisions of RCW 46-.20.308, a person who appears to be incapacitated by alcohol and who is in a public place or who has threatened, attempted, or inflicted physical harm on another, shall be taken into protective custody by the police or the emergency service patrol and as soon as practicable, but in no event beyond eight hours brought to an approved treatment ((facility)) program for treatment. If no approved treatment ((facility)) program is readily available he or she shall be taken to an emergency medical service customarily used for incapacitated persons. The police or the emergency service patrol, in detaining the person and in taking him or her to an approved treatment ((facility)) program, is taking him or her into protective custody and shall make every reasonable effort to protect his or her health and safety. In taking the person into protective custody, the detaining officer or member of an emergency patrol may take reasonable steps including reasonable force if necessary to protect himself or herself or effect the custody. A taking into protective custody under this section is not an arrest. No entry or other record shall be made to indicate that the person has been arrested or charged with a crime.

(3) A person who comes voluntarily or is brought to an approved treatment ((facility)) program shall be examined by a qualified person. He or she may then be admitted as a patient or referred to another health facility, which provides emergency medical treatment, where it appears that such treatment may be necessary. The referring approved treatment ((facility)) program shall arrange for his or her transportation.

(4) A person who is found to be incapacitated by alcohol at the time of his or her admission or to have become incapacitated at any time after his or her admission, may not be detained at the ((facility)) program for more than seventy-two hours after admission as a patient, unless a petition is filed under RCW 70.96A.140(~~(, as now or hereafter amended: PROVIDED, That)~~). However, the treatment personnel at the ((facility)) program are authorized to use such reasonable physical restraint as may be necessary to retain a person incapacitated by alcohol at ((such facility)) the program for up to seventy-two hours from the time of admission. The seventy-two hour periods specified in this section shall be computed by excluding Saturdays, Sundays, and holidays. A person may consent to remain in the ((facility)) program as long as the physician in charge believes appropriate.

(5) A person who is not admitted to an approved treatment ((facility)) program, is not referred to another health facility, and has no funds, may be



taken to his or her home, if any. If he or she has no home, the approved treatment ((facility)) program shall assist him or her in obtaining shelter.

(6) If a patient is admitted to an approved treatment ((facility)) program, his or her family or next of kin shall be notified as promptly as possible. If an adult patient who is not incapacitated requests that there be no notification, his or her request shall be respected.

(7) The police, members of the emergency service, or treatment ((facility)) program personnel, who in good faith act in compliance with this chapter are performing in the course of their official duty and are not criminally or civilly liable therefor.

(8) If the person in charge of the approved treatment ((facility)) program determines it is for the patient's benefit, the patient shall be encouraged to agree to further diagnosis and appropriate voluntary treatment.

\*Sec. 26 was vetoed, see message at end of chapter.

\*Sec. 27. Section 14, chapter 122, Laws of 1972 ex. sess. as last amended by section 14, chapter 439, Laws of 1987 and RCW 70.96A.140 are each amended to read as follows:

(1) When the person in charge of an approved treatment ((facility)) program, or his or her designee, receives information alleging that a person is incapacitated as a result of alcoholism, the person in charge, or his or her designee, after investigation and evaluation of the specific facts alleged and of the reliability and credibility of the information, may file a petition for commitment of such person with the superior court or district court. If the person in charge, or his or her designee, finds that the initial needs of such person would be better served by placement within the mental health system, the person shall be referred to an evaluation and treatment facility as defined in RCW 71.05.020. If placement in an approved alcohol treatment ((facility)) program is deemed appropriate, the petition shall allege that the person is an alcoholic who is incapacitated by alcohol, or that the person has twice before in the preceding twelve months been admitted for the voluntary treatment for alcoholism pursuant to RCW 70.96A.110 and is in need of a more sustained treatment program, or that the person is an alcoholic who has threatened, attempted, or inflicted physical harm on another and is likely to inflict physical harm on another unless committed. A refusal to undergo treatment does not constitute evidence of lack of judgment as to the need for treatment. The petition shall be accompanied by a certificate of a licensed physician who has examined the person within two days before submission of the petition, unless the person whose commitment is sought has refused to submit to a medical examination, in which case the fact of refusal shall be alleged in the petition. The certificate shall set forth the physician's findings in support of the allegations of the petition. A physician employed by the petitioning ((facility)) program or the department is not eligible to be the certifying physician.

(2) Upon filing the petition, the court shall fix a date for a hearing no less than three and no more than seven days after the date the petition was

filed unless the person petitioned against is presently being detained by the ((facility)) program, pursuant to RCW 70.96A.120, (~~as now or hereafter amended,~~) in which case the hearing shall be held within seventy-two hours of the filing of the petition(~~(: PROVIDED, HOWEVER, That the above specified)~~). The seventy-two hours shall be computed by excluding Saturdays, Sundays, and holidays(~~(: PROVIDED FURTHER, That)~~). However, the court may, upon motion of the person whose commitment is sought, or upon motion of petitioner with written permission of the person whose commitment is sought, or his or her counsel and, upon good cause shown, extend the date for the hearing. A copy of the petition and of the notice of the hearing, including the date fixed by the court, shall be served by the treatment ((facility)) program on the person whose commitment is sought, his or her next of kin, a parent or his or her legal guardian if he or she is a minor, and any other person the court believes advisable. A copy of the petition and certificate shall be delivered to each person notified.

(3) At the hearing the court shall hear all relevant testimony, including, if possible, the testimony of at least one licensed physician who has examined the person whose commitment is sought. The person shall be present unless the court believes that his or her presence is likely to be injurious to him or her(~~(:)~~). In this event the court may deem it appropriate to appoint a guardian ad litem to represent him or her throughout the proceeding. If deemed advisable, the court may examine the person (~~out-of~~) outside the courtroom. If the person has refused to be examined by a licensed physician, he or she shall be given an opportunity to be examined by a court-appointed licensed physician. If he or she refuses and there is sufficient evidence to believe that the allegations of the petition are true, or if the court believes that more medical evidence is necessary, the court may make a temporary order committing him or her to the department for a period of not more than five days for purposes of a diagnostic examination.

(4) If after hearing all relevant evidence, including the results of any diagnostic examination, the court finds that grounds for involuntary commitment have been established by clear, cogent, and convincing proof, it shall make an order of commitment to an approved treatment ((facility)) program. It shall not order commitment of a person unless it determines that an approved treatment ((facility)) program is able to provide adequate and appropriate treatment for him or her and the treatment is likely to be beneficial.

(5) A person committed under this section shall remain in the ((facility)) program for treatment for a period of thirty days unless sooner discharged. At the end of the thirty-day period, he or she shall be discharged automatically unless the ((facility)) program, before expiration of the period, files a petition for his or her recommitment upon the grounds set forth in subsection (1) of this section for a further period of ninety days unless sooner discharged. If a person has been committed because he or she is an alcoholic likely to inflict physical harm on another, the ((facility)) program shall apply

for recommitment if after examination it is determined that the likelihood still exists.

(6) A person recommitted under subsection (5) of this section who has not been discharged by the ((facility)) program before the end of the ninety-day period shall be discharged at the expiration of that period unless the ((facility)) program, before expiration of the period, obtains a court order on the grounds set forth in subsection (1) of this section for recommitment for a further period not to exceed ninety days. If a person has been committed because he or she is an alcoholic likely to inflict physical harm on another, the ((facility)) program shall apply for recommitment if after examination it is determined that the likelihood still exists. Only two recommitment orders under subsections (5) and (6) of this section are permitted.

(7) Upon the filing of a petition for recommitment under subsections (5) or (6) of this section, the court shall fix a date for hearing no less than three and no more than seven days after the date the petition was filed(~~(-PROVIDED, That)~~). However, the court may, upon motion of the person whose commitment is sought and upon good cause shown, extend the date for the hearing. A copy of the petition and of the notice of hearing, including the date fixed by the court, shall be served by the treatment ((facility)) program on the person whose commitment is sought, his or her next of kin, the original petitioner under subsection (1) of this section if different from the petitioner for recommitment, one of his or her parents or his or her legal guardian if he or she is a minor, and his or her attorney and any other person the court believes advisable. At the hearing the court shall proceed as provided in subsection (3) of this section.

(8) The ((facility)) program shall provide for adequate and appropriate treatment of a person committed to its custody. A person committed under this section may be transferred from one approved public treatment ((facility)) program to another if transfer is medically advisable.

(9) A person committed to the custody of a ((facility)) program for treatment shall be discharged at any time before the end of the period for which he or she has been committed and he or she shall be discharged by order of the court if either of the following conditions are met:

(a) In case of an alcoholic committed on the grounds of likelihood of infliction of physical harm upon another, that he or she is no longer an alcoholic or the likelihood no longer exists; or further treatment will not be likely to bring about significant improvement in the person's condition, or treatment is no longer adequate or appropriate.

(b) In case of an alcoholic committed on the grounds of the need of treatment and incapacity, that the incapacity no longer exists.

(10) The court shall inform the person whose commitment or recommitment is sought of his or her right to contest the application, be represented by counsel at every stage of any proceedings relating to his or her commitment and recommitment, and have counsel appointed by the court or provided

by the court, if he or she wants the assistance of counsel and is unable to obtain counsel. If the court believes that the person needs the assistance of counsel, the court shall require, by appointment if necessary, counsel for him or her regardless of his or her wishes. The person shall, if he or she is financially able, bear the costs of such legal service; otherwise such legal service shall be at public expense. The person whose commitment or recommitment is sought shall be informed of his or her right to be examined by a licensed physician of his or her choice. If the person is unable to obtain a licensed physician and requests examination by a physician, the court shall employ a licensed physician.

(11) A person committed under this chapter may at any time seek to be discharged from commitment by writ of habeas corpus in a court of competent jurisdiction.

(12) The venue for proceedings under this section is the county in which person to be committed resides or is present.

\*Sec. 27 was vetoed, see message at end of chapter.

\*Sec. 28. Section 15, chapter 122, Laws of 1972 ex. sess. and RCW 70.96A.150 are each amended to read as follows:

(1) ~~((The registration and other records of treatment facilities shall remain confidential and are privileged to the patient.))~~ When an individual submits himself or herself for care, treatment, counseling, or rehabilitation to an organization, institution, or corporation, public or private, approved under this chapter, or a person licensed or certified by the state whose principal function is the care, treatment, counseling, or rehabilitation of alcoholics and other drug addicts, persons incapacitated by alcohol and other psychoactive chemicals, and intoxicated persons, or the providing of medical, psychological, or social counseling or treatment, notwithstanding any other provision of law, that individual is guaranteed confidentiality. No such person, organization, institution, or corporation, or their agents, acting in the scope and course of their duties, providing such care, treatment, counseling, or rehabilitation may divulge nor may they be required to provide specific information concerning individuals being cared for, treated, counseled, or rehabilitated, nor may pharmacists or their agents provide such information if they become aware of or receive such information when requested to or for the purpose of providing products or performing services relevant to that care, treatment, counseling, or rehabilitation. If a person, organization, institution, or corporation, or their agents, breaches confidentiality as provided for in this section, that information and any product of it is not admissible as evidence and shall not be considered in a criminal proceeding. The fact of an individual of authorized age being cared for, treated, counseled, or rehabilitated under this chapter shall likewise be held confidential and is not admissible as evidence and shall not be considered in a criminal proceeding.

**(2) Confidentiality provided for by this section may be waived by the individual, if the waiver is freely and voluntarily made, and with full prior information as to the consequences of the waiver.**

**(3) Notwithstanding subsection (1) of this section, the secretary may receive information from patients' records for purposes of research into the causes and treatment of alcoholism, and the evaluation of alcoholism and treatment programs. Information under this subsection shall not be published in a way that discloses patients' names or otherwise discloses their identities.**

**(4) Nothing contained in this chapter relieves a person or firm from the requirements under federal and state drug laws and regulations for the keeping of records and the responsibility for the accountability of drugs received and dispensed. Such records, insofar as they contain confidential information under this chapter, are available only to state and federal drug inspectors, who shall not divulge the information as is contained in these records, including the identification of individuals, except (a) upon subpoena in a court or administrative proceeding to which the person to whom the prescription, orders, or other records relate is a party, or (b) when the information reasonably leads to the conclusion that there has been a violation of chapter 69.50 RCW, the information may be referred to other law enforcement officers.**

**(5) Nothing contained in this chapter prohibits or may be construed to prohibit the divulging of information concerning the neglect or physical or sexual abuse of a child as required by chapter 26.44 RCW.**

\*Sec. 28 was vetoed, see message at end of chapter.

Sec. 29. Section 16, chapter 122, Laws of 1972 ex. sess. and RCW 70.96A.160 are each amended to read as follows:

(1) Subject to reasonable rules regarding hours of visitation which the secretary may adopt, patients in any approved treatment ((facility)) program shall be granted opportunities for adequate consultation with counsel, and for continuing contact with family and friends consistent with an effective treatment program.

(2) Neither mail nor other communication to or from a patient in any approved treatment ((facility)) program may be intercepted, read, or censored. The secretary may adopt reasonable rules regarding the use of telephone by patients in approved treatment ((facilities)) programs.

Sec. 30. Section 17, chapter 122, Laws of 1972 ex. sess. and RCW 70.96A.170 are each amended to read as follows:

(1) The state and counties, cities, and other municipalities may establish or contract for emergency service patrols which are to be under the administration of the appropriate jurisdiction. A patrol consists of persons trained to give assistance in the streets and in other public places to persons

who are intoxicated. Members of an emergency service patrol shall be capable of providing first aid in emergency situations and may transport intoxicated persons to their homes and to and from treatment ~~((facilities))~~ programs.

(2) The secretary shall adopt rules pursuant to chapter ~~((34.04))~~ 34.05 RCW for the establishment, training, and conduct of emergency service patrols.

Sec. 31. Section 18, chapter 122, Laws of 1972 ex. sess. and RCW 70.96A.180 are each amended to read as follows:

(1) If treatment is provided by an approved treatment ~~((facility))~~ program or emergency treatment is provided by a ~~((facility))~~ program under RCW 70.96A.080(2)(a), and the patient has not paid or is unable to pay the charge therefor, the ~~((facility))~~ program is entitled to any payment (a) received by the patient or to which he may be entitled because of the services rendered, and (b) from any public or private source available to the ~~((facility))~~ program because of the treatment provided to the patient.

(2) A patient in a ~~((facility))~~ program, or the estate of the patient, or a person obligated to provide for the cost of treatment and having sufficient financial ability, is liable to the ~~((facility))~~ program for cost of maintenance and treatment of the patient therein in accordance with rates established.

(3) The secretary shall adopt rules governing financial ability that take into consideration the income, savings, and other personal and real property of the person required to pay, and any support being furnished by him to any person he is required by law to support.

Sec. 32. Section 19, chapter 122, Laws of 1972 ex. sess. and RCW 70.96A.190 are each amended to read as follows:

(1) No county, municipality, or other political subdivision may adopt or enforce a local law, ordinance, resolution, or rule having the force of law that includes drinking, being ~~((a common drunkard))~~ an alcoholic or drug addict, or being found in an intoxicated condition as one of the elements of the offense giving rise to a criminal or civil penalty or sanction.

(2) No county, municipality, or other political subdivision may interpret or apply any law of general application to circumvent the provision of subsection (1) of this section.

(3) Nothing in this chapter affects any law, ordinance, resolution, or rule against drunken driving, driving under the influence of alcohol or other psychoactive chemicals, or other similar offense involving the operation of a vehicle, aircraft, boat, machinery, or other equipment, or regarding the sale, purchase, dispensing, possessing, or use of alcoholic beverages or other psychoactive chemicals at stated times and places or by a particular class of persons; nor shall evidence of intoxication affect, other than as a defense, the application of any law, ordinance, resolution, or rule to conduct otherwise establishing the elements of an offense.

Sec. 33. Section 18, chapter 279, Laws of 1984 as amended by section 10, chapter 259, Laws of 1986 and RCW 18.130.180 are each amended to read as follows:

The following conduct, acts, or conditions constitute unprofessional conduct for any license holder or applicant under the jurisdiction of this chapter:

(1) The commission of any act involving moral turpitude, dishonesty, or corruption relating to the practice of the person's profession, whether the act constitutes a crime or not. If the act constitutes a crime, conviction in a criminal proceeding is not a condition precedent to disciplinary action. Upon such a conviction, however, the judgment and sentence is conclusive evidence at the ensuing disciplinary hearing of the guilt of the license holder or applicant of the crime described in the indictment or information, and of the person's violation of the statute on which it is based. For the purposes of this section, conviction includes all instances in which a plea of guilty or nolo contendere is the basis for the conviction and all proceedings in which the sentence has been deferred or suspended. Nothing in this section abrogates rights guaranteed under chapter 9.96A RCW;

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

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

(4) Incompetence, negligence, or malpractice which results in injury to a patient or which creates an unreasonable risk that a patient may be harmed;

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

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

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

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

(a) Not furnishing any papers or documents;

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

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

(9) Failure to comply with an order issued by the disciplining authority or an assurance of discontinuance entered into with the disciplining authority;

(10) Aiding or abetting an unlicensed person to practice when a license is required;

(11) Violations of rules established by any health agency;

(12) Practice beyond the scope of practice as defined by law or rule;

(13) Misrepresentation or fraud in any aspect of the conduct of the business or profession;

(14) Failure to adequately supervise auxiliary staff to the extent that the consumer's health or safety is at risk;

(15) Engaging in a profession involving contact with the public while suffering from a contagious or infectious disease involving serious risk to public health;

(16) Promotion for personal gain of any unnecessary or inefficacious drug, device, treatment, procedure, or service;

(17) Conviction of any gross misdemeanor or felony relating to the practice of the person's profession. For the purposes of this subsection, conviction includes all instances in which a plea of guilty or nolo contendere is the basis for conviction and all proceedings in which the sentence has been deferred or suspended. Nothing in this section abrogates rights guaranteed under chapter 9.96A RCW;

(18) The procuring, or aiding or abetting in procuring, a criminal abortion;

(19) The offering, undertaking, or agreeing to cure or treat disease by a secret method, procedure, treatment, or medicine, or the treating, operating, or prescribing for any health condition by a method, means, or procedure which the licensee refuses to divulge upon demand of the disciplining authority;

(20) The ~~((willful))~~ willful betrayal of a practitioner-patient privilege as recognized by law;

(21) Violation of chapter 19.68 RCW;

(22) Interference with an investigation or disciplinary proceeding by ~~((willful))~~ willful misrepresentation of facts before the disciplining authority or its authorized representative, or by the use of threats or harassment against any patient or witness to prevent them from providing evidence in a disciplinary proceeding or any other legal action;

(23) ~~((Drunkenness or habitual intemperance in the use of alcohol or addiction to alcohol))~~ Current misuse of:

(a) Alcohol;

(b) Controlled substances; or

(c) Legend drugs;

(24) Abuse of a client or patient or sexual contact with a client or patient.



NEW SECTION. Sec. 34. Sections 1, 7, 10 through 17, 20 through 22, and 24 of this act are each added to chapter 70.96A RCW.

NEW SECTION. Sec. 35. The following acts or parts of acts are each repealed:

(1) Section 1, chapter 304, Laws of 1971 ex. sess., section 13, chapter 193, Laws of 1982, section 1, chapter 410, Laws of 1987 and RCW 69.54-.010;

(2) Section 2, chapter 304, Laws of 1971 ex. sess., section 14, chapter 193, Laws of 1982 and RCW 69.54.020;

(3) Section 3, chapter 304, Laws of 1971 ex. sess., section 2, chapter 53, Laws of 1986, section 2, chapter 410, Laws of 1987 and RCW 69.54-.030;

(4) Section 3, chapter 410, Laws of 1987 and RCW 69.54.033;

(5) Section 1, chapter 53, Laws of 1986, section 4, chapter 410, Laws of 1987 and RCW 69.54.035;

(6) Section 4, chapter 304, Laws of 1971 ex. sess., section 15, chapter 193, Laws of 1982, section 1, chapter 193, Laws of 1988 and RCW 69.54-.040;

(7) Section 5, chapter 304, Laws of 1971 ex. sess., section 16, chapter 193, Laws of 1982 and RCW 69.54.050;

(8) Section 8, chapter 304, Laws of 1971 ex. sess., section 17, chapter 193, Laws of 1982 and RCW 69.54.060;

(9) Section 9, chapter 304, Laws of 1971 ex. sess., section 18, chapter 193, Laws of 1982 and RCW 69.54.070;

(10) Section 10, chapter 304, Laws of 1971 ex. sess., section 19, chapter 193, Laws of 1982 and RCW 69.54.080;

(11) Section 11, chapter 304, Laws of 1971 ex. sess., section 20, chapter 193, Laws of 1982 and RCW 69.54.090;

(12) Section 8, chapter 193, Laws of 1982 and RCW 69.54.100;

(13) Section 11, chapter 193, Laws of 1982 and RCW 69.54.110;

(14) Section 9, chapter 193, Laws of 1982, section 1, chapter 148, Laws of 1983 and RCW 69.54.120;

(15) Section 10, chapter 193, Laws of 1982 and RCW 69.54.130;

(16) Section 2, chapter 193, Laws of 1982 and RCW 70.96.021;

(17) Section 1, chapter 143, Laws of 1965 ex. sess., section 124, chapter 141, Laws of 1979 and RCW 70.96.085;

(18) Section 1, chapter 104, Laws of 1971 ex. sess. and RCW 70.96-.092;

(19) Section 2, chapter 104, Laws of 1971 ex. sess. and RCW 70.96-.094;

(20) Section 1, chapter 77, Laws of 1972 ex. sess. and RCW 70.96-.095;

(21) Section 2, chapter 77, Laws of 1972 ex. sess., section 3, chapter 155, Laws of 1973 1st ex. sess. and RCW 70.96.096;

- (22) Section 15, chapter 85, Laws of 1959 and RCW 70.96.150;
- (23) Section 2, chapter 155, Laws of 1973 1st ex. sess., section 1, chapter 193, Laws of 1982 and RCW 70.96.160;
- (24) Section 3, chapter 193, Laws of 1982 and RCW 70.96.170;
- (25) Section 4, chapter 193, Laws of 1982 and RCW 70.96.180;
- (26) Section 6, chapter 193, Laws of 1982 and RCW 70.96.190;
- (27) Section 5, chapter 193, Laws of 1982 and RCW 70.96.200;
- (28) Section 23, chapter 122, Laws of 1972 ex. sess. and RCW 70.96A.200;
- (29) Section 24, chapter 122, Laws of 1972 ex. sess. and RCW 70.96A.210;
- (30) Section 25, chapter 122, Laws of 1972 ex. sess., section 172, chapter 151, Laws of 1979 and RCW 70.96A.220; and
- (31) Section 21, chapter 122, Laws of 1972 ex. sess. and RCW 70.96A.900.

Passed the House April 18, 1989.

Passed the Senate April 13, 1989.

Approved by the Governor May 7, 1989, with the exception of certain items which were vetoed.

Filed in Office of Secretary of State May 7, 1989.

Note: Governor's explanation of partial veto is as follows:

"I am returning herewith, without my approval as to sections 2, 14, 26, 27, and 28, Engrossed Substitute House Bill No. 1619 entitled:

"AN ACT Relating to alcoholism and other drug addiction."

These five sections each conflict with amendments to the same statutes which are made in Engrossed Second Substitute House Bill No. 1793, the Omnibus Drug Act, and Substitute Senate Bill No. 5469. This bill is a housekeeping recodification bill, while the Omnibus Drug Act and Substitute Senate Bill No. 5469 contain substantive modifications reflecting legislative policy changes. Therefore, I am vetoing these sections to avoid conflict and confusion.

Section 2 of this bill amends RCW 70.96A.010 which is also amended by section 304 of E2SHB 1793. Section 35 (22) repeals RCW 70.96.150 which is amended by section 308 of E2SHB 1793. In addition, section 14 of this bill provides a new section that is similar to the first paragraph of section 308 of E2SHB 1793 but lacks the new second paragraph. I have signed SHB 1619 first to avoid repealing the amended language in section 308 of E2SHB 1793. Section 26 of this bill amends RCW 70.96A.120 which is also amended by section 306 of E2SHB 1793. Section 27 of this bill amends RCW 70.96A.140 which is also amended by section 307 of E2SHB 1793. Section 28 of this bill amends RCW 70.96A.150 which conflicts with section 1 of SSB 5469 which I have already signed.

With the exception of sections 2, 14, 26, 27, and 28, Engrossed Substitute House Bill No. 1619 is approved."