

## FIFTY SEVENTH DAY

House Chamber, Olympia, Monday, March 9, 2015

The House was called to order at 9:00 a.m. by the Speaker Bergquist. The Clerk called the roll and a quorum was present.

The flags were escorted to the rostrum by a Sergeant at Arms Color Guard, Pages Kaylee Jackson and Sean Doster. The Speaker Bergquist led the Chamber in the Pledge of Allegiance. The prayer was offered by Pastor Eric Lundberg, Abundant Life Community Church, Orting, Washington.

Reading of the Journal of the previous day was dispensed with and it was ordered to stand approved.

There being no objection, the House advanced to the eighth order of business.

There being no objection, HOUSE BILL NO. 1514 was referred to the Committee on Rules.

There being no objection, the Committee on Rules was relieved of HOUSE BILL NO. 1546 and the bill was placed on the second reading calendar:

The Speaker (Representative Bergquist presiding) called upon Representative Orwall to preside.

### MESSAGE FROM THE SENATE

March 6, 2015

MR. SPEAKER:

The Senate has passed:

ENGROSSED SENATE BILL NO. 5014  
SUBSTITUTE SENATE BILL NO. 5022  
SECOND SUBSTITUTE SENATE BILL NO. 5093  
SENATE BILL NO. 5094  
SUBSTITUTE SENATE BILL NO. 5113  
SENATE BILL NO. 5295  
ENGROSSED SUBSTITUTE SENATE BILL NO. 5343  
ENGROSSED SUBSTITUTE SENATE BILL NO. 5347  
ENGROSSED SENATE BILL NO. 5471  
ENGROSSED SECOND SUBSTITUTE SENATE BILL NO.  
5564  
SENATE BILL NO. 5620  
SUBSTITUTE SENATE BILL NO. 5640  
SENATE BILL NO. 5662  
ENGROSSED SECOND SUBSTITUTE SENATE BILL NO.  
5688  
ENGROSSED SUBSTITUTE SENATE BILL NO. 5804  
ENGROSSED SENATE BILL NO. 5873  
SUBSTITUTE SENATE BILL NO. 5897  
SENATE BILL NO. 5914

and the same are herewith transmitted.

Hunter G. Goodman, Secretary

There being no objection, the House advanced to the fourth order of business.

### INTRODUCTION & FIRST READING

HB 2190 by Representatives Harmsworth, Moscoso, Orcutt, Clibborn, Wilson, Condotta, Kretz, Rodne, Dunshee and Pike

AN ACT Relating to vessel reports of sale; and amending RCW 88.02.370.

Referred to Committee on Transportation.

HB 2191 by Representatives Sawyer, Walkinshaw, Peterson and Robinson

AN ACT Relating to a homeless student housing and educational stability program as part of basic education; amending RCW 28A.150.260 and 28A.150.260; adding a new chapter to Title 28A RCW; and providing effective dates.

Referred to Committee on Education.

SB 5001 by Senators Hewitt, Kohl-Welles, Conway, Schoesler, Keiser, Hatfield and Warnick

AN ACT Relating to alcohol tasting by students under twenty-one years of age; and amending RCW 66.20.010 and 66.44.270.

Referred to Committee on Commerce & Gaming.

SSB 5004 by Senate Committee on Law & Justice (originally sponsored by Senators Angel and Rolfes)

AN ACT Relating to establishing the position and authority of warrant officers; amending RCW 35.20.270; adding a new section to chapter 35.21 RCW; and adding a new section to chapter 35A.21 RCW.

Referred to Committee on Judiciary.

SSB 5018 by Senate Committee on Agriculture, Water & Rural Economic Development (originally sponsored by Senators Honeyford and Ericksen)

AN ACT Relating to underground artificial storage and recovery projects; and amending RCW 90.03.370.

Referred to Committee on Agriculture & Natural Resources.

SB 5020 by Senators Bailey, McCoy, Hobbs, Pedersen, Conway, Schoesler, Rolfes and Chase

AN ACT Relating to the state agencies continuity of operations planning requirements; and amending RCW 38.52.010, 38.52.020, and 38.52.030.

Referred to Committee on Public Safety.

SB 5120 by Senator Parlette

AN ACT Relating to school district dissolutions; amending RCW 28A.315.225; and providing an effective date.

Referred to Committee on Education.

2SSB 5127 by Senate Committee on Ways & Means (originally sponsored by Senators Angel, Roach and O'Ban)

AN ACT Relating to revising a property tax exemption for veterans with total disability ratings and their surviving spouses or domestic partners; amending RCW 84.36.381; and creating new sections.

Referred to Committee on Finance.

ESSB 5133 by Senate Committee on Higher Education (originally sponsored by Senators Bailey, Baumgartner, Kohl-Welles and Frockt)

AN ACT Relating to a study of higher education cost drivers; creating new sections; and providing an expiration date.

Referred to Committee on Higher Education.

SSB 5138 by Senate Committee on Government Operations & Security (originally sponsored by Senators Roach, Liias and Keiser)

AN ACT Relating to notice and review processes for annexations, deannexations, incorporations, disincorporations, consolidations, and boundary line adjustments under Titles 35 and 35A RCW; amending RCW 35.02.030, 35.02.037, 35.02.070, 35.02.100, 35.02.130, 35.07.020, 35.07.040, 35.07.230, 35A.15.010, 35A.15.040, 35.10.265, 35.10.400, 35.10.410, 35.10.420, 35.13.010, 35.13.020, 35.13.100, 35.13.130, 35.13.150, 35.13.180, 35.13.182, 35.13.1822, 35.13.185, 35.13.190, 35.13.238, 35.13.260, 35.13.300, 35.13.420, 35.13.440, 35.13.480, 35.13.490, 35.16.010, 35.16.040, 35A.14.010, 35A.14.020, 35A.14.090, 35A.14.130, 35A.14.140, 35A.14.295, 35A.14.297, 35A.14.300, 35A.14.310, 35A.14.430, 35A.14.440, 35A.14.460, 35A.14.470, 35A.14.480, 35A.14.490, 35A.14.700, 35A.16.010, and 35A.16.040; and adding a new section to chapter 43.41 RCW.

Referred to Committee on Local Government.

2SSB 5142 by Senate Committee on Ways & Means (originally sponsored by Senators Becker, Bailey, Rivers, Brown and Keiser)

AN ACT Relating to the health benefit exchange aggregation of funds and collection of data; amending RCW 43.71.030; adding a new section to chapter 43.71 RCW; creating a new section; and providing an effective date.

Referred to Committee on Health Care & Wellness.

SB 5143 by Senators Becker, Bailey, Dammeier, Rivers, Frockt, Brown and Parlette

AN ACT Relating to providing information regarding childhood immunizations to expecting parents; and adding a new section to chapter 43.70 RCW.

Referred to Committee on Health Care & Wellness.

SSB 5147 by Senate Committee on Health Care (originally sponsored by Senators Becker, Bailey, Brown and Rivers)

AN ACT Relating to establishing a medicaid baseline health assessment and monitoring the medicaid population's health; and amending RCW 70.320.030, 70.320.040, and 70.320.050.

Referred to Committee on Health Care & Wellness.

SB 5180 by Senators Benton, Mullet, Angel, Hobbs, Hargrove, Keiser and Darneille

AN ACT Relating to modernizing life insurance reserve requirements; amending RCW 48.74.010, 48.74.020, 48.74.025, 48.74.030, 48.74.050, 48.74.060, 48.74.070, 48.74.090, 48.76.010, 48.76.050, and 42.56.400; reenacting and amending RCW 42.56.400; adding new sections to chapter 48.74 RCW; providing effective dates; and providing an expiration date.

Referred to Committee on Business & Financial Services.

SB 5205 by Senators Becker, Parlette and Warnick

AN ACT Relating to allowing spouses to combine volunteer hours for purposes of receiving a complimentary discover pass; and amending RCW 79A.80.020.

Referred to Committee on Environment.

SB 5233 by Senators Sheldon, Dansel, Dammeier, Becker, Schoesler and Honeyford

AN ACT Relating to notice against trespass; and reenacting and amending RCW 9A.52.010.

Referred to Committee on Judiciary.

ESB 5251 by Senators Honeyford and Keiser

AN ACT Relating to transferring public water system financial assistance activities from the public works board and the department of commerce to the department of health; and amending RCW 70.119A.170.

Referred to Committee on General Government & Information Technology.

SSB 5276 by Senate Committee on Ways & Means (originally sponsored by Senators Kohl-Welles, Roach and Keiser)

AN ACT Relating to refunds of property taxes paid as a result of manifest errors in descriptions of property; and amending RCW 84.69.030, 84.48.065, and 84.68.150.

Referred to Committee on Finance.

SSB 5280 by Senate Committee on Commerce & Labor (originally sponsored by Senators Kohl-Welles, Braun and Warnick)

AN ACT Relating to the sale of beer and cider by grocery store licensees; and amending RCW 66.24.360.

Referred to Committee on Commerce & Gaming.

SB 5310 by Senators Ericksen, McCoy, Sheldon, Honeyford, Ranker and Cleveland

AN ACT Relating to enforcement actions at facilities sited by the energy facility site evaluation council; amending RCW 80.50.150 and 90.56.330; adding a new section to chapter 80.50 RCW; creating a new section; and prescribing penalties.

Referred to Committee on Technology & Economic Development.

SSB 5317 by Senate Committee on Health Care (originally sponsored by Senators Frockt, Becker, Mullet, Miloscia, Jayapal, Dammeier, Kohl-Welles, Litzow, Pedersen, Hatfield, Keiser, Darneille, Rivers, McAuliffe, Hasegawa, Rolfes, Conway and Chase)

AN ACT Relating to increasing child health equity by requiring screening for autism and developmental delays for children in medical assistance programs; amending RCW 74.09.520; and creating a new section.

Referred to Committee on Health Care & Wellness.

SB 5330 by Senators Braun, Angel, Miloscia, Rivers, Bailey, Becker, Padden, Ericksen, Warnick, Honeyford and Hewitt

AN ACT Relating to stage II gasoline vapor control programs; and creating a new section.

Referred to Committee on Environment.

SSB 5403 by Senate Committee on Ways & Means (originally sponsored by Senators Conway, O'Ban, Darneille, Cleveland, Rivers and Benton)

AN ACT Relating to competency to stand trial evaluations; amending RCW 10.77.073; providing an expiration date; and declaring an emergency.

Referred to Committee on Judiciary.

SSB 5411 by Senate Committee on Government Operations & Security (originally sponsored by Senators Roach, Rivers, Braun, Warnick, Dansel, Honeyford, Hatfield and Benton)

AN ACT Relating to liability immunity for local jurisdictions when wheeled all-terrain vehicles are operated on public roadways; and amending RCW 46.09.457.

Referred to Committee on Judiciary.

SB 5442 by Senators Warnick and Hatfield

AN ACT Relating to eligibility criteria for the community economic revitalization board programs; amending RCW 43.160.060; and declaring an emergency.

Referred to Committee on Technology & Economic Development.

SB 5482 by Senators Roach and Liias

AN ACT Relating to the disclosure of global positioning system data by law enforcement officers; and reenacting and amending RCW 42.56.240.

Referred to Committee on State Government.

SSB 5538 by Senate Committee on Financial Institutions & Insurance (originally sponsored by Senators Angel and Sheldon)

AN ACT Relating to deceased tenants; amending RCW 59.18.310; reenacting and amending RCW 59.18.030; and adding new sections to chapter 59.18 RCW.

Referred to Committee on Judiciary.

SB 5555 by Senators Warnick, Hatfield and Honeyford

AN ACT Relating to irrigation district review and conditioning authority; and amending RCW 58.17.310.

Referred to Committee on Local Government.

SSB 5593 by Senate Committee on Ways & Means (originally sponsored by Senators Dammeier, Padden, Cleveland, O'Ban, Pedersen, Becker and Kohl-Welles)

AN ACT Relating to the safe delivery of and reasonable payment for health care services by hospitals for inmates and persons detained by law enforcement; amending RCW 70.02.200 and 70.48.130; and adding a new chapter to Title 10 RCW.

Referred to Committee on Judiciary.

ESB 5616 by Senators Benton, Hobbs, Angel, Keiser, Fain, Roach, Hatfield, Conway, Chase and Baumgartner

AN ACT Relating to pawnbroker fees and interest rates; and amending RCW 19.60.060.

Referred to Committee on Business & Financial Services.

ESSB 5623 by Senate Committee on Transportation (originally sponsored by Senators Sheldon, Angel, Miloscia, Becker, Warnick and Conway)

AN ACT Relating to modifying the operation of motorcycles on roadways laned for traffic; amending RCW 46.61.608; prescribing penalties; and providing an expiration date.

Referred to Committee on Transportation.

SSB 5631 by Senate Committee on Human Services, Mental Health & Housing (originally sponsored by Senators Hargrove, O'Ban, Darneille, Pearson, Ranker, Litzow, Rolfes, Jayapal, Liias, Frockt, Dansel, Hill, Fain, Kohl-

Welles, Hasegawa, Keiser, Angel, McAuliffe and Conway)

AN ACT Relating to the administration of a statewide network of community-based domestic violence victim services by the department of social and health services; amending RCW 70.123.010, 70.123.020, 70.123.030, 70.123.040, 70.123.070, 70.123.075, 70.123.080, 70.123.090, 70.123.110, 70.123.150, 36.18.016, 43.235.020, and 43.235.040; adding a new section to chapter 70.123 RCW; creating a new section; repealing RCW 70.123.050 and 70.123.130; and providing an effective date.

Referred to Committee on Public Safety.

SB 5638 by Senators Hasegawa, Roach, Kohl-Welles, Chase, Keiser and McAuliffe

AN ACT Relating to state need grant eligibility; and amending RCW 28B.92.080.

Referred to Committee on Higher Education.

SSB 5670 by Senate Committee on Energy, Environment & Telecommunications (originally sponsored by Senators Braun, Chase, Kohl-Welles, Sheldon, Hatfield, Rivers, Bailey, Dansel, Ericksen, Becker and Hewitt)

AN ACT Relating to clarifying expenditures under the state universal communications services program; and amending RCW 80.36.650.

Referred to Committee on Appropriations.

SSB 5679 by Senate Committee on Early Learning & K-12 Education (originally sponsored by Senators McAuliffe, Litzow, Dammeier, Hasegawa, Liias, Chase, Rolfes, Jayapal, Parlette and Conway)

AN ACT Relating to transition services for special education students; amending RCW 28A.155.220; and creating a new section.

Referred to Committee on Education.

2SSB 5755 by Senate Committee on Ways & Means (originally sponsored by Senators Hargrove, Hill, Ranker, Dammeier, Braun, Keiser, Billig, Becker, Brown, Kohl-Welles, Chase, Conway, Darneille, Hasegawa, Fain, Habib, Hewitt, Pedersen, Jayapal and McAuliffe)

AN ACT Relating to addressing and mitigating the impacts of property crimes in Washington state; amending RCW 9.94A.030, 9.94A.501, 9.94A.505, 9.94A.506, 9.94A.585, 9.94A.702, 9.94A.171, and 9.94A.860; reenacting and amending RCW 9.94A.515 and 9.94A.701; adding a new section to chapter 43.88 RCW; adding new sections to chapter 9.94A RCW; adding new sections to chapter 43.131 RCW; creating new sections; prescribing penalties; providing effective dates; and declaring an emergency.

Referred to Committee on Public Safety.

SB 5761 by Senators Pearson, Hobbs, McCoy, Bailey and Benton

AN ACT Relating to providing for property tax exemption for the value of new construction of industrial/manufacturing facilities in targeted urban areas; and adding a new chapter to Title 84 RCW.

Referred to Committee on Technology & Economic Development.

SB 5777 by Senators Becker, Rivers, O'Ban, Hewitt, Dammeier, Litzow, Schoesler, Dansel, Padden, Angel, Baumgartner, King, Bailey, Warnick, Honeyford, Hill, Parlette, Fain, Braun, Sheldon, Brown, Ericksen and Benton

AN ACT Relating to state employee whistleblower protection; and amending RCW 42.40.020.

Referred to Committee on State Government.

SB 5779 by Senators Parlette and Darneille

AN ACT Relating to reducing penalties applied to regional support networks and behavioral health organizations; amending RCW 71.24.310 and 71.24.310; providing an effective date; and providing an expiration date.

Referred to Committee on Health Care & Wellness.

ESSB 5810 by Senate Committee on Government Operations & Security (originally sponsored by Senators Roach, Liias and Chase)

AN ACT Relating to the use, acceptance, and removal of barriers to the use and acceptance of electronic signatures; amending RCW 18.25.020, 18.32.100, and 29A.72.010; reenacting and amending RCW 19.34.231; adding a new section to chapter 19.34 RCW; adding a new chapter to Title 19 RCW; creating a new section; and repealing RCW 39.04.390.

Referred to Committee on State Government.

SB 5840 by Senators Dammeier, Rolfes, Braun and Keiser

AN ACT Relating to reimbursement to eligible providers for medicaid ground emergency medical transportation services; and adding new sections to chapter 41.05 RCW.

Referred to Committee on Appropriations.

2SSB 5851 by Senate Committee on Ways & Means (originally sponsored by Senators Frockt, Kohl-Welles, Miloscia, Liias, Mullet, Pedersen, Nelson and McAuliffe)

AN ACT Relating to recommendations of the college bound scholarship program work group; amending RCW 28B.77.100 and 28B.118.040; adding new sections to chapter 28B.118 RCW; creating a new section; providing an expiration date; and declaring an emergency.

Referred to Committee on Higher Education.

2SSB 5888 by Senate Committee on Ways & Means (originally sponsored by Senators O'Ban and Miloscia)

AN ACT Relating to near fatality incidents of children who have received services from the department of social and

health services; amending RCW 74.13.640; adding a new section to chapter 26.44 RCW; and creating a new section.

Referred to Committee on Early Learning & Human Services.

SSB 5933 by Senate Committee on Law & Justice (originally sponsored by Senators O'Ban, Kohl-Welles, Miloscia, Fraser, Fain, Padden, Hasegawa, Litzow, Dammeier, Chase and Conway)

AN ACT Relating to establishing a statewide training program on human trafficking laws for criminal justice personnel; adding a new section to chapter 43.280 RCW; and creating a new section.

Referred to Committee on Public Safety.

ESB 5944 by Senators Hill, Rivers, Litzow, Bailey, Braun, Brown, Parlette, Hewitt and Benton

AN ACT Relating to periodic review of state spending programs; and adding a new chapter to Title 43 RCW.

Referred to Committee on Appropriations.

ESB 5959 by Senator Hatfield

AN ACT Relating to agreements with the federal government, such as those available under the endangered species act, affecting the state's management of its natural resources; reenacting and amending RCW 43.30.411; and creating a new section.

Referred to Committee on Agriculture & Natural Resources.

SSB 5999 by Senate Committee on Ways & Means (originally sponsored by Senator Darneille)

AN ACT Relating to the caseload forecast council; amending RCW 43.88C.010, 43.88C.050, 43.215.456, and 43.185C.220; and creating a new section.

Referred to Committee on Appropriations.

ESB 6044 by Senators Ericksen and Hobbs

AN ACT Relating to the construction of transportation facilities adjacent to or across a waterway; and adding a new section to chapter 47.01 RCW.

Referred to Committee on Transportation.

There being no objection, the bills listed on the day's introduction sheet under the fourth order of business were referred to the committees so designated.

There being no objection, the House advanced to the sixth order of business.

## SECOND READING

**HOUSE BILL NO. 1448, by Representatives Riccelli, Holy, Parker, Ormsby, Caldier, Hayes, Jinkins, Walkinshaw, Gregerson, Appleton, Ryu, McBride and Shea**

## Providing procedures for responding to reports of threatened or attempted suicide.

The bill was read the second time.

There being no objection, Substitute House Bill No. 1448 was substituted for House Bill No. 1448 and the substitute bill was placed on the second reading calendar.

SUBSTITUTE HOUSE BILL NO. 1448 was read the second time.

Representative Klippert moved the adoption of amendment (213):

On page 1, line 8, after "situations," strike all material through "able" on line 9 and insert "officers are encouraged"

On page 1, line 14, after "health" strike "emergencies" and insert "incidents"

On page 1, line 20, after "in" strike "the" and insert "an"

On page 2, line 3, after "person" strike all material through "of" and insert "may need"

On page 2, line 7, after "report" insert ", excluding Saturdays, Sundays, and holidays"

Representatives Klippert and Jinkins spoke in favor of the adoption of the amendment.

Amendment (213) was adopted.

The bill was ordered engrossed.

There being no objection, the rules were suspended, the second reading considered the third and the bill was placed on final passage.

Representatives Riccelli and Parker spoke in favor of the passage of the bill.

The Speaker (Representative Orwall presiding) stated the question before the House to be the final passage of Engrossed Substitute House Bill No. 1448.

## ROLL CALL

The Clerk called the roll on the final passage of Engrossed Substitute House Bill No. 1448, and the bill passed the House by the following vote: Yeas, 93; Nays, 5; Absent, 0; Excused, 0.

Voting yea: Representatives Appleton, Bergquist, Blake, Buys, Caldier, Carlyle, Clibborn, Cody, Condotta, DeBolt, Dent, Dunshee, Fagan, Farrell, Fey, Fitzgibbon, Goodman, Gregerson, Gregory, Griffey, Haler, Hansen, Hargrove, Harmsworth, Harris, Hawkins, Hayes, Holy, Hudgins, Hunter, Hurst, Jinkins, Johnson, Kagi, Kilduff, Kirby, Klippert, Kochmar, Kretz, Kristiansen, Lytton, MacEwen, Magendanz, Manweller, McBride, McCabe, McCaslin, Moeller, Morris, Moscoso, Muri, Nealey, Orcutt, Ormsby, Ortiz-Self, Orwall, Parker, Peterson, Pettigrew, Pike, Pollet, Reykdal, Riccelli, Robinson, Rodne, Ryu, S. Hunt, Santos, Sawyer, Schmick, Sells, Senn, Shea, Short, Smith, Springer, Stambaugh, Stanford, Stokesbary, Sullivan, Takko, Tarleton, Tharinger, Van De Wege, Van Werven, Vick, Walkinshaw, Walsh, Wilcox, Wilson, Wylie, Zeiger and Mr. Speaker.

Voting nay: Representatives Chandler, G. Hunt, Scott, Taylor and Young.

ENGROSSED SUBSTITUTE HOUSE BILL NO. 1448, having received the necessary constitutional majority, was declared passed.

**HOUSE BILL NO. 1599, by Representatives Rodne, Jinkins and Wylie**

**Concerning secure facilities for the criminally insane.**

The bill was read the second time.

There being no objection, the rules were suspended, the second reading considered the third and the bill was placed on final passage.

Representatives Rodne and Jinkins spoke in favor of the passage of the bill.

The Speaker (Representative Orwall presiding) stated the question before the House to be the final passage of House Bill No. 1599.

**ROLL CALL**

The Clerk called the roll on the final passage of House Bill No. 1599, and the bill passed the House by the following vote: Yeas, 96; Nays, 2; Absent, 0; Excused, 0.

Voting yea: Representatives Appleton, Bergquist, Blake, Buys, Caldier, Carlyle, Chandler, Clibborn, Cody, Condotta, DeBolt, Dent, Dunshee, Fagan, Farrell, Fey, Fitzgibbon, G. Hunt, Goodman, Gregerson, Gregory, Griffey, Haler, Hansen, Hargrove, Harmsworth, Harris, Hawkins, Hayes, Holy, Hudgins, Hunter, Hurst, Jinkins, Johnson, Kagi, Kilduff, Kirby, Klippert, Kochmar, Kretz, Kristiansen, Lytton, MacEwen, Magendanz, Manweller, McBride, McCabe, McCaslin, Moeller, Morris, Moscoso, Muri, Nealey, Orcutt, Ormsby, Ortiz-Self, Orwall, Parker, Peterson, Pettigrew, Pike, Pollet, Reykdal, Riccelli, Robinson, Rodne, Ryu, S. Hunt, Santos, Sawyer, Schmick, Sells, Senn, Shea, Short, Smith, Springer, Stambaugh, Stanford, Stokesbary, Sullivan, Takko, Tarleton, Tharinger, Van De Wege, Van Werven, Vick, Walkinshaw, Walsh, Wilcox, Wilson, Wylie, Young, Zeiger and Mr. Speaker.

Voting nay: Representatives Scott and Taylor.

HOUSE BILL NO. 1599, having received the necessary constitutional majority, was declared passed.

**HOUSE BILL NO. 1536, by Representatives Klippert, Cody, Goodman, Muri, Stokesbary, Haler, Hayes, Tharinger and Wylie**

**Addressing the timing of emergency detentions and assessments under the involuntary treatment act.**

The bill was read the second time.

There being no objection, Substitute House Bill No. 1536 was substituted for House Bill No. 1536 and the substitute bill was placed on the second reading calendar.

SUBSTITUTE HOUSE BILL NO. 1536 was read the second time.

There being no objection, the rules were suspended, the second reading considered the third and the bill was placed on final passage.

Representatives Klippert and Jinkins spoke in favor of the passage of the bill.

The Speaker (Representative Orwall presiding) stated the question before the House to be the final passage of Substitute House Bill No. 1536.

**ROLL CALL**

The Clerk called the roll on the final passage of Substitute House Bill No. 1536, and the bill passed the House by the following vote: Yeas, 97; Nays, 1; Absent, 0; Excused, 0.

Voting yea: Representatives Appleton, Bergquist, Blake, Buys, Caldier, Carlyle, Chandler, Clibborn, Cody, Condotta, DeBolt, Dent, Dunshee, Fagan, Farrell, Fey, Fitzgibbon, G. Hunt, Goodman, Gregerson, Gregory, Griffey, Haler, Hansen, Hargrove, Harmsworth, Harris, Hawkins, Hayes, Holy, Hudgins, Hunter, Hurst, Jinkins, Johnson, Kagi, Kilduff, Kirby, Klippert, Kochmar, Kretz, Kristiansen, Lytton, MacEwen, Magendanz, Manweller, McBride, McCabe, McCaslin, Moeller, Morris, Moscoso, Muri, Nealey, Orcutt, Ormsby, Ortiz-Self, Orwall, Parker, Peterson, Pettigrew, Pike, Pollet, Reykdal, Riccelli, Robinson, Rodne, Ryu, S. Hunt, Santos, Sawyer, Schmick, Scott, Sells, Senn, Shea, Short, Smith, Springer, Stambaugh, Stanford, Stokesbary, Sullivan, Takko, Tarleton, Tharinger, Van De Wege, Van Werven, Vick, Walkinshaw, Walsh, Wilcox, Wilson, Wylie, Young, Zeiger and Mr. Speaker.

Voting nay: Representative Taylor.

SUBSTITUTE HOUSE BILL NO. 1536, having received the necessary constitutional majority, was declared passed.

**SUBSTITUTE SENATE BILL NO. 5889, by Senate Committee on Human Services, Mental Health & Housing (originally sponsored by Senators O'Ban and Miloscia)**

**Concerning timeliness of competency evaluation and restoration services.**

The bill was read the second time.

There being no objection, the rules were suspended, the second reading considered the third and the bill was placed on final passage.

Representatives Jinkins and Rodne spoke in favor of the passage of the bill.

The Speaker (Representative Orwall presiding) stated the question before the House to be the final passage of Substitute Senate Bill No. 5889.

**ROLL CALL**

The Clerk called the roll on the final passage of Substitute Senate Bill No. 5889, and the bill passed the House by the following vote: Yeas, 84; Nays, 14; Absent, 0; Excused, 0.

Voting yea: Representatives Appleton, Bergquist, Blake, Buys, Caldier, Carlyle, Chandler, Clibborn, Cody, Dent, Dunshee, Farrell, Fey, Fitzgibbon, Goodman, Gregerson, Gregory, Haler, Hansen, Hargrove, Harmsworth, Harris, Hayes, Holy, Hudgins, Hunter, Hurst, Jinkins, Johnson, Kagi, Kilduff, Kirby, Klippert, Kochmar, Kristiansen, Lytton, MacEwen, Magendanz, Manweller, McBride, McCabe, Moeller, Morris, Moscoso, Muri, Nealey, Orcutt, Ormsby, Ortiz-Self, Orwall, Peterson, Pettigrew, Pike,

Pollet, Reykdal, Riccelli, Robinson, Rodne, Ryu, S. Hunt, Santos, Sawyer, Sells, Senn, Smith, Springer, Stambaugh, Stanford, Stokesbary, Sullivan, Takko, Tarleton, Tharinger, Van De Wege, Van Werven, Vick, Walkinshaw, Walsh, Wilcox, Wilson, Wylie, Young, Zeiger and Mr. Speaker.

Voting nay: Representatives Condotta, DeBolt, Fagan, G. Hunt, Griffey, Hawkins, Kretz, McCaslin, Parker, Schmick, Scott, Shea, Short and Taylor.

SUBSTITUTE SENATE BILL NO. 5889, having received the necessary constitutional majority, was declared passed.

**HOUSE BILL NO. 1825, by Representatives Kilduff, Muri, Gregory, Haler, Riccelli, Walkinshaw, Zeiger and McBride**

**Modifying the definition of resident student to comply with federal requirements established by the veterans access, choice, and accountability act of 2014.**

The bill was read the second time.

There being no objection, Second Substitute House Bill No. 1825 was substituted for House Bill No. 1825 and the second substitute bill was placed on the second reading calendar.

SECOND SUBSTITUTE HOUSE BILL NO. 1825 was read the second time.

Representative Zeiger moved the adoption of amendment (212):

On page 3, beginning on line 17, after "who" strike all material through "separation" on line 22 and insert "~~((has separated from the military under honorable conditions after at least two years of service, and who enters))~~");

(I) Has separated from the uniformed services with any period of honorable service after at least ninety days of active duty service;

(II) Is eligible for benefits under the federal all-volunteer force educational assistance program (38 U.S.C. Sec. 3001 et seq.), the federal post-9/11 veterans educational assistance act of 2008 (38 U.S.C. Sec. 3301 et seq.), or any other federal law authorizing educational assistance benefits for veterans; and

(III) Enters an institution of higher education in Washington within ~~((one))~~ three years of the date of separation"

Representative Zeiger spoke in favor of the adoption of the amendment.

Amendment (212) was adopted.

The bill was ordered engrossed.

There being no objection, the rules were suspended, the second reading considered the third and the bill was placed on final passage.

Representatives Kilduff and Zeiger spoke in favor of the passage of the bill.

The Speaker (Representative Orwall presiding) stated the question before the House to be the final passage of Engrossed Second Substitute House Bill No. 1825.

#### ROLL CALL

The Clerk called the roll on the final passage of Engrossed Second Substitute House Bill No. 1825, and the bill passed the House by the following vote: Yeas, 98; Nays, 0; Absent, 0; Excused, 0.

Voting yea: Representatives Appleton, Bergquist, Blake, Buys, Calder, Carlyle, Chandler, Clibborn, Cody, Condotta, DeBolt, Dent, Dunshee, Fagan, Farrell, Fey, Fitzgibbon, G. Hunt, Goodman, Gregerson, Gregory, Griffey, Haler, Hansen, Hargrove, Harmsworth, Harris, Hawkins, Hayes, Holy, Hunter, Hurst, Jinkins, Johnson, Kagi, Kilduff, Kirby, Klippert, Kochmar, Kretz, Kristiansen, Lytton, MacEwen, Magendanz, Manweller, McBride, McCabe, McCaslin, Moeller, Morris, Moscoso, Muri, Nealey, Orcutt, Ormsby, Ortiz-Self, Orwall, Parker, Peterson, Pettigrew, Pike, Pollet, Reykdal, Riccelli, Robinson, Rodne, Ryu, S. Hunt, Santos, Sawyer, Schmick, Scott, Sells, Senn, Shea, Short, Smith, Springer, Stambaugh, Stanford, Stokesbary, Sullivan, Takko, Tarleton, Taylor, Tharinger, Van De Wege, Van Werven, Vick, Walkinshaw, Walsh, Wilcox, Wilson, Wylie, Young, Zeiger and Mr. Speaker.

ENGROSSED SECOND SUBSTITUTE HOUSE BILL NO. 1825, having received the necessary constitutional majority, was declared passed.

**HOUSE BILL NO. 1737, by Representatives Orcutt, Santos, Magendanz, Bergquist, Ortiz-Self, Kilduff, Kagi, Zeiger, Tarleton, Muri, Condotta and Pollet**

**Addressing the availability of retired teachers as substitutes.**

The bill was read the second time.

There being no objection, Substitute House Bill No. 1737 was substituted for House Bill No. 1737 and the substitute bill was placed on the second reading calendar.

SUBSTITUTE HOUSE BILL NO. 1737 was read the second time.

There being no objection, the rules were suspended, the second reading considered the third and the bill was placed on final passage.

Representatives Orcutt and Hunter spoke in favor of the passage of the bill.

The Speaker (Representative Orwall presiding) stated the question before the House to be the final passage of Substitute House Bill No. 1737.

#### ROLL CALL

The Clerk called the roll on the final passage of Substitute House Bill No. 1737, and the bill passed the House by the following vote: Yeas, 97; Nays, 1; Absent, 0; Excused, 0.

Voting yea: Representatives Appleton, Bergquist, Blake, Buys, Calder, Carlyle, Chandler, Clibborn, Cody, Condotta, DeBolt, Dent, Dunshee, Fagan, Farrell, Fey, Fitzgibbon, G. Hunt, Goodman, Gregerson, Gregory, Griffey, Haler, Hansen, Hargrove, Harmsworth, Harris, Hawkins, Hayes, Holy, Hunter, Hurst, Jinkins, Johnson, Kagi, Kilduff, Kirby, Klippert, Kochmar, Kretz, Kristiansen, Lytton, MacEwen, Magendanz, Manweller, McBride, McCabe, McCaslin, Moeller, Morris, Moscoso, Muri, Nealey, Orcutt, Ormsby, Ortiz-Self, Orwall, Parker, Peterson, Pettigrew, Pike, Pollet, Reykdal, Riccelli, Robinson, Rodne, Ryu, S. Hunt,

Santos, Sawyer, Schmick, Scott, Sells, Senn, Shea, Short, Smith, Springer, Stambaugh, Stanford, Stokesbary, Sullivan, Takko, Tarleton, Taylor, Tharinger, Van De Wege, Van Werven, Vick, Walkinshaw, Walsh, Wilcox, Wilson, Wylie, Young, Zeiger and Mr. Speaker.

Voting nay: Representative Hudgins.

SUBSTITUTE HOUSE BILL NO. 1737, having received the necessary constitutional majority, was declared passed.

**HOUSE BILL NO. 1183, by Representatives Harris and Cody**

**Concerning radiology benefit managers.**

The bill was read the second time.

There being no objection, Substitute House Bill No. 1183 was substituted for House Bill No. 1183 and the substitute bill was placed on the second reading calendar.

SUBSTITUTE HOUSE BILL NO. 1183 was read the second time.

There being no objection, the rules were suspended, the second reading considered the third and the bill was placed on final passage.

Representatives Harris and Cody spoke in favor of the passage of the bill.

The Speaker (Representative Orwall presiding) stated the question before the House to be the final passage of Substitute House Bill No. 1183.

**ROLL CALL**

The Clerk called the roll on the final passage of Substitute House Bill No. 1183, and the bill passed the House by the following vote: Yeas, 88; Nays, 10; Absent, 0; Excused, 0.

Voting yea: Representatives Appleton, Bergquist, Blake, Buys, Caldier, Carlyle, Chandler, Clibborn, Cody, Condotta, DeBolt, Dunshee, Fagan, Farrell, Fey, Fitzgibbon, Goodman, Gregerson, Gregory, Griffey, Haler, Hansen, Hargrove, Harmsworth, Harris, Hawkins, Hayes, Holy, Hudgins, Hunter, Hurst, Jinkins, Johnson, Kagi, Kilduff, Kirby, Kochmar, Kretz, Kristiansen, Lytton, MacEwen, Manweller, McBride, McCabe, Moeller, Morris, Moscoso, Muri, Nealey, Orcutt, Ormsby, Ortiz-Self, Orwall, Parker, Peterson, Pettigrew, Pike, Pollet, Reykdal, Riccelli, Robinson, Rodne, Ryu, S. Hunt, Santos, Sawyer, Schmick, Sells, Senn, Short, Smith, Springer, Stambaugh, Stanford, Stokesbary, Sullivan, Takko, Tarleton, Tharinger, Van De Wege, Van Werven, Vick, Walkinshaw, Walsh, Wilson, Wylie, Zeiger and Mr. Speaker.

Voting nay: Representatives Dent, G. Hunt, Klippert, Magendanz, McCaslin, Scott, Shea, Taylor, Wilcox and Young.

SUBSTITUTE HOUSE BILL NO. 1183, having received the necessary constitutional majority, was declared passed.

**HOUSE BILL NO. 1531, by Representatives Tharinger, Harris, Jinkins, Cody, Caldier, Kagi, Wylie and Senn**

**Removing expiration dates for training and certification exemptions for certain long-term care workers.**

The bill was read the second time.

There being no objection, the rules were suspended, the second reading considered the third and the bill was placed on final passage.

Representatives Tharinger and Schmick spoke in favor of the passage of the bill.

The Speaker (Representative Orwall presiding) stated the question before the House to be the final passage of House Bill No. 1531.

**ROLL CALL**

The Clerk called the roll on the final passage of House Bill No. 1531, and the bill passed the House by the following vote: Yeas, 91; Nays, 7; Absent, 0; Excused, 0.

Voting yea: Representatives Appleton, Bergquist, Blake, Buys, Caldier, Carlyle, Chandler, Clibborn, Cody, DeBolt, Dent, Dunshee, Fagan, Farrell, Fey, Fitzgibbon, G. Hunt, Goodman, Gregerson, Gregory, Griffey, Haler, Hansen, Hargrove, Harmsworth, Harris, Hawkins, Holy, Hudgins, Hunter, Hurst, Jinkins, Johnson, Kagi, Kilduff, Kirby, Klippert, Kochmar, Kretz, Kristiansen, Lytton, MacEwen, Magendanz, Manweller, McBride, McCabe, Moeller, Morris, Moscoso, Muri, Nealey, Orcutt, Ormsby, Ortiz-Self, Orwall, Parker, Peterson, Pettigrew, Pike, Pollet, Reykdal, Riccelli, Robinson, Rodne, Ryu, S. Hunt, Santos, Sawyer, Schmick, Sells, Senn, Short, Smith, Springer, Stambaugh, Stanford, Stokesbary, Sullivan, Takko, Tarleton, Tharinger, Van De Wege, Van Werven, Vick, Walkinshaw, Walsh, Wilcox, Wilson, Wylie, Zeiger and Mr. Speaker.

Voting nay: Representatives Condotta, Hayes, McCaslin, Scott, Shea, Taylor and Young.

HOUSE BILL NO. 1531, having received the necessary constitutional majority, was declared passed.

**HOUSE BILL NO. 1967, by Representatives Cody, Schmick and Jinkins**

**Directing the health care authority to apply for federal waivers concerning health care coverage.**

The bill was read the second time.

There being no objection, Substitute House Bill No. 1967 was substituted for House Bill No. 1967 and the substitute bill was placed on the second reading calendar.

SUBSTITUTE HOUSE BILL NO. 1967 was read the second time.

There being no objection, the rules were suspended, the second reading considered the third and the bill was placed on final passage.

Representatives Cody and Schmick spoke in favor of the passage of the bill.

The Speaker (Representative Orwall presiding) stated the question before the House to be the final passage of Substitute House Bill No. 1967.

**ROLL CALL**



The Clerk called the roll on the final passage of Substitute House Bill No. 1967, and the bill passed the House by the following vote: Yeas, 60; Nays, 38; Absent, 0; Excused, 0.

Voting yea: Representatives Appleton, Bergquist, Blake, Caldier, Carlyle, Clibborn, Cody, Dunshee, Fagan, Farrell, Fey, Fitzgibbon, Goodman, Gregerson, Gregory, Hansen, Hudgins, Hunter, Hurst, Jinkins, Johnson, Kagi, Kilduff, Kirby, Kochmar, Lytton, MacEwen, Magendanz, Manweller, McBride, Moeller, Morris, Moscoso, Ormsby, Ortiz-Self, Orwall, Peterson, Pettigrew, Pollet, Reykdal, Riccelli, Robinson, Ryu, S. Hunt, Santos, Sawyer, Schmick, Sells, Senn, Springer, Stanford, Sullivan, Takko, Tarleton, Tharinger, Van De Wege, Walkinshaw, Wylie, Zeiger and Mr. Speaker.

Voting nay: Representatives Buys, Chandler, Condotta, DeBolt, Dent, G. Hunt, Griffey, Haler, Hargrove, Harmsworth, Harris, Hawkins, Hayes, Holy, Klippert, Kretz, Kristiansen, McCabe, McCaslin, Muri, Nealey, Orcutt, Parker, Pike, Rodne, Scott, Shea, Short, Smith, Stambaugh, Stokesbary, Taylor, Van Werven, Vick, Walsh, Wilcox, Wilson and Young.

SUBSTITUTE HOUSE BILL NO. 1967, having received the necessary constitutional majority, was declared passed.

**HOUSE BILL NO. 1652, by Representatives Cody and Harris**

**Concerning medicaid managed health care system payments for health care services provided by nonparticipating providers.**

The bill was read the second time.

There being no objection, the rules were suspended, the second reading considered the third and the bill was placed on final passage.

Representatives Cody and Schmick spoke in favor of the passage of the bill.

The Speaker (Representative Orwall presiding) stated the question before the House to be the final passage of House Bill No. 1652.

**ROLL CALL**

The Clerk called the roll on the final passage of House Bill No. 1652, and the bill passed the House by the following vote: Yeas, 98; Nays, 0; Absent, 0; Excused, 0.

Voting yea: Representatives Appleton, Bergquist, Blake, Buys, Caldier, Carlyle, Chandler, Clibborn, Cody, Condotta, DeBolt, Dent, Dunshee, Fagan, Farrell, Fey, Fitzgibbon, G. Hunt, Goodman, Gregerson, Gregory, Griffey, Haler, Hansen, Hargrove, Harmsworth, Harris, Hawkins, Hayes, Holy, Hudgins, Hunter, Hurst, Jinkins, Johnson, Kagi, Kilduff, Kirby, Klippert, Kochmar, Kretz, Kristiansen, Lytton, MacEwen, Magendanz, Manweller, McBride, McCabe, McCaslin, Moeller, Morris, Moscoso, Muri, Nealey, Orcutt, Ormsby, Ortiz-Self, Orwall, Parker, Peterson, Pettigrew, Pike, Pollet, Reykdal, Riccelli, Robinson, Rodne, Ryu, S. Hunt, Santos, Sawyer, Schmick, Scott, Sells, Senn, Shea, Short, Smith, Springer, Stambaugh, Stanford, Stokesbary, Sullivan, Takko, Tarleton, Taylor, Tharinger, Van De Wege, Van Werven, Vick, Walkinshaw, Walsh, Wilcox, Wilson, Wylie, Young, Zeiger and Mr. Speaker.

HOUSE BILL NO. 1652, having received the necessary constitutional majority, was declared passed.

**HOUSE BILL NO. 1135, by Representatives Cody, Harris, Jinkins and Gregerson**

**Concerning remediation plans for licensed health and health-related professions to resolve eligible complaints of unprofessional conduct.**

The bill was read the second time.

There being no objection, Substitute House Bill No. 1135 was substituted for House Bill No. 1135 and the substitute bill was placed on the second reading calendar.

SUBSTITUTE HOUSE BILL NO. 1135 was read the second time.

There being no objection, the rules were suspended, the second reading considered the third and the bill was placed on final passage.

Representatives Cody and Schmick spoke in favor of the passage of the bill.

The Speaker (Representative Orwall presiding) stated the question before the House to be the final passage of Substitute House Bill No. 1135.

**ROLL CALL**

The Clerk called the roll on the final passage of Substitute House Bill No. 1135, and the bill passed the House by the following vote: Yeas, 98; Nays, 0; Absent, 0; Excused, 0.

Voting yea: Representatives Appleton, Bergquist, Blake, Buys, Caldier, Carlyle, Chandler, Clibborn, Cody, Condotta, DeBolt, Dent, Dunshee, Fagan, Farrell, Fey, Fitzgibbon, G. Hunt, Goodman, Gregerson, Gregory, Griffey, Haler, Hansen, Hargrove, Harmsworth, Harris, Hawkins, Hayes, Holy, Hudgins, Hunter, Hurst, Jinkins, Johnson, Kagi, Kilduff, Kirby, Klippert, Kochmar, Kretz, Kristiansen, Lytton, MacEwen, Magendanz, Manweller, McBride, McCabe, McCaslin, Moeller, Morris, Moscoso, Muri, Nealey, Orcutt, Ormsby, Ortiz-Self, Orwall, Parker, Peterson, Pettigrew, Pike, Pollet, Reykdal, Riccelli, Robinson, Rodne, Ryu, S. Hunt, Santos, Sawyer, Schmick, Scott, Sells, Senn, Shea, Short, Smith, Springer, Stambaugh, Stanford, Stokesbary, Sullivan, Takko, Tarleton, Taylor, Tharinger, Van De Wege, Van Werven, Vick, Walkinshaw, Walsh, Wilcox, Wilson, Wylie, Young, Zeiger and Mr. Speaker.

SUBSTITUTE HOUSE BILL NO. 1135, having received the necessary constitutional majority, was declared passed.

**HOUSE BILL NO. 1762, by Representatives Riccelli, Schmick, Jinkins, Harris, Cody, Van De Wege, Robinson and Tharinger**

**Concerning the relationship between a health insurer and a contracting health care provider.**

The bill was read the second time.

There being no objection, Substitute House Bill No. 1762 was substituted for House Bill No. 1762 and the substitute bill was placed on the second reading calendar.

SUBSTITUTE HOUSE BILL NO. 1762 was read the second time.

Representative Riccelli moved the adoption of amendment (209):

Strike everything after the enacting clause and insert the following:

**"NEW SECTION. Sec. 1.** A new section is added to chapter 48.20 RCW to read as follows:

(1) The definitions in this subsection apply throughout this section unless the context clearly requires otherwise.

(a)(i) "Noncovered vision materials or services" means vision materials or vision services that are:

(A) Excluded from coverage under the terms and conditions of the health benefit plan; or

(B) Ineligible for reimbursement under the health benefit plan.

(ii) Vision materials or vision services are not noncovered vision materials or vision services solely because they are not wholly or partially reimbursable due to the operation of plan or contract limitations, such as benefit maximums, deductibles, coinsurance, waiting periods, or frequency limitations.

(b) "Vision care provider" means:

(i) An optometrist licensed under chapter 18.53 RCW;

(ii) A physician licensed under chapter 18.71 RCW or osteopathic physician and surgeon licensed under chapter 18.57 RCW, who has completed a residency in ophthalmology; or

(iii) A dispensing optician licensed under chapter 18.34 RCW.

(c) "Vision materials" means ophthalmic devices including, but not limited to, devices containing lenses, artificial intraocular lenses, ophthalmic frames and other lens mounting apparatuses, prisms, lens treatments and coatings, contact lenses, or prosthetic devices to correct, relieve, or treat defects or abnormal conditions of the human eye or its adnexa.

(d) "Vision services" means professional work performed by a vision care provider within the scope of his or her practice.

(2) An insurer, or any contract or participating provider agreement between the insurer and a vision care provider, may not:

(a) Prohibit directly or indirectly an enrollee from freely contracting at any time to obtain noncovered vision materials or services outside the health benefit plan on any terms or conditions the enrollee and vision care provider may agree to. Nothing in this subsection may be construed to bind an insurer or vision care provider for any noncovered vision materials or services. Nothing in this subsection prohibits a vision care provider from choosing to contractually opt in to a materials discount program sponsored by an insurer or vision care plan;

(b) Require a vision care provider to participate with, or be credentialed by, another insurer, health carrier, or health benefit plan as a condition to join one of the insurer's provider panels; or

(c) Require a vision care provider to purchase vision services or vision materials from suppliers, including optical labs, in which the insurer has a financial interest.

(3) An insurer must provide no less than sixty days' notice to the vision care provider of any proposed changes to a vision care provider's contract with the insurer, which the vision care provider may accept or reject at any time within the notice period. A vision care provider's rejection of the amendment does not affect the terms of the vision care provider's existing contract with the insurer. If the notice of proposed amendment is delivered in writing to the vision care provider via certified mail, the amendment may be considered accepted in the absence of written

notice of rejection by the vision care provider within the sixty-day notice period.

(4) An insurer may require a vision care provider to notify the insurer of any changes to his or her provider practice status including, but not limited to, tax identification, address, phone number, hours of operations, and providers on staff.

(5) The commissioner shall respond to all complaints alleging violations of this section using the same standards, timelines, and procedures, regardless of the identity of the person or entity making the complaint.

**"NEW SECTION. Sec. 2.** A new section is added to chapter 48.21 RCW to read as follows:

(1) The definitions in this subsection apply throughout this section unless the context clearly requires otherwise.

(a)(i) "Noncovered vision materials or services" means vision materials or vision services that are:

(A) Excluded from coverage under the terms and conditions of the health benefit plan; or

(B) Ineligible for reimbursement under the health benefit plan.

(ii) Vision materials or vision services are not noncovered vision materials or vision services solely because they are not wholly or partially reimbursable due to the operation of plan or contract limitations, such as benefit maximums, deductibles, coinsurance, waiting periods, or frequency limitations.

(b) "Vision care provider" means:

(i) An optometrist licensed under chapter 18.53 RCW;

(ii) A physician licensed under chapter 18.71 RCW or osteopathic physician and surgeon licensed under chapter 18.57 RCW, who has completed a residency in ophthalmology; or

(iii) A dispensing optician licensed under chapter 18.34 RCW.

(c) "Vision materials" means ophthalmic devices including, but not limited to, devices containing lenses, artificial intraocular lenses, ophthalmic frames and other lens mounting apparatuses, prisms, lens treatments and coatings, contact lenses, or prosthetic devices to correct, relieve, or treat defects or abnormal conditions of the human eye or its adnexa.

(d) "Vision services" means professional work performed by a vision care provider within the scope of his or her practice.

(2) An insurer, or any contract or participating provider agreement between the insurer and a vision care provider, may not:

(a) Prohibit directly or indirectly an enrollee from freely contracting at any time to obtain noncovered vision materials or services outside the health benefit plan on any terms or conditions the enrollee and vision care provider may agree to. Nothing in this subsection may be construed to bind an insurer or vision care provider for any noncovered vision materials or services. Nothing in this subsection prohibits a vision care provider from choosing to contractually opt in to a materials discount program sponsored by an insurer or vision care plan;

(b) Require a vision care provider to participate with, or be credentialed by, another insurer, health carrier, or health benefit plan as a condition to join one of the insurer's provider panels; or

(c) Require a vision care provider to purchase vision services or vision materials from suppliers, including optical labs, in which the insurer has a financial interest.

(3) An insurer must provide no less than sixty days' notice to the vision care provider of any proposed changes to a vision care provider's contract with the insurer, which the vision care provider may accept or reject at any time within the notice period. A vision care provider's rejection of the amendment does not affect the terms of the vision care provider's existing contract with the insurer. If the notice of proposed amendment is delivered in

writing to the vision care provider via certified mail, the amendment may be considered accepted in the absence of written notice of rejection by the vision care provider within the sixty-day notice period.

(4) An insurer may require a vision care provider to notify the insurer of any changes to his or her provider practice status including, but not limited to, tax identification, address, phone number, hours of operations, and providers on staff.

(5) The commissioner shall respond to all complaints alleging violations of this section using the same standards, timelines, and procedures, regardless of the identity of the person or entity making the complaint.

**NEW SECTION. Sec. 3.** A new section is added to chapter 48.44 RCW to read as follows:

(1) The definitions in this subsection apply throughout this section unless the context clearly requires otherwise.

(a)(i) "Noncovered vision materials or services" means vision materials or vision services that are:

(A) Excluded from coverage under the terms and conditions of the health benefit plan; or

(B) Ineligible for reimbursement under the health benefit plan.

(ii) Vision materials or vision services are not noncovered vision materials or vision services solely because they are not wholly or partially reimbursable due to the operation of plan or contract limitations, such as benefit maximums, deductibles, coinsurance, waiting periods, or frequency limitations.

(b) "Vision care provider" means:

(i) An optometrist licensed under chapter 18.53 RCW;

(ii) A physician licensed under chapter 18.71 RCW or osteopathic physician and surgeon licensed under chapter 18.57 RCW, who has completed a residency in ophthalmology; or

(iii) A dispensing optician licensed under chapter 18.34 RCW.

(c) "Vision materials" means ophthalmic devices including, but not limited to, devices containing lenses, artificial intraocular lenses, ophthalmic frames and other lens mounting apparatuses, prisms, lens treatments and coatings, contact lenses, or prosthetic devices to correct, relieve, or treat defects or abnormal conditions of the human eye or its adnexa.

(d) "Vision services" means professional work performed by a vision care provider within the scope of his or her practice.

(2) A health care services contractor, or any contract or participating provider agreement between the health care services contractor and a vision care provider, may not:

(a) Prohibit directly or indirectly an enrollee from freely contracting at any time to obtain noncovered vision materials or services outside the health benefit plan on any terms or conditions the enrollee and vision care provider may agree to. Nothing in this subsection may be construed to bind a health care services contractor or vision care provider for any noncovered vision materials or services. Nothing in this subsection prohibits a vision care provider from choosing to contractually opt in to a materials discount program sponsored by a health care services contractor or vision care plan;

(b) Require a vision care provider to participate with, or be credentialed by, another health care services contractor, health carrier, or health benefit plan as a condition to join one of the health care services contractor's provider panels; or

(c) Require a vision care provider to purchase vision services or vision materials from suppliers, including optical labs, in which the health care services contractor has a financial interest.

(3) A health care services contractor must provide no less than sixty days' notice to the vision care provider of any proposed

changes to a vision care provider's contract with the health care services contractor, which the vision care provider may accept or reject at any time within the notice period. A vision care provider's rejection of the amendment does not affect the terms of the vision care provider's existing contract with the health care services contractor. If the notice of proposed amendment is delivered in writing to the vision care provider via certified mail, the amendment may be considered accepted in the absence of written notice of rejection by the vision care provider within the sixty-day notice period.

(4) A health care services contractor may require a vision care provider to notify the health care services contractor of any changes to his or her provider practice status including, but not limited to, tax identification, address, phone number, hours of operations, and providers on staff.

(5) The commissioner shall respond to all complaints alleging violations of this section using the same standards, timelines, and procedures, regardless of the identity of the person or entity making the complaint.

**NEW SECTION. Sec. 4.** A new section is added to chapter 48.46 RCW to read as follows:

(1) The definitions in this subsection apply throughout this section unless the context clearly requires otherwise.

(a)(i) "Noncovered vision materials or services" means vision materials or vision services that are:

(A) Excluded from coverage under the terms and conditions of the health benefit plan; or

(B) Ineligible for reimbursement under the health benefit plan.

(ii) Vision materials or vision services are not noncovered vision materials or vision services solely because they are not wholly or partially reimbursable due to the operation of plan or contract limitations, such as benefit maximums, deductibles, coinsurance, waiting periods, or frequency limitations.

(b) "Vision care provider" means:

(i) An optometrist licensed under chapter 18.53 RCW;

(ii) A physician licensed under chapter 18.71 RCW or osteopathic physician and surgeon licensed under chapter 18.57 RCW, who has completed a residency in ophthalmology; or

(iii) A dispensing optician licensed under chapter 18.34 RCW.

(c) "Vision materials" means ophthalmic devices including, but not limited to, devices containing lenses, artificial intraocular lenses, ophthalmic frames and other lens mounting apparatuses, prisms, lens treatments and coatings, contact lenses, or prosthetic devices to correct, relieve, or treat defects or abnormal conditions of the human eye or its adnexa.

(d) "Vision services" means professional work performed by a vision care provider within the scope of his or her practice.

(2) A health maintenance organization, or any contract or participating provider agreement between the health maintenance organization and a vision care provider, may not:

(a) Prohibit directly or indirectly an enrollee from freely contracting at any time to obtain noncovered vision materials or services outside the health benefit plan on any terms or conditions the enrollee and vision care provider may agree to. Nothing in this subsection may be construed to bind a health maintenance organization or vision care provider for any noncovered vision materials or services. Nothing in this subsection prohibits a vision care provider from choosing to contractually opt in to a materials discount program sponsored by a health maintenance organization or vision care plan;

(b) Require a vision care provider to participate with, or be credentialed by, another health maintenance organization, health

carrier, or health benefit plan as a condition to join one of the health maintenance organization's provider panels; or

(c) Require a vision care provider to purchase vision services or vision materials from suppliers, including optical labs, in which the health maintenance organization has a financial interest.

(3) A health maintenance organization must provide no less than sixty days' notice to the vision care provider of any proposed changes to a vision care provider's contract with the health maintenance organization, which the vision care provider may accept or reject at any time within the notice period. A vision care provider's rejection of the changes does not affect the terms of the vision care provider's existing contract with the health maintenance organization. If the notice of proposed changes is delivered in writing to the vision care provider via certified mail, the changes may be considered accepted in the absence of written notice of rejection by the vision care provider within the sixty-day notice period.

(4) A health maintenance organization may require a vision care provider to notify the health maintenance organization of any changes to his or her provider practice status including, but not limited to, tax identification, address, phone number, hours of operations, and providers on staff.

(5) The commissioner shall respond to all complaints alleging violations of this section using the same standards, timelines, and procedures, regardless of the identity of the person or entity making the complaint.

(6) This section does not apply to vision materials or vision services provided directly by a health maintenance organization.

NEW SECTION. **Sec. 5.** This act takes effect January 1, 2016."

Correct the title.

Representative Riccelli spoke in favor of the adoption of the amendment.

Amendment (209) was adopted.

The bill was ordered engrossed.

There being no objection, the rules were suspended, the second reading considered the third and the bill was placed on final passage.

Representatives Riccelli and Schmick spoke in favor of the passage of the bill.

The Speaker (Representative Orwall presiding) stated the question before the House to be the final passage of Engrossed Substitute House Bill No. 1762.

#### **ROLL CALL**

The Clerk called the roll on the final passage of Engrossed Substitute House Bill No. 1762, and the bill passed the House by the following vote: Yeas, 82; Nays, 16; Absent, 0; Excused, 0.

Voting yea: Representatives Appleton, Bergquist, Blake, Buys, Caldier, Carlyle, Clibborn, Cody, DeBolt, Dunshee, Fagan, Farrell, Fey, Fitzgibbon, G. Hunt, Goodman, Gregerson, Gregory, Haler, Hansen, Hargrove, Hawkins, Hayes, Holy, Hudgins, Hunter, Hurst, Jinkins, Johnson, Kagi, Kilduff, Kirby, Klippert, Kochmar, Lytton, Magendanz, McBride, McCabe, McCaslin, Moeller, Morris, Moscoso, Muri, Orcutt, Ormsby, Ortiz-Self, Orwall, Parker, Peterson, Pettigrew, Pike, Pollet, Reykdal, Riccelli, Robinson,

Rodne, Ryu, S. Hunt, Santos, Sawyer, Schmick, Scott, Sells, Senn, Shea, Springer, Stambaugh, Stanford, Stokesbary, Sullivan, Takko, Tarleton, Tharinger, Van De Wege, Walkinshaw, Walsh, Wilcox, Wilson, Wylie, Young, Zeiger and Mr. Speaker.

Voting nay: Representatives Chandler, Condotta, Dent, Griffey, Harmsworth, Harris, Kretz, Kristiansen, MacEwen, Manweller, Nealey, Short, Smith, Taylor, Van Werven and Vick.

ENGROSSED SUBSTITUTE HOUSE BILL NO. 1762, having received the necessary constitutional majority, was declared passed.

#### **HOUSE BILL NO. 1874, by Representatives Tharinger, Cody and Riccelli**

##### **Regarding the requirements of allopathic physician licensure.**

The bill was read the second time.

There being no objection, Substitute House Bill No. 1874 was substituted for House Bill No. 1874 and the substitute bill was placed on the second reading calendar.

SUBSTITUTE HOUSE BILL NO. 1874 was read the second time.

There being no objection, the rules were suspended, the second reading considered the third and the bill was placed on final passage.

Representatives Tharinger and Schmick spoke in favor of the passage of the bill.

The Speaker (Representative Orwall presiding) stated the question before the House to be the final passage of Substitute House Bill No. 1874.

#### **ROLL CALL**

The Clerk called the roll on the final passage of Substitute House Bill No. 1874, and the bill passed the House by the following vote: Yeas, 98; Nays, 0; Absent, 0; Excused, 0.

Voting yea: Representatives Appleton, Bergquist, Blake, Buys, Caldier, Carlyle, Chandler, Clibborn, Cody, Condotta, DeBolt, Dent, Dunshee, Fagan, Farrell, Fey, Fitzgibbon, G. Hunt, Goodman, Gregerson, Gregory, Griffey, Haler, Hansen, Hargrove, Harmsworth, Harris, Hawkins, Hayes, Holy, Hudgins, Hunter, Hurst, Jinkins, Johnson, Kagi, Kilduff, Kirby, Klippert, Kochmar, Kretz, Kristiansen, Lytton, MacEwen, Magendanz, Manweller, McBride, McCabe, McCaslin, Moeller, Morris, Moscoso, Muri, Nealey, Orcutt, Ormsby, Ortiz-Self, Orwall, Parker, Peterson, Pettigrew, Pike, Pollet, Reykdal, Riccelli, Robinson, Rodne, Ryu, S. Hunt, Santos, Sawyer, Schmick, Scott, Sells, Senn, Shea, Short, Smith, Springer, Stambaugh, Stanford, Stokesbary, Sullivan, Takko, Tarleton, Taylor, Tharinger, Van De Wege, Van Werven, Vick, Walkinshaw, Walsh, Wilcox, Wilson, Wylie, Young, Zeiger and Mr. Speaker.

SUBSTITUTE HOUSE BILL NO. 1874, having received the necessary constitutional majority, was declared passed.

The Speaker (Representative Orwall presiding) called upon Representative Moeller to preside.

**HOUSE BILL NO. 1450, by Representatives Jinkins, Rodne, Walkinshaw, Harris, Cody, Goodman, Senn, Walsh, Riccelli, Robinson, Orwall, Moeller, Gregerson, Van De Wege, Ormsby, Clibborn, McBride, Tharinger, Kagi and Stanford**

**Concerning involuntary outpatient mental health treatment.**

The bill was read the second time.

There being no objection, Second Substitute House Bill No. 1450 was substituted for House Bill No. 1450 and the second substitute bill was placed on the second reading calendar.

SECOND SUBSTITUTE HOUSE BILL NO. 1450 was read the second time.

Representative Jinkins moved the adoption of amendment (216):

Strike everything after the enacting clause and insert the following:

"**Sec. 1.** RCW 71.05.020 and 2011 c 148 s 1 and 2011 c 89 s 14 are each reenacted and amended to read as follows:

The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

(1) "Admission" or "admit" means a decision by a physician or psychiatric advanced registered nurse practitioner that a person should be examined or treated as a patient in a hospital;

(2) "Antipsychotic medications" means that class of drugs primarily used to treat serious manifestations of mental illness associated with thought disorders, which includes, but is not limited to atypical antipsychotic medications;

(3) "Attending staff" means any person on the staff of a public or private agency having responsibility for the care and treatment of a patient;

(4) "Commitment" means the determination by a court that a person should be detained for a period of either evaluation or treatment, or both, in an inpatient or a less restrictive setting;

(5) "Conditional release" means a revocable modification of a commitment, which may be revoked upon violation of any of its terms;

(6) "Crisis stabilization unit" means a short-term facility or a portion of a facility licensed by the department of health and certified by the department of social and health services under RCW 71.24.035, such as an evaluation and treatment facility or a hospital, which has been designed to assess, diagnose, and treat individuals experiencing an acute crisis without the use of long-term hospitalization;

(7) "Custody" means involuntary detention under the provisions of this chapter or chapter 10.77 RCW, uninterrupted by any period of unconditional release from commitment from a facility providing involuntary care and treatment;

(8) "Department" means the department of social and health services;

(9) "Designated chemical dependency specialist" means a person designated by the county alcoholism and other drug addiction program coordinator designated under RCW 70.96A.310 to perform the commitment duties described in chapters 70.96A and 70.96B RCW;

(10) "Designated crisis responder" means a mental health professional appointed by the county or the regional support network to perform the duties specified in this chapter;

(11) "Designated mental health professional" means a mental health professional designated by the county or other authority authorized in rule to perform the duties specified in this chapter;

(12) "Detention" or "detain" means the lawful confinement of a person, under the provisions of this chapter;

(13) "Developmental disabilities professional" means a person who has specialized training and three years of experience in directly treating or working with persons with developmental disabilities and is a psychiatrist, psychologist, psychiatric advanced registered nurse practitioner, or social worker, and such other developmental disabilities professionals as may be defined by rules adopted by the secretary;

(14) "Developmental disability" means that condition defined in RCW 71A.10.020~~((3))~~ (5);

(15) "Discharge" means the termination of hospital medical authority. The commitment may remain in place, be terminated, or be amended by court order;

(16) "Evaluation and treatment facility" means any facility which can provide directly, or by direct arrangement with other public or private agencies, emergency evaluation and treatment, outpatient care, and timely and appropriate inpatient care to persons suffering from a mental disorder, and which is certified as such by the department. A physically separate and separately operated portion of a state hospital may be designated as an evaluation and treatment facility. A facility which is part of, or operated by, the department or any federal agency will not require certification. No correctional institution or facility, or jail, shall be an evaluation and treatment facility within the meaning of this chapter;

(17) "Gravely disabled" means a condition in which a person, as a result of a mental disorder: (a) Is in danger of serious physical harm resulting from a failure to provide for his or her essential human needs of health or safety; or (b) manifests severe deterioration in routine functioning evidenced by repeated and escalating loss of cognitive or volitional control over his or her actions and is not receiving such care as is essential for his or her health or safety;

(18) "Habilitative services" means those services provided by program personnel to assist persons in acquiring and maintaining life skills and in raising their levels of physical, mental, social, and vocational functioning. Habilitative services include education, training for employment, and therapy. The habilitative process shall be undertaken with recognition of the risk to the public safety presented by the person being assisted as manifested by prior charged criminal conduct;

(19) "History of one or more violent acts" refers to the period of time ten years prior to the filing of a petition under this chapter, excluding any time spent, but not any violent acts committed, in a mental health facility or in confinement as a result of a criminal conviction;

(20) "Imminent" means the state or condition of being likely to occur at any moment or near at hand, rather than distant or remote;

(21) "Individualized service plan" means a plan prepared by a developmental disabilities professional with other professionals as a team, for a person with developmental disabilities, which shall state:

(a) The nature of the person's specific problems, prior charged criminal behavior, and habilitation needs;

(b) The conditions and strategies necessary to achieve the purposes of habilitation;

(c) The intermediate and long-range goals of the habilitation program, with a projected timetable for the attainment;

(d) The rationale for using this plan of habilitation to achieve those intermediate and long-range goals;

(e) The staff responsible for carrying out the plan;

(f) Where relevant in light of past criminal behavior and due consideration for public safety, the criteria for proposed movement to less-restrictive settings, criteria for proposed eventual discharge or release, and a projected possible date for discharge or release; and

(g) The type of residence immediately anticipated for the person and possible future types of residences;

(22) "Information related to mental health services" means all information and records compiled, obtained, or maintained in the course of providing services to either voluntary or involuntary recipients of services by a mental health service provider. This may include documents of legal proceedings under this chapter or chapter 71.34 or 10.77 RCW, or somatic health care information;

(23) "Judicial commitment" means a commitment by a court pursuant to the provisions of this chapter;

(24) "Legal counsel" means attorneys and staff employed by county prosecutor offices or the state attorney general acting in their capacity as legal representatives of public mental health service providers under RCW 71.05.130;

(25) "Likelihood of serious harm" means:

(a) A substantial risk that: (i) Physical harm will be inflicted by a person upon his or her own person, as evidenced by threats or attempts to commit suicide or inflict physical harm on oneself; (ii) physical harm will be inflicted by a person upon another, as evidenced by behavior which has caused such harm or which places another person or persons in reasonable fear of sustaining such harm; or (iii) physical harm will be inflicted by a person upon the property of others, as evidenced by behavior which has caused substantial loss or damage to the property of others; or

(b) The person has threatened the physical safety of another and has a history of one or more violent acts;

(26) "Mental disorder" means any organic, mental, or emotional impairment which has substantial adverse effects on a person's cognitive or volitional functions;

(27) "Mental health professional" means a psychiatrist, psychologist, psychiatric advanced registered nurse practitioner, psychiatric nurse, or social worker, and such other mental health professionals as may be defined by rules adopted by the secretary pursuant to the provisions of this chapter;

(28) "Mental health service provider" means a public or private agency that provides mental health services to persons with mental disorders as defined under this section and receives funding from public sources. This includes, but is not limited to, hospitals licensed under chapter 70.41 RCW, evaluation and treatment facilities as defined in this section, community mental health service delivery systems or community mental health programs as defined in RCW 71.24.025, facilities conducting competency evaluations and restoration under chapter 10.77 RCW, and correctional facilities operated by state and local governments;

(29) "Peace officer" means a law enforcement official of a public agency or governmental unit, and includes persons specifically given peace officer powers by any state law, local ordinance, or judicial order of appointment;

(30) "Private agency" means any person, partnership, corporation, or association that is not a public agency, whether or not financed in whole or in part by public funds, which constitutes an evaluation and treatment facility or private institution, or hospital, which is conducted for, or includes a department or ward conducted for, the care and treatment of persons who are mentally ill;

(31) "Professional person" means a mental health professional and shall also mean a physician, psychiatric advanced registered nurse practitioner, registered nurse, and such others as

may be defined by rules adopted by the secretary pursuant to the provisions of this chapter;

(32) "Psychiatric advanced registered nurse practitioner" means a person who is licensed as an advanced registered nurse practitioner pursuant to chapter 18.79 RCW; and who is board certified in advanced practice psychiatric and mental health nursing;

(33) "Psychiatrist" means a person having a license as a physician and surgeon in this state who has in addition completed three years of graduate training in psychiatry in a program approved by the American medical association or the American osteopathic association and is certified or eligible to be certified by the American board of psychiatry and neurology;

(34) "Psychologist" means a person who has been licensed as a psychologist pursuant to chapter 18.83 RCW;

(35) "Public agency" means any evaluation and treatment facility or institution, or hospital which is conducted for, or includes a department or ward conducted for, the care and treatment of persons with mental illness, if the agency is operated directly by, federal, state, county, or municipal government, or a combination of such governments;

(36) "Registration records" include all the records of the department, regional support networks, treatment facilities, and other persons providing services to the department, county departments, or facilities which identify persons who are receiving or who at any time have received services for mental illness;

(37) "Release" means legal termination of the commitment under the provisions of this chapter;

(38) "Resource management services" has the meaning given in chapter 71.24 RCW;

(39) "Secretary" means the secretary of the department of social and health services, or his or her designee;

(40) "Serious violent offense" has the same meaning as provided in RCW 9.94A.030;

(41) "Social worker" means a person with a master's or further advanced degree from a social work educational program accredited and approved as provided in RCW 18.320.010;

(42) "Therapeutic court personnel" means the staff of a mental health court or other therapeutic court which has jurisdiction over defendants who are dually diagnosed with mental disorders, including court personnel, probation officers, a court monitor, prosecuting attorney, or defense counsel acting within the scope of therapeutic court duties;

(43) "Triage facility" means a short-term facility or a portion of a facility licensed by the department of health and certified by the department of social and health services under RCW 71.24.035, which is designed as a facility to assess and stabilize an individual or determine the need for involuntary commitment of an individual, and must meet department of health residential treatment facility standards. A triage facility may be structured as a voluntary or involuntary placement facility;

(44) "Treatment records" include registration and all other records concerning persons who are receiving or who at any time have received services for mental illness, which are maintained by the department, by regional support networks and their staffs, and by treatment facilities. Treatment records include mental health information contained in a medical bill including but not limited to mental health drugs, a mental health diagnosis, provider name, and dates of service stemming from a medical service. Treatment records do not include notes or records maintained for personal use by a person providing treatment services for the department, regional support networks, or a treatment facility if the notes or records are not available to others;

(45) "Violent act" means behavior that resulted in homicide, attempted suicide, nonfatal injuries, or substantial damage to property.

(46) "In need of assisted outpatient mental health treatment" means that a person, as a result of a mental disorder: (a) Has been committed by a court to detention for involuntary mental health treatment at least twice during the preceding thirty-six months, or, if the person is currently committed for involuntary mental health treatment, the person has been committed to detention for involuntary mental health treatment at least once during the thirty-six months preceding the date of initial detention of the current commitment cycle; (b) is unlikely to voluntarily participate in outpatient treatment without an order for less restrictive alternative treatment, in view of the person's treatment history or current behavior; (c) is unlikely to survive safely in the community without supervision; (d) is likely to benefit from less restrictive alternative treatment; and (e) requires outpatient treatment order to prevent a relapse, decompensation, or deterioration that is likely to result in the person presenting a likelihood of serious harm or the person becoming gravely disabled within a reasonably short period of time. For purposes of (a) of this subsection, time spent in a mental health facility or in confinement as a result of a criminal conviction is excluded from the thirty-six month calculation.

(47) "Less restrictive alternative treatment" means a program of individualized treatment in a less restrictive setting that includes the services described in section 15 of this act.

**Sec. 2.** RCW 71.05.020 and 2014 c 225 s 79 are each reenacted and amended to read as follows:

The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

(1) "Admission" or "admit" means a decision by a physician or psychiatric advanced registered nurse practitioner that a person should be examined or treated as a patient in a hospital;

(2) "Antipsychotic medications" means that class of drugs primarily used to treat serious manifestations of mental illness associated with thought disorders, which includes, but is not limited to atypical antipsychotic medications;

(3) "Attending staff" means any person on the staff of a public or private agency having responsibility for the care and treatment of a patient;

(4) "Commitment" means the determination by a court that a person should be detained for a period of either evaluation or treatment, or both, in an inpatient or a less restrictive setting;

(5) "Conditional release" means a revocable modification of a commitment, which may be revoked upon violation of any of its terms;

(6) "Crisis stabilization unit" means a short-term facility or a portion of a facility licensed by the department of health and certified by the department of social and health services under RCW 71.24.035, such as an evaluation and treatment facility or a hospital, which has been designed to assess, diagnose, and treat individuals experiencing an acute crisis without the use of long-term hospitalization;

(7) "Custody" means involuntary detention under the provisions of this chapter or chapter 10.77 RCW, uninterrupted by any period of unconditional release from commitment from a facility providing involuntary care and treatment;

(8) "Department" means the department of social and health services;

(9) "Designated chemical dependency specialist" means a person designated by the county alcoholism and other drug addiction program coordinator designated under RCW 70.96A.310 to perform the commitment duties described in chapters 70.96A and 70.96B RCW;

(10) "Designated crisis responder" means a mental health professional appointed by the county or the behavioral health organization to perform the duties specified in this chapter;

(11) "Designated mental health professional" means a mental health professional designated by the county or other authority authorized in rule to perform the duties specified in this chapter;

(12) "Detention" or "detain" means the lawful confinement of a person, under the provisions of this chapter;

(13) "Developmental disabilities professional" means a person who has specialized training and three years of experience in directly treating or working with persons with developmental disabilities and is a psychiatrist, psychologist, psychiatric advanced registered nurse practitioner, or social worker, and such other developmental disabilities professionals as may be defined by rules adopted by the secretary;

(14) "Developmental disability" means that condition defined in RCW 71A.10.020~~((4))~~ (5);

(15) "Discharge" means the termination of hospital medical authority. The commitment may remain in place, be terminated, or be amended by court order;

(16) "Evaluation and treatment facility" means any facility which can provide directly, or by direct arrangement with other public or private agencies, emergency evaluation and treatment, outpatient care, and timely and appropriate inpatient care to persons suffering from a mental disorder, and which is certified as such by the department. A physically separate and separately operated portion of a state hospital may be designated as an evaluation and treatment facility. A facility which is part of, or operated by, the department or any federal agency will not require certification. No correctional institution or facility, or jail, shall be an evaluation and treatment facility within the meaning of this chapter;

(17) "Gravely disabled" means a condition in which a person, as a result of a mental disorder: (a) Is in danger of serious physical harm resulting from a failure to provide for his or her essential human needs of health or safety; or (b) manifests severe deterioration in routine functioning evidenced by repeated and escalating loss of cognitive or volitional control over his or her actions and is not receiving such care as is essential for his or her health or safety;

(18) "Habilitative services" means those services provided by program personnel to assist persons in acquiring and maintaining life skills and in raising their levels of physical, mental, social, and vocational functioning. Habilitative services include education, training for employment, and therapy. The habilitative process shall be undertaken with recognition of the risk to the public safety presented by the person being assisted as manifested by prior charged criminal conduct;

(19) "History of one or more violent acts" refers to the period of time ten years prior to the filing of a petition under this chapter, excluding any time spent, but not any violent acts committed, in a mental health facility or in confinement as a result of a criminal conviction;

(20) "Imminent" means the state or condition of being likely to occur at any moment or near at hand, rather than distant or remote;

(21) "Individualized service plan" means a plan prepared by a developmental disabilities professional with other professionals as a team, for a person with developmental disabilities, which shall state:

(a) The nature of the person's specific problems, prior charged criminal behavior, and habilitation needs;

(b) The conditions and strategies necessary to achieve the purposes of habilitation;

(c) The intermediate and long-range goals of the habilitation program, with a projected timetable for the attainment;

(d) The rationale for using this plan of habilitation to achieve those intermediate and long-range goals;

(e) The staff responsible for carrying out the plan;

(f) Where relevant in light of past criminal behavior and due consideration for public safety, the criteria for proposed movement to less-restrictive settings, criteria for proposed eventual discharge or release, and a projected possible date for discharge or release; and

(g) The type of residence immediately anticipated for the person and possible future types of residences;

(22) "Information related to mental health services" means all information and records compiled, obtained, or maintained in the course of providing services to either voluntary or involuntary recipients of services by a mental health service provider. This may include documents of legal proceedings under this chapter or chapter 71.34 or 10.77 RCW, or somatic health care information;

(23) "Judicial commitment" means a commitment by a court pursuant to the provisions of this chapter;

(24) "Legal counsel" means attorneys and staff employed by county prosecutor offices or the state attorney general acting in their capacity as legal representatives of public mental health service providers under RCW 71.05.130;

(25) "Likelihood of serious harm" means:

(a) A substantial risk that: (i) Physical harm will be inflicted by a person upon his or her own person, as evidenced by threats or attempts to commit suicide or inflict physical harm on oneself; (ii) physical harm will be inflicted by a person upon another, as evidenced by behavior which has caused such harm or which places another person or persons in reasonable fear of sustaining such harm; or (iii) physical harm will be inflicted by a person upon the property of others, as evidenced by behavior which has caused substantial loss or damage to the property of others; or

(b) The person has threatened the physical safety of another and has a history of one or more violent acts;

(26) "Mental disorder" means any organic, mental, or emotional impairment which has substantial adverse effects on a person's cognitive or volitional functions;

(27) "Mental health professional" means a psychiatrist, psychologist, psychiatric advanced registered nurse practitioner, psychiatric nurse, or social worker, and such other mental health professionals as may be defined by rules adopted by the secretary pursuant to the provisions of this chapter;

(28) "Mental health service provider" means a public or private agency that provides mental health services to persons with mental disorders as defined under this section and receives funding from public sources. This includes, but is not limited to, hospitals licensed under chapter 70.41 RCW, evaluation and treatment facilities as defined in this section, community mental health service delivery systems or community mental health programs as defined in RCW 71.24.025, facilities conducting competency evaluations and restoration under chapter 10.77 RCW, and correctional facilities operated by state and local governments;

(29) "Peace officer" means a law enforcement official of a public agency or governmental unit, and includes persons specifically given peace officer powers by any state law, local ordinance, or judicial order of appointment;

(30) "Private agency" means any person, partnership, corporation, or association that is not a public agency, whether or not financed in whole or in part by public funds, which constitutes an evaluation and treatment facility or private institution, or hospital, which is conducted for, or includes a department or ward conducted for, the care and treatment of persons who are mentally ill;

(31) "Professional person" means a mental health professional and shall also mean a physician, psychiatric advanced registered nurse practitioner, registered nurse, and such others as may be defined by rules adopted by the secretary pursuant to the provisions of this chapter;

(32) "Psychiatric advanced registered nurse practitioner" means a person who is licensed as an advanced registered nurse practitioner pursuant to chapter 18.79 RCW; and who is board certified in advanced practice psychiatric and mental health nursing;

(33) "Psychiatrist" means a person having a license as a physician and surgeon in this state who has in addition completed three years of graduate training in psychiatry in a program approved by the American medical association or the American osteopathic association and is certified or eligible to be certified by the American board of psychiatry and neurology;

(34) "Psychologist" means a person who has been licensed as a psychologist pursuant to chapter 18.83 RCW;

(35) "Public agency" means any evaluation and treatment facility or institution, or hospital which is conducted for, or includes a department or ward conducted for, the care and treatment of persons with mental illness, if the agency is operated directly by, federal, state, county, or municipal government, or a combination of such governments;

(36) "Registration records" include all the records of the department, behavioral health organizations, treatment facilities, and other persons providing services to the department, county departments, or facilities which identify persons who are receiving or who at any time have received services for mental illness;

(37) "Release" means legal termination of the commitment under the provisions of this chapter;

(38) "Resource management services" has the meaning given in chapter 71.24 RCW;

(39) "Secretary" means the secretary of the department of social and health services, or his or her designee;

(40) "Serious violent offense" has the same meaning as provided in RCW 9.94A.030;

(41) "Social worker" means a person with a master's or further advanced degree from a social work educational program accredited and approved as provided in RCW 18.320.010;

(42) "Therapeutic court personnel" means the staff of a mental health court or other therapeutic court which has jurisdiction over defendants who are dually diagnosed with mental disorders, including court personnel, probation officers, a court monitor, prosecuting attorney, or defense counsel acting within the scope of therapeutic court duties;

(43) "Treatment records" include registration and all other records concerning persons who are receiving or who at any time have received services for mental illness, which are maintained by the department, by behavioral health organizations and their staffs, and by treatment facilities. Treatment records include mental health information contained in a medical bill including but not limited to mental health drugs, a mental health diagnosis, provider name, and dates of service stemming from a medical service. Treatment records do not include notes or records maintained for personal use by a person providing treatment services for the department, behavioral health organizations, or a treatment facility if the notes or records are not available to others;

(44) "Triage facility" means a short-term facility or a portion of a facility licensed by the department of health and certified by the department of social and health services under RCW 71.24.035, which is designed as a facility to assess and stabilize an individual or determine the need for involuntary commitment of an individual, and must meet department of health residential treatment facility standards. A triage facility may be structured as a voluntary or involuntary placement facility;



(45) "Violent act" means behavior that resulted in homicide, attempted suicide, nonfatal injuries, or substantial damage to property.

(46) "In need of assisted outpatient mental health treatment" means that a person, as a result of a mental disorder: (a) Has been committed by a court to detention for involuntary mental health treatment at least twice during the preceding thirty-six months, or, if the person is currently committed for involuntary mental health treatment, the person has been committed to detention for involuntary mental health treatment at least once during the thirty-six months preceding the date of initial detention of the current commitment cycle; (b) is unlikely to voluntarily participate in outpatient treatment without an order for less restrictive alternative treatment, in view of the person's treatment history or current behavior; (c) is unlikely to survive safely in the community without supervision; (d) is likely to benefit from less restrictive alternative treatment; and (e) requires outpatient treatment that would be provided under a less restrictive alternative treatment order to prevent a relapse, decompensation, or deterioration that is likely to result in the person presenting a likelihood of serious harm or the person becoming gravely disabled within a reasonably short period of time. For purposes of (a) of this subsection, time spent in a mental health facility or in confinement as a result of a criminal conviction is excluded from the thirty-six month calculation.

(47) "Less restrictive alternative treatment" means a program of individualized treatment in a less restrictive setting than inpatient treatment that includes the services described in section 15 of this act.

**Sec. 3.** RCW 71.05.150 and 2011 c 148 s 5 are each amended to read as follows:

(1)(a) When a designated mental health professional receives information alleging that a person, as a result of a mental disorder: (i) Presents a likelihood of serious harm; ~~((ii))~~ (ii) is gravely disabled; or (iii) is in need of assisted outpatient mental health treatment; the designated mental health professional may, after investigation and evaluation of the specific facts alleged and of the reliability and credibility of any person providing information to initiate detention or outpatient evaluation, if satisfied that the allegations are true and that the person will not voluntarily seek appropriate treatment, file a petition for initial detention or outpatient evaluation. If the petition is filed solely on the grounds that the person is in need of assisted outpatient mental health treatment, the petition may only be for an outpatient evaluation. If the petition is for an outpatient evaluation and the person is being held in a hospital emergency department, the person may be released once the hospital has satisfied federal and state legal requirements for appropriate screening and stabilization of patients.

(b) Before filing the petition, the designated mental health professional must personally interview the person, unless the person refuses an interview, and determine whether the person will voluntarily receive appropriate evaluation and treatment at an evaluation and treatment facility, crisis stabilization unit, or triage facility.

(2)(a) An order to detain to a designated evaluation and treatment facility for not more than a seventy-two-hour evaluation and treatment period, or an order for an outpatient evaluation, may be issued by a judge of the superior court upon request of a designated mental health professional, whenever it appears to the satisfaction of a judge of the superior court:

(i) That there is probable cause to support the petition; and  
(ii) That the person has refused or failed to accept appropriate evaluation and treatment voluntarily.

(b) The petition for initial detention or outpatient evaluation, signed under penalty of perjury, or sworn telephonic testimony may be considered by the court in determining whether there are sufficient grounds for issuing the order.

(c) The order shall designate retained counsel or, if counsel is appointed from a list provided by the court, the name, business address, and telephone number of the attorney appointed to represent the person.

(3) The designated mental health professional shall then serve or cause to be served on such person, his or her guardian, and conservator, if any, a copy of the order together with a notice of rights, and a petition for initial detention or outpatient evaluation. After service on such person the designated mental health professional shall file the return of service in court and provide copies of all papers in the court file to the evaluation and treatment facility and the designated attorney. The designated mental health professional shall notify the court and the prosecuting attorney that a probable cause hearing will be held within seventy-two hours of the date and time of outpatient evaluation or admission to the evaluation and treatment facility. The person shall be permitted to be accompanied by one or more of his or her relatives, friends, an attorney, a personal physician, or other professional or religious advisor to the place of evaluation. An attorney accompanying the person to the place of evaluation shall be permitted to be present during the admission evaluation. Any other individual accompanying the person may be present during the admission evaluation. The facility may exclude the individual if his or her presence would present a safety risk, delay the proceedings, or otherwise interfere with the evaluation.

(4) The designated mental health professional may notify a peace officer to take such person or cause such person to be taken into custody and placed in an evaluation and treatment facility. At the time such person is taken into custody there shall commence to be served on such person, his or her guardian, and conservator, if any, a copy of the original order together with a notice of rights and a petition for initial detention.

**Sec. 4.** RCW 71.05.156 and 2013 c 334 s 2 are each amended to read as follows:

A designated mental health professional who conducts an evaluation for imminent likelihood of serious harm or imminent danger because of being gravely disabled under RCW 71.05.153 must also evaluate the person under RCW 71.05.150 for likelihood of serious harm or grave disability that does not meet the imminent standard for emergency detention, and to determine whether the person is in need of assisted outpatient mental health treatment.

**Sec. 5.** RCW 71.05.212 and 2010 c 280 s 2 are each amended to read as follows:

(1) Whenever a designated mental health professional or professional person is conducting an evaluation under this chapter, consideration shall include all reasonably available information from credible witnesses and records regarding:

(a) Prior recommendations for evaluation of the need for civil commitments when the recommendation is made pursuant to an evaluation conducted under chapter 10.77 RCW;

(b) Historical behavior, including history of one or more violent acts;

(c) Prior determinations of incompetency or insanity under chapter 10.77 RCW; and

(d) Prior commitments under this chapter.

(2) Credible witnesses may include family members, landlords, neighbors, or others with significant contact and history of involvement with the person. If the designated mental health

professional relies upon information from a credible witness in reaching his or her decision to detain the individual, then he or she must provide contact information for any such witness to the prosecutor. The designated mental health professional or prosecutor shall provide notice of the date, time, and location of the probable cause hearing to such a witness.

(3) Symptoms and behavior of the respondent which standing alone would not justify civil commitment may support a finding of grave disability or likelihood of serious harm, or a finding that the person is in need of assisted outpatient mental health treatment, when:

(a) Such symptoms or behavior are closely associated with symptoms or behavior which preceded and led to a past incident of involuntary hospitalization, severe deterioration, or one or more violent acts;

(b) These symptoms or behavior represent a marked and concerning change in the baseline behavior of the respondent; and

(c) Without treatment, the continued deterioration of the respondent is probable.

(4) When conducting an evaluation for offenders identified under RCW 72.09.370, the designated mental health professional or professional person shall consider an offender's history of judicially required or administratively ordered antipsychotic medication while in confinement.

**Sec. 6.** RCW 71.05.230 and 2011 c 343 s 9 are each amended to read as follows:

A person detained or committed for seventy-two hour evaluation and treatment may be (~~detained~~) committed for not more than fourteen additional days of involuntary intensive treatment or ninety additional days of a less restrictive alternative to involuntary intensive treatment. A petition may only be filed if the following conditions are met:

(1) The professional staff of the agency or facility providing evaluation services has analyzed the person's condition and finds that the condition is caused by mental disorder and (~~either~~) results in a likelihood of serious harm, (~~or~~) results in the (~~detained~~) person being gravely disabled, or results in the person being in need of assisted outpatient mental health treatment, and are prepared to testify those conditions are met; and

(2) The person has been advised of the need for voluntary treatment and the professional staff of the facility has evidence that he or she has not in good faith volunteered; and

(3) The facility providing intensive treatment is certified to provide such treatment by the department; and

(4) The professional staff of the agency or facility or the designated mental health professional has filed a petition with the court for a fourteen day involuntary detention or a ninety day less restrictive alternative (~~(with the court)~~). The petition must be signed either by:

(a) Two physicians;

(b) One physician and a mental health professional;

(c) Two psychiatric advanced registered nurse practitioners;

(d) One psychiatric advanced registered nurse practitioner and a mental health professional; or

(e) A physician and a psychiatric advanced registered nurse practitioner. The persons signing the petition must have examined the person. If involuntary detention is sought the petition shall state facts that support the finding that such person, as a result of mental disorder, presents a likelihood of serious harm, or is gravely disabled and that there are no less restrictive alternatives to detention in the best interest of such person or others. The petition shall state specifically that less restrictive alternative treatment was considered and specify why treatment less restrictive than

detention is not appropriate. If an involuntary less restrictive alternative is sought, the petition shall state facts that support the finding that such person, as a result of mental disorder, presents a likelihood of serious harm, (~~or~~) is gravely disabled, or is in need of assisted outpatient mental health treatment, and shall set forth a plan for the less restrictive alternative treatment proposed by the facility in accordance with section 15 of this act; and

(5) A copy of the petition has been served on the detained or committed person, his or her attorney and his or her guardian or conservator, if any, prior to the probable cause hearing; and

(6) The court at the time the petition was filed and before the probable cause hearing has appointed counsel to represent such person if no other counsel has appeared; and

(7) The petition reflects that the person was informed of the loss of firearm rights if involuntarily committed; and

(8) At the conclusion of the initial commitment period, the professional staff of the agency or facility or the designated mental health professional may petition for an additional period of either ninety days of less restrictive alternative treatment or ninety days of involuntary intensive treatment as provided in RCW 71.05.290; and

(9) If the hospital or facility designated to provide (~~outpatient~~) less restrictive alternative treatment is other than the facility providing involuntary treatment, the outpatient facility so designated to provide less restrictive alternative treatment has agreed to assume such responsibility.

**Sec. 7.** RCW 71.05.240 and 2009 c 293 s 4 are each amended to read as follows:

(1) If a petition is filed for fourteen day involuntary treatment or ninety days of less restrictive alternative treatment, the court shall hold a probable cause hearing within seventy-two hours of the initial detention or outpatient evaluation of such person as determined in RCW 71.05.180. If requested by the (~~detained~~) person or his or her attorney, the hearing may be postponed for a period not to exceed forty-eight hours. The hearing may also be continued subject to the conditions set forth in RCW 71.05.210 or subject to the petitioner's showing of good cause for a period not to exceed twenty-four hours.

(2) The court at the time of the probable cause hearing and before an order of commitment is entered shall inform the person both orally and in writing that the failure to make a good faith effort to seek voluntary treatment as provided in RCW 71.05.230 will result in the loss of his or her firearm rights if the person is subsequently detained for involuntary treatment under this section.

(3) At the conclusion of the probable cause hearing (~~(if the court finds by a preponderance of the evidence that)~~):

(a) If the court finds by a preponderance of the evidence that such person, as the result of mental disorder, presents a likelihood of serious harm, or is gravely disabled, and, after considering less restrictive alternatives to involuntary detention and treatment, finds that no such alternatives are in the best interests of such person or others, the court shall order that such person be detained for involuntary treatment not to exceed fourteen days in a facility certified to provide treatment by the department. If the court finds that such person, as the result of a mental disorder, presents a likelihood of serious harm, or is gravely disabled, but that treatment in a less restrictive setting than detention is in the best interest of such person or others, the court shall order an appropriate less restrictive alternative course of treatment for not to exceed ninety days;

(b) If the court finds by a preponderance of the evidence that such person, as the result of a mental disorder, is in need of assisted outpatient mental health treatment, and that the person does not present a likelihood of serious harm or grave disability,

the court shall order an appropriate less restrictive alternative course of treatment not to exceed ninety days, and may not order inpatient treatment.

(c) An order for less restrictive alternative treatment must identify the services the person will receive, in accordance with section 15 of this act. If the petitioner did not set forth a proposed less restrictive alternative treatment plan, the court may postpone the issuance of the order for up to five judicial days and require the petitioner to submit a proposal for less restrictive alternative treatment services. The court may order additional evaluation of the person if necessary to identify appropriate services.

(4) The court shall specifically state to such person and give such person notice in writing that if involuntary treatment beyond the fourteen day period or beyond the ninety days of less restrictive treatment is to be sought, such person will have the right to a full hearing or jury trial as required by RCW 71.05.310. The court shall also state to the person and provide written notice that the person is barred from the possession of firearms and that the prohibition remains in effect until a court restores his or her right to possess a firearm under RCW 9.41.047.

**Sec. 8.** RCW 71.05.245 and 2010 c 280 s 3 are each amended to read as follows:

(1) In making a determination of whether a person is gravely disabled ((~~or~~)), presents a likelihood of serious harm, or is in need of assisted outpatient mental health treatment in a hearing conducted under RCW 71.05.240 or 71.05.320, the court must consider the symptoms and behavior of the respondent in light of all available evidence concerning the respondent's historical behavior.

(2) Symptoms or behavior which standing alone would not justify civil commitment may support a finding of grave disability or likelihood of serious harm, or a finding that the person is in need of assisted outpatient mental health treatment, when: (a) Such symptoms or behavior are closely associated with symptoms or behavior which preceded and led to a past incident of involuntary hospitalization, severe deterioration, or one or more violent acts; (b) these symptoms or behavior represent a marked and concerning change in the baseline behavior of the respondent; and (c) without treatment, the continued deterioration of the respondent is probable.

(3) In making a determination of whether there is a likelihood of serious harm in a hearing conducted under RCW 71.05.240 or 71.05.320, the court shall give great weight to any evidence before the court regarding whether the person has: (a) A recent history of one or more violent acts; or (b) a recent history of one or more commitments under this chapter or its equivalent provisions under the laws of another state which were based on a likelihood of serious harm. The existence of prior violent acts or commitments under this chapter or its equivalent shall not be the sole basis for determining whether a person presents a likelihood of serious harm.

For the purposes of this subsection "recent" refers to the period of time not exceeding three years prior to the current hearing.

**Sec. 9.** RCW 71.05.280 and 2013 c 289 s 4 are each amended to read as follows:

At the expiration of the fourteen-day period of intensive treatment, a person may be confined for further treatment pursuant to RCW 71.05.320 if:

(1) Such person after having been taken into custody for evaluation and treatment has threatened, attempted, or inflicted: (a) Physical harm upon the person of another or himself or herself, or

substantial damage upon the property of another, and (b) as a result of mental disorder presents a likelihood of serious harm; or

(2) Such person was taken into custody as a result of conduct in which he or she attempted or inflicted physical harm upon the person of another or himself or herself, or substantial damage upon the property of others, and continues to present, as a result of mental disorder, a likelihood of serious harm; or

(3) Such person has been determined to be incompetent and criminal charges have been dismissed pursuant to RCW 10.77.086(4), and has committed acts constituting a felony, and as a result of a mental disorder, presents a substantial likelihood of repeating similar acts.

(a) In any proceeding pursuant to this subsection it shall not be necessary to show intent, willfulness, or state of mind as an element of the crime;

(b) For any person subject to commitment under this subsection where the charge underlying the finding of incompetence is for a felony classified as violent under RCW 9.94A.030, the court shall determine whether the acts the person committed constitute a violent offense under RCW 9.94A.030; or

(4) Such person is gravely disabled; or

(5) Such person is in need of assisted outpatient mental health treatment.

**Sec. 10.** RCW 71.05.290 and 2009 c 217 s 3 are each amended to read as follows:

(1) At any time during a person's fourteen day intensive treatment period, the professional person in charge of a treatment facility or his or her professional designee or the designated mental health professional may petition the superior court for an order requiring such person to undergo an additional period of treatment. Such petition must be based on one or more of the grounds set forth in RCW 71.05.280.

(2) The petition shall summarize the facts which support the need for further confinement and shall be supported by affidavits signed by:

(a) Two examining physicians;

(b) One examining physician and examining mental health professional;

(c) Two psychiatric advanced registered nurse practitioners;

(d) One psychiatric advanced registered nurse practitioner and a mental health professional; or

(e) An examining physician and an examining psychiatric advanced registered nurse practitioner. The affidavits shall describe in detail the behavior of the detained person which supports the petition and shall explain what, if any, less restrictive treatments which are alternatives to detention are available to such person, and shall state the willingness of the affiant to testify to such facts in subsequent judicial proceedings under this chapter. If less restrictive alternative treatment is sought, the petition shall set forth a proposed plan for less restrictive alternative treatment in accordance with section 15 of this act.

(3) If a person has been determined to be incompetent pursuant to RCW 10.77.086(4), then the professional person in charge of the treatment facility or his or her professional designee or the designated mental health professional may directly file a petition for one hundred eighty day treatment under RCW 71.05.280(3). No petition for initial detention or fourteen day detention is required before such a petition may be filed.

**Sec. 11.** RCW 71.05.320 and 2013 c 289 s 5 are each amended to read as follows:

(1) If the court or jury finds that grounds set forth in RCW 71.05.280 have been proven and that the best interests of the person or others will not be served by a less restrictive treatment which is an alternative to detention, the court shall remand him or her to the custody of the department or to a facility certified for ninety day treatment by the department for a further period of intensive treatment not to exceed ninety days from the date of judgment. If the grounds set forth in RCW 71.05.280(3) are the basis of commitment, then the period of treatment may be up to but not exceed one hundred eighty days from the date of judgment in a facility certified for one hundred eighty day treatment by the department.

(2) If the court or jury finds that grounds set forth in RCW 71.05.280 have been proven, but finds that treatment less restrictive than detention will be in the best interest of the person or others, then the court shall remand him or her to the custody of the department or to a facility certified for ninety day treatment by the department or to a less restrictive alternative for a further period of less restrictive treatment not to exceed ninety days from the date of judgment. If the grounds set forth in RCW 71.05.280(3) are the basis of commitment, then the period of treatment may be up to but not exceed one hundred eighty days from the date of judgment. If the court or jury finds that the grounds set forth in RCW 71.05.280(5) have been proven, and provide the only basis for commitment, the court must enter an order for less restrictive alternative treatment for up to ninety days from the date of judgment and may not order inpatient treatment.

(3) An order for less restrictive alternative treatment entered under subsection (2) of this section must identify the services the person will receive, in accordance with section 15 of this act. If the petitioner did not set forth a proposed plan for less restrictive alternative services, the court may postpone the issuance of the order for up to five judicial days and require the petitioner to submit a proposal for less restrictive alternative services. The court may order additional evaluation of the person if necessary to identify appropriate services.

(4) The person shall be released from involuntary treatment at the expiration of the period of commitment imposed under subsection (1) or (2) of this section unless the superintendent or professional person in charge of the facility in which he or she is confined, or in the event of a less restrictive alternative, the designated mental health professional, files a new petition for involuntary treatment on the grounds that the committed person:

(a) During the current period of court ordered treatment: (i) Has threatened, attempted, or inflicted physical harm upon the person of another, or substantial damage upon the property of another, and (ii) as a result of mental disorder or developmental disability presents a likelihood of serious harm; or

(b) Was taken into custody as a result of conduct in which he or she attempted or inflicted serious physical harm upon the person of another, and continues to present, as a result of mental disorder or developmental disability a likelihood of serious harm; or

(c)(i) Is in custody pursuant to RCW 71.05.280(3) and as a result of mental disorder or developmental disability continues to present a substantial likelihood of repeating acts similar to the charged criminal behavior, when considering the person's life history, progress in treatment, and the public safety.

(ii) In cases under this subsection where the court has made an affirmative special finding under RCW 71.05.280(3)(b), the commitment shall continue for up to an additional one hundred eighty day period whenever the petition presents prima facie evidence that the person continues to suffer from a mental disorder or developmental disability that results in a substantial likelihood of committing acts similar to the charged criminal behavior, unless the person presents proof through an admissible expert opinion that

the person's condition has so changed such that the mental disorder or developmental disability no longer presents a substantial likelihood of the person committing acts similar to the charged criminal behavior. The initial or additional commitment period may include transfer to a specialized program of intensive support and treatment, which may be initiated prior to or after discharge from the state hospital; or

(d) Continues to be gravely disabled; or

(e) Is in need of assisted outpatient mental health treatment.

If the conduct required to be proven in (b) and (c) of this subsection was found by a judge or jury in a prior trial under this chapter, it shall not be necessary to prove such conduct again.

~~((4) For a person committed under subsection (2) of this section who has been remanded to a period of less restrictive treatment, in addition to the grounds specified in subsection (3) of this section, the designated mental health professional may file a new petition for continued less restrictive treatment if:~~

~~(a) The person was previously committed by a court to detention for involuntary mental health treatment during the thirty-six months that preceded the person's initial detention date during the current involuntary commitment cycle, excluding any time spent in a mental health facility or in confinement as a result of a criminal conviction;~~

~~(b) In view of the person's treatment history or current behavior, the person is unlikely to voluntarily participate in outpatient treatment without an order for less restrictive treatment; and~~

~~(c) Outpatient treatment that would be provided under a less restrictive treatment order is necessary to prevent a relapse, decompensation, or deterioration that is likely to result in the person presenting a likelihood of serious harm or the person becoming gravely disabled within a reasonably short period of time-)) If less restrictive alternative treatment is sought, the petition shall set forth a proposed plan for less restrictive alternative services in accordance with section 15 of this act.~~

(5) A new petition for involuntary treatment filed under subsection ~~((3)-(e))~~ (4) of this section shall be filed and heard in the superior court of the county of the facility which is filing the new petition for involuntary treatment unless good cause is shown for a change of venue. The cost of the proceedings shall be borne by the state.

(6)(a) The hearing shall be held as provided in RCW 71.05.310, and if the court or jury finds that the grounds for additional confinement as set forth in this section are present, the court may order the committed person returned for an additional period of treatment not to exceed one hundred eighty days from the date of judgment, except as provided in subsection (7) of this section. If the court's order is based solely on the grounds identified in subsection (4)(e) of this section, the court may enter an order for less restrictive alternative treatment not to exceed one hundred eighty days from the date of judgment, and may not enter an order for inpatient treatment. An order for less restrictive alternative treatment must identify the services the person will receive, in accordance with section 15 of this act. If the petitioner did not set forth a proposed plan for less restrictive alternative services, the court may postpone the issuance of the order for up to five judicial days and require the petitioner to submit a proposal for less restrictive alternative services. The court may order additional evaluation of the person if necessary to identify appropriate services.

(b) At the end of the one hundred eighty day period of commitment, or one-year period of commitment if subsection (7) of this section applies, the committed person shall be released unless a petition for ~~((another))~~ an additional one hundred eighty day period of continued treatment is filed and heard in the same

manner as provided in this section. Successive one hundred eighty day commitments are permissible on the same grounds and pursuant to the same procedures as the original one hundred eighty day commitment. However, a commitment solely on the grounds identified in subsection (4)(e) of this section is not permissible under this subsection ((4) of this section) if ((thirty-six months have passed since the last date of discharge from detention for inpatient treatment that preceded the current less restrictive alternative order, nor shall a commitment under subsection (4) of this section be permissible if)) the likelihood of serious harm ((in subsection (4)(e) of this section)) as described in RCW 71.05.020(46)(e) is based solely on harm to the property of others.

(7) An order for less restrictive treatment entered under subsection (6) of this section may be for up to one year when the person's previous commitment term was for intensive inpatient treatment in a state hospital.

(8) No person committed as provided in this section may be detained unless a valid order of commitment is in effect. No order of commitment can exceed one hundred eighty days in length except as provided in subsection (7) of this section.

**Sec. 12.** RCW 71.05.340 and 2009 c 322 s 1 are each amended to read as follows:

(1)(a) When, in the opinion of the superintendent or the professional person in charge of the hospital or facility providing involuntary treatment, the committed person can be appropriately served by outpatient treatment prior to or at the expiration of the period of commitment, then such outpatient care may be required as a term of conditional release for a period which, when added to the inpatient treatment period, shall not exceed the period of commitment. If the hospital or facility designated to provide outpatient treatment is other than the facility providing involuntary treatment, the outpatient facility so designated must agree in writing to assume such responsibility. A copy of the terms of conditional release shall be given to the patient, the designated mental health professional in the county in which the patient is to receive outpatient treatment, and to the court of original commitment.

(b) Before a person committed under grounds set forth in RCW 71.05.280(3) or 71.05.320(~~(3))~~ (4)(c) is conditionally released under (a) of this subsection, the superintendent or professional person in charge of the hospital or facility providing involuntary treatment shall in writing notify the prosecuting attorney of the county in which the criminal charges against the committed person were dismissed, of the decision to conditionally release the person. Notice and a copy of the terms of conditional release shall be provided at least thirty days before the person is released from inpatient care. Within twenty days after receiving notice, the prosecuting attorney may petition the court in the county that issued the commitment order to hold a hearing to determine whether the person may be conditionally released and the terms of the conditional release. The prosecuting attorney shall provide a copy of the petition to the superintendent or professional person in charge of the hospital or facility providing involuntary treatment, the attorney, if any, and guardian or conservator of the committed person, and the court of original commitment. If the county in which the committed person is to receive outpatient treatment is the same county in which the criminal charges against the committed person were dismissed, then the court shall, upon the motion of the prosecuting attorney, transfer the proceeding to the court in that county. The court shall conduct a hearing on the petition within ten days of the filing of the petition. The committed person shall have the same rights with respect to notice, hearing, and counsel as for an involuntary treatment proceeding, except as set forth in this subsection and except that there shall be no right to

jury trial. The issue to be determined at the hearing is whether or not the person may be conditionally released without substantial danger to other persons, or substantial likelihood of committing criminal acts jeopardizing public safety or security. If the court disapproves of the conditional release, it may do so only on the basis of substantial evidence. Pursuant to the determination of the court upon the hearing, the conditional release of the person shall be approved by the court on the same or modified conditions or the person shall be returned for involuntary treatment on an inpatient basis subject to release at the end of the period for which he or she was committed, or otherwise in accordance with the provisions of this chapter.

(2) The hospital or facility designated to provide outpatient care or the secretary may modify the conditions for continued release when such modification is in the best interest of the person. Notification of such changes shall be sent to all persons receiving a copy of the original conditions.

(3)(a) If the hospital or facility designated to provide outpatient care, the designated mental health professional, or the secretary determines that:

- (i) A conditionally released person is failing to adhere to the terms and conditions of his or her release;
- (ii) Substantial deterioration in a conditionally released person's functioning has occurred;
- (iii) There is evidence of substantial decompensation with a reasonable probability that the decompensation can be reversed by further inpatient treatment; or
- (iv) The person poses a likelihood of serious harm.

Upon notification by the hospital or facility designated to provide outpatient care, or on his or her own motion, the designated mental health professional or the secretary may order that the conditionally released person be apprehended and taken into custody and temporarily detained in an evaluation and treatment facility in or near the county in which he or she is receiving outpatient treatment.

(b) The hospital or facility designated to provide outpatient treatment shall notify the secretary or designated mental health professional when a conditionally released person fails to adhere to terms and conditions of his or her conditional release or experiences substantial deterioration in his or her condition and, as a result, presents an increased likelihood of serious harm. The designated mental health professional or secretary shall order the person apprehended and temporarily detained in an evaluation and treatment facility in or near the county in which he or she is receiving outpatient treatment.

(c) A person detained under this subsection (3) shall be held until such time, not exceeding five days, as a hearing can be scheduled to determine whether or not the person should be returned to the hospital or facility from which he or she had been conditionally released. The designated mental health professional or the secretary may modify or rescind such order at any time prior to commencement of the court hearing.

(d) The court that originally ordered commitment shall be notified within two judicial days of a person's detention under the provisions of this section, and the designated mental health professional or the secretary shall file his or her petition and order of apprehension and detention with the court that originally ordered commitment or with the court in the county in which the person is detained and serve them upon the person detained. His or her attorney, if any, and his or her guardian or conservator, if any, shall receive a copy of such papers as soon as possible. Such person shall have the same rights with respect to notice, hearing, and counsel as for an involuntary treatment proceeding, except as specifically set forth in this section and except that there shall be no right to jury trial. The venue for proceedings regarding a petition for modification or revocation of an order for conditional

release shall be in the county in which the petition was filed. The issues to be determined shall be: (i) Whether the conditionally released person did or did not adhere to the terms and conditions of his or her conditional release; (ii) that substantial deterioration in the person's functioning has occurred; (iii) there is evidence of substantial decompensation with a reasonable probability that the decompensation can be reversed by further inpatient treatment; or (iv) there is a likelihood of serious harm; and, if any of the conditions listed in this subsection (3)(d) have occurred, whether the terms of conditional release should be modified or the person should be returned to the facility. If any of the conditions listed in this subsection (3)(d) have occurred and the person is committed solely based on being in need of assisted outpatient mental health treatment, the court shall determine whether the terms of the order should be modified or if proceedings should be initiated under RCW 71.05.150.

(e) In determining whether or not to modify the terms of conditional release or return the person to the facility:

(i) The court must consider the symptoms and behavior of the person in light of all available evidence concerning the person's historical behavior, which may include information provided by credible witnesses as defined in RCW 71.05.212(2); and

(ii) If the petition is based on the person's failure to adhere to the terms or conditions of his or her release, the court must give great weight to information regarding symptoms or behavior that:  
(A) Are closely associated with symptoms or behavior which preceded and led to a past incident of involuntary hospitalization, severe deterioration, or one or more violent acts; (B) represent a marked and concerning change in the baseline behavior of the person; and (C) indicate that without modified terms or return of the person to the facility, continued deterioration is probable.

(f) Pursuant to the determination of the court upon such hearing, the conditionally released person shall either continue to be conditionally released on the same or modified conditions or shall be returned for involuntary treatment on an inpatient basis subject to release at the end of the period for which he or she was committed for involuntary treatment, or otherwise in accordance with the provisions of this chapter. Such hearing may be waived by the person and his or her counsel and his or her guardian or conservator, if any, but shall not be waivable unless all such persons agree to waive, and upon such waiver the person may be returned for involuntary treatment or continued on conditional release on the same or modified conditions.

(4) The proceedings set forth in subsection (3) of this section may be initiated by the designated mental health professional or the secretary on the same basis set forth therein without requiring or ordering the apprehension and detention of the conditionally released person, in which case the court hearing shall take place in not less than five days from the date of service of the petition upon the conditionally released person. The petition may be filed in the court that originally ordered commitment or with the court in the county in which the person is present. The venue for the proceedings regarding the petition for modification or revocation of an order for conditional release shall be in the county in which the petition was filed.

Upon expiration of the period of commitment, or when the person is released from outpatient care, notice in writing to the court which committed the person for treatment shall be provided.

(5) The grounds and procedures for revocation of less restrictive alternative treatment shall be the same as those set forth in this section for conditional releases, except that if inpatient treatment is sought for a person committed based solely on being in need of assisted outpatient mental health treatment, such treatment must be initiated under a new petition for involuntary treatment under RCW 71.05.150.

(6) In the event of a revocation of a conditional release, the subsequent treatment period may be for no longer than the actual period authorized in the original court order.

**Sec. 13.** RCW 71.05.730 and 2011 c 343 s 2 are each amended to read as follows:

(1) A county may apply to its regional support network on a quarterly basis for reimbursement of its direct costs in providing judicial services for civil commitment cases under this chapter and chapter 71.34 RCW. The regional support network shall in turn be entitled to reimbursement from the regional support network that serves the county of residence of the individual who is the subject of the civil commitment case. Reimbursements under this section shall be paid out of the regional support network's nonmedicaid appropriation.

(2) Reimbursement for judicial services shall be provided per civil commitment case at a rate to be determined based on an independent assessment of the county's actual direct costs. This assessment must be based on an average of the expenditures for judicial services within the county over the past three years. In the event that a baseline cannot be established because there is no significant history of similar cases within the county, the reimbursement rate shall be equal to eighty percent of the median reimbursement rate of counties included in the independent assessment.

(3) For the purposes of this section:

(a) "Civil commitment case" includes all judicial hearings related to a single episode of hospitalization~~((s))~~ or less restrictive alternative ~~((detention in lieu of hospitalization))~~ treatment, except that the filing of a petition for a one hundred eighty-day commitment under this chapter or a petition for a successive one hundred eighty-day commitment under chapter 71.34 RCW shall be considered to be a new case regardless of whether there has been a break in detention. "Civil commitment case" does not include the filing of a petition for a one hundred eighty-day commitment under this chapter on behalf of a patient at a state psychiatric hospital.

(b) "Judicial services" means a county's reasonable direct costs in providing prosecutor services, assigned counsel and defense services, court services, and court clerk services for civil commitment cases under this chapter and chapter 71.34 RCW.

(4) To the extent that resources have shared purpose, the regional support network may only reimburse counties to the extent such resources are necessary for and devoted to judicial services as described in this section.

(5) No filing fee may be charged or collected for any civil commitment case subject to reimbursement under this section.

**Sec. 14.** RCW 71.05.730 and 2014 c 225 s 87 are each amended to read as follows:

(1) A county may apply to its behavioral health organization on a quarterly basis for reimbursement of its direct costs in providing judicial services for civil commitment cases under this chapter and chapter 71.34 RCW. The behavioral health organization shall in turn be entitled to reimbursement from the behavioral health organization that serves the county of residence of the individual who is the subject of the civil commitment case. Reimbursements under this section shall be paid out of the behavioral health organization's nonmedicaid appropriation.

(2) Reimbursement for judicial services shall be provided per civil commitment case at a rate to be determined based on an independent assessment of the county's actual direct costs. This assessment must be based on an average of the expenditures for judicial services within the county over the past three years. In the

event that a baseline cannot be established because there is no significant history of similar cases within the county, the reimbursement rate shall be equal to eighty percent of the median reimbursement rate of counties included in the independent assessment.

(3) For the purposes of this section:

(a) "Civil commitment case" includes all judicial hearings related to a single episode of hospitalization~~(s)~~ or less restrictive alternative ~~((detention in lieu of hospitalization))~~ treatment, except that the filing of a petition for a one hundred eighty-day commitment under this chapter or a petition for a successive one hundred eighty-day commitment under chapter 71.34 RCW shall be considered to be a new case regardless of whether there has been a break in detention. "Civil commitment case" does not include the filing of a petition for a one hundred eighty-day commitment under this chapter on behalf of a patient at a state psychiatric hospital.

(b) "Judicial services" means a county's reasonable direct costs in providing prosecutor services, assigned counsel and defense services, court services, and court clerk services for civil commitment cases under this chapter and chapter 71.34 RCW.

(4) To the extent that resources have shared purpose, the behavioral health organization may only reimburse counties to the extent such resources are necessary for and devoted to judicial services as described in this section.

(5) No filing fee may be charged or collected for any civil commitment case subject to reimbursement under this section.

**NEW SECTION. Sec. 15.** A new section is added to chapter 71.05 RCW to read as follows:

(1) Less restrictive alternative treatment, at a minimum, includes the following services:

- (a) Assignment of a care coordinator;
- (b) An intake evaluation with the provider of the less restrictive alternative treatment;
- (c) A psychiatric evaluation;
- (d) Medication management;
- (e) A schedule of regular contacts with the provider of the less restrictive alternative treatment services for the duration of the order;
- (f) A transition plan addressing access to continued services at the expiration of the order; and
- (g) An individual crisis plan.

(2) Less restrictive alternative treatment may additionally include the following services:

- (a) Psychotherapy;
- (b) Nursing;
- (c) Substance abuse counseling; and
- (d) Support for housing, benefits, education, and employment.

**NEW SECTION. Sec. 16.** A new section is added to chapter 71.05 RCW to read as follows:

A court order for less restrictive alternative treatment for a person found to be in need of assisted outpatient mental health treatment must be terminated prior to the expiration of the order when, in the opinion of the professional person in charge of the less restrictive alternative treatment provider, (1) the person is prepared to accept voluntary treatment, or (2) the outpatient treatment ordered is no longer necessary to prevent a relapse, decompensation, or deterioration that is likely to result in the person presenting a likelihood of serious harm or the person becoming gravely disabled within a reasonably short period of time.

**Sec. 17.** RCW 71.24.330 and 2013 c 320 s 9 are each amended to read as follows:

(1)(a) Contracts between a regional support network and the department shall include mechanisms for monitoring performance under the contract and remedies for failure to substantially comply with the requirements of the contract including, but not limited to, financial penalties, termination of the contract, and reprourement of the contract.

(b) The department shall incorporate the criteria to measure the performance of service coordination organizations into contracts with regional support networks as provided in chapter 70.320 RCW.

(2) The regional support network procurement processes shall encourage the preservation of infrastructure previously purchased by the community mental health service delivery system, the maintenance of linkages between other services and delivery systems, and maximization of the use of available funds for services versus profits. However, a regional support network selected through the procurement process is not required to contract for services with any county-owned or operated facility. The regional support network procurement process shall provide that public funds appropriated by the legislature shall not be used to promote or deter, encourage, or discourage employees from exercising their rights under Title 29, chapter 7, subchapter II, United States Code or chapter 41.56 RCW.

(3) In addition to the requirements of RCW 71.24.035, contracts shall:

(a) Define administrative costs and ensure that the regional support network does not exceed an administrative cost of ten percent of available funds;

(b) Require effective collaboration with law enforcement, criminal justice agencies, and the chemical dependency treatment system;

(c) Require substantial implementation of department adopted integrated screening and assessment process and matrix of best practices;

(d) Maintain the decision-making independence of designated mental health professionals;

(e) Except at the discretion of the secretary or as specified in the biennial budget, require regional support networks to pay the state for the costs associated with individuals who are being served on the grounds of the state hospitals and who are not receiving long-term inpatient care as defined in RCW 71.24.025;

(f) Include a negotiated alternative dispute resolution clause; ~~(and)~~

(g) Include a provision requiring either party to provide one hundred eighty days' notice of any issue that may cause either party to voluntarily terminate, refuse to renew, or refuse to sign a mandatory amendment to the contract to act as a regional support network. If either party decides to voluntarily terminate, refuse to renew, or refuse to sign a mandatory amendment to the contract to serve as a regional support network they shall provide ninety days' advance notice in writing to the other party; and

(h) Require regional support networks to provide services as identified in section 15 of this act to individuals committed for involuntary commitment under less restrictive alternative court orders when:

(i) The individual is enrolled in the medicaid program and meets regional support network access to care standards; or

(ii) The individual is not enrolled in medicaid, does not have other insurance which can pay for the services, and the regional support network has adequate available resources to provide the services.

**Sec. 18.** RCW 71.24.330 and 2014 c 225 s 51 are each amended to read as follows:

(1)(a) Contracts between a behavioral health organization and the department shall include mechanisms for monitoring performance under the contract and remedies for failure to substantially comply with the requirements of the contract including, but not limited to, financial penalties, termination of the contract, and reprourement of the contract.

(b) The department shall incorporate the criteria to measure the performance of service coordination organizations into contracts with behavioral health organizations as provided in chapter 70.320 RCW.

(2) The behavioral health organization procurement processes shall encourage the preservation of infrastructure previously purchased by the community mental health service delivery system, the maintenance of linkages between other services and delivery systems, and maximization of the use of available funds for services versus profits. However, a behavioral health organization selected through the procurement process is not required to contract for services with any county-owned or operated facility. The behavioral health organization procurement process shall provide that public funds appropriated by the legislature shall not be used to promote or deter, encourage, or discourage employees from exercising their rights under Title 29, chapter 7, subchapter II, United States Code or chapter 41.56 RCW.

(3) In addition to the requirements of RCW 71.24.035, contracts shall:

(a) Define administrative costs and ensure that the behavioral health organization does not exceed an administrative cost of ten percent of available funds;

(b) Require effective collaboration with law enforcement, criminal justice agencies, and the chemical dependency treatment system;

(c) Require substantial implementation of department adopted integrated screening and assessment process and matrix of best practices;

(d) Maintain the decision-making independence of designated mental health professionals;

(e) Except at the discretion of the secretary or as specified in the biennial budget, require behavioral health organizations to pay the state for the costs associated with individuals who are being served on the grounds of the state hospitals and who are not receiving long-term inpatient care as defined in RCW 71.24.025;

(f) Include a negotiated alternative dispute resolution clause; ~~(and)~~

(g) Include a provision requiring either party to provide one hundred eighty days' notice of any issue that may cause either party to voluntarily terminate, refuse to renew, or refuse to sign a mandatory amendment to the contract to act as a behavioral health organization. If either party decides to voluntarily terminate, refuse to renew, or refuse to sign a mandatory amendment to the contract to serve as a behavioral health organization they shall provide ninety days' advance notice in writing to the other party; and

(h) Require behavioral health organizations to provide services as identified in section 15 of this act to individuals committed for involuntary commitment under less restrictive alternative court orders when:

(i) The individual is enrolled in the medicaid program and meets behavioral health organization access to care standards; or

(ii) The individual is not enrolled in medicaid, does not have other insurance which can pay for the services, and the behavioral health organization has adequate available resources to provide the services.

NEW SECTION. **Sec. 19.** Sections 1, 13, and 17 of this act expire April 1, 2016.

NEW SECTION. **Sec. 20.** Sections 2, 14, and 18 of this act take effect April 1, 2016.

NEW SECTION. **Sec. 21.** If specific funding for the purposes of this act, referencing this act by bill or chapter number, is not provided by June 30, 2015, in the omnibus appropriations act, this act is null and void."

Correct the title.

Representative Jinkins spoke in favor of the adoption of the amendment.

Amendment (216) was adopted.

The bill was ordered engrossed.

There being no objection, the rules were suspended, the second reading considered the third and the bill was placed on final passage.

Representatives Jinkins, Rodne and Schmick spoke in favor of the passage of the bill.

The Speaker (Representative Moeller presiding) stated the question before the House to be the final passage of Engrossed Second Substitute House Bill No. 1450.

#### ROLL CALL

The Clerk called the roll on the final passage of Engrossed Second Substitute House Bill No. 1450, and the bill passed the House by the following vote: Yeas, 90; Nays, 8; Absent, 0; Excused, 0.

Voting yea: Representatives Appleton, Bergquist, Blake, Buys, Calder, Carlyle, Chandler, Clibborn, Cody, DeBolt, Dent, Dunshee, Fagan, Farrell, Fey, Fitzgibbon, Goodman, Gregerson, Gregory, Griffey, Haler, Hansen, Hargrove, Harmsworth, Harris, Hawkins, Hayes, Hudgins, Hunter, Hurst, Jinkins, Johnson, Kagi, Kilduff, Kirby, Klippert, Kochmar, Kretz, Kristiansen, Lytton, MacEwen, Magendanz, Manweller, McBride, McCabe, Moeller, Morris, Moscoso, Muri, Nealey, Orcutt, Ormsby, Ortiz-Self, Orwall, Parker, Peterson, Pettigrew, Pike, Pollet, Reykdal, Riccelli, Robinson, Rodne, Ryu, S. Hunt, Santos, Sawyer, Schmick, Sells, Senn, Short, Smith, Springer, Stambaugh, Stanford, Stokesbary, Sullivan, Takko, Tarleton, Tharinger, Van De Wege, Vick, Walkinshaw, Walsh, Wilcox, Wilson, Wylie, Young, Zeiger and Mr. Speaker.

Voting nay: Representatives Condotta, G. Hunt, Holy, McCaslin, Scott, Shea, Taylor and Van Werven.

ENGROSSED SECOND SUBSTITUTE HOUSE BILL NO. 1450, having received the necessary constitutional majority, was declared passed.

**HOUSE BILL NO. 1713, by Representatives Cody, Harris, Jinkins, Moeller, Tharinger, Appleton, Ortiz-Self and Pollet**

**Integrating the treatment systems for mental health and chemical dependency.**

The bill was read the second time.



There being no objection, Substitute House Bill No. 1713 was substituted for House Bill No. 1713 and the substitute bill was placed on the second reading calendar.

SUBSTITUTE HOUSE BILL NO. 1713 was read the second time.

With the consent of the house, the Appropriations committee amendment was withdrawn.

Representative Cody moved the adoption of amendment (217):

Strike everything after the enacting clause and insert the following:

**"PART I  
CHEMICAL DEPENDENCY INVOLUNTARY  
TREATMENT PROVISIONS**

**Sec. 101.** RCW 70.96A.020 and 2001 c 13 s 1 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 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 program" means a discrete program of chemical dependency treatment provided by a treatment program certified by the department of social and health services as meeting standards adopted under this chapter.
- (4) "Chemical dependency" means:
  - (a) Alcoholism; (b) drug addiction; or (c) 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.
- (7) "Designated chemical dependency specialist" or "specialist" means a person designated by the county alcoholism and other drug addiction program coordinator designated under RCW 70.96A.310 to perform the commitment duties described in RCW 70.96A.140 and qualified to do so by meeting standards adopted by the department.
- (8) "Director" means the person administering the chemical dependency program within the department.
- (9) "Drug addict" means a person who suffers from the disease of drug addiction.
- (10) "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.
- (11) "Emergency service patrol" means a patrol established under RCW 70.96A.170.

(12) "Gravely disabled by alcohol or other psychoactive chemicals" or "gravely disabled" means that a person, as a result of the use of alcohol or other psychoactive chemicals: (a) Is in danger of serious physical harm resulting from a failure to provide for his or her essential human needs of health or safety; or (b) manifests severe deterioration in routine functioning evidenced by a repeated and escalating loss of cognition or volitional control over his or her actions and is not receiving care as essential for his or her health or safety.

(13) "History of one or more violent acts" refers to the period of time ten years prior to the filing of a petition under this chapter, excluding any time spent, but not any violent acts committed, in a mental health facility, or a long-term alcoholism or drug treatment facility, or in confinement.

(14) "Incapacitated by alcohol or other psychoactive chemicals" means that a person, as a result of the use of alcohol or other psychoactive chemicals, is gravely disabled or presents a likelihood of serious harm to himself or herself, to any other person, or to property.

(15) "Incompetent person" means a person who has been adjudged incompetent by the superior court.

(16) "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.

(17) "Licensed physician" means a person licensed to practice medicine or osteopathic medicine and surgery in the state of Washington.

(18) "Likelihood of serious harm" means:

(a) A substantial risk that: (i) Physical harm will be inflicted by an individual upon his or her own person, as evidenced by threats or attempts to commit suicide or inflict physical harm on one's self; (ii) physical harm will be inflicted by an individual upon another, as evidenced by behavior that has caused the harm or that places another person or persons in reasonable fear of sustaining the harm; or (iii) physical harm will be inflicted by an individual upon the property of others, as evidenced by behavior that has caused substantial loss or damage to the property of others; or

(b) The individual has threatened the physical safety of another and has a history of one or more violent acts.

(19) "Medical necessity" for inpatient care of a minor means a requested certified inpatient service that is reasonably calculated to: (a) Diagnose, arrest, or alleviate a chemical dependency; or (b) prevent the worsening of chemical dependency conditions that endanger life or cause suffering and pain, or result in illness or infirmity or threaten to cause or aggravate a handicap, or cause physical deformity or malfunction, and there is no adequate less restrictive alternative available.

(20) "Minor" means a person less than eighteen years of age.

(21) "Parent" means the parent or parents who have the legal right to custody of the child. Parent includes custodian or guardian.

(22) "Peace officer" means a law enforcement official of a public agency or governmental unit, and includes persons specifically given peace officer powers by any state law, local ordinance, or judicial order of appointment.

(23) "Person" means an individual, including a minor.

(24) "Professional person in charge" or "professional person" means a physician or chemical dependency counselor as defined in rule by the department, who is empowered by a certified treatment program with authority to make assessment, admission, continuing care, and discharge decisions on behalf of the certified program.

(25) "Secretary" means the secretary of the department of social and health services.

(26) "Treatment" means the broad range of emergency, detoxification, residential, and outpatient 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.

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

(28) "Violent act" means behavior that resulted in homicide, attempted suicide, nonfatal injuries, or substantial damage to property.

(29) "Commitment" means the determination by a court that a person should be detained for a period of either evaluation or treatment, or both, in an inpatient or a less restrictive setting.

(30) "Mental health professional" means a psychiatrist, psychologist, psychiatric advanced registered nurse practitioner, psychiatric nurse, or social worker, and such other mental health professionals as may be defined by rules adopted by the secretary pursuant to the provisions of chapter 71.05 RCW.

(31) "Physician assistant" means a person who is licensed as a physician assistant pursuant to chapter 18.57A or 18.71A RCW and is working with a licensed mental health physician as indicated by their delegation agreement.

(32) "Psychiatric advanced registered nurse practitioner" means a person who is licensed as an advanced registered nurse practitioner pursuant to chapter 18.79 RCW; and who is board certified in advanced practice psychiatric and mental health nursing.

**Sec. 102.** RCW 70.96A.020 and 2014 c 225 s 20 are each reenacted and 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) "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.

(2) "Approved treatment program" means a program for persons with a substance use disorder provided by a treatment program certified by the department of social and health services as meeting standards adopted under this chapter.

(3) "Behavioral health organization" means a county authority or group of county authorities or other entity recognized by the secretary in contract in a defined regional service area.

(4) "Behavioral health services" means mental health services as described in chapters 71.24 and 71.36 RCW and chemical dependency treatment services as described in this chapter.

(5) "Chemical dependency" means: (a) Alcoholism; (b) drug addiction; or (c) dependence on alcohol and one or more other psychoactive chemicals, as the context requires.

(6) "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.

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

(8) "Designated chemical dependency specialist" or "specialist" means a person designated by the behavioral health

organization or by the county alcoholism and other drug addiction program coordinator designated under RCW 70.96A.310 to perform the commitment duties described in RCW 70.96A.140 and qualified to do so by meeting standards adopted by the department.

(9) "Director" means the person administering the substance use disorder program within the department.

(10) "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.

(11) "Emergency service patrol" means a patrol established under RCW 70.96A.170.

(12) "Gravely disabled by alcohol or other psychoactive chemicals" or "gravely disabled" means that a person, as a result of the use of alcohol or other psychoactive chemicals: (a) Is in danger of serious physical harm resulting from a failure to provide for his or her essential human needs of health or safety; or (b) manifests severe deterioration in routine functioning evidenced by a repeated and escalating loss of cognition or volitional control over his or her actions and is not receiving care as essential for his or her health or safety.

(13) "History of one or more violent acts" refers to the period of time ten years prior to the filing of a petition under this chapter, excluding any time spent, but not any violent acts committed, in a mental health facility, or a long-term alcoholism or drug treatment facility, or in confinement.

(14) "Incapacitated by alcohol or other psychoactive chemicals" means that a person, as a result of the use of alcohol or other psychoactive chemicals, is gravely disabled or presents a likelihood of serious harm to himself or herself, to any other person, or to property.

(15) "Incompetent person" means a person who has been adjudged incompetent by the superior court.

(16) "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.

(17) "Licensed physician" means a person licensed to practice medicine or osteopathic medicine and surgery in the state of Washington.

(18) "Likelihood of serious harm" means:

(a) A substantial risk that: (i) Physical harm will be inflicted by an individual upon his or her own person, as evidenced by threats or attempts to commit suicide or inflict physical harm on one's self; (ii) physical harm will be inflicted by an individual upon another, as evidenced by behavior that has caused the harm or that places another person or persons in reasonable fear of sustaining the harm; or (iii) physical harm will be inflicted by an individual upon the property of others, as evidenced by behavior that has caused substantial loss or damage to the property of others; or

(b) The individual has threatened the physical safety of another and has a history of one or more violent acts.

(19) "Medical necessity" for inpatient care of a minor means a requested certified inpatient service that is reasonably calculated to: (a) Diagnose, arrest, or alleviate a chemical dependency; or (b) prevent the progression of substance use disorders that endanger life or cause suffering and pain, or result in illness or infirmity or threaten to cause or aggravate a handicap, or cause physical deformity or malfunction, and there is no adequate less restrictive alternative available.

(20) "Minor" means a person less than eighteen years of age.

(21) "Parent" means the parent or parents who have the legal right to custody of the child. Parent includes custodian or guardian.

(22) "Peace officer" means a law enforcement official of a public agency or governmental unit, and includes persons specifically given peace officer powers by any state law, local ordinance, or judicial order of appointment.

(23) "Person" means an individual, including a minor.

(24) "Professional person in charge" or "professional person" means a physician or chemical dependency counselor as defined in rule by the department, who is empowered by a certified treatment program with authority to make assessment, admission, continuing care, and discharge decisions on behalf of the certified program.

(25) "Secretary" means the secretary of the department of social and health services.

(26) "Substance use disorder" means a cluster of cognitive, behavioral, and physiological symptoms indicating that an individual continues using the substance despite significant substance-related problems. The diagnosis of a substance use disorder is based on a pathological pattern of behaviors related to the use of the substances.

(27) "Treatment" means the broad range of emergency, withdrawal management, residential, and outpatient 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 persons with substance use disorders and their families, persons incapacitated by alcohol or other psychoactive chemicals, and intoxicated persons.

(28) "Treatment program" means an organization, institution, or corporation, public or private, engaged in the care, treatment, or rehabilitation of persons with substance use ~~((disorder[s]))~~ disorders.

(29) "Violent act" means behavior that resulted in homicide, attempted suicide, nonfatal injuries, or substantial damage to property.

(30) "Commitment" means the determination by a court that a person should be detained for a period of either evaluation or treatment, or both, in an inpatient or a less restrictive setting.

(31) "Mental health professional" means a psychiatrist, psychologist, psychiatric advanced registered nurse practitioner, psychiatric nurse, or social worker, and such other mental health professionals as may be defined by rules adopted by the secretary pursuant to the provisions of chapter 71.05 RCW.

(32) "Physician assistant" means a person who is licensed as a physician assistant pursuant to chapter 18.57A or 18.71A RCW and is working with a licensed mental health physician as indicated by their delegation agreement.

(33) "Psychiatric advanced registered nurse practitioner" means a person who is licensed as an advanced registered nurse practitioner pursuant to chapter 18.79 RCW; and who is board certified in advanced practice psychiatric and mental health nursing.

**Sec. 103.** RCW 70.96A.140 and 2001 c 13 s 3 are each amended to read as follows:

(1)(a) When a designated chemical dependency specialist receives information alleging that a person presents a likelihood of serious harm or is gravely disabled as a result of chemical dependency, the designated chemical dependency specialist, 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, district court, or in another court permitted by court rule.

If a petition for commitment is not filed in the case of a minor, the parent, guardian, or custodian who has custody of the minor may seek review of that decision made by the designated

chemical dependency specialist in superior or district court. The parent, guardian, or custodian shall file notice with the court and provide a copy of the designated chemical dependency specialist's report.

If the designated chemical dependency specialist 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 either a ~~((county))~~ designated mental health professional or an evaluation and treatment facility as defined in RCW 71.05.020 or 71.34.020.

(b) If placement in a chemical dependency program is available and deemed appropriate, the petition shall allege that: The person is chemically dependent and presents a likelihood of serious harm or is gravely disabled by alcohol or drug addiction, or that the person has twice before in the preceding twelve months been admitted for detoxification, sobering services, or chemical dependency treatment pursuant to RCW 70.96A.110 or 70.96A.120, and is in need of a more sustained treatment program, or that the person is chemically dependent and 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, by itself, 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 five 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 licensed physician's findings in support of the allegations of the petition. A physician employed by the petitioning program or the department is eligible to be the certifying physician.))~~

(c) If involuntary detention is sought, the petition must state facts that support a finding of the grounds identified in (b) of this subsection and that there are no less restrictive alternatives to detention in the best interest of such person or others. The petition must state specifically that less restrictive alternative treatment was considered and specify why treatment less restrictive than detention is not appropriate. If an involuntary less restrictive alternative is sought, the petition must state facts that support a finding of the grounds for commitment identified in (b) of this subsection and set forth the proposed less restrictive alternative.

(d)(i) The petition must be signed by:

(A) Two licensed physicians;

(B) One licensed physician and a mental health professional;

(C) Two psychiatric advanced registered nurse practitioners;

(D) Two physician assistants;

(E) One mental health professional and either a psychiatric advanced registered nurse practitioner or a physician assistant; or

(F) One licensed physician and either a psychiatric advanced registered nurse practitioner or physician assistant.

(ii) The persons signing the petition must have examined the person.

(2) Upon filing the petition, the court shall fix a date for a hearing no less than two and no more than seven days after the date the petition was filed unless the person petitioned against is presently being detained in a program, pursuant to RCW 70.96A.120, 71.05.210, or ~~((71.34.050))~~ 71.34.710, in which case the hearing shall be held within seventy-two hours of the filing of the petition: PROVIDED, HOWEVER, That the above specified seventy-two hours shall be computed by excluding Saturdays, Sundays, and holidays: PROVIDED FURTHER, That, 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 designated chemical dependency specialist 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~~(s)~~ including, if possible, the testimony, which may be telephonic, of at least one licensed physician, psychiatric advanced registered nurse practitioner, physician assistant, or mental health professional who has examined the person whose commitment is sought. Communications otherwise deemed privileged under the laws of this state are deemed to be waived in proceedings under this chapter when a court of competent jurisdiction in its discretion determines that the waiver is necessary to protect either the detained person or the public. The waiver of a privilege under this section is limited to records or testimony relevant to evaluation of the detained person for purposes of a proceeding under this chapter. Upon motion by the detained person, or on its own motion, the court shall examine a record or testimony sought by a petitioner to determine whether it is within the scope of the waiver.

The record maker shall not be required to testify in order to introduce medical, nursing, or psychological records of detained persons so long as the requirements of RCW 5.45.020 are met, except that portions of the record that contain opinions as to whether the detained person is chemically dependent shall be deleted from the records unless the person offering the opinions is available for cross-examination. 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 courtroom. If the person has refused to be examined by a licensed physician, psychiatric advanced registered nurse practitioner, physician assistant, or mental health professional, he or she shall be given an opportunity to be examined by a court appointed licensed physician, psychiatric advanced registered nurse practitioner, physician assistant, or other professional person qualified to provide such services. 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)(a) 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))~~ a preponderance of the evidence and, after considering less restrictive alternatives to involuntary detention and treatment, finds that no such alternatives are in the best interest of the person or others, it shall make an order of commitment to an approved treatment program. It shall not order commitment of a person unless it determines that an approved treatment program is available and able to provide adequate and appropriate treatment for him or her.

(b) If the court finds that the grounds for commitment have been established by a preponderance of the evidence, but that treatment in a less restrictive setting than detention is in the best interest of such person or others, the court shall order an appropriate less restrictive course of treatment. The less restrictive order may impose treatment conditions and other conditions that are in the best interest of the respondent and others. A copy of the less restrictive order must be given to the respondent, the designated chemical dependency specialist, and any program

designated to provide less restrictive treatment. If the program designated to provide the less restrictive treatment is other than the program providing the initial involuntary treatment, the program so designated must agree in writing to assume such responsibility. The court may not order commitment of a person to a less restrictive course of treatment unless it determines that an approved treatment program is available and able to provide adequate and appropriate treatment for him or her.

(5) A person committed to inpatient treatment under this section shall remain in the program for treatment for a period of ~~((sixty))~~ fourteen days unless sooner discharged. A person committed to a less restrictive course of treatment under this section shall remain in the program of treatment for a period of ninety days unless sooner discharged. At the end of the ~~((sixty))~~ fourteen-day period, or ninety-day period in the case of a less restrictive alternative to inpatient treatment, he or she shall be discharged automatically unless the program or the designated chemical dependency specialist, 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 of inpatient treatment or ninety days of less restrictive alternative treatment unless sooner discharged. The petition for ninety-day inpatient or less restrictive alternative treatment must be filed with the clerk of the court at least three days before expiration of the fourteen-day period of intensive treatment.

If a petition for recommitment is not filed in the case of a minor, the parent, guardian, or custodian who has custody of the minor may seek review of that decision made by the designated chemical dependency specialist in superior or district court. The parent, guardian, or custodian shall file notice with the court and provide a copy of the treatment progress report.

If a person has been committed because he or she is chemically dependent and likely to inflict physical harm on another, the program or designated chemical dependency specialist shall apply for recommitment if after examination it is determined that the likelihood still exists.

(6) Upon the filing of a petition for recommitment under subsection (5) of this section, the court shall fix a date for hearing no less than two and no more than seven days after the date the petition was filed: PROVIDED, That, 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 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 subsections (3) and (4) of this section, except that the burden of proof upon a hearing for recommitment must be proof by clear, cogent, and convincing evidence.

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

(8) A person committed to ~~((the custody of))~~ a 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 a chemically dependent person committed on the grounds of likelihood of infliction of physical harm upon himself, herself, or another, 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 a chemically dependent person committed on the grounds of the need of treatment and incapacity, that the incapacity no longer exists.

(9) 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)) his or her choice of licensed physician ((of his or her choice)), psychiatric advanced registered nurse practitioner, physician assistant, or other professional person to conduct an examination and testify on behalf of the person.~~ If the person is unable to obtain a licensed physician and requests examination by a physician, the court shall employ a licensed physician.

(10) 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.

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

(12) When in the opinion of the professional person in charge of the program providing involuntary inpatient treatment under this chapter, the committed patient can be appropriately served by less restrictive treatment before expiration of the period of commitment, then the less restrictive care may be required as a condition for early release for a period which, when added to the initial treatment period, does not exceed the period of commitment. If the program designated to provide the less restrictive treatment is other than the program providing the initial involuntary treatment, the program so designated must agree in writing to assume such responsibility. A copy of the conditions for early release shall be given to the patient, the designated chemical dependency specialist of original commitment, and the court of original commitment. The program designated to provide less restrictive care may modify the conditions for continued release when the modifications are in the best interests of the patient. If the program providing less restrictive care and the designated chemical dependency specialist determine that a conditionally released patient is failing to adhere to the terms and conditions of his or her release, or that substantial deterioration in the patient's functioning has occurred, then the designated chemical dependency specialist shall notify the court of original commitment and request a hearing to be held no less than two and no more than seven days after the date of the request to determine whether or not the person should be returned to more restrictive care. The designated chemical dependency specialist shall file a petition with the court stating the facts substantiating the need for the hearing along with the treatment recommendations. The patient shall have the same rights with respect to notice, hearing, and counsel as for the original involuntary treatment proceedings. The issues to be determined at the hearing are whether the conditionally released patient did or did not adhere to the terms and conditions of his or her release to less restrictive care or that substantial deterioration of the patient's functioning has occurred and whether the conditions of release should be modified or the person should be returned to a more restrictive program. The hearing may be waived by the patient and his or her counsel and his or her guardian or conservator, if any,

but may not be waived unless all such persons agree to the waiver. Upon waiver, the person may be returned for involuntary treatment or continued on conditional release on the same or modified conditions. The grounds and procedures for revocation of less restrictive alternative treatment ordered by the court must be the same as those set forth in this section for less restrictive care arranged by an approved treatment program as a condition for early release.

**Sec. 104.** RCW 70.96A.145 and 1993 c 137 s 1 are each amended to read as follows:

The prosecuting attorney of the county in which such action is taken ~~((may, at the discretion of the prosecuting attorney,))~~ shall represent the designated chemical dependency specialist or treatment program in judicial proceedings under RCW 70.96A.140 for the involuntary commitment or recommitment of an individual, including any judicial proceeding where the individual sought to be committed or recommitted challenges the action.

## PART II INTEGRATED SYSTEM

**NEW SECTION. Sec. 201.** A new section is added to chapter 71.05 RCW to read as follows:

(1) By April 1, 2017, the department, by rule, must combine the functions of a designated mental health professional and designated chemical dependency specialist by establishing a designated crisis responder who is authorized to conduct investigations, detain persons up to seventy-two hours to the proper facility, and carry out the other functions identified in this chapter and chapter 71.34 RCW. The behavioral health organizations shall provide training to the designated crisis responders as required by the department.

(2)(a) To qualify as a designated crisis responder, a person must have received chemical dependency training as determined by the department and be a:

(i) Psychiatrist, psychologist, psychiatric advanced registered nurse practitioner, or social worker;

(ii) Person with a master's degree or further advanced degree in counseling or one of the social sciences from an accredited college or university and who have, in addition, at least two years of experience in direct treatment of persons with mental illness or emotional disturbance, such experience gained under the direction of a mental health professional;

(iii) Person who meets the waiver criteria of RCW 71.24.260, which waiver was granted before 1986;

(iv) Person who had an approved waiver to perform the duties of a mental health professional that was requested by the regional support network and granted by the department before July 1, 2001; or

(v) Person who has been granted an exception of the minimum requirements of a mental health professional by the department consistent with rules adopted by the secretary.

(b) Training must include chemical dependency training specific to the duties of a designated crisis responder, including diagnosis of substance abuse and dependence and assessment of risk associated with substance use.

(3) The department must develop a transition process for any person who has been designated as a designated mental health professional or a designated chemical dependency specialist before April 1, 2017, to be converted to a designated crisis responder. The behavioral health organizations shall provide training, as required by the department, to persons converting to designated crisis

responders, which must include both mental health and chemical dependency training applicable to the designated crisis responder role.

**NEW SECTION. Sec. 202.** A new section is added to chapter 71.05 RCW to read as follows:

(1) The Washington state institute for public policy shall evaluate the effect of the integration of the involuntary treatment systems for substance use disorders and mental health and make preliminary reports to appropriate committees of the legislature by December 1, 2019, and June 30, 2020, and a final report by June 30, 2022.

(2) The evaluation must include an assessment of whether the integrated system:

(a) Has increased efficiency of evaluation and treatment of persons involuntarily detained for substance use disorders;

(b) Is cost-effective, including impacts on health care, housing, employment, and criminal justice costs;

(c) Results in better outcomes for persons involuntarily detained;

(d) Increases the effectiveness of the crisis response system statewide;

(e) Has an impact on commitments based upon mental disorders;

(f) Has been sufficiently resourced with enough involuntary treatment beds, less restrictive alternative treatment options, and state funds to provide timely and appropriate treatment for all individuals interacting with the integrated involuntary treatment system; and

(g) Has diverted from the mental health involuntary treatment system a significant number of individuals whose risk results from substance abuse, including an estimate of the net savings from serving these clients into the appropriate substance abuse treatment system.

(3) This section expires August 1, 2022.

**Sec. 203.** RCW 71.05.020 and 2014 c 225 s 79 are each reenacted and amended to read as follows:

The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

(1) "Admission" or "admit" means a decision by a physician or psychiatric advanced registered nurse practitioner that a person should be examined or treated as a patient in a hospital;

(2) "Antipsychotic medications" means that class of drugs primarily used to treat serious manifestations of mental illness associated with thought disorders, which includes, but is not limited to atypical antipsychotic medications;

(3) "Attending staff" means any person on the staff of a public or private agency having responsibility for the care and treatment of a patient;

(4) "Commitment" means the determination by a court that a person should be detained for a period of either evaluation or treatment, or both, in an inpatient or a less restrictive setting;

(5) "Conditional release" means a revocable modification of a commitment, which may be revoked upon violation of any of its terms;

(6) "Crisis stabilization unit" means a short-term facility or a portion of a facility licensed by the department of health and certified by the department of social and health services under RCW 71.24.035, such as an evaluation and treatment facility or a hospital, which has been designed to assess, diagnose, and treat individuals experiencing an acute crisis without the use of long-term hospitalization;

(7) "Custody" means involuntary detention under the provisions of this chapter or chapter 10.77 RCW, uninterrupted by any period of unconditional release from commitment from a facility providing involuntary care and treatment;

(8) "Department" means the department of social and health services;

~~(9) ("Designated chemical dependency specialist" means a person designated by the county alcoholism and other drug addiction program coordinator designated under RCW 70.96A.310 to perform the commitment duties described in chapters 70.96A and 70.96B RCW;~~

~~(10))~~ (10) "Designated crisis responder" means a mental health professional appointed by ~~(the county or)~~ the behavioral health organization to perform the duties specified in this chapter;

~~((11) "Designated mental health professional" means a mental health professional designated by the county or other authority authorized in rule to perform the duties specified in this chapter;~~

~~(12))~~ (10) "Detention" or "detain" means the lawful confinement of a person, under the provisions of this chapter;

~~((13))~~ (11) "Developmental disabilities professional" means a person who has specialized training and three years of experience in directly treating or working with persons with developmental disabilities and is a psychiatrist, psychologist, psychiatric advanced registered nurse practitioner, or social worker, and such other developmental disabilities professionals as may be defined by rules adopted by the secretary;

~~((14))~~ (12) "Developmental disability" means that condition defined in RCW 71A.10.020~~((4))~~ (5);

~~((15))~~ (13) "Discharge" means the termination of hospital medical authority. The commitment may remain in place, be terminated, or be amended by court order;

~~((16))~~ (14) "Evaluation and treatment facility" means any facility which can provide directly, or by direct arrangement with other public or private agencies, emergency evaluation and treatment, outpatient care, and timely and appropriate inpatient care to persons suffering from a mental disorder, and which is certified as such by the department. A physically separate and separately operated portion of a state hospital may be designated as an evaluation and treatment facility. A facility which is part of, or operated by, the department or any federal agency will not require certification. No correctional institution or facility, or jail, shall be an evaluation and treatment facility within the meaning of this chapter;

~~((17))~~ (15) "Gravely disabled" means a condition in which a person, as a result of a mental disorder, or as a result of the use of alcohol or other psychoactive chemicals: (a) Is in danger of serious physical harm resulting from a failure to provide for his or her essential human needs of health or safety; or (b) manifests severe deterioration in routine functioning evidenced by repeated and escalating loss of cognitive or volitional control over his or her actions and is not receiving such care as is essential for his or her health or safety;

~~((18))~~ (16) "Habilitative services" means those services provided by program personnel to assist persons in acquiring and maintaining life skills and in raising their levels of physical, mental, social, and vocational functioning. Habilitative services include education, training for employment, and therapy. The habilitative process shall be undertaken with recognition of the risk to the public safety presented by the person being assisted as manifested by prior charged criminal conduct;

~~((19))~~ (17) "History of one or more violent acts" refers to the period of time ten years prior to the filing of a petition under this chapter, excluding any time spent, but not any violent acts committed, in a mental health facility, a long-term alcoholism or

drug treatment facility, or in confinement as a result of a criminal conviction;

~~((20))~~ (18) "Imminent" means the state or condition of being likely to occur at any moment or near at hand, rather than distant or remote;

~~((21))~~ (19) "Individualized service plan" means a plan prepared by a developmental disabilities professional with other professionals as a team, for a person with developmental disabilities, which shall state:

(a) The nature of the person's specific problems, prior charged criminal behavior, and habilitation needs;

(b) The conditions and strategies necessary to achieve the purposes of habilitation;

(c) The intermediate and long-range goals of the habilitation program, with a projected timetable for the attainment;

(d) The rationale for using this plan of habilitation to achieve those intermediate and long-range goals;

(e) The staff responsible for carrying out the plan;

(f) Where relevant in light of past criminal behavior and due consideration for public safety, the criteria for proposed movement to less-restrictive settings, criteria for proposed eventual discharge or release, and a projected possible date for discharge or release; and

(g) The type of residence immediately anticipated for the person and possible future types of residences;

~~((22))~~ (20) "Information related to mental health services" means all information and records compiled, obtained, or maintained in the course of providing services to either voluntary or involuntary recipients of services by a mental health service provider. This may include documents of legal proceedings under this chapter or chapter 71.34 or 10.77 RCW, or somatic health care information;

~~((23))~~ (21) "Judicial commitment" means a commitment by a court pursuant to the provisions of this chapter;

~~((24))~~ (22) "Legal counsel" means attorneys and staff employed by county prosecutor offices or the state attorney general acting in their capacity as legal representatives of public mental health and substance use disorder service providers under RCW 71.05.130;

~~((25))~~ (23) "Likelihood of serious harm" means:

(a) A substantial risk that: (i) Physical harm will be inflicted by a person upon his or her own person, as evidenced by threats or attempts to commit suicide or inflict physical harm on oneself; (ii) physical harm will be inflicted by a person upon another, as evidenced by behavior which has caused such harm or which places another person or persons in reasonable fear of sustaining such harm; or (iii) physical harm will be inflicted by a person upon the property of others, as evidenced by behavior which has caused substantial loss or damage to the property of others; or

(b) The person has threatened the physical safety of another and has a history of one or more violent acts;

~~((26))~~ (24) "Mental disorder" means any organic, mental, or emotional impairment which has substantial adverse effects on a person's cognitive or volitional functions;

~~((27))~~ (25) "Mental health professional" means a psychiatrist, psychologist, psychiatric advanced registered nurse practitioner, psychiatric nurse, or social worker, and such other mental health professionals as may be defined by rules adopted by the secretary pursuant to the provisions of this chapter;

~~((28))~~ (26) "Mental health service provider" means a public or private agency that provides mental health services to persons with mental disorders or substance use disorders as defined under this section and receives funding from public sources. This includes, but is not limited to, hospitals licensed under chapter 70.41 RCW, evaluation and treatment facilities as

defined in this section, community mental health service delivery systems or community mental health programs as defined in RCW 71.24.025, facilities conducting competency evaluations and restoration under chapter 10.77 RCW, approved substance use disorder treatment programs as defined in this section, secure detoxification facilities as defined in this section, and correctional facilities operated by state and local governments;

~~((29))~~ (27) "Peace officer" means a law enforcement official of a public agency or governmental unit, and includes persons specifically given peace officer powers by any state law, local ordinance, or judicial order of appointment;

~~((30))~~ (28) "Private agency" means any person, partnership, corporation, or association that is not a public agency, whether or not financed in whole or in part by public funds, which constitutes an evaluation and treatment facility or private institution, or hospital, or approved substance use disorder treatment program, which is conducted for, or includes a department or ward conducted for, the care and treatment of persons ~~(who are mentally ill)~~ with mental illness, substance use disorders, or both mental illness and substance use disorders;

~~((31))~~ (29) "Professional person" means a mental health professional or designated crisis responder and shall also mean a physician, psychiatric advanced registered nurse practitioner, registered nurse, and such others as may be defined by rules adopted by the secretary pursuant to the provisions of this chapter;

~~((32))~~ (30) "Psychiatric advanced registered nurse practitioner" means a person who is licensed as an advanced registered nurse practitioner pursuant to chapter 18.79 RCW; and who is board certified in advanced practice psychiatric and mental health nursing;

~~((33))~~ (31) "Psychiatrist" means a person having a license as a physician and surgeon in this state who has in addition completed three years of graduate training in psychiatry in a program approved by the American medical association or the American osteopathic association and is certified or eligible to be certified by the American board of psychiatry and neurology;

~~((34))~~ (32) "Psychologist" means a person who has been licensed as a psychologist pursuant to chapter 18.83 RCW;

~~((35))~~ (33) "Public agency" means any evaluation and treatment facility or institution, secure detoxification facility, approved substance use disorder treatment program, or hospital which is conducted for, or includes a department or ward conducted for, the care and treatment of persons with mental illness, substance use disorders, or both mental illness and substance use disorders, if the agency is operated directly by(,) federal, state, county, or municipal government, or a combination of such governments;

~~((36))~~ (34) "Registration records" include all the records of the department, behavioral health organizations, treatment facilities, and other persons providing services to the department, county departments, or facilities which identify persons who are receiving or who at any time have received services for mental illness or substance use disorders;

~~((37))~~ (35) "Release" means legal termination of the commitment under the provisions of this chapter;

~~((38))~~ (36) "Resource management services" has the meaning given in chapter 71.24 RCW;

~~((39))~~ (37) "Secretary" means the secretary of the department of social and health services, or his or her designee;

~~((40))~~ (38) "Serious violent offense" has the same meaning as provided in RCW 9.94A.030;

~~((41))~~ (39) "Social worker" means a person with a master's or further advanced degree from a social work educational program accredited and approved as provided in RCW 18.320.010;

~~((42))~~ (40) "Therapeutic court personnel" means the staff of a mental health court or other therapeutic court which has

jurisdiction over defendants who are dually diagnosed with mental disorders, including court personnel, probation officers, a court monitor, prosecuting attorney, or defense counsel acting within the scope of therapeutic court duties;

~~((43))~~ (41) "Treatment records" include registration and all other records concerning persons who are receiving or who at any time have received services for mental illness, which are maintained by the department, by behavioral health organizations and their staffs, and by treatment facilities. Treatment records include mental health information contained in a medical bill including but not limited to mental health drugs, a mental health diagnosis, provider name, and dates of service stemming from a medical service. Treatment records do not include notes or records maintained for personal use by a person providing treatment services for the department, behavioral health organizations, or a treatment facility if the notes or records are not available to others;

~~((44))~~ (42) "Triage facility" means a short-term facility or a portion of a facility licensed by the department of health and certified by the department of social and health services under RCW 71.24.035, which is designed as a facility to assess and stabilize an individual or determine the need for involuntary commitment of an individual, and must meet department of health residential treatment facility standards. A triage facility may be structured as a voluntary or involuntary placement facility;

~~((45))~~ (43) "Violent act" means behavior that resulted in homicide, attempted suicide, nonfatal injuries, or substantial damage to property;

(44) "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;

(45) "Approved substance use disorder treatment program" means a program for persons with a substance use disorder provided by a treatment program certified by the department as meeting standards adopted under chapter 70.96A RCW;

(46) "Chemical dependency" means:

(a) Alcoholism;

(b) Drug addiction; or

(c) Dependence on alcohol and one or more psychoactive chemicals, as the context requires;

(47) "Chemical dependency professional" means a person certified as a chemical dependency professional by the department of health under chapter 18.205 RCW;

(48) "Controlled substance" has the same meaning as under the federal controlled substances act, 21 U.S.C. Sec. 802;

(49) "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;

(50) "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;

(51) "Licensed physician" means a person licensed to practice medicine or osteopathic medicine and surgery in the state of Washington;

(52) "Physician assistant" means a person who is licensed as a physician assistant pursuant to chapter 18.57A or 18.71A RCW and is working with a licensed mental health physician as indicated by their delegation agreement;

(53) "Secure detoxification facility" means a facility operated by either a public or private agency or by the program of an agency that:

(a) Provides for intoxicated persons:

(i) Evaluation and assessment, provided by certified chemical dependency professionals;

(ii) Acute or subacute detoxification services; and

(iii) Discharge assistance provided by certified chemical dependency professionals, including facilitating transitions to appropriate voluntary or involuntary inpatient services or to less restrictive alternatives as appropriate for the individual;

(b) Includes security measures sufficient to protect the patients, staff, and community; and

(c) Is certified as such by the department;

(54) "Substance use disorder" means a cluster of cognitive, behavioral, and physiological symptoms indicating that an individual continues using the substance despite significant substance-related problems. The diagnosis of a substance use disorder is based on a pathological pattern of behaviors related to the use of the substances.

**Sec. 204.** RCW 71.05.025 and 2014 c 225 s 80 are each amended to read as follows:

The legislature intends that the procedures and services authorized in this chapter be integrated with those in chapter 71.24 RCW to the maximum extent necessary to assure a continuum of care to persons with mental illness or who have mental disorders or substance use disorders, as defined in either or both this chapter and chapter 71.24 RCW. To this end, behavioral health organizations established in accordance with chapter 71.24 RCW shall institute procedures which require timely consultation with resource management services by designated ~~((mental health professionals and))~~ crisis responders, evaluation and treatment facilities, secure detoxification facilities, and approved substance use disorder treatment programs to assure that determinations to admit, detain, commit, treat, discharge, or release persons with mental disorders or substance use disorders under this chapter are made only after appropriate information regarding such person's treatment history and current treatment plan has been sought from resource management services.

**Sec. 205.** RCW 71.05.026 and 2014 c 225 s 81 are each amended to read as follows:

(1) Except for monetary damage claims which have been reduced to final judgment by a superior court, this section applies to all claims against the state, state agencies, state officials, or state employees that exist on or arise after March 29, 2006.

(2) Except as expressly provided in contracts entered into between the department and the behavioral health organizations after March 29, 2006, the entities identified in subsection (3) of this section shall have no claim for declaratory relief, injunctive relief, judicial review under chapter 34.05 RCW, or civil liability against the state or state agencies for actions or inactions performed pursuant to the administration of this chapter with regard to the following: (a) The allocation or payment of federal or state funds; (b) the use or allocation of state hospital beds; or (c) financial responsibility for the provision of inpatient mental health care or inpatient substance use disorder treatment.

(3) This section applies to counties, behavioral health organizations, and entities which contract to provide behavioral health organization services and their subcontractors, agents, or employees.

**Sec. 206.** RCW 71.05.050 and 2000 c 94 s 3 are each amended to read as follows:



Nothing in this chapter shall be construed to limit the right of any person to apply voluntarily to any public or private agency or practitioner for treatment of a mental disorder or substance use disorder, either by direct application or by referral. Any person voluntarily admitted for inpatient treatment to any public or private agency shall be released immediately upon his or her request. Any person voluntarily admitted for inpatient treatment to any public or private agency shall orally be advised of the right to immediate discharge, and further advised of such rights in writing as are secured to them pursuant to this chapter and their rights of access to attorneys, courts, and other legal redress. Their condition and status shall be reviewed at least once each one hundred eighty days for evaluation as to the need for further treatment or possible discharge, at which time they shall again be advised of their right to discharge upon request: PROVIDED HOWEVER, That if the professional staff of any public or private agency or hospital regards a person voluntarily admitted who requests discharge as presenting, as a result of a mental disorder or substance use disorder, an imminent likelihood of serious harm, or is gravely disabled, they may detain such person for sufficient time to notify the ~~((county))~~ designated ~~((mental health professional))~~ crisis responder of such person's condition to enable the ~~((county))~~ designated ~~((mental health professional))~~ crisis responder to authorize such person being further held in custody or transported to an evaluation and treatment center, secure detoxification facility, or approved substance use disorder treatment program pursuant to the provisions of this chapter, which shall in ordinary circumstances be no later than the next judicial day: PROVIDED FURTHER, That if a person is brought to the emergency room of a public or private agency or hospital for observation or treatment, the person refuses voluntary admission, and the professional staff of the public or private agency or hospital regard such person as presenting as a result of a mental disorder or substance use disorder an imminent likelihood of serious harm, or as presenting an imminent danger because of grave disability, they may detain such person for sufficient time to notify the ~~((county))~~ designated ~~((mental health professional))~~ crisis responder of such person's condition to enable the ~~((county))~~ designated ~~((mental health professional))~~ crisis responder to authorize such person being further held in custody or transported to an evaluation treatment center, secure detoxification facility, or approved substance use disorder treatment program pursuant to the conditions in this chapter, but which time shall be no more than six hours from the time the professional staff determine that an evaluation by the ~~((county))~~ designated ~~((mental health professional))~~ crisis responder is necessary.

**Sec. 207.** RCW 71.05.120 and 2000 c 94 s 4 are each amended to read as follows:

(1) No officer of a public or private agency, nor the superintendent, professional person in charge, his or her professional designee, or attending staff of any such agency, nor any public official performing functions necessary to the administration of this chapter, nor peace officer responsible for detaining a person pursuant to this chapter, nor any ~~((county))~~ designated ~~((mental health professional))~~ crisis responder, nor the state, a unit of local government, ~~((or))~~ an evaluation and treatment facility, a secure detoxification facility, or an approved substance use disorder treatment program shall be civilly or criminally liable for performing duties pursuant to this chapter with regard to the decision of whether to admit, discharge, release, administer antipsychotic medications, or detain a person for evaluation and treatment: PROVIDED, That such duties were performed in good faith and without gross negligence.

(2) This section does not relieve a person from giving the required notices under RCW 71.05.330(2) or 71.05.340(1)(b), or the duty to warn or to take reasonable precautions to provide protection from violent behavior where the patient has communicated an actual threat of physical violence against a reasonably identifiable victim or victims. The duty to warn or to take reasonable precautions to provide protection from violent behavior is discharged if reasonable efforts are made to communicate the threat to the victim or victims and to law enforcement personnel.

**Sec. 208.** RCW 71.05.132 and 2004 c 166 s 12 are each amended to read as follows:

When any court orders a person to receive treatment under this chapter, the order shall include a statement that if the person is, or becomes, subject to supervision by the department of corrections, the person must notify the treatment provider and the person's mental health treatment information and substance use disorder treatment information must be shared with the department of corrections for the duration of the offender's incarceration and supervision, under RCW 71.05.445. Upon a petition by a person who does not have a history of one or more violent acts, the court may, for good cause, find that public safety would not be enhanced by the sharing of this person's information.

**Sec. 209.** RCW 71.05.150 and 2011 c 148 s 5 are each amended to read as follows:

(1) When a designated ~~((mental health professional))~~ crisis responder receives information alleging that a person, as a result of a mental disorder, substance use disorder, or both: (i) Presents a likelihood of serious harm; or (ii) is gravely disabled; the designated ~~((mental health professional))~~ crisis responder may, after investigation and evaluation of the specific facts alleged and of the reliability and credibility of any person providing information to initiate detention, if satisfied that the allegations are true and that the person will not voluntarily seek appropriate treatment, file a petition for initial detention. Before filing the petition, the designated ~~((mental health professional))~~ crisis responder must personally interview the person, unless the person refuses an interview, and determine whether the person will voluntarily receive appropriate evaluation and treatment at an evaluation and treatment facility, crisis stabilization unit, ~~((or))~~ triage facility, or approved substance use disorder treatment program.

(2)(a) An order to detain ~~((or))~~ a person with a mental disorder to a designated evaluation and treatment facility, or to detain a person with a substance use disorder to a secure detoxification facility or approved substance use disorder treatment program, for not more than a seventy-two-hour evaluation and treatment period may be issued by a judge of the superior court upon request of a designated ~~((mental health professional))~~ crisis responder, subject to (d) of this subsection, whenever it appears to the satisfaction of a judge of the superior court:

(i) That there is probable cause to support the petition; and  
(ii) That the person has refused or failed to accept appropriate evaluation and treatment voluntarily.

(b) The petition for initial detention, signed under penalty of perjury, or sworn telephonic testimony may be considered by the court in determining whether there are sufficient grounds for issuing the order.

(c) The order shall designate retained counsel or, if counsel is appointed from a list provided by the court, the name, business address, and telephone number of the attorney appointed to represent the person.

(d) A court may not issue an order to detain a person to a secure detoxification facility or approved substance use disorder treatment program unless there is available space at the facility or program.

(3) The designated ~~((mental health professional))~~ crisis responder shall then serve or cause to be served on such person, his or her guardian, and conservator, if any, a copy of the order together with a notice of rights, and a petition for initial detention. After service on such person the designated ~~((mental health professional))~~ crisis responder shall file the return of service in court and provide copies of all papers in the court file to the evaluation and treatment facility, secure detoxification facility, or approved substance use disorder treatment program, and the designated attorney. The designated ~~((mental health professional))~~ crisis responder shall notify the court and the prosecuting attorney that a probable cause hearing will be held within seventy-two hours of the date and time of outpatient evaluation or admission to the evaluation and treatment facility, secure detoxification facility, or approved substance use disorder treatment program. The person shall be permitted to be accompanied by one or more of his or her relatives, friends, an attorney, a personal physician, or other professional or religious advisor to the place of evaluation. An attorney accompanying the person to the place of evaluation shall be permitted to be present during the admission evaluation. Any other individual accompanying the person may be present during the admission evaluation. The facility may exclude the individual if his or her presence would present a safety risk, delay the proceedings, or otherwise interfere with the evaluation.

(4) The designated ~~((mental health professional))~~ crisis responder may notify a peace officer to take such person or cause such person to be taken into custody and placed in an evaluation and treatment facility, secure detoxification facility, or approved substance use disorder treatment program. At the time such person is taken into custody there shall commence to be served on such person, his or her guardian, and conservator, if any, a copy of the original order together with a notice of rights and a petition for initial detention.

**Sec. 210.** RCW 71.05.150 and 2015 c ... s 209 (section 209 of this act) are each amended to read as follows:

(1) When a designated crisis responder receives information alleging that a person, as a result of a mental disorder, substance use disorder, or both: (i) Presents a likelihood of serious harm; or (ii) is gravely disabled; the designated crisis responder may, after investigation and evaluation of the specific facts alleged and of the reliability and credibility of any person providing information to initiate detention, if satisfied that the allegations are true and that the person will not voluntarily seek appropriate treatment, file a petition for initial detention. Before filing the petition, the designated crisis responder must personally interview the person, unless the person refuses an interview, and determine whether the person will voluntarily receive appropriate evaluation and treatment at an evaluation and treatment facility, crisis stabilization unit, triage facility, or approved substance use disorder treatment program.

(2)(a) An order to detain ~~to a ((person with a mental disorder to a))~~ designated evaluation and treatment facility, ~~((or to detain a person with a substance use disorder to a))~~ secure detoxification facility, or approved substance use disorder treatment program~~((s))~~ for not more than a seventy-two-hour evaluation and treatment period may be issued by a judge of the superior court upon request of a designated crisis responder~~((s subject to (d) of this subsection))~~, whenever it appears to the satisfaction of a judge of the superior court:

(i) That there is probable cause to support the petition; and

(ii) That the person has refused or failed to accept appropriate evaluation and treatment voluntarily.

(b) The petition for initial detention, signed under penalty of perjury, or sworn telephonic testimony may be considered by the court in determining whether there are sufficient grounds for issuing the order.

(c) The order shall designate retained counsel or, if counsel is appointed from a list provided by the court, the name, business address, and telephone number of the attorney appointed to represent the person.

~~((d) A court may not issue an order to detain a person to a secure detoxification facility or approved substance use disorder treatment program unless there is available space at the facility or program.))~~

(3) The designated crisis responder shall then serve or cause to be served on such person, his or her guardian, and conservator, if any, a copy of the order together with a notice of rights, and a petition for initial detention. After service on such person the designated crisis responder shall file the return of service in court and provide copies of all papers in the court file to the evaluation and treatment facility, secure detoxification facility, or approved substance use disorder treatment program, and the designated attorney. The designated crisis responder shall notify the court and the prosecuting attorney that a probable cause hearing will be held within seventy-two hours of the date and time of outpatient evaluation or admission to the evaluation and treatment facility, secure detoxification facility, or approved substance use disorder treatment program. The person shall be permitted to be accompanied by one or more of his or her relatives, friends, an attorney, a personal physician, or other professional or religious advisor to the place of evaluation. An attorney accompanying the person to the place of evaluation shall be permitted to be present during the admission evaluation. Any other individual accompanying the person may be present during the admission evaluation. The facility may exclude the individual if his or her presence would present a safety risk, delay the proceedings, or otherwise interfere with the evaluation.

(4) The designated crisis responder may notify a peace officer to take such person or cause such person to be taken into custody and placed in an evaluation and treatment facility, secure detoxification facility, or approved substance use disorder treatment program. At the time such person is taken into custody there shall commence to be served on such person, his or her guardian, and conservator, if any, a copy of the original order together with a notice of rights and a petition for initial detention.

**Sec. 211.** RCW 71.05.153 and 2011 c 305 s 8 and 2011 c 148 s 2 are each reenacted and amended to read as follows:

(1) When a designated ~~((mental health professional))~~ crisis responder receives information alleging that a person, as the result of a mental disorder, presents an imminent likelihood of serious harm, or is in imminent danger because of being gravely disabled, after investigation and evaluation of the specific facts alleged and of the reliability and credibility of the person or persons providing the information if any, the designated ~~((mental health professional))~~ crisis responder may take such person, or cause by oral or written order such person to be taken into emergency custody in an evaluation and treatment facility for not more than seventy-two hours as described in RCW 71.05.180.

(2) When a designated crisis responder receives information alleging that a person, as the result of substance use disorder, presents an imminent likelihood of serious harm, or is in imminent danger because of being gravely disabled, after investigation and evaluation of the specific facts alleged and of the reliability and credibility of the person or persons providing the

information if any, the designated crisis responder may take the person, or cause by oral or written order the person to be taken, into emergency custody in a secure detoxification facility or approved substance use disorder treatment program, if space is available in the facility or program, for not more than seventy-two hours as described in RCW 71.05.180.

(3)(a) Subject to (b) of this subsection, a peace officer may take or cause such person to be taken into custody and immediately delivered to a triage facility, crisis stabilization unit, evaluation and treatment facility, secure detoxification facility, approved substance use disorder treatment program, or the emergency department of a local hospital under the following circumstances:

((a)) (i) Pursuant to subsection (1) or (2) of this section;

or

((b)) (ii) When he or she has reasonable cause to believe that such person is suffering from a mental disorder or substance use disorder and presents an imminent likelihood of serious harm or is in imminent danger because of being gravely disabled.

((c)) (b) A peace officer may not deliver a person to a secure detoxification facility or approved substance use disorder treatment program unless space is available at the facility or program.

(4) Persons delivered to a crisis stabilization unit, evaluation and treatment facility, emergency department of a local hospital, ((e)) triage facility that has elected to operate as an involuntary facility, secure detoxification facility, or approved substance use disorder treatment program by peace officers pursuant to subsection ((2)) (3) of this section may be held by the facility for a period of up to twelve hours.

((4)) (5) Within three hours of arrival, the person must be examined by a mental health professional. Within twelve hours of arrival, the designated ((mental health professional)) crisis responder must determine whether the individual meets detention criteria. If the individual is detained, the designated ((mental health professional)) crisis responder shall file a petition for detention or a supplemental petition as appropriate and commence service on the designated attorney for the detained person. If the individual is released to the community, the mental health service provider shall inform the peace officer of the release within a reasonable period of time after the release if the peace officer has specifically requested notification and provided contact information to the provider.

**Sec. 212.** RCW 71.05.153 and 2015 c ... s 211 (section 211 of this act) are each amended to read as follows:

(1) When a designated crisis responder receives information alleging that a person, as the result of a mental disorder, presents an imminent likelihood of serious harm, or is in imminent danger because of being gravely disabled, after investigation and evaluation of the specific facts alleged and of the reliability and credibility of the person or persons providing the information if any, the designated crisis responder may take such person, or cause by oral or written order such person to be taken into emergency custody in an evaluation and treatment facility for not more than seventy-two hours as described in RCW 71.05.180.

(2) When a designated crisis responder receives information alleging that a person, as the result of substance use disorder, presents an imminent likelihood of serious harm, or is in imminent danger because of being gravely disabled, after investigation and evaluation of the specific facts alleged and of the reliability and credibility of the person or persons providing the information if any, the designated crisis responder may take the person, or cause by oral or written order the person to be taken, into emergency custody in a secure detoxification facility or approved substance use disorder treatment program(, if space is

~~available in the facility or program,)) for not more than seventy-two hours as described in RCW 71.05.180.~~

~~(3)((a) Subject to (b) of this subsection,)) A peace officer may take or cause such person to be taken into custody and immediately delivered to a triage facility, crisis stabilization unit, evaluation and treatment facility, secure detoxification facility, approved substance use disorder treatment program, or the emergency department of a local hospital under the following circumstances:~~

~~((a)) (a) Pursuant to subsection (1) or (2) of this section;~~

or

~~((b)) (b) When he or she has reasonable cause to believe that such person is suffering from a mental disorder or substance use disorder and presents an imminent likelihood of serious harm or is in imminent danger because of being gravely disabled.~~

~~((c)) A peace officer may not deliver a person to a secure detoxification facility or approved substance use disorder treatment program unless space is available at the facility or program.)~~

~~(4) Persons delivered to a crisis stabilization unit, evaluation and treatment facility, emergency department of a local hospital, triage facility that has elected to operate as an involuntary facility, secure detoxification facility, or approved substance use disorder treatment program by peace officers pursuant to subsection (3) of this section may be held by the facility for a period of up to twelve hours.~~

~~(5) Within three hours of arrival, the person must be examined by a mental health professional. Within twelve hours of arrival, the designated crisis responder must determine whether the individual meets detention criteria. If the individual is detained, the designated crisis responder shall file a petition for detention or a supplemental petition as appropriate and commence service on the designated attorney for the detained person. If the individual is released to the community, the mental health service provider shall inform the peace officer of the release within a reasonable period of time after the release if the peace officer has specifically requested notification and provided contact information to the provider.~~

**Sec. 213.** RCW 71.05.154 and 2013 c 334 s 1 are each amended to read as follows:

A designated ((mental health professional)) crisis responder conducting an evaluation of a person under RCW 71.05.150 or 71.05.153 must consult with any examining emergency room physician regarding the physician's observations and opinions relating to the person's condition, and whether, in the view of the physician, detention is appropriate. The designated ((mental health professional)) crisis responder shall take serious consideration of observations and opinions by examining emergency room physicians in determining whether detention under this chapter is appropriate. The designated ((mental health professional)) crisis responder must document the consultation with an examining emergency room physician, including the physician's observations or opinions regarding whether detention of the person is appropriate.

**Sec. 214.** RCW 71.05.156 and 2013 c 334 s 2 are each amended to read as follows:

A designated ((mental health professional)) crisis responder who conducts an evaluation for imminent likelihood of serious harm or imminent danger because of being gravely disabled under RCW 71.05.153 must also evaluate the person under RCW 71.05.150 for likelihood of serious harm or grave disability that does not meet the imminent standard for emergency detention.

**Sec. 215.** RCW 71.05.157 and 2007 c 375 s 9 are each amended to read as follows:

(1) When a designated (~~(mental health professional)~~) crisis responder is notified by a jail that a defendant or offender who was subject to a discharge review under RCW 71.05.232 is to be released to the community, the designated (~~(mental health professional)~~) crisis responder shall evaluate the person within seventy-two hours of release.

(2) When an offender is under court-ordered treatment in the community and the supervision of the department of corrections, and the treatment provider becomes aware that the person is in violation of the terms of the court order, the treatment provider shall notify the designated (~~(mental health professional)~~) crisis responder and the department of corrections of the violation and request an evaluation for purposes of revocation of the less restrictive alternative.

(3) When a designated (~~(mental health professional)~~) crisis responder becomes aware that an offender who is under court-ordered treatment in the community and the supervision of the department of corrections is in violation of a treatment order or a condition of supervision that relates to public safety, or the designated (~~(mental health professional)~~) crisis responder detains a person under this chapter, the designated (~~(mental health professional)~~) crisis responder shall notify the person's treatment provider and the department of corrections.

(4) When an offender who is confined in a state correctional facility or is under supervision of the department of corrections in the community is subject to a petition for involuntary treatment under this chapter, the petitioner shall notify the department of corrections and the department of corrections shall provide documentation of its risk assessment or other concerns to the petitioner and the court if the department of corrections classified the offender as a high risk or high needs offender.

(5) Nothing in this section creates a duty on any treatment provider or designated (~~(mental health professional)~~) crisis responder to provide offender supervision.

(6) No jail or state correctional facility may be considered a less restrictive alternative to an evaluation and treatment facility, secure detoxification facility, or approved substance use disorder treatment program.

**Sec. 216.** RCW 71.05.160 and 2007 c 375 s 13 are each amended to read as follows:

Any facility receiving a person pursuant to RCW 71.05.150 or 71.05.153 shall require the designated (~~(mental health professional)~~) crisis responder to prepare a petition for initial detention stating the circumstances under which the person's condition was made known and stating that there is evidence, as a result of his or her personal observation or investigation, that the actions of the person for which application is made constitute a likelihood of serious harm, or that he or she is gravely disabled, and stating the specific facts known to him or her as a result of his or her personal observation or investigation, upon which he or she bases the belief that such person should be detained for the purposes and under the authority of this chapter.

If a person is involuntarily placed in an evaluation and treatment facility, secure detoxification facility, or approved substance use disorder treatment program pursuant to RCW 71.05.150 or 71.05.153, on the next judicial day following the initial detention, the designated (~~(mental health professional)~~) crisis responder shall file with the court and serve the designated attorney of the detained person the petition or supplemental petition for initial detention, proof of service of notice, and a copy of a notice of emergency detention.

**Sec. 217.** RCW 71.05.170 and 2000 c 94 s 5 are each amended to read as follows:

Whenever the (~~(county)~~) designated (~~(mental health professional)~~) crisis responder petitions for detention of a person whose actions constitute a likelihood of serious harm, or who is gravely disabled, the facility providing seventy-two hour evaluation and treatment must immediately accept on a provisional basis the petition and the person. The facility shall then evaluate the person's condition and admit, detain, transfer, or discharge such person in accordance with RCW 71.05.210. The facility shall notify in writing the court and the (~~(county)~~) designated (~~(mental health professional)~~) crisis responder of the date and time of the initial detention of each person involuntarily detained in order that a probable cause hearing shall be held no later than seventy-two hours after detention.

The duty of a state hospital to accept persons for evaluation and treatment under this section shall be limited by chapter 71.24 RCW.

**Sec. 218.** RCW 71.05.180 and 1997 c 112 s 12 are each amended to read as follows:

If the evaluation and treatment facility, secure detoxification facility, or approved substance use disorder treatment program admits the person, it may detain him or her for evaluation and treatment for a period not to exceed seventy-two hours from the time of acceptance as set forth in RCW 71.05.170. The computation of such seventy-two hour period shall exclude Saturdays, Sundays and holidays.

**Sec. 219.** RCW 71.05.190 and 2011 c 305 s 3 are each amended to read as follows:

If the person is not approved for admission by a facility providing seventy-two hour evaluation and treatment, and the individual has not been arrested, the facility shall furnish transportation, if not otherwise available, for the person to his or her place of residence or other appropriate place. If the individual has been arrested, the evaluation and treatment facility, secure detoxification facility, or approved substance use disorder treatment program shall detain the individual for not more than eight hours at the request of the peace officer. The facility shall make reasonable attempts to contact the requesting peace officer during this time to inform the peace officer that the person is not approved for admission in order to enable a peace officer to return to the facility and take the individual back into custody.

**Sec. 220.** RCW 71.05.195 and 2010 c 208 s 1 are each amended to read as follows:

(1) A civil commitment may be initiated under the procedures described in RCW 71.05.150 or 71.05.153 for a person who has been found not guilty by reason of insanity in a state other than Washington and who has fled from detention, commitment, or conditional release in that state, on the basis of a request by the state in which the person was found not guilty by reason of insanity for the person to be detained and transferred back to the custody or care of the requesting state. A finding of likelihood of serious harm or grave disability is not required for a commitment under this section. The detention may occur at either an evaluation and treatment facility or a state hospital. The petition for seventy-two hour detention filed by the designated (~~(mental health professional)~~) crisis responder must be accompanied by the following documents:

(a) A copy of an order for detention, commitment, or conditional release of the person in a state other than Washington on the basis of a judgment of not guilty by reason of insanity;

(b) A warrant issued by a magistrate in the state in which the person was found not guilty by reason of insanity indicating that the person has fled from detention, commitment, or conditional release in that state and authorizing the detention of the person within the state in which the person was found not guilty by reason of insanity;

(c) A statement from the executive authority of the state in which the person was found not guilty by reason of insanity requesting that the person be returned to the requesting state and agreeing to facilitate the transfer of the person to the requesting state.

(2) The person shall be entitled to a probable cause hearing within the time limits applicable to other detentions under this chapter and shall be afforded the rights described in this chapter including the right to counsel. At the probable cause hearing, the court shall determine the identity of the person and whether the other requirements of this section are met. If the court so finds, the court may order continued detention in a treatment facility for up to thirty days for the purpose of the transfer of the person to the custody or care of the requesting state. The court may order a less restrictive alternative to detention only under conditions which ensure the person's safe transfer to the custody or care of the requesting state within thirty days without undue risk to the safety of the person or others.

(3) For the purposes of this section, "not guilty by reason of insanity" shall be construed to include any provision of law which is generally equivalent to a finding of criminal insanity within the state of Washington; and "state" shall be construed to mean any state, district, or territory of the United States.

**Sec. 221.** RCW 71.05.210 and 2009 c 217 s 1 are each amended to read as follows:

Each person involuntarily detained and accepted or admitted at an evaluation and treatment facility, secure detoxification facility, or approved substance use disorder treatment program (1) shall, within twenty-four hours of his or her admission or acceptance at the facility, be examined and evaluated by (a) a licensed physician who may be assisted by a physician assistant according to chapter 18.71A RCW and a mental health professional, (b) an advanced registered nurse practitioner according to chapter 18.79 RCW and a mental health professional, or (c) a licensed physician and a psychiatric advanced registered nurse practitioner and (2) shall receive such treatment and care as his or her condition requires including treatment on an outpatient basis for the period that he or she is detained, except that, beginning twenty-four hours prior to a trial or hearing pursuant to RCW 71.05.215, 71.05.240, 71.05.310, 71.05.320, 71.05.340, or 71.05.217, the individual may refuse psychiatric medications, but may not refuse: (a) Any other medication previously prescribed by a person licensed under Title 18 RCW; or (b) emergency lifesaving treatment, and the individual shall be informed at an appropriate time of his or her right of such refusal. The person shall be detained up to seventy-two hours, if, in the opinion of the professional person in charge of the facility, or his or her professional designee, the person presents a likelihood of serious harm, or is gravely disabled. A person who has been detained for seventy-two hours shall no later than the end of such period be released, unless referred for further care on a voluntary basis, or detained pursuant to court order for further treatment as provided in this chapter.

If, after examination and evaluation, the mental health professional and licensed physician or psychiatric advanced

registered nurse practitioner determine that the initial needs of the person, if detained to an evaluation and treatment facility, would be better served by placement in a ((chemical dependency) substance use disorder treatment facility, or, if detained to a secure detoxification facility or approved substance use disorder treatment program, would be better served in an evaluation and treatment facility then the person shall be referred to ((an approved treatment program defined under RCW 70.96A.020)) the more appropriate placement; however, a person may only be referred to a secure detoxification facility or approved substance use disorder treatment program if space is available in the facility or program.

An evaluation and treatment center, secure detoxification facility, or approved substance use disorder treatment program admitting or accepting any person pursuant to this chapter whose physical condition reveals the need for hospitalization shall assure that such person is transferred to an appropriate hospital for evaluation or admission for treatment. Notice of such fact shall be given to the court, the designated attorney, and the designated ((mental health professional)) crisis responder and the court shall order such continuance in proceedings under this chapter as may be necessary, but in no event may this continuance be more than fourteen days.

**Sec. 222.** RCW 71.05.210 and 2015 c ... s 221 (section 221 of this act) are each amended to read as follows:

Each person involuntarily detained and accepted or admitted at an evaluation and treatment facility, secure detoxification facility, or approved substance use disorder treatment program (1) shall, within twenty-four hours of his or her admission or acceptance at the facility, be examined and evaluated by (a) a licensed physician who may be assisted by a physician assistant according to chapter 18.71A RCW and a mental health professional, (b) an advanced registered nurse practitioner according to chapter 18.79 RCW and a mental health professional, or (c) a licensed physician and a psychiatric advanced registered nurse practitioner and (2) shall receive such treatment and care as his or her condition requires including treatment on an outpatient basis for the period that he or she is detained, except that, beginning twenty-four hours prior to a trial or hearing pursuant to RCW 71.05.215, 71.05.240, 71.05.310, 71.05.320, 71.05.340, or 71.05.217, the individual may refuse psychiatric medications, but may not refuse: (a) Any other medication previously prescribed by a person licensed under Title 18 RCW; or (b) emergency lifesaving treatment, and the individual shall be informed at an appropriate time of his or her right of such refusal. The person shall be detained up to seventy-two hours, if, in the opinion of the professional person in charge of the facility, or his or her professional designee, the person presents a likelihood of serious harm, or is gravely disabled. A person who has been detained for seventy-two hours shall no later than the end of such period be released, unless referred for further care on a voluntary basis, or detained pursuant to court order for further treatment as provided in this chapter.

If, after examination and evaluation, the mental health professional and licensed physician or psychiatric advanced registered nurse practitioner determine that the initial needs of the person, if detained to an evaluation and treatment facility, would be better served by placement in a substance use disorder treatment facility, or, if detained to a secure detoxification facility or approved substance use disorder treatment program, would be better served in an evaluation and treatment facility then the person shall be referred to the more appropriate placement ((; however, a person may only be referred to a secure detoxification facility or approved substance use disorder treatment program if space is available in the facility or program)).

An evaluation and treatment center, secure detoxification facility, or approved substance use disorder treatment program admitting or accepting any person pursuant to this chapter whose physical condition reveals the need for hospitalization shall assure that such person is transferred to an appropriate hospital for evaluation or admission for treatment. Notice of such fact shall be given to the court, the designated attorney, and the designated crisis responder and the court shall order such continuance in proceedings under this chapter as may be necessary, but in no event may this continuance be more than fourteen days.

**Sec. 223.** RCW 71.05.212 and 2010 c 280 s 2 are each amended to read as follows:

(1) Whenever a designated ~~((mental health professional))~~ crisis responder or professional person is conducting an evaluation under this chapter, consideration shall include all reasonably available information from credible witnesses and records regarding:

- (a) Prior recommendations for evaluation of the need for civil commitments when the recommendation is made pursuant to an evaluation conducted under chapter 10.77 RCW;
- (b) Historical behavior, including history of one or more violent acts;
- (c) Prior determinations of incompetency or insanity under chapter 10.77 RCW; and
- (d) Prior commitments under this chapter.

(2) Credible witnesses may include family members, landlords, neighbors, or others with significant contact and history of involvement with the person. If the designated ~~((mental health professional))~~ crisis responder relies upon information from a credible witness in reaching his or her decision to detain the individual, then he or she must provide contact information for any such witness to the prosecutor. The designated ~~((mental health professional))~~ crisis responder or prosecutor shall provide notice of the date, time, and location of the probable cause hearing to such a witness.

(3) Symptoms and behavior of the respondent which standing alone would not justify civil commitment may support a finding of grave disability or likelihood of serious harm when:

- (a) Such symptoms or behavior are closely associated with symptoms or behavior which preceded and led to a past incident of involuntary hospitalization, severe deterioration, or one or more violent acts;
- (b) These symptoms or behavior represent a marked and concerning change in the baseline behavior of the respondent; and
- (c) Without treatment, the continued deterioration of the respondent is probable.

(4) When conducting an evaluation for offenders identified under RCW 72.09.370, the designated ~~((mental health professional))~~ crisis responder or professional person shall consider an offender's history of judicially required or administratively ordered antipsychotic medication while in confinement.

**Sec. 224.** RCW 71.05.214 and 1998 c 297 s 26 are each amended to read as follows:

The department shall develop statewide protocols to be utilized by professional persons and ~~((county))~~ designated ~~((mental health professionals))~~ crisis responders in administration of this chapter and chapter 10.77 RCW. The protocols shall be updated at least every three years. The protocols shall provide uniform development and application of criteria in evaluation and commitment recommendations, of persons who have, or are

alleged to have, mental disorders or substance use disorders and are subject to this chapter.

The initial protocols shall be developed not later than September 1, 1999. The department shall develop and update the protocols in consultation with representatives of ~~((county))~~ designated ~~((mental health professionals))~~ crisis responders, local government, law enforcement, county and city prosecutors, public defenders, and groups concerned with mental illness and substance use disorders. The protocols shall be submitted to the governor and legislature upon adoption by the department.

**Sec. 225.** RCW 71.05.215 and 2008 c 156 s 2 are each amended to read as follows:

(1) A person found to be gravely disabled or presents a likelihood of serious harm as a result of a mental disorder or substance use disorder has a right to refuse antipsychotic medication unless it is determined that the failure to medicate may result in a likelihood of serious harm or substantial deterioration or substantially prolong the length of involuntary commitment and there is no less intrusive course of treatment than medication in the best interest of that person.

(2) The department shall adopt rules to carry out the purposes of this chapter. These rules shall include:

(a) An attempt to obtain the informed consent of the person prior to administration of antipsychotic medication.

(b) For short-term treatment up to thirty days, the right to refuse antipsychotic medications unless there is an additional concurring medical opinion approving medication by a psychiatrist, psychiatric advanced registered nurse practitioner, or physician in consultation with a mental health professional with prescriptive authority.

(c) For continued treatment beyond thirty days through the hearing on any petition filed under RCW 71.05.217, the right to periodic review of the decision to medicate by the medical director or designee.

(d) Administration of antipsychotic medication in an emergency and review of this decision within twenty-four hours. An emergency exists if the person presents an imminent likelihood of serious harm, and medically acceptable alternatives to administration of antipsychotic medications are not available or are unlikely to be successful; and in the opinion of the physician or psychiatric advanced registered nurse practitioner, the person's condition constitutes an emergency requiring the treatment be instituted prior to obtaining a second medical opinion.

(e) Documentation in the medical record of the attempt by the physician or psychiatric advanced registered nurse practitioner to obtain informed consent and the reasons why antipsychotic medication is being administered over the person's objection or lack of consent.

**Sec. 226.** RCW 71.05.220 and 1997 c 112 s 17 are each amended to read as follows:

At the time a person is involuntarily admitted to an evaluation and treatment facility, secure detoxification facility, or approved substance use disorder treatment program, the professional person in charge or his or her designee shall take reasonable precautions to inventory and safeguard the personal property of the person detained. A copy of the inventory, signed by the staff member making it, shall be given to the person detained and shall, in addition, be open to inspection to any responsible relative, subject to limitations, if any, specifically imposed by the detained person. For purposes of this section, "responsible relative" includes the guardian, conservator, attorney, spouse, parent, adult child, or adult brother or sister of the person. The facility shall not

disclose the contents of the inventory to any other person without the consent of the patient or order of the court.

**Sec. 227.** RCW 71.05.230 and 2011 c 343 s 9 are each amended to read as follows:

A person detained for seventy-two hour evaluation and treatment may be detained for not more than fourteen additional days of involuntary intensive treatment or ninety additional days of a less restrictive alternative to involuntary intensive treatment. A petition may only be filed if the following conditions are met:

(1) The professional staff of the agency or facility providing evaluation services has analyzed the person's condition and finds that the condition is caused by mental disorder or substance use disorder and either results in a likelihood of serious harm, or results in the detained person being gravely disabled and are prepared to testify those conditions are met; and

(2) The person has been advised of the need for voluntary treatment and the professional staff of the facility has evidence that he or she has not in good faith volunteered; and

(3) The facility providing intensive treatment is certified to provide such treatment by the department; and

(4) The professional staff of the agency or facility or the designated ~~((mental health professional))~~ crisis responder has filed a petition for fourteen day involuntary detention or a ninety day less restrictive alternative with the court. The petition must be signed either by:

- (a) Two physicians;
- (b) One physician and a mental health professional;
- (c) Two psychiatric advanced registered nurse

practitioners;

(d) Two physician assistants;

(e) One mental health professional and either a psychiatric advanced registered nurse practitioner ~~((and a mental health professional))~~ or a physician assistant; or

~~((e-A))~~ (f) One physician and either a psychiatric advanced registered nurse practitioner or physician assistant. The persons signing the petition must have examined the person. If involuntary detention is sought the petition shall state facts that support the finding that such person, as a result of a mental disorder or substance use disorder, presents a likelihood of serious harm, or is gravely disabled and that there are no less restrictive alternatives to detention in the best interest of such person or others. The petition shall state specifically that less restrictive alternative treatment was considered and specify why treatment less restrictive than detention is not appropriate. If an involuntary less restrictive alternative is sought, the petition shall state facts that support the finding that such person, as a result of a mental disorder or as a result of a substance use disorder, presents a likelihood of serious harm, or is gravely disabled and shall set forth the less restrictive alternative proposed by the facility; and

(5) A copy of the petition has been served on the detained person, his or her attorney and his or her guardian or conservator, if any, prior to the probable cause hearing; and

(6) The court at the time the petition was filed and before the probable cause hearing has appointed counsel to represent such person if no other counsel has appeared; and

(7) The petition reflects that the person was informed of the loss of firearm rights if involuntarily committed for mental health treatment or treatment of a substance use disorder that is based on use of a controlled substance; and

(8) At the conclusion of the initial commitment period, the professional staff of the agency or facility or the designated ~~((mental health professional))~~ crisis responder may petition for an additional period of either ninety days of less restrictive alternative

treatment or ninety days of involuntary intensive treatment as provided in RCW 71.05.290; and

(9) If the hospital or facility designated to provide outpatient treatment is other than the facility providing involuntary treatment, the outpatient facility so designated has agreed to assume such responsibility.

**Sec. 228.** RCW 71.05.235 and 2008 c 213 s 5 are each amended to read as follows:

(1) If an individual is referred to a designated ~~((mental health professional))~~ crisis responder under RCW 10.77.088(1)(b)(i), the designated ~~((mental health professional))~~ crisis responder shall examine the individual within forty-eight hours. If the designated ~~((mental health professional))~~ crisis responder determines it is not appropriate to detain the individual or petition for a ninety-day less restrictive alternative under RCW 71.05.230(4), that decision shall be immediately presented to the superior court for hearing. The court shall hold a hearing to consider the decision of the designated ~~((mental health professional))~~ crisis responder not later than the next judicial day. At the hearing the superior court shall review the determination of the designated ~~((mental health professional))~~ crisis responder and determine whether an order should be entered requiring the person to be evaluated at an evaluation and treatment facility. No person referred to an evaluation and treatment facility may be held at the facility longer than seventy-two hours.

(2) If an individual is placed in an evaluation and treatment facility under RCW 10.77.088(1)(b)(ii), a professional person shall evaluate the individual for purposes of determining whether to file a ninety-day inpatient or outpatient petition under chapter 71.05 RCW. Before expiration of the seventy-two hour evaluation period authorized under RCW 10.77.088(1)(b)(ii), the professional person shall file a petition or, if the recommendation of the professional person is to release the individual, present his or her recommendation to the superior court of the county in which the criminal charge was dismissed. The superior court shall review the recommendation not later than forty-eight hours, excluding Saturdays, Sundays, and holidays, after the recommendation is presented. If the court rejects the recommendation to unconditionally release the individual, the court may order the individual detained at a designated evaluation and treatment facility for not more than a seventy-two hour evaluation and treatment period and direct the individual to appear at a surety hearing before that court within seventy-two hours, or the court may release the individual but direct the individual to appear at a surety hearing set before that court within eleven days, at which time the prosecutor may file a petition under this chapter for ninety-day inpatient or outpatient treatment. If a petition is filed by the prosecutor, the court may order that the person named in the petition be detained at the evaluation and treatment facility that performed the evaluation under this subsection or order the respondent to be in outpatient treatment. If a petition is filed but the individual fails to appear in court for the surety hearing, the court shall order that a mental health professional or peace officer shall take such person or cause such person to be taken into custody and placed in an evaluation and treatment facility to be brought before the court the next judicial day after detention. Upon the individual's first appearance in court after a petition has been filed, proceedings under RCW 71.05.310 and 71.05.320 shall commence. For an individual subject to this subsection, the prosecutor or professional person may directly file a petition for ninety-day inpatient or outpatient treatment and no petition for initial detention or fourteen-day detention is required before such a petition may be filed.

The court shall conduct the hearing on the petition filed under this subsection within five judicial days of the date the petition is filed. The court may continue the hearing upon the written request of the person named in the petition or the person's attorney, for good cause shown, which continuance shall not exceed five additional judicial days. If the person named in the petition requests a jury trial, the trial shall commence within ten judicial days of the date of the filing of the petition. The burden of proof shall be by clear, cogent, and convincing evidence and shall be upon the petitioner. The person shall be present at such proceeding, which shall in all respects accord with the constitutional guarantees of due process of law and the rules of evidence pursuant to RCW 71.05.360 (8) and (9).

During the proceeding the person named in the petition shall continue to be detained and treated until released by order of the court. If no order has been made within thirty days after the filing of the petition, not including any extensions of time requested by the detained person or his or her attorney, the detained person shall be released.

(3) If a designated (~~mental health professional~~) crisis responder or the professional person and prosecuting attorney for the county in which the criminal charge was dismissed or attorney general, as appropriate, stipulate that the individual does not present a likelihood of serious harm or is not gravely disabled, the hearing under this section is not required and the individual, if in custody, shall be released.

(4) The individual shall have the rights specified in RCW 71.05.360 (8) and (9).

**Sec. 229.** RCW 71.05.240 and 2009 c 293 s 4 are each amended to read as follows:

(1) If a petition is filed for fourteen day involuntary treatment or ninety days of less restrictive alternative treatment, the court shall hold a probable cause hearing within seventy-two hours of the initial detention of such person as determined in RCW 71.05.180. If requested by the detained person or his or her attorney, the hearing may be postponed for a period not to exceed forty-eight hours. The hearing may also be continued subject to the conditions set forth in RCW 71.05.210 or subject to the petitioner's showing of good cause for a period not to exceed twenty-four hours.

(2) If the petition is for mental health treatment or for treatment of a substance use disorder that is based on use of a controlled substance, the court at the time of the probable cause hearing and before an order of commitment is entered shall inform the person both orally and in writing that the failure to make a good faith effort to seek voluntary treatment as provided in RCW 71.05.230 will result in the loss of his or her firearm rights if the person is subsequently detained for involuntary treatment under this section.

(3)(a) Subject to (b) of this subsection, at the conclusion of the probable cause hearing, if the court finds by a preponderance of the evidence that such person, as the result of a mental disorder or a substance use disorder, presents a likelihood of serious harm, or is gravely disabled, and, after considering less restrictive alternatives to involuntary detention and treatment, finds that no such alternatives are in the best interests of such person or others, the court shall order that such person be detained for involuntary treatment not to exceed fourteen days in a facility certified to provide treatment by the department.

(b) Commitment for up to fourteen days based on a substance use disorder must be to either a secure detoxification facility or an approved substance use disorder treatment program. A court may only commit a person to a secure detoxification

facility or approved substance use disorder treatment program if space is available at the facility or program.

(c) At the conclusion of the probable cause hearing, if the court finds by a preponderance of the evidence that such person, as the result of a mental disorder or substance use disorder, presents a likelihood of serious harm, or is gravely disabled, but that treatment in a less restrictive setting than detention is in the best interest of such person or others, the court shall order an appropriate less restrictive course of treatment for not to exceed ninety days.

(4) The court shall specifically state to such person and give such person notice in writing that if involuntary treatment beyond the fourteen day period or beyond the ninety days of less restrictive treatment is to be sought, such person will have the right to a full hearing or jury trial as required by RCW 71.05.310. If the commitment is for mental health treatment or for treatment of a substance use disorder that is based on use of a controlled substance, the court shall also state to the person and provide written notice that the person is barred from the possession of firearms and that the prohibition remains in effect until a court restores his or her right to possess a firearm under RCW 9.41.047.

**Sec. 230.** RCW 71.05.240 and 2015 c ... s 229 (section 229 of this act) are each amended to read as follows:

(1) If a petition is filed for fourteen day involuntary treatment or ninety days of less restrictive alternative treatment, the court shall hold a probable cause hearing within seventy-two hours of the initial detention of such person as determined in RCW 71.05.180. If requested by the detained person or his or her attorney, the hearing may be postponed for a period not to exceed forty-eight hours. The hearing may also be continued subject to the conditions set forth in RCW 71.05.210 or subject to the petitioner's showing of good cause for a period not to exceed twenty-four hours.

(2) If the petition is for mental health treatment or for treatment of a substance use disorder that is based on use of a controlled substance, the court at the time of the probable cause hearing and before an order of commitment is entered shall inform the person both orally and in writing that the failure to make a good faith effort to seek voluntary treatment as provided in RCW 71.05.230 will result in the loss of his or her firearm rights if the person is subsequently detained for involuntary treatment under this section.

(3)~~((a) Subject to (b) of this subsection,))~~ At the conclusion of the probable cause hearing, if the court finds by a preponderance of the evidence that such person, as the result of a mental disorder or a substance use disorder, presents a likelihood of serious harm, or is gravely disabled, and, after considering less restrictive alternatives to involuntary detention and treatment, finds that no such alternatives are in the best interests of such person or others, the court shall order that such person be detained for involuntary treatment not to exceed fourteen days in a facility certified to provide treatment by the department.

~~((b))~~ Commitment for up to fourteen days based on a substance use disorder must be to either a secure detoxification facility or an approved substance use disorder treatment program. ~~((A court may only commit a person to a secure detoxification facility or approved substance use disorder treatment program if space is available at the facility or program.~~

(c) At the conclusion of the probable cause hearing,)) If the court finds ~~((by a preponderance of the evidence))~~ that such person, as the result of a mental disorder or substance use disorder, presents a likelihood of serious harm, or is gravely disabled, but that treatment in a less restrictive setting than detention is in the best interest of such person or others, the court shall order an



appropriate less restrictive course of treatment for not to exceed ninety days.

(4) The court shall specifically state to such person and give such person notice in writing that if involuntary treatment beyond the fourteen day period or beyond the ninety days of less restrictive treatment is to be sought, such person will have the right to a full hearing or jury trial as required by RCW 71.05.310. If the commitment is for mental health treatment or for treatment of a substance use disorder that is based on use of a controlled substance, the court shall also state to the person and provide written notice that the person is barred from the possession of firearms and that the prohibition remains in effect until a court restores his or her right to possess a firearm under RCW 9.41.047.

**Sec. 231.** RCW 71.05.280 and 2013 c 289 s 4 are each amended to read as follows:

At the expiration of the fourteen-day period of intensive treatment, a person may be confined for further treatment pursuant to RCW 71.05.320 if:

(1) Such person after having been taken into custody for evaluation and treatment has threatened, attempted, or inflicted: (a) Physical harm upon the person of another or himself or herself, or substantial damage upon the property of another, and (b) as a result of mental disorder or substance use disorder presents a likelihood of serious harm; or

(2) Such person was taken into custody as a result of conduct in which he or she attempted or inflicted physical harm upon the person of another or himself or herself, or substantial damage upon the property of others, and continues to present, as a result of mental disorder or substance use disorder, a likelihood of serious harm; or

(3) Such person has been determined to be incompetent and criminal charges have been dismissed pursuant to RCW 10.77.086(4), and has committed acts constituting a felony, and as a result of a mental disorder, presents a substantial likelihood of repeating similar acts.

(a) In any proceeding pursuant to this subsection it shall not be necessary to show intent, willfulness, or state of mind as an element of the crime;

(b) For any person subject to commitment under this subsection where the charge underlying the finding of incompetence is for a felony classified as violent under RCW 9.94A.030, the court shall determine whether the acts the person committed constitute a violent offense under RCW 9.94A.030; or

(4) Such person is gravely disabled.

**Sec. 232.** RCW 71.05.290 and 2009 c 217 s 3 are each amended to read as follows:

(1) At any time during a person's fourteen day intensive treatment period, the professional person in charge of a treatment facility or his or her professional designee or the designated ~~((mental health professional))~~ crisis responder may petition the superior court for an order requiring such person to undergo an additional period of treatment. Such petition must be based on one or more of the grounds set forth in RCW 71.05.280.

(2) The petition shall summarize the facts which support the need for further confinement and shall be supported by affidavits signed by:

(a) Two examining physicians;

(b) One examining physician and an examining mental health professional;

(c) Two examining psychiatric advanced registered nurse practitioners;

(d) Two examining physician assistants;

~~(e) One examining mental health professional and either an examining psychiatric advanced registered nurse practitioner ~~((and a mental health professional))~~ or an examining physician assistant;~~  
or

~~((e)-An))~~ (f) One examining physician and either an examining psychiatric advanced registered nurse practitioner or an examining physician assistant. The affidavits shall describe in detail the behavior of the detained person which supports the petition and shall explain what, if any, less restrictive treatments which are alternatives to detention are available to such person, and shall state the willingness of the affiant to testify to such facts in subsequent judicial proceedings under this chapter.

(3) If a person has been determined to be incompetent pursuant to RCW 10.77.086(4), then the professional person in charge of the treatment facility or his or her professional designee or the designated ~~((mental health professional))~~ crisis responder may directly file a petition for one hundred eighty day treatment under RCW 71.05.280(3). No petition for initial detention or fourteen day detention is required before such a petition may be filed.

**Sec. 233.** RCW 71.05.300 and 2014 c 225 s 84 are each amended to read as follows:

(1) The petition for ninety day treatment shall be filed with the clerk of the superior court at least three days before expiration of the fourteen-day period of intensive treatment. At the time of filing such petition, the clerk shall set a time for the person to come before the court on the next judicial day after the day of filing unless such appearance is waived by the person's attorney, and the clerk shall notify the designated ~~((mental health professional))~~ crisis responder. The designated ~~((mental health professional))~~ crisis responder shall immediately notify the person detained, his or her attorney, if any, and his or her guardian or conservator, if any, the prosecuting attorney, and the behavioral health organization administrator, and provide a copy of the petition to such persons as soon as possible. The behavioral health organization administrator or designee may review the petition and may appear and testify at the full hearing on the petition.

(2) At the time set for appearance the detained person shall be brought before the court, unless such appearance has been waived and the court shall advise him or her of his or her right to be represented by an attorney, his or her right to a jury trial, and, if the petition is for commitment for mental health treatment or for treatment of a substance use disorder that is based on use of a controlled substance, his or her loss of firearm rights if involuntarily committed. If the detained person is not represented by an attorney, or is indigent or is unwilling to retain an attorney, the court shall immediately appoint an attorney to represent him or her. The court shall, if requested, appoint a reasonably available licensed physician, psychiatric advanced registered nurse practitioner, physician assistant, psychologist, or psychiatrist, designated by the detained person to examine and testify on behalf of the detained person.

(3) The court may, if requested, also appoint a professional person as defined in RCW 71.05.020 to seek less restrictive alternative courses of treatment and to testify on behalf of the detained person. In the case of a person with a developmental disability who has been determined to be incompetent pursuant to RCW 10.77.086(4), then the appointed professional person under this section shall be a developmental disabilities professional.

(4) The court shall also set a date for a full hearing on the petition as provided in RCW 71.05.310.

**Sec. 234.** RCW 71.05.320 and 2013 c 289 s 5 are each amended to read as follows:

(1)(a) Subject to (b) of this subsection, if the court or jury finds that grounds set forth in RCW 71.05.280 have been proven and that the best interests of the person or others will not be served by a less restrictive treatment which is an alternative to detention, the court shall remand him or her to the custody of the department or to a facility certified for ninety day treatment by the department for a further period of intensive treatment not to exceed ninety days from the date of judgment.

(b) If the order for inpatient treatment is based on substance use disorder, treatment must take place at an approved substance use disorder treatment program. The court may only order the person's commitment to an approved substance use disorder treatment program if there is space available at the program.

(c) If the grounds set forth in RCW 71.05.280(3) are the basis of commitment, then the period of treatment may be up to but not exceed one hundred eighty days from the date of judgment in a facility certified for one hundred eighty day treatment by the department.

(2) If the court or jury finds that grounds set forth in RCW 71.05.280 have been proven, but finds that treatment less restrictive than detention will be in the best interest of the person or others, then the court shall remand him or her to the custody of the department or to a facility certified for ninety day treatment by the department or to a less restrictive alternative for a further period of less restrictive treatment not to exceed ninety days from the date of judgment. If the order for less restrictive treatment is based on substance use disorder, treatment must be provided by an approved substance use disorder treatment program. If the grounds set forth in RCW 71.05.280(3) are the basis of commitment, then the period of treatment may be up to but not exceed one hundred eighty days from the date of judgment.

(3) The person shall be released from involuntary treatment at the expiration of the period of commitment imposed under subsection (1) or (2) of this section unless the superintendent or professional person in charge of the facility in which he or she is confined, or in the event of a less restrictive alternative, the designated ~~((mental health professional))~~ crisis responder, files a new petition for involuntary treatment on the grounds that the committed person:

(a) During the current period of court ordered treatment: (i) Has threatened, attempted, or inflicted physical harm upon the person of another, or substantial damage upon the property of another, and (ii) as a result of a mental disorder, substance use disorder, or developmental disability presents a likelihood of serious harm; or

(b) Was taken into custody as a result of conduct in which he or she attempted or inflicted serious physical harm upon the person of another, and continues to present, as a result of mental disorder, substance use disorder, or developmental disability a likelihood of serious harm; or

(c)(i) Is in custody pursuant to RCW 71.05.280(3) and as a result of mental disorder or developmental disability continues to present a substantial likelihood of repeating acts similar to the charged criminal behavior, when considering the person's life history, progress in treatment, and the public safety.

(ii) In cases under this subsection where the court has made an affirmative special finding under RCW 71.05.280(3)(b), the commitment shall continue for up to an additional one hundred eighty day period whenever the petition presents prima facie evidence that the person continues to suffer from a mental disorder or developmental disability that results in a substantial likelihood of committing acts similar to the charged criminal behavior, unless the person presents proof through an admissible expert opinion that

the person's condition has so changed such that the mental disorder or developmental disability no longer presents a substantial likelihood of the person committing acts similar to the charged criminal behavior. The initial or additional commitment period may include transfer to a specialized program of intensive support and treatment, which may be initiated prior to or after discharge from the state hospital; or

(d) Continues to be gravely disabled.

If the conduct required to be proven in (b) and (c) of this subsection was found by a judge or jury in a prior trial under this chapter, it shall not be necessary to prove such conduct again.

(4) For a person committed under subsection (2) of this section who has been remanded to a period of less restrictive treatment, in addition to the grounds specified in subsection (3) of this section, the designated ~~((mental health professional))~~ crisis responder may file a new petition for continued less restrictive treatment if:

(a) The person was previously committed by a court to detention for involuntary mental health treatment or involuntary substance use disorder treatment during the thirty-six months that preceded the person's initial detention date during the current involuntary commitment cycle, excluding any time spent in a mental health facility, in long-term alcoholism or drug treatment facility, or in confinement as a result of a criminal conviction;

(b) In view of the person's treatment history or current behavior, the person is unlikely to voluntarily participate in outpatient treatment without an order for less restrictive treatment; and

(c) Outpatient treatment that would be provided under a less restrictive treatment order is necessary to prevent a relapse, decompensation, or deterioration that is likely to result in the person presenting a likelihood of serious harm or the person becoming gravely disabled within a reasonably short period of time.

(5) A new petition for involuntary treatment filed under subsection (3) or (4) of this section shall be filed and heard in the superior court of the county of the facility which is filing the new petition for involuntary treatment unless good cause is shown for a change of venue. The cost of the proceedings shall be borne by the state.

(6) The hearing shall be held as provided in RCW 71.05.310, and if the court or jury finds that the grounds for additional confinement as set forth in this section are present, subject to subsection (1)(b) of this section, the court may order the committed person returned for an additional period of treatment not to exceed one hundred eighty days from the date of judgment. At the end of the one hundred eighty day period of commitment, the committed person shall be released unless a petition for another one hundred eighty day period of continued treatment is filed and heard in the same manner as provided in this section. Successive one hundred eighty day commitments are permissible on the same grounds and pursuant to the same procedures as the original one hundred eighty day commitment. However, a commitment is not permissible under subsection (4) of this section if thirty-six months have passed since the last date of discharge from detention for inpatient treatment that preceded the current less restrictive alternative order, nor shall a commitment under subsection (4) of this section be permissible if the likelihood of serious harm in subsection (4)(c) of this section is based solely on harm to the property of others.

(7) No person committed as provided in this section may be detained unless a valid order of commitment is in effect. No order of commitment can exceed one hundred eighty days in length.

**Sec. 235.** RCW 71.05.320 and 2015 c ... s 234 (section 234 of this act) are each amended to read as follows:

(1)~~((a) Subject to (b) of this subsection,))~~ If the court or jury finds that grounds set forth in RCW 71.05.280 have been proven and that the best interests of the person or others will not be served by a less restrictive treatment which is an alternative to detention, the court shall remand him or her to the custody of the department or to a facility certified for ninety day treatment by the department for a further period of intensive treatment not to exceed ninety days from the date of judgment.

~~((b))~~ If the order for inpatient treatment is based on substance use disorder, treatment must take place at an approved substance use disorder treatment program. ~~((The court may only order the person's commitment to an approved substance use disorder treatment program if there is space available at the program.~~

~~((c))~~ If the grounds set forth in RCW 71.05.280(3) are the basis of commitment, then the period of treatment may be up to but not exceed one hundred eighty days from the date of judgment in a facility certified for one hundred eighty day treatment by the department.

(2) If the court or jury finds that grounds set forth in RCW 71.05.280 have been proven, but finds that treatment less restrictive than detention will be in the best interest of the person or others, then the court shall remand him or her to the custody of the department or to a facility certified for ninety day treatment by the department or to a less restrictive alternative for a further period of less restrictive treatment not to exceed ninety days from the date of judgment. If the order for less restrictive treatment is based on substance use disorder, treatment must be provided by an approved substance use disorder treatment program. If the grounds set forth in RCW 71.05.280(3) are the basis of commitment, then the period of treatment may be up to but not exceed one hundred eighty days from the date of judgment.

(3) The person shall be released from involuntary treatment at the expiration of the period of commitment imposed under subsection (1) or (2) of this section unless the superintendent or professional person in charge of the facility in which he or she is confined, or in the event of a less restrictive alternative, the designated crisis responder, files a new petition for involuntary treatment on the grounds that the committed person:

(a) During the current period of court ordered treatment: (i) Has threatened, attempted, or inflicted physical harm upon the person of another, or substantial damage upon the property of another, and (ii) as a result of a mental disorder, substance use disorder, or developmental disability presents a likelihood of serious harm; or

(b) Was taken into custody as a result of conduct in which he or she attempted or inflicted serious physical harm upon the person of another, and continues to present, as a result of mental disorder, substance use disorder, or developmental disability a likelihood of serious harm; or

(c)(i) Is in custody pursuant to RCW 71.05.280(3) and as a result of mental disorder or developmental disability continues to present a substantial likelihood of repeating acts similar to the charged criminal behavior, when considering the person's life history, progress in treatment, and the public safety.

(ii) In cases under this subsection where the court has made an affirmative special finding under RCW 71.05.280(3)(b), the commitment shall continue for up to an additional one hundred eighty day period whenever the petition presents prima facie evidence that the person continues to suffer from a mental disorder or developmental disability that results in a substantial likelihood of committing acts similar to the charged criminal behavior, unless the person presents proof through an admissible expert opinion that the person's condition has so changed such that the mental disorder

or developmental disability no longer presents a substantial likelihood of the person committing acts similar to the charged criminal behavior. The initial or additional commitment period may include transfer to a specialized program of intensive support and treatment, which may be initiated prior to or after discharge from the state hospital; or

(d) Continues to be gravely disabled.

If the conduct required to be proven in (b) and (c) of this subsection was found by a judge or jury in a prior trial under this chapter, it shall not be necessary to prove such conduct again.

(4) For a person committed under subsection (2) of this section who has been remanded to a period of less restrictive treatment, in addition to the grounds specified in subsection (3) of this section, the designated crisis responder may file a new petition for continued less restrictive treatment if:

(a) The person was previously committed by a court to detention for involuntary mental health treatment or involuntary substance use disorder treatment during the thirty-six months that preceded the person's initial detention date during the current involuntary commitment cycle, excluding any time spent in a mental health facility, in long-term alcoholism or drug treatment facility, or in confinement as a result of a criminal conviction;

(b) In view of the person's treatment history or current behavior, the person is unlikely to voluntarily participate in outpatient treatment without an order for less restrictive treatment; and

(c) Outpatient treatment that would be provided under a less restrictive treatment order is necessary to prevent a relapse, decompensation, or deterioration that is likely to result in the person presenting a likelihood of serious harm or the person becoming gravely disabled within a reasonably short period of time.

(5) A new petition for involuntary treatment filed under subsection (3) or (4) of this section shall be filed and heard in the superior court of the county of the facility which is filing the new petition for involuntary treatment unless good cause is shown for a change of venue. The cost of the proceedings shall be borne by the state.

(6) The hearing shall be held as provided in RCW 71.05.310, and if the court or jury finds that the grounds for additional confinement as set forth in this section are present, ~~((subject to subsection (1)(b) of this section,))~~ the court may order the committed person returned for an additional period of treatment not to exceed one hundred eighty days from the date of judgment. At the end of the one hundred eighty day period of commitment, the committed person shall be released unless a petition for another one hundred eighty day period of continued treatment is filed and heard in the same manner as provided in this section. Successive one hundred eighty day commitments are permissible on the same grounds and pursuant to the same procedures as the original one hundred eighty day commitment. However, a commitment is not permissible under subsection (4) of this section if thirty-six months have passed since the last date of discharge from detention for inpatient treatment that preceded the current less restrictive alternative order, nor shall a commitment under subsection (4) of this section be permissible if the likelihood of serious harm in subsection (4)(c) of this section is based solely on harm to the property of others.

(7) No person committed as provided in this section may be detained unless a valid order of commitment is in effect. No order of commitment can exceed one hundred eighty days in length.

**Sec. 236.** RCW 71.05.325 and 2000 c 94 s 7 are each amended to read as follows:

(1) Before a person committed under grounds set forth in RCW 71.05.280(3) is released because a new petition for involuntary treatment has not been filed under RCW 71.05.320(~~(2)~~) (3), the superintendent, professional person, or designated (~~(mental health professional)~~) crisis responder responsible for the decision whether to file a new petition shall in writing notify the prosecuting attorney of the county in which the criminal charges against the committed person were dismissed, of the decision not to file a new petition for involuntary treatment. Notice shall be provided at least forty-five days before the period of commitment expires.

(2)(a) Before a person committed under grounds set forth in RCW 71.05.280(3) is permitted temporarily to leave a treatment facility pursuant to RCW 71.05.270 for any period of time without constant accompaniment by facility staff, the superintendent, professional person in charge of a treatment facility, or his or her professional designee shall in writing notify the prosecuting attorney of any county of the person's destination and the prosecuting attorney of the county in which the criminal charges against the committed person were dismissed. The notice shall be provided at least forty-five days before the anticipated leave and shall describe the conditions under which the leave is to occur.

(b) The provisions of RCW 71.05.330(2) apply to proposed leaves, and either or both prosecuting attorneys receiving notice under this subsection may petition the court under RCW 71.05.330(2).

(3) Nothing in this section shall be construed to authorize detention of a person unless a valid order of commitment is in effect.

(4) The existence of the notice requirements in this section will not require any extension of the leave date in the event the leave plan changes after notification.

(5) The notice requirements contained in this section shall not apply to emergency medical transfers.

(6) The notice provisions of this section are in addition to those provided in RCW 71.05.425.

**Sec. 237.** RCW 71.05.340 and 2009 c 322 s 1 are each amended to read as follows:

(1)(a) When, in the opinion of the superintendent or the professional person in charge of the hospital or facility providing involuntary treatment, the committed person can be appropriately served by outpatient treatment prior to or at the expiration of the period of commitment, then such outpatient care may be required as a term of conditional release for a period which, when added to the inpatient treatment period, shall not exceed the period of commitment. If the hospital or facility designated to provide outpatient treatment is other than the facility providing involuntary treatment, the outpatient facility so designated must agree in writing to assume such responsibility. A copy of the terms of conditional release shall be given to the patient, the designated (~~(mental health professional)~~) crisis responder in the county in which the patient is to receive outpatient treatment, and to the court of original commitment.

(b) Before a person committed under grounds set forth in RCW 71.05.280(3) or 71.05.320(3)(c) is conditionally released under (a) of this subsection, the superintendent or professional person in charge of the hospital or facility providing involuntary treatment shall in writing notify the prosecuting attorney of the county in which the criminal charges against the committed person were dismissed, of the decision to conditionally release the person. Notice and a copy of the terms of conditional release shall be provided at least thirty days before the person is released from inpatient care. Within twenty days after receiving notice, the prosecuting attorney may petition the court in the county that

issued the commitment order to hold a hearing to determine whether the person may be conditionally released and the terms of the conditional release. The prosecuting attorney shall provide a copy of the petition to the superintendent or professional person in charge of the hospital or facility providing involuntary treatment, the attorney, if any, and guardian or conservator of the committed person, and the court of original commitment. If the county in which the committed person is to receive outpatient treatment is the same county in which the criminal charges against the committed person were dismissed, then the court shall, upon the motion of the prosecuting attorney, transfer the proceeding to the court in that county. The court shall conduct a hearing on the petition within ten days of the filing of the petition. The committed person shall have the same rights with respect to notice, hearing, and counsel as for an involuntary treatment proceeding, except as set forth in this subsection and except that there shall be no right to jury trial. The issue to be determined at the hearing is whether or not the person may be conditionally released without substantial danger to other persons, or substantial likelihood of committing criminal acts jeopardizing public safety or security. If the court disapproves of the conditional release, it may do so only on the basis of substantial evidence. Pursuant to the determination of the court upon the hearing, the conditional release of the person shall be approved by the court on the same or modified conditions or the person shall be returned for involuntary treatment on an inpatient basis subject to release at the end of the period for which he or she was committed, or otherwise in accordance with the provisions of this chapter.

(2) The hospital or facility designated to provide outpatient care or the secretary may modify the conditions for continued release when such modification is in the best interest of the person. Notification of such changes shall be sent to all persons receiving a copy of the original conditions.

(3)(a) If the hospital or facility designated to provide outpatient care, the designated (~~(mental health professional)~~) crisis responder, or the secretary determines that:

- (i) A conditionally released person is failing to adhere to the terms and conditions of his or her release;
- (ii) Substantial deterioration in a conditionally released person's functioning has occurred;
- (iii) There is evidence of substantial decompensation with a reasonable probability that the decompensation can be reversed by further inpatient treatment; or
- (iv) The person poses a likelihood of serious harm(-);

Upon notification by the hospital or facility designated to provide outpatient care, or on his or her own motion, the designated (~~(mental health professional)~~) crisis responder or the secretary may order that the conditionally released person be apprehended and taken into custody and temporarily detained in an evaluation and treatment facility in or near the county in which he or she is receiving outpatient treatment if the person is committed for mental health treatment, or, if the person is committed for substance use disorder treatment, in a secure detoxification facility or approved substance use disorder treatment program with available space in or near the county in which he or she is receiving outpatient treatment. A person may not be detained to a secure detoxification facility or approved substance use disorder treatment program unless there is available space in the facility or program.

(b) The hospital or facility designated to provide outpatient treatment shall notify the secretary or designated (~~(mental health professional)~~) crisis responder when a conditionally released person fails to adhere to terms and conditions of his or her conditional release or experiences substantial deterioration in his or her condition and, as a result, presents an increased likelihood of serious harm. The designated (~~(mental health professional)~~) crisis

responder or secretary shall order the person apprehended and temporarily detained in an evaluation and treatment facility in or near the county in which he or she is receiving outpatient treatment if the person is committed for mental health treatment, or, if the person is committed for substance use disorder treatment, in a secure detoxification facility or approved substance use disorder treatment program with available space in or near the county in which he or she is receiving outpatient treatment. A person may not be detained to a secure detoxification facility or approved substance use disorder treatment program unless there is available space in the facility or program.

(c) A person detained under this subsection (3) shall be held until such time, not exceeding five days, as a hearing can be scheduled to determine whether or not the person should be returned to the hospital or facility from which he or she had been conditionally released. The designated (~~mental health professional~~) crisis responder or the secretary may modify or rescind such order at any time prior to commencement of the court hearing.

(d) The court that originally ordered commitment shall be notified within two judicial days of a person's detention under the provisions of this section, and the designated (~~mental health professional~~) crisis responder or the secretary shall file his or her petition and order of apprehension and detention with the court that originally ordered commitment or with the court in the county in which the person is detained and serve them upon the person detained. His or her attorney, if any, and his or her guardian or conservator, if any, shall receive a copy of such papers as soon as possible. Such person shall have the same rights with respect to notice, hearing, and counsel as for an involuntary treatment proceeding, except as specifically set forth in this section and except that there shall be no right to jury trial. The venue for proceedings regarding a petition for modification or revocation of an order for conditional release shall be in the county in which the petition was filed. The issues to be determined shall be: (i) Whether the conditionally released person did or did not adhere to the terms and conditions of his or her conditional release; (ii) that substantial deterioration in the person's functioning has occurred; (iii) there is evidence of substantial decompensation with a reasonable probability that the decompensation can be reversed by further inpatient treatment; or (iv) there is a likelihood of serious harm; and, if any of the conditions listed in this subsection (3)(d) have occurred, whether the terms of conditional release should be modified or the person should be returned to the facility.

(e) Pursuant to the determination of the court upon such hearing, the conditionally released person shall either continue to be conditionally released on the same or modified conditions or shall be returned for involuntary treatment on an inpatient basis subject to release at the end of the period for which he or she was committed for involuntary treatment, or otherwise in accordance with the provisions of this chapter. Such hearing may be waived by the person and his or her counsel and his or her guardian or conservator, if any, but shall not be waivable unless all such persons agree to waive, and upon such waiver the person may be returned for involuntary treatment or continued on conditional release on the same or modified conditions. A person must not be returned for involuntary treatment in a secure detoxification facility or approved substance use disorder treatment program under this subsection unless there is available space in the facility or program.

(4) The proceedings set forth in subsection (3) of this section may be initiated by the designated (~~mental health professional~~) crisis responder or the secretary on the same basis set forth therein without requiring or ordering the apprehension and detention of the conditionally released person, in which case the court hearing shall take place in not less than five days from

the date of service of the petition upon the conditionally released person. The petition may be filed in the court that originally ordered commitment or with the court in the county in which the person is present. The venue for the proceedings regarding the petition for modification or revocation of an order for conditional release shall be in the county in which the petition was filed.

Upon expiration of the period of commitment, or when the person is released from outpatient care, notice in writing to the court which committed the person for treatment shall be provided.

(5) The grounds and procedures for revocation of less restrictive alternative treatment shall be the same as those set forth in this section for conditional releases.

(6) In the event of a revocation of a conditional release, the subsequent treatment period may be for no longer than the actual period authorized in the original court order.

**Sec. 238.** RCW 71.05.340 and 2015 c ... s 237 (section 237 of this act) are each amended to read as follows:

(1)(a) When, in the opinion of the superintendent or the professional person in charge of the hospital or facility providing involuntary treatment, the committed person can be appropriately served by outpatient treatment prior to or at the expiration of the period of commitment, then such outpatient care may be required as a term of conditional release for a period which, when added to the inpatient treatment period, shall not exceed the period of commitment. If the hospital or facility designated to provide outpatient treatment is other than the facility providing involuntary treatment, the outpatient facility so designated must agree in writing to assume such responsibility. A copy of the terms of conditional release shall be given to the patient, the designated crisis responder in the county in which the patient is to receive outpatient treatment, and to the court of original commitment.

(b) Before a person committed under grounds set forth in RCW 71.05.280(3) or 71.05.320(3)(c) is conditionally released under (a) of this subsection, the superintendent or professional person in charge of the hospital or facility providing involuntary treatment shall in writing notify the prosecuting attorney of the county in which the criminal charges against the committed person were dismissed, of the decision to conditionally release the person. Notice and a copy of the terms of conditional release shall be provided at least thirty days before the person is released from inpatient care. Within twenty days after receiving notice, the prosecuting attorney may petition the court in the county that issued the commitment order to hold a hearing to determine whether the person may be conditionally released and the terms of the conditional release. The prosecuting attorney shall provide a copy of the petition to the superintendent or professional person in charge of the hospital or facility providing involuntary treatment, the attorney, if any, and guardian or conservator of the committed person, and the court of original commitment. If the county in which the committed person is to receive outpatient treatment is the same county in which the criminal charges against the committed person were dismissed, then the court shall, upon the motion of the prosecuting attorney, transfer the proceeding to the court in that county. The court shall conduct a hearing on the petition within ten days of the filing of the petition. The committed person shall have the same rights with respect to notice, hearing, and counsel as for an involuntary treatment proceeding, except as set forth in this subsection and except that there shall be no right to jury trial. The issue to be determined at the hearing is whether or not the person may be conditionally released without substantial danger to other persons, or substantial likelihood of committing criminal acts jeopardizing public safety or security. If the court disapproves of the conditional release, it may do so only on the basis of substantial evidence. Pursuant to the determination of the

court upon the hearing, the conditional release of the person shall be approved by the court on the same or modified conditions or the person shall be returned for involuntary treatment on an inpatient basis subject to release at the end of the period for which he or she was committed, or otherwise in accordance with the provisions of this chapter.

(2) The hospital or facility designated to provide outpatient care or the secretary may modify the conditions for continued release when such modification is in the best interest of the person. Notification of such changes shall be sent to all persons receiving a copy of the original conditions.

(3)(a) If the hospital or facility designated to provide outpatient care, the designated crisis responder, or the secretary determines that:

(i) A conditionally released person is failing to adhere to the terms and conditions of his or her release;

(ii) Substantial deterioration in a conditionally released person's functioning has occurred;

(iii) There is evidence of substantial decompensation with a reasonable probability that the decompensation can be reversed by further inpatient treatment; or

(iv) The person poses a likelihood of serious harm;

Upon notification by the hospital or facility designated to provide outpatient care, or on his or her own motion, the designated crisis responder or the secretary may order that the conditionally released person be apprehended and taken into custody and temporarily detained in an evaluation and treatment facility in or near the county in which he or she is receiving outpatient treatment if the person is committed for mental health treatment, or, if the person is committed for substance use disorder treatment, in a secure detoxification facility or approved substance use disorder treatment program ~~((with available space))~~ in or near the county in which he or she is receiving outpatient treatment. ~~((A person may not be detained to a secure detoxification facility or approved substance use disorder treatment program unless there is available space in the facility or program.))~~

(b) The hospital or facility designated to provide outpatient treatment shall notify the secretary or designated crisis responder when a conditionally released person fails to adhere to terms and conditions of his or her conditional release or experiences substantial deterioration in his or her condition and, as a result, presents an increased likelihood of serious harm. The designated crisis responder or secretary shall order the person apprehended and temporarily detained in an evaluation and treatment facility in or near the county in which he or she is receiving outpatient treatment if the person is committed for mental health treatment, or, if the person is committed for substance use disorder treatment, in a secure detoxification facility or approved substance use disorder treatment program ~~((with available space))~~ in or near the county in which he or she is receiving outpatient treatment. ~~((A person may not be detained to a secure detoxification facility or approved substance use disorder treatment program unless there is available space in the facility or program.))~~

(c) A person detained under this subsection (3) shall be held until such time, not exceeding five days, as a hearing can be scheduled to determine whether or not the person should be returned to the hospital or facility from which he or she had been conditionally released. The designated crisis responder or the secretary may modify or rescind such order at any time prior to commencement of the court hearing.

(d) The court that originally ordered commitment shall be notified within two judicial days of a person's detention under the provisions of this section, and the designated crisis responder or the secretary shall file his or her petition and order of apprehension and detention with the court that originally ordered commitment or with the court in the county in which the person is detained and

serve them upon the person detained. His or her attorney, if any, and his or her guardian or conservator, if any, shall receive a copy of such papers as soon as possible. Such person shall have the same rights with respect to notice, hearing, and counsel as for an involuntary treatment proceeding, except as specifically set forth in this section and except that there shall be no right to jury trial. The venue for proceedings regarding a petition for modification or revocation of an order for conditional release shall be in the county in which the petition was filed. The issues to be determined shall be: (i) Whether the conditionally released person did or did not adhere to the terms and conditions of his or her conditional release; (ii) that substantial deterioration in the person's functioning has occurred; (iii) there is evidence of substantial decompensation with a reasonable probability that the decompensation can be reversed by further inpatient treatment; or (iv) there is a likelihood of serious harm; and, if any of the conditions listed in this subsection (3)(d) have occurred, whether the terms of conditional release should be modified or the person should be returned to the facility.

(e) Pursuant to the determination of the court upon such hearing, the conditionally released person shall either continue to be conditionally released on the same or modified conditions or shall be returned for involuntary treatment on an inpatient basis subject to release at the end of the period for which he or she was committed for involuntary treatment, or otherwise in accordance with the provisions of this chapter. Such hearing may be waived by the person and his or her counsel and his or her guardian or conservator, if any, but shall not be waivable unless all such persons agree to waive, and upon such waiver the person may be returned for involuntary treatment or continued on conditional release on the same or modified conditions. ~~((A person must not be returned for involuntary treatment in a secure detoxification facility or approved substance use disorder treatment program under this subsection unless there is available space in the facility or program.))~~

(4) The proceedings set forth in subsection (3) of this section may be initiated by the designated crisis responder or the secretary on the same basis set forth therein without requiring or ordering the apprehension and detention of the conditionally released person, in which case the court hearing shall take place in not less than five days from the date of service of the petition upon the conditionally released person. The petition may be filed in the court that originally ordered commitment or with the court in the county in which the person is present. The venue for the proceedings regarding the petition for modification or revocation of an order for conditional release shall be in the county in which the petition was filed.

Upon expiration of the period of commitment, or when the person is released from outpatient care, notice in writing to the court which committed the person for treatment shall be provided.

(5) The grounds and procedures for revocation of less restrictive alternative treatment shall be the same as those set forth in this section for conditional releases.

(6) In the event of a revocation of a conditional release, the subsequent treatment period may be for no longer than the actual period authorized in the original court order.

**Sec. 239.** RCW 71.05.360 and 2009 c 217 s 5 are each amended to read as follows:

(1)(a) Every person involuntarily detained or committed under the provisions of this chapter shall be entitled to all the rights set forth in this chapter, which shall be prominently posted in the facility, and shall retain all rights not denied him or her under this chapter except as chapter 9.41 RCW may limit the right of a person to purchase or possess a firearm or to qualify for a concealed pistol license if the person is committed under RCW

71.05.240 or 71.05.320 for mental health treatment or treatment of a substance use disorder that is based on use of a controlled substance.

(b) No person shall be presumed incompetent as a consequence of receiving an evaluation or voluntary or involuntary treatment for a mental disorder or substance use disorders, under this chapter or any prior laws of this state dealing with mental illness or substance use disorders. Competency shall not be determined or withdrawn except under the provisions of chapter 10.77 or 11.88 RCW.

(c) Any person who leaves a public or private agency following evaluation or treatment for a mental disorder or substance use disorder shall be given a written statement setting forth the substance of this section.

(2) Each person involuntarily detained or committed pursuant to this chapter shall have the right to adequate care and individualized treatment.

(3) The provisions of this chapter shall not be construed to deny to any person treatment by spiritual means through prayer in accordance with the tenets and practices of a church or religious denomination.

(4) Persons receiving evaluation or treatment under this chapter shall be given a reasonable choice of an available physician, psychiatric advanced registered nurse practitioner, physician assistant, or other professional person qualified to provide such services.

(5) Whenever any person is detained for evaluation and treatment pursuant to this chapter, both the person and, if possible, a responsible member of his or her immediate family, personal representative, guardian, or conservator, if any, shall be advised as soon as possible in writing or orally, by the officer or person taking him or her into custody or by personnel of the evaluation and treatment facility, secure detoxification facility, or approved substance use disorder treatment program where the person is detained that unless the person is released or voluntarily admits himself or herself for treatment within seventy-two hours of the initial detention:

(a) A judicial hearing in a superior court, either by a judge or court commissioner thereof, shall be held not more than seventy-two hours after the initial detention to determine whether there is probable cause to detain the person after the seventy-two hours have expired for up to an additional fourteen days without further automatic hearing for the reason that the person is a person whose mental disorder or substance use disorder presents a likelihood of serious harm or that the person is gravely disabled;

(b) The person has a right to communicate immediately with an attorney; has a right to have an attorney appointed to represent him or her before and at the probable cause hearing if he or she is indigent; and has the right to be told the name and address of the attorney that the mental health professional has designated pursuant to this chapter;

(c) The person has the right to remain silent and that any statement he or she makes may be used against him or her;

(d) The person has the right to present evidence and to cross-examine witnesses who testify against him or her at the probable cause hearing; and

(e) The person has the right to refuse psychiatric medications, including antipsychotic medication beginning twenty-four hours prior to the probable cause hearing.

(6) When proceedings are initiated under RCW 71.05.153, no later than twelve hours after such person is admitted to the evaluation and treatment facility, secure detoxification facility, or approved substance use disorder treatment program the personnel of the ((evaluation and treatment)) facility or the designated ((mental health professional)) crisis responder shall serve on such person a copy of the petition for initial detention and the name,

business address, and phone number of the designated attorney and shall forthwith commence service of a copy of the petition for initial detention on the designated attorney.

(7) The judicial hearing described in subsection (5) of this section is hereby authorized, and shall be held according to the provisions of subsection (5) of this section and rules promulgated by the supreme court.

(8) At the probable cause hearing the detained person shall have the following rights in addition to the rights previously specified:

(a) To present evidence on his or her behalf;

(b) To cross-examine witnesses who testify against him or her;

(c) To be proceeded against by the rules of evidence;

(d) To remain silent;

(e) To view and copy all petitions and reports in the court file.

(9) Privileges between patients and physicians, psychologists, physician assistants, or psychiatric advanced registered nurse practitioners are deemed waived in proceedings under this chapter relating to the administration of antipsychotic medications. As to other proceedings under this chapter, the privileges shall be waived when a court of competent jurisdiction in its discretion determines that such waiver is necessary to protect either the detained person or the public.

The waiver of a privilege under this section is limited to records or testimony relevant to evaluation of the detained person for purposes of a proceeding under this chapter. Upon motion by the detained person or on its own motion, the court shall examine a record or testimony sought by a petitioner to determine whether it is within the scope of the waiver.

The record maker shall not be required to testify in order to introduce medical or psychological records of the detained person so long as the requirements of RCW 5.45.020 are met except that portions of the record which contain opinions as to the detained person's mental state must be deleted from such records unless the person making such conclusions is available for cross-examination.

(10) Insofar as danger to the person or others is not created, each person involuntarily detained, treated in a less restrictive alternative course of treatment, or committed for treatment and evaluation pursuant to this chapter shall have, in addition to other rights not specifically withheld by law, the following rights:

(a) To wear his or her own clothes and to keep and use his or her own personal possessions, except when deprivation of same is essential to protect the safety of the resident or other persons;

(b) To keep and be allowed to spend a reasonable sum of his or her own money for canteen expenses and small purchases;

(c) To have access to individual storage space for his or her private use;

(d) To have visitors at reasonable times;

(e) To have reasonable access to a telephone, both to make and receive confidential calls, consistent with an effective treatment program;

(f) To have ready access to letter writing materials, including stamps, and to send and receive uncensored correspondence through the mails;

(g) To discuss treatment plans and decisions with professional persons;

(h) Not to consent to the administration of antipsychotic medications and not to thereafter be administered antipsychotic medications unless ordered by a court under RCW 71.05.217 or pursuant to an administrative hearing under RCW 71.05.215;

(i) Not to consent to the performance of electroconvulsant therapy or surgery, except emergency lifesaving surgery, unless ordered by a court under RCW 71.05.217;

(j) Not to have psychosurgery performed on him or her under any circumstances;

(k) To dispose of property and sign contracts unless such person has been adjudicated an incompetent in a court proceeding directed to that particular issue.

(11) Every person involuntarily detained shall immediately be informed of his or her right to a hearing to review the legality of his or her detention and of his or her right to counsel, by the professional person in charge of the facility providing evaluation and treatment, or his or her designee, and, when appropriate, by the court. If the person so elects, the court shall immediately appoint an attorney to assist him or her.

(12) A person challenging his or her detention or his or her attorney shall have the right to designate and have the court appoint a reasonably available independent physician, psychiatric advanced registered nurse practitioner, physician assistant, or licensed mental health professional to examine the person detained, the results of which examination may be used in the proceeding. The person shall, if he or she is financially able, bear the cost of such expert examination, otherwise such expert examination shall be at public expense.

(13) Nothing contained in this chapter shall prohibit the patient from petitioning by writ of habeas corpus for release.

(14) Nothing in this chapter shall prohibit a person committed on or prior to January 1, 1974, from exercising a right available to him or her at or prior to January 1, 1974, for obtaining release from confinement.

(15) Nothing in this section permits any person to knowingly violate a no-contact order or a condition of an active judgment and sentence or an active condition of supervision by the department of corrections.

**Sec. 240.** RCW 71.05.380 and 1973 1st ex.s. c 142 s 43 are each amended to read as follows:

All persons voluntarily entering or remaining in any facility, institution, or hospital providing evaluation and treatment for mental disorders or substance use disorders shall have no less than all rights secured to involuntarily detained persons by RCW 71.05.360 and ~~((71.05.370))~~ 71.05.217.

**Sec. 241.** RCW 71.05.435 and 2010 c 280 s 4 are each amended to read as follows:

(1) Whenever a person who is the subject of an involuntary commitment order under this chapter is discharged from an evaluation and treatment facility ~~((or))~~, state hospital, ~~((the evaluation and treatment facility or state hospital shall provide notice of the person's discharge to the designated mental health professional))~~ secure detoxification facility, or approved substance use disorder treatment program providing involuntary treatment services, the entity discharging the person shall provide notice of the person's discharge to the designated crisis responder office responsible for the initial commitment and the designated ((mental health professional)) crisis responder office that serves the county in which the person is expected to reside. The ((evaluation and treatment facility or state hospital)) entity discharging the person must also provide these offices with a copy of any less restrictive order or conditional release order entered in conjunction with the discharge of the person, unless the ~~((evaluation and treatment facility or state hospital))~~ entity discharging the person has entered into a memorandum of understanding obligating another entity to provide these documents.

(2) The notice and documents referred to in subsection (1) of this section shall be provided as soon as possible and no later than one business day following the discharge of the person.

Notice is not required under this section if the discharge is for the purpose of transferring the person for continued detention and treatment under this chapter at another treatment facility.

(3) The department shall maintain and make available an updated list of contact information for designated ~~((mental health professional))~~ crisis responder offices around the state.

**Sec. 242.** RCW 71.05.530 and 1998 c 297 s 23 are each amended to read as follows:

Evaluation and treatment facilities and secure detoxification facilities authorized pursuant to this chapter may be part of the comprehensive community mental health services program conducted in counties pursuant to chapter 71.24 RCW, and may receive funding pursuant to the provisions thereof.

**Sec. 243.** RCW 71.05.560 and 1998 c 297 s 24 are each amended to read as follows:

The department shall adopt such rules as may be necessary to effectuate the intent and purposes of this chapter, which shall include but not be limited to evaluation of the quality of the program and facilities operating pursuant to this chapter, evaluation of the effectiveness and cost effectiveness of such programs and facilities, and procedures and standards for certification and other action relevant to evaluation and treatment facilities, secure detoxification facilities, and approved substance use disorder treatment programs.

**Sec. 244.** RCW 71.05.620 and 2013 c 200 s 23 are each amended to read as follows:

(1) The files and records of court proceedings under this chapter and chapter ~~((s 70.96A,))~~ 71.34 ~~((and 70.96B))~~ RCW shall be closed but shall be accessible to:

- (a) The department;
- (b) The state hospitals as defined in RCW 72.23.010;
- (c) Any person who is the subject of a petition ((and to));
- (d) The ((person's)) attorney((s)) or guardian ad litem((s)) of the person;
- (e) Resource management services~~((or))~~ for that person;

and (f) Service providers authorized to receive such information by resource management services.

(2) The department shall adopt rules to implement this section.

**Sec. 245.** RCW 71.05.700 and 2007 c 360 s 2 are each amended to read as follows:

No designated ~~((mental health professional))~~ crisis responder or crisis intervention worker shall be required to respond to a private home or other private location to stabilize or treat a person in crisis, or to evaluate a person for potential detention under the state's involuntary treatment act, unless a second trained individual, determined by the clinical team supervisor, on-call supervisor, or individual professional acting alone based on a risk assessment for potential violence, accompanies them. The second individual may be a law enforcement officer, a mental health professional, a mental health paraprofessional who has received training under RCW 71.05.715, or other first responder, such as fire or ambulance personnel. No retaliation may be taken against a worker who, following consultation with the clinical team, refuses to go on a home visit alone.



**Sec. 246.** RCW 71.05.705 and 2007 c 360 s 3 are each amended to read as follows:

Each provider of designated (~~mental health professional~~) crisis responder or crisis outreach services shall maintain a written policy that, at a minimum, describes the organization's plan for training, staff backup, information sharing, and communication for crisis outreach staff who respond to private homes or nonpublic settings.

**Sec. 247.** RCW 71.34.020 and 2011 c 89 s 16 are each amended to read as follows:

Unless the context clearly requires otherwise, the definitions in this section apply throughout this chapter.

(1) "Child psychiatrist" means a person having a license as a physician and surgeon in this state, who has had graduate training in child psychiatry in a program approved by the American Medical Association or the American Osteopathic Association, and who is board eligible or board certified in child psychiatry.

(2) "Children's mental health specialist" means:

(a) A mental health professional who has completed a minimum of one hundred actual hours, not quarter or semester hours, of specialized training devoted to the study of child development and the treatment of children; and

(b) A mental health professional who has the equivalent of one year of full-time experience in the treatment of children under the supervision of a children's mental health specialist.

(3) "Commitment" means a determination by a judge or court commissioner, made after a commitment hearing, that the minor is in need of inpatient diagnosis, evaluation, or treatment or that the minor is in need of less restrictive alternative treatment.

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

(5) (~~"Designated mental health professional" means a mental health professional designated by one or more counties to perform the functions of a designated mental health professional described in this chapter.~~)

(~~6~~) "Evaluation and treatment facility" means a public or private facility or unit that is certified by the department to provide emergency, inpatient, residential, or outpatient mental health evaluation and treatment services for minors. A physically separate and separately-operated portion of a state hospital may be designated as an evaluation and treatment facility for minors. A facility which is part of or operated by the department or federal agency does not require certification. No correctional institution or facility, juvenile court detention facility, or jail may be an evaluation and treatment facility within the meaning of this chapter.

(~~7~~) (6) "Evaluation and treatment program" means the total system of services and facilities coordinated and approved by a county or combination of counties for the evaluation and treatment of minors under this chapter.

(~~8~~) (7) "Gravely disabled minor" means a minor who, as a result of a mental disorder, or as a result of the use of alcohol or other psychoactive chemicals, is in danger of serious physical harm resulting from a failure to provide for his or her essential human needs of health or safety, or manifests severe deterioration in routine functioning evidenced by repeated and escalating loss of cognitive or volitional control over his or her actions and is not receiving such care as is essential for his or her health or safety.

(~~9~~) (8) "Inpatient treatment" means twenty-four-hour-per-day mental health care provided within a general hospital, psychiatric hospital, (~~residential~~) residential treatment facility certified by the department as an evaluation and treatment facility for minors, secure detoxification facility for minors, or approved substance use disorder treatment program for minors.

(~~10~~) (9) "Less restrictive alternative" or "less restrictive setting" means outpatient treatment provided to a minor who is not residing in a facility providing inpatient treatment as defined in this chapter.

(~~11~~) (10) "Likelihood of serious harm" means either:

(a) A substantial risk that physical harm will be inflicted by an individual upon his or her own person, as evidenced by threats or attempts to commit suicide or inflict physical harm on oneself; (b) a substantial risk that physical harm will be inflicted by an individual upon another, as evidenced by behavior which has caused such harm or which places another person or persons in reasonable fear of sustaining such harm; or (c) a substantial risk that physical harm will be inflicted by an individual upon the property of others, as evidenced by behavior which has caused substantial loss or damage to the property of others.

(~~12~~) (11) "Medical necessity" for inpatient care means a requested service which is reasonably calculated to: (a) Diagnose, correct, cure, or alleviate a mental disorder or substance use disorder; or (b) prevent the (~~worsening of mental conditions~~) progression of a substance use disorder that endangers life or causes suffering and pain, or results in illness or infirmity or threatens to cause or aggravate a handicap, or causes physical deformity or malfunction, and there is no adequate less restrictive alternative available.

(~~13~~) (12) "Mental disorder" means any organic, mental, or emotional impairment that has substantial adverse effects on an individual's cognitive or volitional functions. The presence of alcohol abuse, drug abuse, juvenile criminal history, antisocial behavior, or intellectual disabilities alone is insufficient to justify a finding of "mental disorder" within the meaning of this section.

(~~14~~) (13) "Mental health professional" means a psychiatrist, psychologist, psychiatric nurse, or social worker, and such other mental health professionals as may be defined by rules adopted by the secretary under this chapter.

(~~15~~) (14) "Minor" means any person under the age of eighteen years.

(~~16~~) (15) "Outpatient treatment" means any of the nonresidential services mandated under chapter 71.24 RCW and provided by licensed services providers as identified by RCW 71.24.025.

(~~17~~) (16) "Parent" means:

(a) A biological or adoptive parent who has legal custody of the child, including either parent if custody is shared under a joint custody agreement; or

(b) A person or agency judicially appointed as legal guardian or custodian of the child.

(~~18~~) (17) "Professional person in charge" or "professional person" means a physician (~~or~~) other mental health professional, or other person empowered by an evaluation and treatment facility, secure detoxification facility, or approved substance use disorder treatment program with authority to make admission and discharge decisions on behalf of that facility.

(~~19~~) (18) "Psychiatric nurse" means a registered nurse who has a bachelor's degree from an accredited college or university, and who has had, in addition, at least two years' experience in the direct treatment of persons who have a mental illness or who are emotionally disturbed, such experience gained under the supervision of a mental health professional. "Psychiatric nurse" shall also mean any other registered nurse who has three years of such experience.

(~~20~~) (19) "Psychiatrist" means a person having a license as a physician in this state who has completed residency training in psychiatry in a program approved by the American Medical Association or the American Osteopathic Association, and is board eligible or board certified in psychiatry.

~~((21))~~ (20) "Psychologist" means a person licensed as a psychologist under chapter 18.83 RCW.

~~((22))~~ (21) "Responsible other" means the minor, the minor's parent or estate, or any other person legally responsible for support of the minor.

~~((23))~~ (22) "Secretary" means the secretary of the department or secretary's designee.

~~((24))~~ (23) "Social worker" means a person with a master's or further advanced degree from a social work educational program accredited and approved as provided in RCW 18.320.010.

~~((25))~~ (24) "Start of initial detention" means the time of arrival of the minor at the first evaluation and treatment facility, secure detoxification facility, or approved substance use disorder treatment program offering inpatient treatment if the minor is being involuntarily detained at the time. With regard to voluntary patients, "start of initial detention" means the time at which the minor gives notice of intent to leave under the provisions of this chapter.

(25) "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.

(26) "Approved substance use disorder treatment program" means a program for minors with substance use disorders provided by a treatment program certified by the department as meeting standards adopted under chapter 70.96A RCW.

(27) "Chemical dependency" means:

(a) Alcoholism;

(b) Drug addiction; or

(c) Dependence on alcohol and one or more other psychoactive chemicals, as the context requires.

(28) "Chemical dependency professional" means a person certified as a chemical dependency professional by the department of health under chapter 18.205 RCW.

(29) "Controlled substance" has the same meaning as under the federal controlled substances act, 21 U.S.C. Sec. 802.

(30) "Designated crisis responder" means a person designated by a behavioral health organization to perform the duties specified in this chapter.

(31) "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.

(32) "Intoxicated minor" means a minor whose mental or physical functioning is substantially impaired as a result of the use of alcohol or other psychoactive chemicals.

(33) "Physician assistant" means a person who is licensed as a physician assistant pursuant to chapter 18.57A or 18.71A RCW and is working with a licensed mental health physician as indicated by their delegation agreement.

(34) "Private agency" means any person, partnership, corporation, or association that is not a public agency, whether or not financed in whole or in part by public funds, that constitutes an evaluation and treatment facility or private institution, or hospital, or approved substance use disorder treatment program, that is conducted for, or includes a department or ward conducted for, the care and treatment of persons with mental illness, substance use disorders, or both mental illness and substance use disorders.

(35) "Public agency" means any evaluation and treatment facility or institution, or hospital, or approved substance use disorder treatment program that is conducted for, or includes a department or ward conducted for, the care and treatment of

persons with mental illness, substance use disorders, or both mental illness and substance use disorders if the agency is operated directly by federal, state, county, or municipal government, or a combination of such governments.

(36) "Secure detoxification facility" means a facility operated by either a public or private agency or by the program of an agency that:

(a) Provides for intoxicated minors:

(i) Evaluation and assessment, provided by certified chemical dependency professionals;

(ii) Acute or subacute detoxification services; and

(iii) Discharge assistance provided by certified chemical dependency professionals, including facilitating transitions to appropriate voluntary or involuntary inpatient services or to less restrictive alternatives as appropriate for the minor;

(b) Includes security measures sufficient to protect the patients, staff, and community; and

(c) Is certified as such by the department.

(37) "Substance use disorder" means a cluster of cognitive, behavioral, and physiological symptoms indicating that an individual continues using the substance despite significant substance-related problems. The diagnosis of a substance use disorder is based on a pathological pattern of behaviors related to the use of the substances.

**Sec. 248.** RCW 71.34.305 and 1996 c 133 s 6 are each amended to read as follows:

School district personnel who contact a mental health or substance use disorder inpatient treatment program or provider for the purpose of referring a student to inpatient treatment shall provide the parents with notice of the contact within forty-eight hours.

**Sec. 249.** RCW 71.34.375 and 2011 c 302 s 1 are each amended to read as follows:

(1) If a parent or guardian, for the purpose of mental health treatment, substance use disorder treatment, or evaluation, brings his or her minor child to an evaluation and treatment facility, a hospital emergency room, an inpatient facility licensed under chapter 72.23 RCW, ~~((or))~~ an inpatient facility licensed under chapter 70.41 or 71.12 RCW operating inpatient psychiatric beds for minors, a secure detoxification facility, or an approved substance use disorder treatment program, the facility is required to promptly provide written and verbal notice of all statutorily available treatment options contained in this chapter. The notice need not be given more than once if written and verbal notice has already been provided and documented by the facility.

(2) The provision of notice must be documented by the facilities required to give notice under subsection (1) of this section and must be accompanied by a signed acknowledgment of receipt by the parent or guardian. The notice must contain the following information:

(a) All current statutorily available treatment options including but not limited to those provided in this chapter; and

(b) The procedures to be followed to utilize the treatment options described in this chapter.

(3) The department shall produce, and make available, the written notification that must include, at a minimum, the information contained in subsection (2) of this section. The department must revise the written notification as necessary to reflect changes in the law.

**Sec. 250.** RCW 71.34.385 and 1992 c 205 s 304 are each amended to read as follows:

The department shall ensure that the provisions of this chapter are applied by the counties in a consistent and uniform manner. The department shall also ensure that, to the extent possible within available funds, the ~~((county designated mental health professionals))~~ designated crisis responders are specifically trained in adolescent mental health issues, the mental health and substance use disorder civil commitment laws, and the criteria for civil commitment.

**Sec. 251.** RCW 71.34.400 and 1998 c 296 s 11 are each amended to read as follows:

For purposes of eligibility for medical assistance under chapter 74.09 RCW, minors in inpatient mental health or inpatient substance use disorder treatment shall be considered to be part of their parent's or legal guardian's household, unless the minor has been assessed by the department or its designee as likely to require such treatment for at least ninety consecutive days, or is in out-of-home care in accordance with chapter 13.34 RCW, or the parents are found to not be exercising responsibility for care and control of the minor. Payment for such care by the department shall be made only in accordance with rules, guidelines, and clinical criteria applicable to inpatient treatment of minors established by the department.

**Sec. 252.** RCW 71.34.410 and 2005 c 371 s 5 are each amended to read as follows:

No public or private agency or governmental entity, nor officer of a public or private agency, nor the superintendent, or professional person in charge, his or her professional designee or attending staff of any such agency, nor any public official performing functions necessary to the administration of this chapter, nor peace officer responsible for detaining a person under this chapter, nor any ~~((county))~~ designated ((mental health professional)) crisis responder, nor professional person, nor evaluation and treatment facility, nor secure detoxification facility, nor approved substance use disorder treatment program shall be civilly or criminally liable for performing actions authorized in this chapter with regard to the decision of whether to admit, release, or detain a person for evaluation and treatment: PROVIDED, That such duties were performed in good faith and without gross negligence.

**Sec. 253.** RCW 71.34.500 and 2006 c 93 s 3 are each amended to read as follows:

(1) A minor thirteen years or older may admit himself or herself to an evaluation and treatment facility for inpatient mental health treatment or an approved substance use disorder treatment program for inpatient ~~((mental))~~ substance use disorder treatment~~(s))~~ without parental consent. The admission shall occur only if the professional person in charge of the facility concurs with the need for inpatient treatment. Parental authorization, or authorization from a person who may consent on behalf of the minor pursuant to RCW 7.70.065, is required for inpatient treatment of a minor under the age of thirteen.

(2) When, in the judgment of the professional person in charge of an evaluation and treatment facility or approved substance use disorder treatment program, there is reason to believe that a minor is in need of inpatient treatment because of a mental disorder or substance use disorder, and the facility provides the type of evaluation and treatment needed by the minor, and it is not feasible to treat the minor in any less restrictive setting or the

minor's home, the minor may be admitted to ~~((an evaluation and treatment))~~ the facility.

(3) Written renewal of voluntary consent must be obtained from the applicant no less than once every twelve months. The minor's need for continued inpatient treatments shall be reviewed and documented no less than every one hundred eighty days.

**Sec. 254.** RCW 71.34.520 and 2003 c 106 s 1 are each amended to read as follows:

(1) Any minor thirteen years or older voluntarily admitted to an evaluation and treatment facility or approved substance use disorder treatment program under RCW 71.34.500 may give notice of intent to leave at any time. The notice need not follow any specific form so long as it is written and the intent of the minor can be discerned.

(2) The staff member receiving the notice shall date it immediately, record its existence in the minor's clinical record, and send copies of it to the minor's attorney, if any, the ~~((county-designated mental health professional))~~ designated crisis responders, and the parent.

(3) The professional person shall discharge the minor, thirteen years or older, from the facility by the second judicial day following receipt of the minor's notice of intent to leave.

**Sec. 255.** RCW 71.34.600 and 2007 c 375 s 11 are each amended to read as follows:

(1) A parent may bring, or authorize the bringing of, his or her minor child to:

(a) An evaluation and treatment facility or an inpatient facility licensed under chapter 70.41, 71.12, or 72.23 RCW and request that the professional person examine the minor to determine whether the minor has a mental disorder and is in need of inpatient treatment; or

(b) A secure detoxification facility or approved substance use disorder treatment program and request that a substance use disorder assessment be conducted by a professional person to determine whether the minor has a substance use disorder and is in need of inpatient treatment.

(2) The consent of the minor is not required for admission, evaluation, and treatment if the parent brings the minor to the facility.

(3) An appropriately trained professional person may evaluate whether the minor has a mental disorder or has a substance use disorder. The evaluation shall be completed within twenty-four hours of the time the minor was brought to the facility, unless the professional person determines that the condition of the minor necessitates additional time for evaluation. In no event shall a minor be held longer than seventy-two hours for evaluation. If, in the judgment of the professional person, it is determined it is a medical necessity for the minor to receive inpatient treatment, the minor may be held for treatment. The facility shall limit treatment to that which the professional person determines is medically necessary to stabilize the minor's condition until the evaluation has been completed. Within twenty-four hours of completion of the evaluation, the professional person shall notify the department if the child is held for treatment and of the date of admission.

(4) No provider is obligated to provide treatment to a minor under the provisions of this section except that no provider may refuse to treat a minor under the provisions of this section solely on the basis that the minor has not consented to the treatment. No provider may admit a minor to treatment under this section unless it is medically necessary.

(5) No minor receiving inpatient treatment under this section may be discharged from the facility based solely on his or her request.

(6) Prior to the review conducted under RCW 71.34.610, the professional person shall notify the minor of his or her right to petition superior court for release from the facility.

(7) For the purposes of this section "professional person" means "professional person" as defined in RCW 71.05.020.

**Sec. 256.** RCW 71.34.630 and 1998 c 296 s 20 are each amended to read as follows:

If the minor is not released as a result of the petition filed under RCW 71.34.620, he or she shall be released not later than thirty days following the later of: (1) The date of the department's determination under RCW 71.34.610(2); or (2) the filing of a petition for judicial review under RCW 71.34.620, unless a professional person or the ((~~county~~)) designated ((~~mental health professional~~)) crisis responder initiates proceedings under this chapter.

**Sec. 257.** RCW 71.34.650 and 1998 c 296 s 18 are each amended to read as follows:

(1) A parent may bring, or authorize the bringing of, his or her minor child to:

(a) A provider of outpatient mental health treatment and request that an appropriately trained professional person examine the minor to determine whether the minor has a mental disorder and is in need of outpatient treatment; or

(b) A provider of outpatient substance use disorder treatment and request that an appropriately trained professional person examine the minor to determine whether the minor has a substance use disorder and is in need of outpatient treatment.

(2) The consent of the minor is not required for evaluation if the parent brings the minor to the provider.

(3) The professional person may evaluate whether the minor has a mental disorder or substance use disorder and is in need of outpatient treatment.

(4) Any minor admitted to inpatient treatment under RCW 71.34.500 or 71.34.600 shall be discharged immediately from inpatient treatment upon written request of the parent.

**Sec. 258.** RCW 71.34.660 and 2005 c 371 s 3 are each amended to read as follows:

A minor child shall have no cause of action against an evaluation and treatment facility, secure detoxification facility, approved substance use disorder treatment program, inpatient facility, or provider of outpatient mental health treatment or outpatient substance use disorder treatment for admitting or accepting the minor in good faith for evaluation or treatment under RCW 71.34.600 or 71.34.650 based solely upon the fact that the minor did not consent to evaluation or treatment if the minor's parent has consented to the evaluation or treatment.

**Sec. 259.** RCW 71.34.700 and 1985 c 354 s 4 are each amended to read as follows:

(1) If a minor, thirteen years or older, is brought to an evaluation and treatment facility or hospital emergency room for immediate mental health services, the professional person in charge of the facility shall evaluate the minor's mental condition, determine whether the minor suffers from a mental disorder, and whether the minor is in need of immediate inpatient treatment.

(2) If a minor, thirteen years or older, is brought to a secure detoxification facility with available space, or a hospital emergency room for immediate substance use disorder treatment, the professional person in charge of the facility shall evaluate the minor's condition, determine whether the minor suffers from substance use disorder, and whether the minor is in need of immediate inpatient treatment.

(3) If it is determined under subsection (1) or (2) of this section that the minor suffers from a mental disorder or substance use disorder, inpatient treatment is required, the minor is unwilling to consent to voluntary admission, and the professional person believes that the minor meets the criteria for initial detention set forth herein, the facility may detain or arrange for the detention of the minor for up to twelve hours in order to enable a ((~~county-designated mental health professional~~)) designated crisis responder to evaluate the minor and commence initial detention proceedings under the provisions of this chapter.

**Sec. 260.** RCW 71.34.700 and 2015 c ... s 259 (section 259 of this act) are each amended to read as follows:

(1) If a minor, thirteen years or older, is brought to an evaluation and treatment facility or hospital emergency room for immediate mental health services, the professional person in charge of the facility shall evaluate the minor's mental condition, determine whether the minor suffers from a mental disorder, and whether the minor is in need of immediate inpatient treatment.

(2) If a minor, thirteen years or older, is brought to a secure detoxification facility ((~~with available space~~)), or a hospital emergency room for immediate substance use disorder treatment, the professional person in charge of the facility shall evaluate the minor's condition, determine whether the minor suffers from substance use disorder, and whether the minor is in need of immediate inpatient treatment.

(3) If it is determined under subsection (1) or (2) of this section that the minor suffers from a mental disorder or substance use disorder, inpatient treatment is required, the minor is unwilling to consent to voluntary admission, and the professional person believes that the minor meets the criteria for initial detention set forth herein, the facility may detain or arrange for the detention of the minor for up to twelve hours in order to enable a designated crisis responder to evaluate the minor and commence initial detention proceedings under the provisions of this chapter.

**Sec. 261.** RCW 71.34.710 and 1995 c 312 s 53 are each amended to read as follows:

(1)(a)(i) When a ((~~county-designated mental health professional~~)) designated crisis responder receives information that a minor, thirteen years or older, as a result of a mental disorder presents a likelihood of serious harm or is gravely disabled, has investigated the specific facts alleged and of the credibility of the person or persons providing the information, and has determined that voluntary admission for inpatient treatment is not possible, the ((~~county-designated mental health professional~~)) designated crisis responder may take the minor, or cause the minor to be taken, into custody and transported to an evaluation and treatment facility providing inpatient treatment.

(ii) When a designated crisis responder receives information that a minor, thirteen years or older, as a result of substance use disorder presents a likelihood of serious harm or is gravely disabled, has investigated the specific facts alleged and of the credibility of the person or persons providing the information, and has determined that voluntary admission for inpatient treatment is not possible, the designated crisis responder may take the minor, or cause the minor to be taken, into custody and

transported to a secure detoxification facility or approved substance use disorder treatment program, if space is available in the facility or program.

(b) If the minor is not taken into custody for evaluation and treatment, the parent who has custody of the minor may seek review of that decision made by the ~~((county designated mental health professional))~~ designated crisis responder in court. The parent shall file notice with the court and provide a copy of the ~~((county designated mental health professional's))~~ designated crisis responder's report or notes.

(2) Within twelve hours of the minor's arrival at the evaluation and treatment facility, secure detoxification facility, or approved substance use disorder treatment program, the ~~((county designated mental health professional))~~ designated crisis responder shall serve on the minor a copy of the petition for initial detention, notice of initial detention, and statement of rights. The ~~((county designated mental health professional))~~ designated crisis responder shall file with the court on the next judicial day following the initial detention the original petition for initial detention, notice of initial detention, and statement of rights along with an affidavit of service. The ~~((county designated mental health professional))~~ designated crisis responder shall commence service of the petition for initial detention and notice of the initial detention on the minor's parent and the minor's attorney as soon as possible following the initial detention.

(3) At the time of initial detention, the ~~((county designated mental health professional))~~ designated crisis responder shall advise the minor both orally and in writing that if admitted to the evaluation and treatment facility, secure detoxification facility, or approved substance use disorder treatment program for inpatient treatment, a commitment hearing shall be held within seventy-two hours of the minor's provisional acceptance to determine whether probable cause exists to commit the minor for further ~~((mental health))~~ treatment.

The minor shall be advised that he or she has a right to communicate immediately with an attorney and that he or she has a right to have an attorney appointed to represent him or her before and at the hearing if the minor is indigent.

(4) ~~Subject to subsection (5) of this section,~~ whenever the ~~((county designated mental health professional))~~ designated crisis responder petitions for detention of a minor under this chapter, an evaluation and treatment facility, secure detoxification facility, or approved substance use disorder treatment program providing seventy-two hour evaluation and treatment must immediately accept on a provisional basis the petition and the person. Within twenty-four hours of the minor's arrival, the facility must evaluate the minor's condition and either admit or release the minor in accordance with this chapter.

(5) A designated crisis responder may not petition for detention of a minor to a secure detoxification facility or approved substance use disorder treatment program unless there is space available in the facility or program.

(6) If a minor is not approved for admission by the inpatient evaluation and treatment facility, secure detoxification facility, or approved substance use disorder treatment program, the facility shall make such recommendations and referrals for further care and treatment of the minor as necessary.

**Sec. 262.** RCW 71.34.710 and 2015 c ... s 261 (section 261 of this act) are each amended to read as follows:

(1)(a)(i) When a designated crisis responder receives information that a minor, thirteen years or older, as a result of a mental disorder presents a likelihood of serious harm or is gravely disabled, has investigated the specific facts alleged and of the credibility of the person or persons providing the information, and

has determined that voluntary admission for inpatient treatment is not possible, the designated crisis responder may take the minor, or cause the minor to be taken, into custody and transported to an evaluation and treatment facility providing inpatient treatment.

(ii) When a designated crisis responder receives information that a minor, thirteen years or older, as a result of substance use disorder presents a likelihood of serious harm or is gravely disabled, has investigated the specific facts alleged and of the credibility of the person or persons providing the information, and has determined that voluntary admission for inpatient treatment is not possible, the designated crisis responder may take the minor, or cause the minor to be taken, into custody and transported to a secure detoxification facility or approved substance use disorder treatment program~~(-if space is available in the facility or program)).~~

(b) If the minor is not taken into custody for evaluation and treatment, the parent who has custody of the minor may seek review of that decision made by the designated crisis responder in court. The parent shall file notice with the court and provide a copy of the designated crisis responder's report or notes.

(2) Within twelve hours of the minor's arrival at the evaluation and treatment facility, secure detoxification facility, or approved substance use disorder treatment program, the designated crisis responder shall serve on the minor a copy of the petition for initial detention, notice of initial detention, and statement of rights. The designated crisis responder shall file with the court on the next judicial day following the initial detention the original petition for initial detention, notice of initial detention, and statement of rights along with an affidavit of service. The designated crisis responder shall commence service of the petition for initial detention and notice of the initial detention on the minor's parent and the minor's attorney as soon as possible following the initial detention.

(3) At the time of initial detention, the designated crisis responder shall advise the minor both orally and in writing that if admitted to the evaluation and treatment facility, secure detoxification facility, or approved substance use disorder treatment program for inpatient treatment, a commitment hearing shall be held within seventy-two hours of the minor's provisional acceptance to determine whether probable cause exists to commit the minor for further treatment.

The minor shall be advised that he or she has a right to communicate immediately with an attorney and that he or she has a right to have an attorney appointed to represent him or her before and at the hearing if the minor is indigent.

(4) ~~((Subject to subsection (5) of this section,))~~ Whenever the designated crisis responder petitions for detention of a minor under this chapter, an evaluation and treatment facility, secure detoxification facility, or approved substance use disorder treatment program providing seventy-two hour evaluation and treatment must immediately accept on a provisional basis the petition and the person. Within twenty-four hours of the minor's arrival, the facility must evaluate the minor's condition and either admit or release the minor in accordance with this chapter.

(5) ~~((A designated crisis responder may not petition for detention of a minor to a secure detoxification facility or approved substance use disorder treatment program unless there is space available in the facility or program.~~

~~(6))~~ If a minor is not approved for admission by the inpatient evaluation and treatment facility, secure detoxification facility, or approved substance use disorder treatment program, the facility shall make such recommendations and referrals for further care and treatment of the minor as necessary.

**Sec. 263.** RCW 71.34.720 and 2009 c 217 s 16 are each amended to read as follows:

(1) Each minor approved by the facility for inpatient admission shall be examined and evaluated by a children's mental health specialist, for minors admitted as a result of a mental disorder, or by a chemical dependency professional, for minors admitted as a result of a substance use disorder, as to the child's mental condition and by a physician, physician assistant, or psychiatric advanced registered nurse practitioner as to the child's physical condition within twenty-four hours of admission. Reasonable measures shall be taken to ensure medical treatment is provided for any condition requiring immediate medical attention.

(2) If, after examination and evaluation, the children's mental health specialist or substance use disorder specialist and the physician, physician assistant, or psychiatric advanced registered nurse practitioner determine that the initial needs of the minor, if detained to an evaluation and treatment facility, would be better served by placement in a ~~((chemical dependency))~~ substance use disorder treatment facility or, if detained to a secure detoxification facility or approved substance use disorder treatment program, would be better served in an evaluation and treatment facility, then the minor shall be referred to ~~((an approved treatment program defined under RCW 70.96A.020))~~ the more appropriate placement; however a minor may only be referred to a secure detoxification facility or approved substance use disorder treatment program if space is available in the facility or program.

(3) The admitting facility shall take reasonable steps to notify immediately the minor's parent of the admission.

(4) During the initial seventy-two hour treatment period, the minor has a right to associate or receive communications from parents or others unless the professional person in charge determines that such communication would be seriously detrimental to the minor's condition or treatment and so indicates in the minor's clinical record, and notifies the minor's parents of this determination. In no event may the minor be denied the opportunity to consult an attorney.

(5) If the evaluation and treatment facility, secure detoxification facility, or approved substance use disorder treatment program admits the minor, it may detain the minor for evaluation and treatment for a period not to exceed seventy-two hours from the time of provisional acceptance. The computation of such seventy-two hour period shall exclude Saturdays, Sundays, and holidays. This initial treatment period shall not exceed seventy-two hours except when an application for voluntary inpatient treatment is received or a petition for fourteen-day commitment is filed.

(6) Within twelve hours of the admission, the facility shall advise the minor of his or her rights as set forth in this chapter.

**Sec. 264.** RCW 71.34.720 and 2015 c ... s 263 (section 263 of this act) are each amended to read as follows:

(1) Each minor approved by the facility for inpatient admission shall be examined and evaluated by a children's mental health specialist, for minors admitted as a result of a mental disorder, or by a chemical dependency professional, for minors admitted as a result of a substance use disorder, as to the child's mental condition and by a physician, physician assistant, or psychiatric advanced registered nurse practitioner as to the child's physical condition within twenty-four hours of admission. Reasonable measures shall be taken to ensure medical treatment is provided for any condition requiring immediate medical attention.

(2) If, after examination and evaluation, the children's mental health specialist or substance use disorder specialist and the physician, physician assistant, or psychiatric advanced registered nurse practitioner determine that the initial needs of the minor, if detained to an evaluation and treatment facility, would be better served by placement in a substance use disorder treatment facility

or, if detained to a secure detoxification facility or approved substance use disorder treatment program, would be better served in an evaluation and treatment facility, then the minor shall be referred to the more appropriate placement~~((; however a minor may only be referred to a secure detoxification facility or approved substance use disorder treatment program if space is available in the facility or program))~~.

(3) The admitting facility shall take reasonable steps to notify immediately the minor's parent of the admission.

(4) During the initial seventy-two hour treatment period, the minor has a right to associate or receive communications from parents or others unless the professional person in charge determines that such communication would be seriously detrimental to the minor's condition or treatment and so indicates in the minor's clinical record, and notifies the minor's parents of this determination. In no event may the minor be denied the opportunity to consult an attorney.

(5) If the evaluation and treatment facility, secure detoxification facility, or approved substance use disorder treatment program admits the minor, it may detain the minor for evaluation and treatment for a period not to exceed seventy-two hours from the time of provisional acceptance. The computation of such seventy-two hour period shall exclude Saturdays, Sundays, and holidays. This initial treatment period shall not exceed seventy-two hours except when an application for voluntary inpatient treatment is received or a petition for fourteen-day commitment is filed.

(6) Within twelve hours of the admission, the facility shall advise the minor of his or her rights as set forth in this chapter.

**Sec. 265.** RCW 71.34.730 and 2009 c 293 s 6 and 2009 c 217 s 17 are each reenacted and amended to read as follows:

(1) The professional person in charge of an evaluation and treatment facility, secure detoxification facility, or approved substance use disorder treatment program where a minor has been admitted involuntarily for the initial seventy-two hour treatment period under this chapter may petition to have a minor committed to an evaluation and treatment facility or, in the case of a minor with a substance use disorder, to a secure detoxification facility or approved substance use disorder treatment program for fourteen-day diagnosis, evaluation, and treatment.

If the professional person in charge of the ~~((treatment and evaluation))~~ facility does not petition to have the minor committed, the parent who has custody of the minor may seek review of that decision in court. The parent shall file notice with the court and provide a copy of the treatment and evaluation facility's report.

(2) A petition for commitment of a minor under this section shall be filed with the superior court in the county where the minor is residing or being detained.

(a) A petition for a fourteen-day commitment shall be signed by (i) two physicians, (ii) two psychiatric advanced registered nurse practitioners, (iii) ~~((a))~~ two physician assistants, (iv) one mental health professional and either a (A) physician, (B) physician assistant, or ~~((a))~~ (C) psychiatric advanced registered nurse practitioner, or ~~((iv-a))~~ (v) one physician and either a psychiatric advanced registered nurse practitioner or physician assistant. The person signing the petition must have examined the minor, and the petition must contain the following:

(A) The name and address of the petitioner;

(B) The name of the minor alleged to meet the criteria for fourteen-day commitment;

(C) The name, telephone number, and address if known of every person believed by the petitioner to be legally responsible for the minor;

(D) A statement that the petitioner has examined the minor and finds that the minor's condition meets required criteria for fourteen-day commitment and the supporting facts therefor;

(E) A statement that the minor has been advised of the need for voluntary treatment but has been unwilling or unable to consent to necessary treatment;

(F) If the petition is for mental health treatment or treatment for a substance use disorder that is based on use of a controlled substance, a statement that the minor has been advised of the loss of firearm rights if involuntarily committed;

(G) A statement recommending the appropriate facility or facilities to provide the necessary treatment; and

(H) A statement concerning whether a less restrictive alternative to inpatient treatment is in the best interests of the minor.

(b) A copy of the petition shall be personally delivered to the minor by the petitioner or petitioner's designee. A copy of the petition shall be sent to the minor's attorney and the minor's parent.

**Sec. 266.** RCW 71.34.740 and 2009 c 293 s 7 are each amended to read as follows:

(1) A commitment hearing shall be held within seventy-two hours of the minor's admission, excluding Saturday, Sunday, and holidays, unless a continuance is requested by the minor or the minor's attorney.

(2) The commitment hearing shall be conducted at the superior court or an appropriate place at the facility in which the minor is being detained.

(3) At the commitment hearing, the evidence in support of the petition shall be presented by the county prosecutor.

(4) The minor shall be present at the commitment hearing unless the minor, with the assistance of the minor's attorney, waives the right to be present at the hearing.

(5) If the parents are opposed to the petition, they may be represented at the hearing and shall be entitled to court-appointed counsel if they are indigent.

(6) At the commitment hearing, the minor shall have the following rights:

- (a) To be represented by an attorney;
- (b) To present evidence on his or her own behalf;
- (c) To question persons testifying in support of the petition.

(7) If the hearing is for commitment for mental health treatment or treatment of a substance use disorder that is based on use of a controlled substance, the court at the time of the commitment hearing and before an order of commitment is entered shall inform the minor both orally and in writing that the failure to make a good faith effort to seek voluntary treatment as provided in RCW 71.34.730 will result in the loss of his or her firearm rights if the minor is subsequently detained for involuntary treatment under this section.

(8) If the minor has received medication within twenty-four hours of the hearing, the court shall be informed of that fact and of the probable effects of the medication.

(9) Rules of evidence shall not apply in fourteen-day commitment hearings.

(10) For a fourteen-day commitment, the court must find by a preponderance of the evidence that:

(a) The minor has a mental disorder or substance use disorder and presents a ((<sup>(1)</sup>))likelihood of serious harm((<sup>(2)</sup>)) or is ((<sup>(1)</sup>))gravely disabled((<sup>(2)</sup>));

(b) The minor is in need of evaluation and treatment of the type provided by the inpatient evaluation and treatment facility, secure detoxification facility, or approved substance use disorder treatment program to which continued inpatient care is sought or is

in need of less restrictive alternative treatment found to be in the best interests of the minor; (~~and~~)

(c) The minor is unwilling or unable in good faith to consent to voluntary treatment; and

(d) If commitment is to a secure detoxification facility or approved substance use disorder treatment program for inpatient treatment, there is available space at the facility or program.

(11) If the court finds that the minor meets the criteria for a fourteen-day commitment, the court shall either authorize commitment of the minor for inpatient treatment or for less restrictive alternative treatment upon such conditions as are necessary. If the court determines that the minor does not meet the criteria for a fourteen-day commitment, the minor shall be released.

(12) Nothing in this section prohibits the professional person in charge of the (~~evaluation and treatment~~) facility from releasing the minor at any time, when, in the opinion of the professional person in charge of the facility, further inpatient treatment is no longer necessary. The release may be subject to reasonable conditions if appropriate.

Whenever a minor is released under this section, the professional person in charge shall within three days, notify the court in writing of the release.

(13) A minor who has been committed for fourteen days shall be released at the end of that period unless a petition for one hundred eighty-day commitment is pending before the court.

**Sec. 267.** RCW 71.34.740 and 2015 c ... s 266 (section 266 of this act) are each amended to read as follows:

(1) A commitment hearing shall be held within seventy-two hours of the minor's admission, excluding Saturday, Sunday, and holidays, unless a continuance is requested by the minor or the minor's attorney.

(2) The commitment hearing shall be conducted at the superior court or an appropriate place at the facility in which the minor is being detained.

(3) At the commitment hearing, the evidence in support of the petition shall be presented by the county prosecutor.

(4) The minor shall be present at the commitment hearing unless the minor, with the assistance of the minor's attorney, waives the right to be present at the hearing.

(5) If the parents are opposed to the petition, they may be represented at the hearing and shall be entitled to court-appointed counsel if they are indigent.

(6) At the commitment hearing, the minor shall have the following rights:

- (a) To be represented by an attorney;
- (b) To present evidence on his or her own behalf;
- (c) To question persons testifying in support of the petition.

(7) If the hearing is for commitment for mental health treatment or treatment of a substance use disorder that is based on use of a controlled substance, the court at the time of the commitment hearing and before an order of commitment is entered shall inform the minor both orally and in writing that the failure to make a good faith effort to seek voluntary treatment as provided in RCW 71.34.730 will result in the loss of his or her firearm rights if the minor is subsequently detained for involuntary treatment under this section.

(8) If the minor has received medication within twenty-four hours of the hearing, the court shall be informed of that fact and of the probable effects of the medication.

(9) Rules of evidence shall not apply in fourteen-day commitment hearings.

(10) For a fourteen-day commitment, the court must find by a preponderance of the evidence that:

(a) The minor has a mental disorder or substance use disorder and presents a likelihood of serious harm or is gravely disabled;

(b) The minor is in need of evaluation and treatment of the type provided by the inpatient evaluation and treatment facility, secure detoxification facility, or approved substance use disorder treatment program to which continued inpatient care is sought or is in need of less restrictive alternative treatment found to be in the best interests of the minor; and

(c) The minor is unwilling or unable in good faith to consent to voluntary treatment ~~((~~and~~~~

~~(d) If commitment is to a secure detoxification facility or approved substance use disorder treatment program for inpatient treatment, there is available space at the facility or program)).~~

(11) If the court finds that the minor meets the criteria for a fourteen-day commitment, the court shall either authorize commitment of the minor for inpatient treatment or for less restrictive alternative treatment upon such conditions as are necessary. If the court determines that the minor does not meet the criteria for a fourteen-day commitment, the minor shall be released.

(12) Nothing in this section prohibits the professional person in charge of the facility from releasing the minor at any time, when, in the opinion of the professional person in charge of the facility, further inpatient treatment is no longer necessary. The release may be subject to reasonable conditions if appropriate.

Whenever a minor is released under this section, the professional person in charge shall within three days, notify the court in writing of the release.

(13) A minor who has been committed for fourteen days shall be released at the end of that period unless a petition for one hundred eighty-day commitment is pending before the court.

**Sec. 268.** RCW 71.34.750 and 2009 c 217 s 18 are each amended to read as follows:

(1) At any time during the minor's period of fourteen-day commitment, the professional person in charge may petition the court for an order requiring the minor to undergo an additional one hundred eighty-day period of treatment. The evidence in support of the petition shall be presented by the county prosecutor unless the petition is filed by the professional person in charge of a state-operated facility in which case the evidence shall be presented by the attorney general.

(2) The petition for one hundred eighty-day commitment shall contain the following:

(a) The name and address of the petitioner or petitioners;

(b) The name of the minor alleged to meet the criteria for one hundred eighty-day commitment;

(c) A statement that the petitioner is the professional person in charge of the evaluation and treatment facility, secure detoxification facility, or approved substance use disorder treatment program responsible for the treatment of the minor;

(d) The date of the fourteen-day commitment order; and

(e) A summary of the facts supporting the petition.

(3) The petition shall be supported by accompanying affidavits signed by (a) two examining physicians or physician assistants working under the license of an examining physician, one of whom shall be a child psychiatrist, or two psychiatric advanced registered nurse practitioners, one of whom shall be a child and adolescent or family psychiatric advanced registered nurse practitioner, (b) one children's mental health specialist and either: (i) An examining physician, (ii) a physician assistant, or (iii) a psychiatric advanced registered nurse practitioner, or (c) ((~~and~~

one examining physician and either a psychiatric advanced registered nurse practitioner or physician assistant, one of which under this subsection (3)(c) needs to be a child psychiatrist or a child and adolescent psychiatric nurse practitioner. The affidavits shall describe in detail the behavior of the detained minor which supports the petition and shall state whether a less restrictive alternative to inpatient treatment is in the best interests of the minor.

(4) The petition for one hundred eighty-day commitment shall be filed with the clerk of the court at least three days before the expiration of the fourteen-day commitment period. The petitioner or the petitioner's designee shall within twenty-four hours of filing serve a copy of the petition on the minor and notify the minor's attorney and the minor's parent. A copy of the petition shall be provided to such persons at least twenty-four hours prior to the hearing.

(5) At the time of filing, the court shall set a date within seven days for the hearing on the petition. The court may continue the hearing upon the written request of the minor or the minor's attorney for not more than ten days. The minor or the parents shall be afforded the same rights as in a fourteen-day commitment hearing. Treatment of the minor shall continue pending the proceeding.

(6) For one hundred eighty-day commitment ~~((~~and~~~~):

(a) The court must find by clear, cogent, and convincing evidence that the minor:

~~((~~and~~~~) (i) Is suffering from a mental disorder;

~~((~~and~~~~) (ii) Presents a likelihood of serious harm or is gravely disabled; and

~~((~~and~~~~) (iii) Is in need of further treatment that only can be provided in a one hundred eighty-day commitment.

(b) If commitment is to an approved substance use disorder treatment program for inpatient treatment, the court must find that there is available space at the program.

(7) If the court finds that the criteria for commitment are met and that less restrictive treatment in a community setting is not appropriate or available, the court shall order the minor committed to the custody of the secretary for further inpatient mental health treatment ((to the custody of the secretary)), to an approved substance use disorder treatment program for further substance use disorder treatment, or to a private treatment and evaluation facility for the inpatient mental health or substance use disorder treatment if the minor's parents have assumed responsibility for payment for the treatment. If the court finds that a less restrictive alternative is in the best interest of the minor, the court shall order less restrictive alternative treatment upon such conditions as necessary.

If the court determines that the minor does not meet the criteria for one hundred eighty-day commitment, the minor shall be released.

(8) Successive one hundred eighty-day commitments are permissible on the same grounds and under the same procedures as the original one hundred eighty-day commitment. Such petitions shall be filed at least five days prior to the expiration of the previous one hundred eighty-day commitment order.

**Sec. 269.** RCW 71.34.750 and 2015 c ... s 268 (section 268 of this act) are each amended to read as follows:

(1) At any time during the minor's period of fourteen-day commitment, the professional person in charge may petition the court for an order requiring the minor to undergo an additional one hundred eighty-day period of treatment. The evidence in support of the petition shall be presented by the county prosecutor unless the petition is filed by the professional person in charge of a state-operated facility in which case the evidence shall be presented by the attorney general.



(2) The petition for one hundred eighty-day commitment shall contain the following:

- (a) The name and address of the petitioner or petitioners;
- (b) The name of the minor alleged to meet the criteria for one hundred eighty-day commitment;
- (c) A statement that the petitioner is the professional person in charge of the evaluation and treatment facility, secure detoxification facility, or approved substance use disorder treatment program responsible for the treatment of the minor;
- (d) The date of the fourteen-day commitment order; and
- (e) A summary of the facts supporting the petition.

(3) The petition shall be supported by accompanying affidavits signed by (a) two examining physicians or physician assistants working under the license of an examining physician, one of whom shall be a child psychiatrist, or two psychiatric advanced registered nurse practitioners, one of whom shall be a child and adolescent or family psychiatric advanced registered nurse practitioner, (b) one children's mental health specialist and either: (i) An examining physician, (ii) a physician assistant, or (iii) a psychiatric advanced registered nurse practitioner, or (c) one examining physician and either a psychiatric advanced registered nurse practitioner or physician assistant, one of which under this subsection (3)(c) needs to be a child psychiatrist or a child and adolescent psychiatric nurse practitioner. The affidavits shall describe in detail the behavior of the detained minor which supports the petition and shall state whether a less restrictive alternative to inpatient treatment is in the best interests of the minor.

(4) The petition for one hundred eighty-day commitment shall be filed with the clerk of the court at least three days before the expiration of the fourteen-day commitment period. The petitioner or the petitioner's designee shall within twenty-four hours of filing serve a copy of the petition on the minor and notify the minor's attorney and the minor's parent. A copy of the petition shall be provided to such persons at least twenty-four hours prior to the hearing.

(5) At the time of filing, the court shall set a date within seven days for the hearing on the petition. The court may continue the hearing upon the written request of the minor or the minor's attorney for not more than ten days. The minor or the parents shall be afforded the same rights as in a fourteen-day commitment hearing. Treatment of the minor shall continue pending the proceeding.

(6) For one hundred eighty-day commitment ~~(=~~  
~~(a))~~, the court must find by clear, cogent, and convincing evidence that the minor:

- ~~((i))~~ (a) Is suffering from a mental disorder;
- ~~((ii))~~ (b) Presents a likelihood of serious harm or is gravely disabled; and
- ~~((iii))~~ (c) Is in need of further treatment that only can be provided in a one hundred eighty-day commitment.

~~((b) If commitment is to an approved substance use disorder treatment program for inpatient treatment, the court must find that there is available space at the program.)~~

(7) If the court finds that the criteria for commitment are met and that less restrictive treatment in a community setting is not appropriate or available, the court shall order the minor committed to the custody of the secretary for further inpatient mental health treatment, to an approved substance use disorder treatment program for further substance use disorder treatment, or to a private treatment and evaluation facility for the inpatient mental health or substance use disorder treatment if the minor's parents have assumed responsibility for payment for the treatment. If the court finds that a less restrictive alternative is in the best interest of the minor, the court shall order less restrictive alternative treatment upon such conditions as necessary.

If the court determines that the minor does not meet the criteria for one hundred eighty-day commitment, the minor shall be released.

(8) Successive one hundred eighty-day commitments are permissible on the same grounds and under the same procedures as the original one hundred eighty-day commitment. Such petitions shall be filed at least five days prior to the expiration of the previous one hundred eighty-day commitment order.

**Sec. 270.** RCW 71.34.760 and 1985 c 354 s 10 are each amended to read as follows:

(1) If a minor is committed for one hundred eighty-day inpatient treatment and is to be placed in a state-supported program, the secretary shall accept immediately and place the minor in a state-funded long-term evaluation and treatment facility or state-funded approved substance use disorder treatment program.

(2) The secretary's placement authority shall be exercised through a designated placement committee appointed by the secretary and composed of children's mental health specialists and chemical dependency professionals, including at least one child psychiatrist who represents the state-funded, long-term, evaluation and treatment facility for minors and one chemical dependency professional who represents the state-funded approved substance use disorder treatment program. The responsibility of the placement committee will be to:

(a) Make the long-term placement of the minor in the most appropriate, available state-funded evaluation and treatment facility or approved substance use disorder treatment program, having carefully considered factors including the treatment needs of the minor, the most appropriate facility able to respond to the minor's identified treatment needs, the geographic proximity of the facility to the minor's family, the immediate availability of bed space, and the probable impact of the placement on other residents of the facility;

(b) Approve or deny requests from treatment facilities for transfer of a minor to another facility;

(c) Receive and monitor reports required under this section;

(d) Receive and monitor reports of all discharges.

(3) The secretary may authorize transfer of minors among treatment facilities if the transfer is in the best interests of the minor or due to treatment priorities.

(4) The responsible state-funded evaluation and treatment facility or approved substance use disorder treatment program shall submit a report to the department's designated placement committee within ninety days of admission and no less than every one hundred eighty days thereafter, setting forth such facts as the department requires, including the minor's individual treatment plan and progress, recommendations for future treatment, and possible less restrictive treatment.

**Sec. 271.** RCW 71.34.780 and 1985 c 354 s 11 are each amended to read as follows:

(1) If the professional person in charge of an outpatient treatment program, a ~~((county designated mental health professional))~~ designated crisis responder, or the secretary determines that a minor is failing to adhere to the conditions of the court order for less restrictive alternative treatment or the conditions for the conditional release, or that substantial deterioration in the minor's functioning has occurred, the ~~((county designated mental health professional))~~ designated crisis responder, or the secretary may order that the minor, if committed for mental health treatment, be taken into custody and transported

to an inpatient evaluation and treatment facility or, if committed for substance use disorder treatment, be taken into custody and transported to a secure detoxification facility or approved substance use disorder treatment program if there is available space in the secure detoxification facility or approved substance use disorder treatment program.

(2) The ~~((county designated mental health professional))~~ designated crisis responder or the secretary shall file the order of apprehension and detention and serve it upon the minor and notify the minor's parent and the minor's attorney, if any, of the detention within two days of return. At the time of service the minor shall be informed of the right to a hearing and to representation by an attorney. The ~~((county designated mental health professional))~~ designated crisis responder or the secretary may modify or rescind the order of apprehension and detention at any time prior to the hearing.

(3) A petition for revocation of less restrictive alternative treatment shall be filed by the ~~((county designated mental health professional))~~ designated crisis responder or the secretary with the court in the county ordering the less restrictive alternative treatment. The court shall conduct the hearing in that county. A petition for revocation of conditional release may be filed with the court in the county ordering inpatient treatment or the county where the minor on conditional release is residing. A petition shall describe the behavior of the minor indicating violation of the conditions or deterioration of routine functioning and a dispositional recommendation. Upon motion for good cause, the hearing may be transferred to the county of the minor's residence or to the county in which the alleged violations occurred. The hearing shall be held within seven days of the minor's return. The issues to be determined are whether the minor did or did not adhere to the conditions of the less restrictive alternative treatment or conditional release, or whether the minor's routine functioning has substantially deteriorated, and, if so, whether the conditions of less restrictive alternative treatment or conditional release should be modified or, subject to subsection (4) of this section, whether the minor should be returned to inpatient treatment. Pursuant to the determination of the court, the minor shall be returned to less restrictive alternative treatment or conditional release on the same or modified conditions or shall be returned to inpatient treatment. If the minor is returned to inpatient treatment, RCW 71.34.760 regarding the secretary's placement responsibility shall apply. The hearing may be waived by the minor and the minor returned to inpatient treatment or to less restrictive alternative treatment or conditional release on the same or modified conditions.

(4) A court may not order the return of a minor to inpatient treatment in a secure detoxification facility or approved treatment program unless there is available space in the facility or program.

**Sec. 272.** RCW 71.34.780 and 2015 c ... s 271 (section 271 of this act) are each amended to read as follows:

(1) If the professional person in charge of an outpatient treatment program, a designated crisis responder, or the secretary determines that a minor is failing to adhere to the conditions of the court order for less restrictive alternative treatment or the conditions for the conditional release, or that substantial deterioration in the minor's functioning has occurred, the designated crisis responder, or the secretary may order that the minor, if committed for mental health treatment, be taken into custody and transported to an inpatient evaluation and treatment facility or, if committed for substance use disorder treatment, be taken into custody and transported to a secure detoxification facility or approved substance use disorder treatment program ~~((if there is available space in the secure detoxification facility or approved substance use disorder treatment program))~~.

(2) The designated crisis responder or the secretary shall file the order of apprehension and detention and serve it upon the minor and notify the minor's parent and the minor's attorney, if any, of the detention within two days of return. At the time of service the minor shall be informed of the right to a hearing and to representation by an attorney. The designated crisis responder or the secretary may modify or rescind the order of apprehension and detention at any time prior to the hearing.

(3) A petition for revocation of less restrictive alternative treatment shall be filed by the designated crisis responder or the secretary with the court in the county ordering the less restrictive alternative treatment. The court shall conduct the hearing in that county. A petition for revocation of conditional release may be filed with the court in the county ordering inpatient treatment or the county where the minor on conditional release is residing. A petition shall describe the behavior of the minor indicating violation of the conditions or deterioration of routine functioning and a dispositional recommendation. Upon motion for good cause, the hearing may be transferred to the county of the minor's residence or to the county in which the alleged violations occurred. The hearing shall be held within seven days of the minor's return. The issues to be determined are whether the minor did or did not adhere to the conditions of the less restrictive alternative treatment or conditional release, or whether the minor's routine functioning has substantially deteriorated, and, if so, whether the conditions of less restrictive alternative treatment or conditional release should be modified or ~~((subject to subsection (4) of this section,))~~ whether the minor should be returned to inpatient treatment. Pursuant to the determination of the court, the minor shall be returned to less restrictive alternative treatment or conditional release on the same or modified conditions or shall be returned to inpatient treatment. If the minor is returned to inpatient treatment, RCW 71.34.760 regarding the secretary's placement responsibility shall apply. The hearing may be waived by the minor and the minor returned to inpatient treatment or to less restrictive alternative treatment or conditional release on the same or modified conditions.

~~((4) A court may not order the return of a minor to inpatient treatment in a secure detoxification facility or approved treatment program unless there is available space in the facility or program.))~~

**Sec. 273.** RCW 9.41.010 and 2015 c 1 s 2 (Initiative Measure No. 594) are each amended to read as follows:

Unless the context clearly requires otherwise, the definitions in this section apply throughout this chapter.

(1) "Antique firearm" means a firearm or replica of a firearm not designed or redesigned for using rim fire or conventional center fire ignition with fixed ammunition and manufactured in or before 1898, including any matchlock, flintlock, percussion cap, or similar type of ignition system and also any firearm using fixed ammunition manufactured in or before 1898, for which ammunition is no longer manufactured in the United States and is not readily available in the ordinary channels of commercial trade.

(2) "Barrel length" means the distance from the bolt face of a closed action down the length of the axis of the bore to the crown of the muzzle, or in the case of a barrel with attachments to the end of any legal device permanently attached to the end of the muzzle.

(3) "Crime of violence" means:

(a) Any of the following felonies, as now existing or hereafter amended: Any felony defined under any law as a class A felony or an attempt to commit a class A felony, criminal solicitation of or criminal conspiracy to commit a class A felony, manslaughter in the first degree, manslaughter in the second

degree, indecent liberties if committed by forcible compulsion, kidnapping in the second degree, arson in the second degree, assault in the second degree, assault of a child in the second degree, extortion in the first degree, burglary in the second degree, residential burglary, and robbery in the second degree;

(b) Any conviction for a felony offense in effect at any time prior to June 6, 1996, which is comparable to a felony classified as a crime of violence in (a) of this subsection; and

(c) Any federal or out-of-state conviction for an offense comparable to a felony classified as a crime of violence under (a) or (b) of this subsection.

(4) "Dealer" means a person engaged in the business of selling firearms at wholesale or retail who has, or is required to have, a federal firearms license under 18 U.S.C. Sec. 923(a). A person who does not have, and is not required to have, a federal firearms license under 18 U.S.C. Sec. 923(a), is not a dealer if that person makes only occasional sales, exchanges, or purchases of firearms for the enhancement of a personal collection or for a hobby, or sells all or part of his or her personal collection of firearms.

(5) "Family or household member" means "family" or "household member" as used in RCW 10.99.020.

(6) "Felony" means any felony offense under the laws of this state or any federal or out-of-state offense comparable to a felony offense under the laws of this state.

(7) "Felony firearm offender" means a person who has previously been convicted or found not guilty by reason of insanity in this state of any felony firearm offense. A person is not a felony firearm offender under this chapter if any and all qualifying offenses have been the subject of an expungement, pardon, annulment, certificate, or rehabilitation, or other equivalent procedure based on a finding of the rehabilitation of the person convicted or a pardon, annulment, or other equivalent procedure based on a finding of innocence.

(8) "Felony firearm offense" means:

(a) Any felony offense that is a violation of this chapter;

(b) A violation of RCW 9A.36.045;

(c) A violation of RCW 9A.56.300;

(d) A violation of RCW 9A.56.310;

(e) Any felony offense if the offender was armed with a firearm in the commission of the offense.

(9) "Firearm" means a weapon or device from which a projectile or projectiles may be fired by an explosive such as gunpowder.

(10) "Gun" has the same meaning as firearm.

(11) "Law enforcement officer" includes a general authority Washington peace officer as defined in RCW 10.93.020, or a specially commissioned Washington peace officer as defined in RCW 10.93.020. "Law enforcement officer" also includes a limited authority Washington peace officer as defined in RCW 10.93.020 if such officer is duly authorized by his or her employer to carry a concealed pistol.

(12) "Lawful permanent resident" has the same meaning afforded a person "lawfully admitted for permanent residence" in 8 U.S.C. Sec. 1101(a)(20).

(13) "Licensed dealer" means a person who is federally licensed under 18 U.S.C. Sec. 923(a).

(14) "Loaded" means:

(a) There is a cartridge in the chamber of the firearm;

(b) Cartridges are in a clip that is locked in place in the firearm;

(c) There is a cartridge in the cylinder of the firearm, if the firearm is a revolver;

(d) There is a cartridge in the tube or magazine that is inserted in the action; or

(e) There is a ball in the barrel and the firearm is capped or primed if the firearm is a muzzle loader.

(15) "Machine gun" means any firearm known as a machine gun, mechanical rifle, submachine gun, or any other mechanism or instrument not requiring that the trigger be pressed for each shot and having a reservoir clip, disc, drum, belt, or other separable mechanical device for storing, carrying, or supplying ammunition which can be loaded into the firearm, mechanism, or instrument, and fired therefrom at the rate of five or more shots per second.

(16) "Nonimmigrant alien" means a person defined as such in 8 U.S.C. Sec. 1101(a)(15).

(17) "Person" means any individual, corporation, company, association, firm, partnership, club, organization, society, joint stock company, or other legal entity.

(18) "Pistol" means any firearm with a barrel less than sixteen inches in length, or is designed to be held and fired by the use of a single hand.

(19) "Rifle" means a weapon designed or redesigned, made or remade, and intended to be fired from the shoulder and designed or redesigned, made or remade, and intended to use the energy of the explosive in a fixed metallic cartridge to fire only a single projectile through a rifled bore for each single pull of the trigger.

(20) "Sale" and "sell" mean the actual approval of the delivery of a firearm in consideration of payment or promise of payment.

(21) "Serious offense" means any of the following felonies or a felony attempt to commit any of the following felonies, as now existing or hereafter amended:

(a) Any crime of violence;

(b) Any felony violation of the uniform controlled substances act, chapter 69.50 RCW, that is classified as a class B felony or that has a maximum term of imprisonment of at least ten years;

(c) Child molestation in the second degree;

(d) Incest when committed against a child under age fourteen;

(e) Indecent liberties;

(f) Leading organized crime;

(g) Promoting prostitution in the first degree;

(h) Rape in the third degree;

(i) Drive-by shooting;

(j) Sexual exploitation;

(k) Vehicular assault, when caused by the operation or driving of a vehicle by a person while under the influence of intoxicating liquor or any drug or by the operation or driving of a vehicle in a reckless manner;

(l) Vehicular homicide, when proximately caused by the driving of any vehicle by any person while under the influence of intoxicating liquor or any drug as defined by RCW 46.61.502, or by the operation of any vehicle in a reckless manner;

(m) Any other class B felony offense with a finding of sexual motivation, as "sexual motivation" is defined under RCW 9.94A.030;

(n) Any other felony with a deadly weapon verdict under RCW 9.94A.825;

(o) Any felony offense in effect at any time prior to June 6, 1996, that is comparable to a serious offense, or any federal or out-of-state conviction for an offense that under the laws of this state would be a felony classified as a serious offense; or

(p) Any felony conviction under RCW 9.41.115.

(22) "Short-barreled rifle" means a rifle having one or more barrels less than sixteen inches in length and any weapon made from a rifle by any means of modification if such modified weapon has an overall length of less than twenty-six inches.

(23) "Short-barreled shotgun" means a shotgun having one or more barrels less than eighteen inches in length and any weapon made from a shotgun by any means of modification if such modified weapon has an overall length of less than twenty-six inches.

(24) "Shotgun" means a weapon with one or more barrels, designed or redesigned, made or remade, and intended to be fired from the shoulder and designed or redesigned, made or remade, and intended to use the energy of the explosive in a fixed shotgun shell to fire through a smooth bore either a number of ball shot or a single projectile for each single pull of the trigger.

(25) "Transfer" means the intended delivery of a firearm to another person without consideration of payment or promise of payment including, but not limited to, gifts and loans.

(26) "Unlicensed person" means any person who is not a licensed dealer under this chapter.

(27) "Controlled substance" has the same meaning as under the federal controlled substances act, 21 U.S.C. Sec. 802.

**Sec. 274.** RCW 9.41.040 and 2014 c 111 s 1 are each amended to read as follows:

(1)(a) A person, whether an adult or juvenile, is guilty of the crime of unlawful possession of a firearm in the first degree, if the person owns, has in his or her possession, or has in his or her control any firearm after having previously been convicted or found not guilty by reason of insanity in this state or elsewhere of any serious offense as defined in this chapter.

(b) Unlawful possession of a firearm in the first degree is a class B felony punishable according to chapter 9A.20 RCW.

(2)(a) A person, whether an adult or juvenile, is guilty of the crime of unlawful possession of a firearm in the second degree, if the person does not qualify under subsection (1) of this section for the crime of unlawful possession of a firearm in the first degree and the person owns, has in his or her possession, or has in his or her control any firearm:

(i) After having previously been convicted or found not guilty by reason of insanity in this state or elsewhere of any felony not specifically listed as prohibiting firearm possession under subsection (1) of this section, or any of the following crimes when committed by one family or household member against another, committed on or after July 1, 1993: Assault in the fourth degree, coercion, stalking, reckless endangerment, criminal trespass in the first degree, or violation of the provisions of a protection order or no-contact order restraining the person or excluding the person from a residence (RCW 26.50.060, 26.50.070, 26.50.130, or 10.99.040);

(ii) During any period of time that the person is subject to a court order issued under chapter 7.90, 7.92, 9A.46, 10.14, 10.99, 26.09, 26.10, 26.26, or 26.50 RCW that:

(A) Was issued after a hearing of which the person received actual notice, and at which the person had an opportunity to participate;

(B) Restrains the person from harassing, stalking, or threatening an intimate partner of the person or child of the intimate partner or person, or engaging in other conduct that would place an intimate partner in reasonable fear of bodily injury to the partner or child; and

(C)(I) Includes a finding that the person represents a credible threat to the physical safety of the intimate partner or child; and

(II) By its terms, explicitly prohibits the use, attempted use, or threatened use of physical force against the intimate partner or child that would reasonably be expected to cause bodily injury;

(iii) After having previously been involuntarily committed for mental health treatment or treatment of a substance use disorder

that is based on use of a controlled substance under RCW 71.05.240, 71.05.320, 71.34.740, 71.34.750, chapter 10.77 RCW, or equivalent statutes of another jurisdiction, unless his or her right to possess a firearm has been restored as provided in RCW 9.41.047;

(iv) If the person is under eighteen years of age, except as provided in RCW 9.41.042; and/or

(v) If the person is free on bond or personal recognizance pending trial, appeal, or sentencing for a serious offense as defined in RCW 9.41.010.

(b) Unlawful possession of a firearm in the second degree is a class C felony punishable according to chapter 9A.20 RCW.

(3) Notwithstanding RCW 9.41.047 or any other provisions of law, as used in this chapter, a person has been "convicted", whether in an adult court or adjudicated in a juvenile court, at such time as a plea of guilty has been accepted, or a verdict of guilty has been filed, notwithstanding the pendency of any future proceedings including but not limited to sentencing or disposition, post-trial or post-fact-finding motions, and appeals. Conviction includes a dismissal entered after a period of probation, suspension or deferral of sentence, and also includes equivalent dispositions by courts in jurisdictions other than Washington state. A person shall not be precluded from possession of a firearm if the conviction has been the subject of a pardon, annulment, certificate of rehabilitation, or other equivalent procedure based on a finding of the rehabilitation of the person convicted or the conviction or disposition has been the subject of a pardon, annulment, or other equivalent procedure based on a finding of innocence. Where no record of the court's disposition of the charges can be found, there shall be a rebuttable presumption that the person was not convicted of the charge.

(4)(a) Notwithstanding subsection (1) or (2) of this section, a person convicted or found not guilty by reason of insanity of an offense prohibiting the possession of a firearm under this section other than murder, manslaughter, robbery, rape, indecent liberties, arson, assault, kidnapping, extortion, burglary, or violations with respect to controlled substances under RCW 69.50.401 and 69.50.410, who received a probationary sentence under RCW 9.95.200, and who received a dismissal of the charge under RCW 9.95.240, shall not be precluded from possession of a firearm as a result of the conviction or finding of not guilty by reason of insanity. Notwithstanding any other provisions of this section, if a person is prohibited from possession of a firearm under subsection (1) or (2) of this section and has not previously been convicted or found not guilty by reason of insanity of a sex offense prohibiting firearm ownership under subsection (1) or (2) of this section and/or any felony defined under any law as a class A felony or with a maximum sentence of at least twenty years, or both, the individual may petition a court of record to have his or her right to possess a firearm restored:

(i) Under RCW 9.41.047; and/or

(ii)(A) If the conviction or finding of not guilty by reason of insanity was for a felony offense, after five or more consecutive years in the community without being convicted or found not guilty by reason of insanity or currently charged with any felony, gross misdemeanor, or misdemeanor crimes, if the individual has no prior felony convictions that prohibit the possession of a firearm counted as part of the offender score under RCW 9.94A.525; or

(B) If the conviction or finding of not guilty by reason of insanity was for a nonfelony offense, after three or more consecutive years in the community without being convicted or found not guilty by reason of insanity or currently charged with any felony, gross misdemeanor, or misdemeanor crimes, if the individual has no prior felony convictions that prohibit the possession of a firearm counted as part of the offender score under

RCW 9.94A.525 and the individual has completed all conditions of the sentence.

(b) An individual may petition a court of record to have his or her right to possess a firearm restored under (a) of this subsection (4) only at:

(i) The court of record that ordered the petitioner's prohibition on possession of a firearm; or

(ii) The superior court in the county in which the petitioner resides.

(5) In addition to any other penalty provided for by law, if a person under the age of eighteen years is found by a court to have possessed a firearm in a vehicle in violation of subsection (1) or (2) of this section or to have committed an offense while armed with a firearm during which offense a motor vehicle served an integral function, the court shall notify the department of licensing within twenty-four hours and the person's privilege to drive shall be revoked under RCW 46.20.265.

(6) Nothing in chapter 129, Laws of 1995 shall ever be construed or interpreted as preventing an offender from being charged and subsequently convicted for the separate felony crimes of theft of a firearm or possession of a stolen firearm, or both, in addition to being charged and subsequently convicted under this section for unlawful possession of a firearm in the first or second degree. Notwithstanding any other law, if the offender is convicted under this section for unlawful possession of a firearm in the first or second degree and for the felony crimes of theft of a firearm or possession of a stolen firearm, or both, then the offender shall serve consecutive sentences for each of the felony crimes of conviction listed in this subsection.

(7) Each firearm unlawfully possessed under this section shall be a separate offense.

(8) For purposes of this section, "intimate partner" includes: A spouse, a domestic partner, a former spouse, a former domestic partner, a person with whom the restrained person has a child in common, or a person with whom the restrained person has cohabitated or is cohabitating as part of a dating relationship.

**Sec. 275.** RCW 9.41.047 and 2011 c 193 s 2 are each amended to read as follows:

(1)(a) At the time a person is convicted or found not guilty by reason of insanity of an offense making the person ineligible to possess a firearm, or at the time a person is committed by court order under RCW 71.05.240, 71.05.320, 71.34.740, 71.34.750, or chapter 10.77 RCW for mental health treatment or treatment of a substance use disorder that is based on use of a controlled substance, the convicting or committing court shall notify the person, orally and in writing, that the person must immediately surrender any concealed pistol license and that the person may not possess a firearm unless his or her right to do so is restored by a court of record. For purposes of this section a convicting court includes a court in which a person has been found not guilty by reason of insanity.

(b) The convicting or committing court shall forward within three judicial days after conviction or entry of the commitment order a copy of the person's driver's license or identicaid, or comparable information, along with the date of conviction or commitment, to the department of licensing. When a person is committed by court order under RCW 71.05.240, 71.05.320, 71.34.740, 71.34.750, or chapter 10.77 RCW, for mental health treatment or for treatment of a substance use disorder that is based on use of a controlled substance, the committing court also shall forward, within three judicial days after entry of the commitment order, a copy of the person's driver's license, or comparable information, along with the date of commitment, to the national instant criminal background check system index, denied

persons file, created by the federal Brady handgun violence prevention act (P.L. 103-159).

(2) Upon receipt of the information provided for by subsection (1) of this section, the department of licensing shall determine if the convicted or committed person has a concealed pistol license. If the person does have a concealed pistol license, the department of licensing shall immediately notify the license-issuing authority which, upon receipt of such notification, shall immediately revoke the license.

(3)(a) A person who is prohibited from possessing a firearm, by reason of having been involuntarily committed for mental health treatment or treatment of a substance use disorder that is based on use of a controlled substance under RCW 71.05.240, 71.05.320, 71.34.740, 71.34.750, chapter 10.77 RCW, or equivalent statutes of another jurisdiction may, upon discharge, petition the superior court to have his or her right to possess a firearm restored.

(b) The petition must be brought in the superior court that ordered the involuntary commitment or the superior court of the county in which the petitioner resides.

(c) Except as provided in (d) of this subsection, the court shall restore the petitioner's right to possess a firearm if the petitioner proves by a preponderance of the evidence that:

(i) The petitioner is no longer required to participate in court-ordered inpatient or outpatient treatment;

(ii) The petitioner has successfully managed the condition related to the commitment;

(iii) The petitioner no longer presents a substantial danger to himself or herself, or the public; and

(iv) The symptoms related to the commitment are not reasonably likely to recur.

(d) If a preponderance of the evidence in the record supports a finding that the person petitioning the court has engaged in violence and that it is more likely than not that the person will engage in violence after his or her right to possess a firearm is restored, the person shall bear the burden of proving by clear, cogent, and convincing evidence that he or she does not present a substantial danger to the safety of others.

(e) When a person's right to possess a firearm has been restored under this subsection, the court shall forward, within three judicial days after entry of the restoration order, notification that the person's right to possess a firearm has been restored to the department of licensing, the department of social and health services, and the national instant criminal background check system index, denied persons file.

(4) No person who has been found not guilty by reason of insanity may petition a court for restoration of the right to possess a firearm unless the person meets the requirements for the restoration of the right to possess a firearm under RCW 9.41.040(4).

**Sec. 276.** RCW 9.41.075 and 2005 c 453 s 4 are each amended to read as follows:

(1) The license shall be revoked by the license-issuing authority immediately upon:

(a) Discovery by the issuing authority that the person was ineligible under RCW 9.41.070 for a concealed pistol license when applying for the license or license renewal;

(b) Conviction of the licensee, or the licensee being found not guilty by reason of insanity, of an offense, or commitment of the licensee for mental health treatment or treatment of a substance use disorder that is based on use of a controlled substance, that makes a person ineligible under RCW 9.41.040 to possess a firearm;

(c) Conviction of the licensee for a third violation of this chapter within five calendar years; or

(d) An order that the licensee forfeit a firearm under RCW 9.41.098(1)(d).

(2)(a) Unless the person may lawfully possess a pistol without a concealed pistol license, an ineligible person to whom a concealed pistol license was issued shall, within fourteen days of license revocation, lawfully transfer ownership of any pistol acquired while the person was in possession of the license.

(b) Upon discovering a person issued a concealed pistol license was ineligible for the license, the issuing authority shall contact the department of licensing to determine whether the person purchased a pistol while in possession of the license. If the person did purchase a pistol while in possession of the concealed pistol license, if the person may not lawfully possess a pistol without a concealed pistol license, the issuing authority shall require the person to present satisfactory evidence of having lawfully transferred ownership of the pistol. The issuing authority shall require the person to produce the evidence within fifteen days of the revocation of the license.

(3) When a licensee is ordered to forfeit a firearm under RCW 9.41.098(1)(d), the issuing authority shall:

(a) On the first forfeiture, revoke the license for one year;

(b) On the second forfeiture, revoke the license for two years; or

(c) On the third or subsequent forfeiture, revoke the license for five years.

Any person whose license is revoked as a result of a forfeiture of a firearm under RCW 9.41.098(1)(d) may not reapply for a new license until the end of the revocation period.

(4) The issuing authority shall notify, in writing, the department of licensing of the revocation of a license. The department of licensing shall record the revocation.

**Sec. 277.** RCW 9.41.097 and 2009 c 216 s 6 are each amended to read as follows:

(1) The department of social and health services, mental health institutions, and other health care facilities shall, upon request of a court or law enforcement agency, supply such relevant information as is necessary to determine the eligibility of a person to possess a pistol or to be issued a concealed pistol license under RCW 9.41.070 or to purchase a pistol under RCW 9.41.090.

(2) Mental health or substance use disorder information received by: (a) The department of licensing pursuant to RCW 9.41.047 or 9.41.173; (b) an issuing authority pursuant to RCW 9.41.047 or 9.41.070; (c) a chief of police or sheriff pursuant to RCW 9.41.090 or 9.41.173; (d) a court or law enforcement agency pursuant to subsection (1) of this section, shall not be disclosed except as provided in RCW 42.56.240(4).

**Sec. 278.** RCW 9.41.098 and 2003 c 39 s 5 are each amended to read as follows:

(1) The superior courts and the courts of limited jurisdiction of the state may order forfeiture of a firearm which is proven to be:

(a) Found concealed on a person not authorized by RCW 9.41.060 or 9.41.070 to carry a concealed pistol: PROVIDED, That it is an absolute defense to forfeiture if the person possessed a valid Washington concealed pistol license within the preceding two years and has not become ineligible for a concealed pistol license in the interim. Before the firearm may be returned, the person must pay the past due renewal fee and the current renewal fee;

(b) Commercially sold to any person without an application as required by RCW 9.41.090;

(c) In the possession of a person prohibited from possessing the firearm under RCW 9.41.040 or 9.41.045;

(d) In the possession or under the control of a person at the time the person committed or was arrested for committing a felony or committing a nonfelony crime in which a firearm was used or displayed;

(e) In the possession of a person who is in any place in which a concealed pistol license is required, and who is under the influence of any drug or under the influence of intoxicating liquor, as defined in chapter 46.61 RCW;

(f) In the possession of a person free on bail or personal recognizance pending trial, appeal, or sentencing for a felony or for a nonfelony crime in which a firearm was used or displayed, except that violations of Title 77 RCW shall not result in forfeiture under this section;

(g) In the possession of a person found to have been mentally incompetent while in possession of a firearm when apprehended or who is thereafter committed pursuant to chapter 10.77 RCW or committed for mental health treatment or treatment of a substance use disorder that is based on use of a controlled substance under chapter 71.05 RCW;

(h) Used or displayed by a person in the violation of a proper written order of a court of general jurisdiction; or

(i) Used in the commission of a felony or of a nonfelony crime in which a firearm was used or displayed.

(2) Upon order of forfeiture, the court in its discretion may order destruction of any forfeited firearm. A court may temporarily retain forfeited firearms needed for evidence.

(a) Except as provided in (b), (c), and (d) of this subsection, firearms that are: (i) Judicially forfeited and no longer needed for evidence; or (ii) forfeited due to a failure to make a claim under RCW 63.32.010 or 63.40.010; may be disposed of in any manner determined by the local legislative authority. Any proceeds of an auction or trade may be retained by the legislative authority. This subsection (2)(a) applies only to firearms that come into the possession of the law enforcement agency after June 30, 1993.

By midnight, June 30, 1993, every law enforcement agency shall prepare an inventory, under oath, of every firearm that has been judicially forfeited, has been seized and may be subject to judicial forfeiture, or that has been, or may be, forfeited due to a failure to make a claim under RCW 63.32.010 or 63.40.010.

(b) Except as provided in (c) of this subsection, of the inventoried firearms a law enforcement agency shall destroy illegal firearms, may retain a maximum of ten percent of legal forfeited firearms for agency use, and shall either:

(i) Comply with the provisions for the auction of firearms in RCW 9.41.098 that were in effect immediately preceding May 7, 1993; or

(ii) Trade, auction, or arrange for the auction of, rifles and shotguns. In addition, the law enforcement agency shall either trade, auction, or arrange for the auction of, short firearms, or shall pay a fee of twenty-five dollars to the state treasurer for every short firearm neither auctioned nor traded, to a maximum of fifty thousand dollars. The fees shall be accompanied by an inventory, under oath, of every short firearm listed in the inventory required by (a) of this subsection, that has been neither traded nor auctioned. The state treasurer shall credit the fees to the firearms range account established in RCW 79A.25.210. All trades or auctions of firearms under this subsection shall be to licensed dealers. Proceeds of any auction less costs, including actual costs of storage and sale, shall be forwarded to the firearms range account established in RCW 79A.25.210.

(c) Antique firearms and firearms recognized as curios, relics, and firearms of particular historical significance by the United States treasury department bureau of alcohol, tobacco,

(~~and~~) firearms, and explosives are exempt from destruction and shall be disposed of by auction or trade to licensed dealers.

(d) Firearms in the possession of the Washington state patrol on or after May 7, 1993, that are judicially forfeited and no longer needed for evidence, or forfeited due to a failure to make a claim under RCW 63.35.020, must be disposed of as follows: (i) Firearms illegal for any person to possess must be destroyed; (ii) the Washington state patrol may retain a maximum of ten percent of legal firearms for agency use; and (iii) all other legal firearms must be auctioned or traded to licensed dealers. The Washington state patrol may retain any proceeds of an auction or trade.

(3) The court shall order the firearm returned to the owner upon a showing that there is no probable cause to believe a violation of subsection (1) of this section existed or the firearm was stolen from the owner or the owner neither had knowledge of nor consented to the act or omission involving the firearm which resulted in its forfeiture.

(4) A law enforcement officer of the state or of any county or municipality may confiscate a firearm found to be in the possession of a person under circumstances specified in subsection (1) of this section. After confiscation, the firearm shall not be surrendered except: (a) To the prosecuting attorney for use in subsequent legal proceedings; (b) for disposition according to an order of a court having jurisdiction as provided in subsection (1) of this section; or (c) to the owner if the proceedings are dismissed or as directed in subsection (3) of this section.

### PART III REPEALERS

**NEW SECTION. Sec. 301.** The following acts or parts of acts, as now existing or hereafter amended, are each repealed, effective April 1, 2017:

(1)RCW 70.96A.095 (Age of consent—Outpatient treatment of minors for chemical dependency) and 1998 c 296 s 23, 1996 c 133 s 34, 1995 c 312 s 47, 1991 c 364 s 9, & 1989 c 270 s 24;

(2)RCW 70.96A.096 (Notice to parents, school contacts for referring students to inpatient treatment) and 1996 c 133 s 5;

(3)RCW 70.96A.097 (Review of admission and inpatient treatment of minors—Determination of medical necessity—Department review—Minor declines necessary treatment—At-risk youth petition—Costs—Public funds) and 1998 c 296 s 28 & 1995 c 312 s 48;

(4)RCW 70.96A.110 (Voluntary treatment of individuals with a substance use disorder) and 2014 c 225 s 28, 1990 c 151 s 7, 1989 c 270 s 25, & 1972 ex.s. c 122 s 11;

(5)RCW 70.96A.120 (Treatment programs and facilities—Admissions—Peace officer duties—Protective custody) and 1991 c 290 s 6, 1990 c 151 s 8, 1989 c 271 s 306, 1987 c 439 s 13, 1977 ex.s. c 62 s 1, 1974 ex.s. c 175 s 1, & 1972 ex.s. c 122 s 12;

(6)RCW 70.96A.140 (Involuntary commitment) and 2015 c ... s 103 (section 103 of this act), 2014 c 225 s 29, 2001 c 13 s 3, 1995 c 312 s 49, 1993 c 362 s 1, 1991 c 364 s 10, 1990 c 151 s 3, 1989 c 271 s 307, 1987 c 439 s 14, 1977 ex.s. c 129 s 1, 1974 ex.s. c 175 s 2, & 1972 ex.s. c 122 s 14;

(7)RCW 70.96A.141 (Joinder of petitions for commitment) and 2005 c 504 s 304;

(8)RCW 70.96A.142 (Evaluation by designated chemical dependency specialist—When required—Required notifications) and 2004 c 166 s 15;

(9)RCW 70.96A.145 (Involuntary commitment proceedings—Prosecuting attorney may represent specialist or program) and 2015 c ... s 104 (section 104 of this act) & 1993 c 137 s 1;

(10)RCW 70.96A.148 (Detention, commitment duties—Designation of county designated mental health professional) and 2001 c 13 s 4;

(11)RCW 70.96A.155 (Court-ordered treatment—Required notifications) and 2004 c 166 s 13;

(12)RCW 70.96A.157 (Persons subject to court-ordered treatment or supervision—Documentation) and 2005 c 504 s 508;

(13)RCW 70.96A.160 (Visitation and communication with patients) and 1989 c 270 s 29 & 1972 ex.s. c 122 s 16;

(14)RCW 70.96A.180 (Payment for treatment—Financial ability of patients) and 2012 c 117 s 413, 1990 c 151 s 6, 1989 c 270 s 31, & 1972 ex.s. c 122 s 18;

(15)RCW 70.96A.230 (Minor—When outpatient treatment provider must give notice to parents) and 1998 c 296 s 24;

(16)RCW 70.96A.235 (Minor—Parental consent for inpatient treatment—Exception) and 1998 c 296 s 25;

(17)RCW 70.96A.240 (Minor—Parent not liable for payment unless consented to treatment—No right to public funds) and 1998 c 296 s 26;

(18)RCW 70.96A.245 (Minor—Parent may request determination whether minor has chemical dependency requiring inpatient treatment—Minor consent not required—Duties and obligations of professional person and facility) and 1998 c 296 s 27;

(19)RCW 70.96A.250 (Minor—Parent may request determination whether minor has chemical dependency requiring outpatient treatment—Consent of minor not required—Discharge of minor) and 1998 c 296 s 29;

(20)RCW 70.96A.255 (Minor—Petition to superior court for release from facility) and 1998 c 296 s 30;

(21)RCW 70.96A.260 (Minor—Not released by petition under RCW 70.96A.255—Release within thirty days—Professional may initiate proceedings to stop release) and 1998 c 296 s 31;

(22)RCW 70.96A.265 (Minor—Eligibility for medical assistance under chapter 74.09 RCW—Payment by department) and 1998 c 296 s 32;

(23)RCW 70.96B.010 (Definitions) and 2014 c 225 s 74, 2011 c 89 s 10, 2008 c 320 s 3, & 2005 c 504 s 202;

(24)RCW 70.96B.020 (Selection of areas for pilot programs—Pilot program requirements) and 2014 c 225 s 75 & 2005 c 504 s 203;

(25)RCW 70.96B.030 (Designated crisis responder—Qualifications) and 2014 c 225 s 76 & 2005 c 504 s 204;

(26)RCW 70.96B.040 (Powers of designated crisis responder) and 2005 c 504 s 205;

(27)RCW 70.96B.045 (Emergency custody—Procedure) and 2007 c 120 s 2;

(28)RCW 70.96B.050 (Petition for initial detention—Order to detain for evaluation and treatment period—Procedure) and 2008 c 320 s 5, 2007 c 120 s 1, & 2005 c 504 s 206;

(29)RCW 70.96B.060 (Exemption from liability) and 2005 c 504 s 207;

(30)RCW 70.96B.070 (Detention period for evaluation and treatment) and 2005 c 504 s 208;

(31)RCW 70.96B.080 (Detention for evaluation and treatment of mental disorder—Chapter 71.05 RCW applies) and 2005 c 504 s 209;

(32)RCW 70.96B.090 (Procedures for additional chemical dependency treatment) and 2005 c 504 s 210;

(33)RCW 70.96B.100 (Detention for involuntary chemical dependency treatment—Petition for less restrictive treatment—Appearance before court—Representation—Hearing—Less restrictive order—Failure to adhere to terms of less restrictive order) and 2008 c 320 s 6 & 2005 c 504 s 211;

(34)RCW 70.96B.110 (Involuntary chemical dependency treatment proceedings—Prosecuting attorney shall represent petitioner) and 2005 c 504 s 212;

(35)RCW 70.96B.120 (Rights of involuntarily detained persons) and 2005 c 504 s 213;

(36)RCW 70.96B.130 (Evaluation by designated crisis responder—When required—Required notifications) and 2005 c 504 s 214;

(37)RCW 70.96B.140 (Secretary may adopt rules) and 2005 c 504 s 215;

(38)RCW 70.96B.150 (Application of RCW 71.05.550) and 2005 c 504 s 216;

(39)RCW 70.96B.800 (Evaluation of pilot programs—Reports) and 2008 c 320 s 2 & 2005 c 504 s 217; and

(40)RCW 71.05.032 (Joinder of petitions for commitment) and 2005 c 504 s 115.

#### PART IV CORRECTIONS TO REFERENCES

**Sec. 401.** RCW 4.24.558 and 2004 c 166 s 21 are each amended to read as follows:

Information shared and actions taken without gross negligence and in good faith compliance with RCW 71.05.445, 72.09.585, ~~((70.96A.142,))~~ 71.05.157, or 72.09.315 are not a basis for any private civil cause of action.

**Sec. 402.** RCW 5.60.060 and 2012 c 29 s 12 are each amended to read as follows:

(1) A spouse or domestic partner shall not be examined for or against his or her spouse or domestic partner, without the consent of the spouse or domestic partner; nor can either during marriage or during the domestic partnership or afterward, be without the consent of the other, examined as to any communication made by one to the other during the marriage or the domestic partnership. But this exception shall not apply to a civil action or proceeding by one against the other, nor to a criminal action or proceeding for a crime committed by one against the other, nor to a criminal action or proceeding against a spouse or domestic partner if the marriage or the domestic partnership occurred subsequent to the filing of formal charges against the defendant, nor to a criminal action or proceeding for a crime committed by said spouse or domestic partner against any child of whom said spouse or domestic partner is the parent or guardian, nor to a proceeding under chapter ~~((70.96A, 70.96B,))~~ 71.05~~((,))~~ or 71.09 RCW: PROVIDED, That the spouse or the domestic partner of a person sought to be detained under chapter ~~((70.96A, 70.96B,))~~ 71.05~~((,))~~ or 71.09 RCW may not be compelled to testify and shall be so informed by the court prior to being called as a witness.

(2)(a) An attorney or counselor shall not, without the consent of his or her client, be examined as to any communication made by the client to him or her, or his or her advice given thereon in the course of professional employment.

(b) A parent or guardian of a minor child arrested on a criminal charge may not be examined as to a communication between the child and his or her attorney if the communication was made in the presence of the parent or guardian. This privilege does not extend to communications made prior to the arrest.

(3) A member of the clergy, a Christian Science practitioner listed in the Christian Science Journal, or a priest shall not, without the consent of a person making the confession or sacred confidence, be examined as to any confession or sacred confidence made to him or her in his or her professional character,

in the course of discipline enjoined by the church to which he or she belongs.

(4) Subject to the limitations under RCW ~~((70.96A.140 or))~~ 71.05.360 (8) and (9), a physician or surgeon or osteopathic physician or surgeon or podiatric physician or surgeon shall not, without the consent of his or her patient, be examined in a civil action as to any information acquired in attending such patient, which was necessary to enable him or her to prescribe or act for the patient, except as follows:

(a) In any judicial proceedings regarding a child's injury, neglect, or sexual abuse or the cause thereof; and

(b) Ninety days after filing an action for personal injuries or wrongful death, the claimant shall be deemed to waive the physician-patient privilege. Waiver of the physician-patient privilege for any one physician or condition constitutes a waiver of the privilege as to all physicians or conditions, subject to such limitations as a court may impose pursuant to court rules.

(5) A public officer shall not be examined as a witness as to communications made to him or her in official confidence, when the public interest would suffer by the disclosure.

(6)(a) A peer support group counselor shall not, without consent of the law enforcement officer or firefighter making the communication, be compelled to testify about any communication made to the counselor by the officer or firefighter while receiving counseling. The counselor must be designated as such by the sheriff, police chief, fire chief, or chief of the Washington state patrol, prior to the incident that results in counseling. The privilege only applies when the communication was made to the counselor while acting in his or her capacity as a peer support group counselor. The privilege does not apply if the counselor was an initial responding officer or firefighter, a witness, or a party to the incident which prompted the delivery of peer support group counseling services to the law enforcement officer or firefighter.

(b) For purposes of this section, "peer support group counselor" means a:

(i) Law enforcement officer, firefighter, civilian employee of a law enforcement agency, or civilian employee of a fire department, who has received training to provide emotional and moral support and counseling to an officer or firefighter who needs those services as a result of an incident in which the officer or firefighter was involved while acting in his or her official capacity; or

(ii) Nonemployee counselor who has been designated by the sheriff, police chief, fire chief, or chief of the Washington state patrol to provide emotional and moral support and counseling to an officer or firefighter who needs those services as a result of an incident in which the officer or firefighter was involved while acting in his or her official capacity.

(7) A sexual assault advocate may not, without the consent of the victim, be examined as to any communication made between the victim and the sexual assault advocate.

(a) For purposes of this section, "sexual assault advocate" means the employee or volunteer from a community sexual assault program or underserved populations provider, victim assistance unit, program, or association, that provides information, medical or legal advocacy, counseling, or support to victims of sexual assault, who is designated by the victim to accompany the victim to the hospital or other health care facility and to proceedings concerning the alleged assault, including police and prosecution interviews and court proceedings.

(b) A sexual assault advocate may disclose a confidential communication without the consent of the victim if failure to disclose is likely to result in a clear, imminent risk of serious physical injury or death of the victim or another person. Any sexual assault advocate participating in good faith in the disclosing of records and communications under this section shall have



immunity from any liability, civil, criminal, or otherwise, that might result from the action. In any proceeding, civil or criminal, arising out of a disclosure under this section, the good faith of the sexual assault advocate who disclosed the confidential communication shall be presumed.

(8) A domestic violence advocate may not, without the consent of the victim, be examined as to any communication between the victim and the domestic violence advocate.

(a) For purposes of this section, "domestic violence advocate" means an employee or supervised volunteer from a community-based domestic violence program or human services program that provides information, advocacy, counseling, crisis intervention, emergency shelter, or support to victims of domestic violence and who is not employed by, or under the direct supervision of, a law enforcement agency, a prosecutor's office, or the child protective services section of the department of social and health services as defined in RCW 26.44.020.

(b) A domestic violence advocate may disclose a confidential communication without the consent of the victim if failure to disclose is likely to result in a clear, imminent risk of serious physical injury or death of the victim or another person. This section does not relieve a domestic violence advocate from the requirement to report or cause to be reported an incident under RCW 26.44.030(1) or to disclose relevant records relating to a child as required by RCW 26.44.030~~((12))~~ (14). Any domestic violence advocate participating in good faith in the disclosing of communications under this subsection is immune from liability, civil, criminal, or otherwise, that might result from the action. In any proceeding, civil or criminal, arising out of a disclosure under this subsection, the good faith of the domestic violence advocate who disclosed the confidential communication shall be presumed.

(9) A mental health counselor, independent clinical social worker, or marriage and family therapist licensed under chapter 18.225 RCW may not disclose, or be compelled to testify about, any information acquired from persons consulting the individual in a professional capacity when the information was necessary to enable the individual to render professional services to those persons except:

(a) With the written authorization of that person or, in the case of death or disability, the person's personal representative;

(b) If the person waives the privilege by bringing charges against the mental health counselor licensed under chapter 18.225 RCW;

(c) In response to a subpoena from the secretary of health. The secretary may subpoena only records related to a complaint or report under RCW 18.130.050;

(d) As required under chapter 26.44 or 74.34 RCW or RCW 71.05.360 (8) and (9); or

(e) To any individual if the mental health counselor, independent clinical social worker, or marriage and family therapist licensed under chapter 18.225 RCW reasonably believes that disclosure will avoid or minimize an imminent danger to the health or safety of the individual or any other individual; however, there is no obligation on the part of the provider to so disclose.

**Sec. 403.** RCW 9.41.280 and 2014 c 225 s 56 are each amended to read as follows:

(1) It is unlawful for a person to carry onto, or to possess on, public or private elementary or secondary school premises, school-provided transportation, or areas of facilities while being used exclusively by public or private schools:

(a) Any firearm;

(b) Any other dangerous weapon as defined in RCW 9.41.250;

(c) Any device commonly known as "nun-chu-ka sticks," consisting of two or more lengths of wood, metal, plastic, or similar substance connected with wire, rope, or other means;

(d) Any device, commonly known as "throwing stars," which are multipointed, metal objects designed to embed upon impact from any aspect;

(e) Any air gun, including any air pistol or air rifle, designed to propel a BB, pellet, or other projectile by the discharge of compressed air, carbon dioxide, or other gas; or

(f)(i) Any portable device manufactured to function as a weapon and which is commonly known as a stun gun, including a projectile stun gun which projects wired probes that are attached to the device that emit an electrical charge designed to administer to a person or an animal an electric shock, charge, or impulse; or

(ii) Any device, object, or instrument which is used or intended to be used as a weapon with the intent to injure a person by an electric shock, charge, or impulse.

(2) Any such person violating subsection (1) of this section is guilty of a gross misdemeanor. If any person is convicted of a violation of subsection (1)(a) of this section, the person shall have his or her concealed pistol license, if any revoked for a period of three years. Anyone convicted under this subsection is prohibited from applying for a concealed pistol license for a period of three years. The court shall send notice of the revocation to the department of licensing, and the city, town, or county which issued the license.

Any violation of subsection (1) of this section by elementary or secondary school students constitutes grounds for expulsion from the state's public schools in accordance with RCW 28A.600.010. An appropriate school authority shall promptly notify law enforcement and the student's parent or guardian regarding any allegation or indication of such violation.

Upon the arrest of a person at least twelve years of age and not more than twenty-one years of age for violating subsection (1)(a) of this section, the person shall be detained or confined in a juvenile or adult facility for up to seventy-two hours. The person shall not be released within the seventy-two hours until after the person has been examined and evaluated by the designated ~~((mental health professional))~~ crisis responder unless the court in its discretion releases the person sooner after a determination regarding probable cause or on probation bond or bail.

Within twenty-four hours of the arrest, the arresting law enforcement agency shall refer the person to the designated ~~((mental health professional))~~ crisis responder for examination and evaluation under chapter 71.05 or 71.34 RCW and inform a parent or guardian of the person of the arrest, detention, and examination. The designated ~~((mental health professional))~~ crisis responder shall examine and evaluate the person subject to the provisions of chapter 71.05 or 71.34 RCW. The examination shall occur at the facility in which the person is detained or confined. If the person has been released on probation, bond, or bail, the examination shall occur wherever is appropriate.

~~((The designated mental health professional may determine whether to refer the person to the county designated chemical dependency specialist for examination and evaluation in accordance with chapter 70.96A RCW. The county designated chemical dependency specialist shall examine the person subject to the provisions of chapter 70.96A RCW. The examination shall occur at the facility in which the person is detained or confined. If the person has been released on probation, bond, or bail, the examination shall occur wherever is appropriate.))~~

Upon completion of any examination by the designated ~~((mental health professional or the county designated chemical dependency specialist))~~ crisis responder, the results of the examination shall be sent to the court, and the court shall consider those results in making any determination about the person.

The designated ~~((mental health professional and county-designated chemical dependency specialist))~~ crisis responder shall, to the extent permitted by law, notify a parent or guardian of the person that an examination and evaluation has taken place and the results of the examination. Nothing in this subsection prohibits the delivery of additional, appropriate mental health examinations to the person while the person is detained or confined.

If the designated ~~((mental health professional))~~ crisis responder determines it is appropriate, the designated ~~((mental health professional))~~ crisis responder may refer the person to the local behavioral health organization for follow-up services or the department of social and health services or other community providers for other services to the family and individual.

(3) Subsection (1) of this section does not apply to:

(a) Any student or employee of a private military academy when on the property of the academy;

(b) Any person engaged in military, law enforcement, or school district security activities. However, a person who is not a commissioned law enforcement officer and who provides school security services under the direction of a school administrator may not possess a device listed in subsection (1)(f) of this section unless he or she has successfully completed training in the use of such devices that is equivalent to the training received by commissioned law enforcement officers;

(c) Any person who is involved in a convention, showing, demonstration, lecture, or firearms safety course authorized by school authorities in which the firearms of collectors or instructors are handled or displayed;

(d) Any person while the person is participating in a firearms or air gun competition approved by the school or school district;

(e) Any person in possession of a pistol who has been issued a license under RCW 9.41.070, or is exempt from the licensing requirement by RCW 9.41.060, while picking up or dropping off a student;

(f) Any nonstudent at least eighteen years of age legally in possession of a firearm or dangerous weapon that is secured within an attended vehicle or concealed from view within a locked unattended vehicle while conducting legitimate business at the school;

(g) Any nonstudent at least eighteen years of age who is in lawful possession of an unloaded firearm, secured in a vehicle while conducting legitimate business at the school; or

(h) Any law enforcement officer of the federal, state, or local government agency.

(4) Subsections (1)(c) and (d) of this section do not apply to any person who possesses nun-chu-ka sticks, throwing stars, or other dangerous weapons to be used in martial arts classes authorized to be conducted on the school premises.

(5) Subsection (1)(f)(i) of this section does not apply to any person who possesses a device listed in subsection (1)(f)(i) of this section, if the device is possessed and used solely for the purpose approved by a school for use in a school authorized event, lecture, or activity conducted on the school premises.

(6) Except as provided in subsection (3)(b), (c), (f), and (h) of this section, firearms are not permitted in a public or private school building.

(7) "GUN-FREE ZONE" signs shall be posted around school facilities giving warning of the prohibition of the possession of firearms on school grounds.

**Sec. 404.** RCW 9.95.143 and 2004 c 166 s 10 are each amended to read as follows:

When an offender receiving court-ordered mental health or chemical dependency treatment or treatment ordered by the

department of corrections presents for treatment from a mental health or chemical dependency treatment provider, the offender must disclose to the mental health or chemical dependency treatment provider whether he or she is subject to supervision by the department of corrections. If an offender has received relief from disclosure pursuant to RCW 9.94A.562(~~(-70.96A.155,)~~) or 71.05.132, the offender must provide the mental health or chemical dependency treatment provider with a copy of the order granting the relief.

**Sec. 405.** RCW 10.77.010 and 2014 c 225 s 58 are each amended to read as follows:

As used in this chapter:

(1) "Admission" means acceptance based on medical necessity, of a person as a patient.

(2) "Commitment" means the determination by a court that a person should be detained for a period of either evaluation or treatment, or both, in an inpatient or a less-restrictive setting.

(3) "Conditional release" means modification of a court-ordered commitment, which may be revoked upon violation of any of its terms.

(4) A "criminally insane" person means any person who has been acquitted of a crime charged by reason of insanity, and thereupon found to be a substantial danger to other persons or to present a substantial likelihood of committing criminal acts jeopardizing public safety or security unless kept under further control by the court or other persons or institutions.

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

(6) "Designated ~~((mental health professional))~~ crisis responder" has the same meaning as provided in RCW 71.05.020.

(7) "Detention" or "detain" means the lawful confinement of a person, under the provisions of this chapter, pending evaluation.

(8) "Developmental disabilities professional" means a person who has specialized training and three years of experience in directly treating or working with persons with developmental disabilities and is a psychiatrist or psychologist, or a social worker, and such other developmental disabilities professionals as may be defined by rules adopted by the secretary.

(9) "Developmental disability" means the condition as defined in RCW 71A.10.020(~~((4))~~) (5).

(10) "Discharge" means the termination of hospital medical authority. The commitment may remain in place, be terminated, or be amended by court order.

(11) "Furlough" means an authorized leave of absence for a resident of a state institution operated by the department designated for the custody, care, and treatment of the criminally insane, consistent with an order of conditional release from the court under this chapter, without any requirement that the resident be accompanied by, or be in the custody of, any law enforcement or institutional staff, while on such unescorted leave.

(12) "Habilitative services" means those services provided by program personnel to assist persons in acquiring and maintaining life skills and in raising their levels of physical, mental, social, and vocational functioning. Habilitative services include education, training for employment, and therapy. The habilitative process shall be undertaken with recognition of the risk to the public safety presented by the person being assisted as manifested by prior charged criminal conduct.

(13) "History of one or more violent acts" means violent acts committed during: (a) The ten-year period of time prior to the filing of criminal charges; plus (b) the amount of time equal to time spent during the ten-year period in a mental health facility or in confinement as a result of a criminal conviction.

(14) "Immediate family member" means a spouse, child, stepchild, parent, stepparent, grandparent, sibling, or domestic partner.

(15) "Incompetency" means a person lacks the capacity to understand the nature of the proceedings against him or her or to assist in his or her own defense as a result of mental disease or defect.

(16) "Indigent" means any person who is financially unable to obtain counsel or other necessary expert or professional services without causing substantial hardship to the person or his or her family.

(17) "Individualized service plan" means a plan prepared by a developmental disabilities professional with other professionals as a team, for an individual with developmental disabilities, which shall state:

(a) The nature of the person's specific problems, prior charged criminal behavior, and habilitation needs;

(b) The conditions and strategies necessary to achieve the purposes of habilitation;

(c) The intermediate and long-range goals of the habilitation program, with a projected timetable for the attainment;

(d) The rationale for using this plan of habilitation to achieve those intermediate and long-range goals;

(e) The staff responsible for carrying out the plan;

(f) Where relevant in light of past criminal behavior and due consideration for public safety, the criteria for proposed movement to less-restrictive settings, criteria for proposed eventual release, and a projected possible date for release; and

(g) The type of residence immediately anticipated for the person and possible future types of residences.

(18) "Professional person" means:

(a) A psychiatrist licensed as a physician and surgeon in this state who has, in addition, completed three years of graduate training in psychiatry in a program approved by the American medical association or the American osteopathic association and is certified or eligible to be certified by the American board of psychiatry and neurology or the American osteopathic board of neurology and psychiatry;

(b) A psychologist licensed as a psychologist pursuant to chapter 18.83 RCW; or

(c) A social worker with a master's or further advanced degree from a social work educational program accredited and approved as provided in RCW 18.320.010.

(19) "Registration records" include all the records of the department, behavioral health organizations, treatment facilities, and other persons providing services to the department, county departments, or facilities which identify persons who are receiving or who at any time have received services for mental illness.

(20) "Release" means legal termination of the court-ordered commitment under the provisions of this chapter.

(21) "Secretary" means the secretary of the department of social and health services or his or her designee.

(22) "Treatment" means any currently standardized medical or mental health procedure including medication.

(23) "Treatment records" include registration and all other records concerning persons who are receiving or who at any time have received services for mental illness, which are maintained by the department, by behavioral health organizations and their staffs, and by treatment facilities. Treatment records do not include notes or records maintained for personal use by a person providing treatment services for the department, behavioral health organizations, or a treatment facility if the notes or records are not available to others.

(24) "Violent act" means behavior that: (a)(i) Resulted in; (ii) if completed as intended would have resulted in; or (iii) was threatened to be carried out by a person who had the intent and

opportunity to carry out the threat and would have resulted in, homicide, nonfatal injuries, or substantial damage to property; or (b) recklessly creates an immediate risk of serious physical injury to another person. As used in this subsection, "nonfatal injuries" means physical pain or injury, illness, or an impairment of physical condition. "Nonfatal injuries" shall be construed to be consistent with the definition of "bodily injury," as defined in RCW 9A.04.110.

**Sec. 406.** RCW 10.77.025 and 2000 c 94 s 13 are each amended to read as follows:

(1) Whenever any person has been: (a) Committed to a correctional facility or inpatient treatment under any provision of this chapter; or (b) ordered to undergo alternative treatment following his or her acquittal by reason of insanity of a crime charged, such commitment or treatment cannot exceed the maximum possible penal sentence for any offense charged for which the person was committed, or was acquitted by reason of insanity.

(2) Whenever any person committed under any provision of this chapter has not been released within seven days of the maximum possible penal sentence under subsection (1) of this section, and the professional person in charge of the facility believes that the person presents a likelihood of serious harm or is gravely disabled due to a mental disorder, the professional person shall, prior to the expiration of the maximum penal sentence, notify the appropriate ((county)) designated ((mental health professional)) crisis responder of the impending expiration and provide a copy of all relevant information regarding the person, including the likely release date and shall indicate why the person should not be released.

(3) A ((county)) designated ((mental health professional)) crisis responder who receives notice and records under subsection (2) of this section shall, prior to the date of the expiration of the maximum sentence, determine whether to initiate proceedings under chapter 71.05 RCW.

**Sec. 407.** RCW 10.77.027 and 2004 c 166 s 3 are each amended to read as follows:

When a ((county)) designated ((mental health professional)) crisis responder or a professional person has determined that a person has a mental disorder, and is otherwise committable, the cause of the person's mental disorder shall not make the person ineligible for commitment under chapter 71.05 RCW.

**Sec. 408.** RCW 10.77.060 and 2012 c 256 s 3 are each amended to read as follows:

(1)(a) Whenever a defendant has pleaded not guilty by reason of insanity, or there is reason to doubt his or her competency, the court on its own motion or on the motion of any party shall either appoint or request the secretary to designate a qualified expert or professional person, who shall be approved by the prosecuting attorney, to evaluate and report upon the mental condition of the defendant.

(b) The signed order of the court shall serve as authority for the evaluator to be given access to all records held by any mental health, medical, educational, or correctional facility that relate to the present or past mental, emotional, or physical condition of the defendant. If the court is advised by any party that the defendant may have a developmental disability, the evaluation must be performed by a developmental disabilities professional.

(c) The evaluator shall assess the defendant in a jail, detention facility, in the community, or in court to determine whether a period of inpatient commitment will be necessary to complete an accurate evaluation. If inpatient commitment is needed, the signed order of the court shall serve as authority for the evaluator to request the jail or detention facility to transport the defendant to a hospital or secure mental health facility for a period of commitment not to exceed fifteen days from the time of admission to the facility. Otherwise, the evaluator shall complete the evaluation.

(d) The court may commit the defendant for evaluation to a hospital or secure mental health facility without an assessment if:

(i) The defendant is charged with murder in the first or second degree; (ii) the court finds that it is more likely than not that an evaluation in the jail will be inadequate to complete an accurate evaluation; or (iii) the court finds that an evaluation outside the jail setting is necessary for the health, safety, or welfare of the defendant. The court shall not order an initial inpatient evaluation for any purpose other than a competency evaluation.

(e) The order shall indicate whether, in the event the defendant is committed to a hospital or secure mental health facility for evaluation, all parties agree to waive the presence of the defendant or to the defendant's remote participation at a subsequent competency hearing or presentation of an agreed order if the recommendation of the evaluator is for continuation of the stay of criminal proceedings, or if the opinion of the evaluator is that the defendant remains incompetent and there is no remaining restoration period, and the hearing is held prior to the expiration of the authorized commitment period.

(f) When a defendant is ordered to be committed for inpatient evaluation under this subsection (1), the court may delay granting bail until the defendant has been evaluated for competency or sanity and appears before the court. Following the evaluation, in determining bail the court shall consider: (i) Recommendations of the evaluator regarding the defendant's competency, sanity, or diminished capacity; (ii) whether the defendant has a recent history of one or more violent acts; (iii) whether the defendant has previously been acquitted by reason of insanity or found incompetent; (iv) whether it is reasonably likely the defendant will fail to appear for a future court hearing; and (v) whether the defendant is a threat to public safety.

(2) The court may direct that a qualified expert or professional person retained by or appointed for the defendant be permitted to witness the evaluation authorized by subsection (1) of this section, and that the defendant shall have access to all information obtained by the court appointed experts or professional persons. The defendant's expert or professional person shall have the right to file his or her own report following the guidelines of subsection (3) of this section. If the defendant is indigent, the court shall upon the request of the defendant assist him or her in obtaining an expert or professional person.

(3) The report of the evaluation shall include the following:

- (a) A description of the nature of the evaluation;
- (b) A diagnosis or description of the current mental status of the defendant;
- (c) If the defendant suffers from a mental disease or defect, or has a developmental disability, an opinion as to competency;
- (d) If the defendant has indicated his or her intention to rely on the defense of insanity pursuant to RCW 10.77.030, and an evaluation and report by an expert or professional person has been provided concluding that the defendant was criminally insane at the time of the alleged offense, an opinion as to the defendant's sanity at the time of the act, and an opinion as to whether the defendant presents a substantial danger to other persons, or presents a substantial likelihood of committing criminal acts jeopardizing public safety or security, unless kept under further

control by the court or other persons or institutions, provided that no opinion shall be rendered under this subsection (3)(d) unless the evaluator or court determines that the defendant is competent to stand trial;

(e) When directed by the court, if an evaluation and report by an expert or professional person has been provided concluding that the defendant lacked the capacity at the time of the offense to form the mental state necessary to commit the charged offense, an opinion as to the capacity of the defendant to have a particular state of mind which is an element of the offense charged;

(f) An opinion as to whether the defendant should be evaluated by a designated (~~mental health professional~~) crisis responder under chapter 71.05 RCW.

(4) The secretary may execute such agreements as appropriate and necessary to implement this section and may choose to designate more than one evaluator.

**Sec. 409.** RCW 10.77.065 and 2014 c 225 s 59 and 2014 c 10 s 3 are each reenacted and amended to read as follows:

(1)(a)(i) The expert conducting the evaluation shall provide his or her report and recommendation to the court in which the criminal proceeding is pending. For a competency evaluation of a defendant who is released from custody, if the evaluation cannot be completed within twenty-one days due to a lack of cooperation by the defendant, the evaluator shall notify the court that he or she is unable to complete the evaluation because of such lack of cooperation.

(ii) A copy of the report and recommendation shall be provided to the designated (~~mental health professional~~) crisis responder, the prosecuting attorney, the defense attorney, and the professional person at the local correctional facility where the defendant is being held, or if there is no professional person, to the person designated under (a)(iv) of this subsection. Upon request, the evaluator shall also provide copies of any source documents relevant to the evaluation to the designated (~~mental health professional~~) crisis responder.

(iii) Any facility providing inpatient services related to competency shall discharge the defendant as soon as the facility determines that the defendant is competent to stand trial. Discharge shall not be postponed during the writing and distribution of the evaluation report. Distribution of an evaluation report by a facility providing inpatient services shall ordinarily be accomplished within two working days or less following the final evaluation of the defendant. If the defendant is discharged to the custody of a local correctional facility, the local correctional facility must continue the medication regimen prescribed by the facility, when clinically appropriate, unless the defendant refuses to cooperate with medication and an involuntary medication order by the court has not been entered.

(iv) If there is no professional person at the local correctional facility, the local correctional facility shall designate a professional person as defined in RCW 71.05.020 or, in cooperation with the behavioral health organization, a professional person at the behavioral health organization to receive the report and recommendation.

(v) Upon commencement of a defendant's evaluation in the local correctional facility, the local correctional facility must notify the evaluator of the name of the professional person, or person designated under (a)(iv) of this subsection, to receive the report and recommendation.

(b) If the evaluator concludes, under RCW 10.77.060(3)(f), the person should be evaluated by a designated (~~mental health professional~~) crisis responder under chapter 71.05 RCW, the court shall order such evaluation be conducted prior to release from confinement when the person is acquitted or convicted and

sentenced to confinement for twenty-four months or less, or when charges are dismissed pursuant to a finding of incompetent to stand trial.

(2) The designated ~~((mental health professional))~~ crisis responder shall provide written notification within twenty-four hours of the results of the determination whether to commence proceedings under chapter 71.05 RCW. The notification shall be provided to the persons identified in subsection (1)(a) of this section.

(3) The prosecuting attorney shall provide a copy of the results of any proceedings commenced by the designated ~~((mental health professional))~~ crisis responder under subsection (2) of this section to the secretary.

(4) A facility conducting a civil commitment evaluation under RCW 10.77.086(4) or 10.77.088(1)(b)(ii) that makes a determination to release the person instead of filing a civil commitment petition must provide written notice to the prosecutor and defense attorney at least twenty-four hours prior to release. The notice may be given by electronic mail, facsimile, or other means reasonably likely to communicate the information immediately.

(5) The fact of admission and all information and records compiled, obtained, or maintained in the course of providing services under this chapter may also be disclosed to the courts solely to prevent the entry of any evaluation or treatment order that is inconsistent with any order entered under chapter 71.05 RCW.

**Sec. 410.** RCW 10.77.084 and 2012 c 256 s 5 are each amended to read as follows:

(1)(a) If at any time during the pendency of an action and prior to judgment the court finds, following a report as provided in RCW 10.77.060, a defendant is incompetent, the court shall order the proceedings against the defendant be stayed except as provided in subsection (4) of this section.

(b) At the end of the mental health treatment and restoration period, if any, or at any time a professional person determines competency has been, or is unlikely to be, restored, the defendant shall be returned to court for a hearing. The parties may agree to waive the defendant's presence or to remote participation by the defendant at a hearing or presentation of an agreed order if the recommendation of the evaluator is for the continuation of the stay of criminal proceedings, or if the opinion of the evaluator is that the defendant remains incompetent and there is no remaining restoration period, and the hearing is held prior to expiration of the defendant's authorized period of commitment, in which case the department shall promptly notify the court and parties of the date of the defendant's admission and expiration of commitment so that a timely hearing date may be scheduled. If, after notice and hearing, competency has been restored, the stay entered under (a) of this subsection shall be lifted. If competency has not been restored, the proceedings shall be dismissed without prejudice. If the court concludes that competency has not been restored, but that further treatment within the time limits established by RCW 10.77.086 or 10.77.088 is likely to restore competency, the court may order that treatment for purposes of competency restoration be continued. Such treatment may not extend beyond the combination of time provided for in RCW 10.77.086 or 10.77.088.

(c) If at any time during the proceeding the court finds, following notice and hearing, a defendant is not likely to regain competency, the proceedings shall be dismissed without prejudice and the defendant shall be evaluated for civil commitment proceedings.

(2) If the defendant is referred for evaluation by a designated ~~((mental health professional))~~ crisis responder under this chapter, the designated ~~((mental health professional))~~ crisis

responder shall provide prompt written notification of the results of the evaluation and whether the person was detained. The notification shall be provided to the court in which the criminal action was pending, the prosecutor, the defense attorney in the criminal action, and the facility that evaluated the defendant for competency.

(3) The fact that the defendant is unfit to proceed does not preclude any pretrial proceedings which do not require the personal participation of the defendant.

(4) A defendant receiving medication for either physical or mental problems shall not be prohibited from standing trial, if the medication either enables the defendant to understand the proceedings against him or her and to assist in his or her own defense, or does not disable him or her from so understanding and assisting in his or her own defense.

(5) At or before the conclusion of any commitment period provided for by this section, the facility providing evaluation and treatment shall provide to the court a written report of evaluation which meets the requirements of RCW 10.77.060(3). For defendants charged with a felony, the report following the second competency restoration period or first competency restoration period if the defendant's incompetence is determined to be solely due to a developmental disability or the evaluator concludes that the defendant is not likely to regain competency must include an assessment of the defendant's future dangerousness which is evidence-based regarding predictive validity.

**Sec. 411.** RCW 10.77.088 and 2007 c 375 s 5 are each amended to read as follows:

(1)(a) If the defendant is charged with a nonfelony crime which is a serious offense as identified in RCW 10.77.092 and found by the court to be not competent, then the court shall order the secretary to place the defendant:

(i) At a secure mental health facility in the custody of the department or an agency designated by the department for mental health treatment and restoration of competency. The placement shall not exceed fourteen days in addition to any unused time of the evaluation under RCW 10.77.060. The court shall compute this total period and include its computation in the order. The fourteen-day period plus any unused time of the evaluation under RCW 10.77.060 shall be considered to include only the time the defendant is actually at the facility and shall be in addition to reasonable time for transport to or from the facility;

(ii) On conditional release for up to ninety days for mental health treatment and restoration of competency; or

(iii) Any combination of this subsection.

(b)(i) If the proceedings are dismissed under RCW 10.77.084 and the defendant was on conditional release at the time of dismissal, the court shall order the designated ~~((mental health professional))~~ crisis responder within that county to evaluate the defendant pursuant to chapter 71.05 RCW. The evaluation may be conducted in any location chosen by the professional.

(ii) If the defendant was in custody and not on conditional release at the time of dismissal, the defendant shall be detained and sent to an evaluation and treatment facility for up to seventy-two hours, excluding Saturdays, Sundays, and holidays, for evaluation for purposes of filing a petition under chapter 71.05 RCW. The seventy-two-hour period shall commence upon the next nonholiday weekday following the court order and shall run to the end of the last nonholiday weekday within the seventy-two-hour period.

(2) If the defendant is charged with a nonfelony crime that is not a serious offense as defined in RCW 10.77.092:

The court may stay or dismiss proceedings and detain the defendant for sufficient time to allow the designated ~~((mental~~

~~health professional~~) crisis responder to evaluate the defendant and consider initial detention proceedings under chapter 71.05 RCW. The court must give notice to all parties at least twenty-four hours before the dismissal of any proceeding under this subsection, and provide an opportunity for a hearing on whether to dismiss the proceedings.

**Sec. 412.** RCW 11.92.190 and 1996 c 249 s 11 are each amended to read as follows:

No residential treatment facility which provides nursing or other care may detain a person within such facility against their will. Any court order, other than an order issued in accordance with the involuntary treatment provisions of chapters 10.77, 71.05, and 72.23 RCW, which purports to authorize such involuntary detention or purports to authorize a guardian or limited guardian to consent to such involuntary detention on behalf of an incapacitated person shall be void and of no force or effect. This section does not apply to the detention of a minor as provided in chapter ~~((70.96A~~ ~~or~~) 71.34 RCW.

Nothing in this section shall be construed to require a court order authorizing placement of an incapacitated person in a residential treatment facility if such order is not otherwise required by law: PROVIDED, That notice of any residential placement of an incapacitated person shall be served, either before or after placement, by the guardian or limited guardian on such person, the guardian ad litem of record, and any attorney of record.

**Sec. 413.** RCW 13.32A.044 and 2000 c 123 s 5 are each amended to read as follows:

(1) The purpose of the multidisciplinary team is to assist in a coordinated referral of the family to available social and health-related services.

(2) The team shall have the authority to evaluate the juvenile, and family members, if appropriate and agreed to by the parent, and shall:

(a) With parental input, develop a plan of appropriate available services and assist the family in obtaining those services;

(b) Make a referral to the designated ~~((chemical dependency specialist or the county designated mental health professional~~) crisis responder, if appropriate;

(c) Recommend no further intervention because the juvenile and his or her family have resolved the problem causing the family conflict; or

(d) With the parent's consent, work with them to achieve reconciliation of the child and family.

(3) At the first meeting of the multidisciplinary team, it shall choose a member to coordinate the team's efforts. The parent member of the multidisciplinary team must agree with the choice of coordinator. The team shall meet or communicate as often as necessary to assist the family.

(4) The coordinator of the multidisciplinary team may assist in filing a child in need of services petition when requested by the parent or child or an at-risk youth petition when requested by the parent. The multidisciplinary team shall have no standing as a party in any action under this title.

(5) If the administrator is unable to contact the child's parent, the multidisciplinary team may be used for assistance. If the parent has not been contacted within five days the administrator shall contact the department and request the case be reviewed for a dependency filing under chapter 13.34 RCW.

**Sec. 414.** RCW 18.83.110 and 2005 c 504 s 706 are each amended to read as follows:

Confidential communications between a client and a psychologist shall be privileged against compulsory disclosure to the same extent and subject to the same conditions as confidential communications between attorney and client, but this exception is subject to the limitations under RCW ~~((70.96A.140 and~~) 71.05.360 (8) and (9).

**Sec. 415.** RCW 43.20A.025 and 1998 c 296 s 34 are each amended to read as follows:

The department of social and health services shall adopt rules defining "appropriately trained professional person" for the purposes of conducting mental health and chemical dependency evaluations under RCW ~~((71.34.052(3), 71.34.054(1), 70.96A.245(3), and 70.96A.250(1))~~ 71.34.600(3) and 71.34.650(1).

**Sec. 416.** RCW 70.02.010 and 2014 c 225 s 70 and 2014 c 220 s 4 are each reenacted and amended to read as follows:

The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

(1) "Admission" has the same meaning as in RCW 71.05.020.

(2) "Audit" means an assessment, evaluation, determination, or investigation of a health care provider by a person not employed by or affiliated with the provider to determine compliance with:

(a) Statutory, regulatory, fiscal, medical, or scientific standards;

(b) A private or public program of payments to a health care provider; or

(c) Requirements for licensing, accreditation, or certification.

(3) "Commitment" has the same meaning as in RCW 71.05.020.

(4) "Custody" has the same meaning as in RCW 71.05.020.

(5) "Deidentified" means health information that does not identify an individual and with respect to which there is no reasonable basis to believe that the information can be used to identify an individual.

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

(7) "Designated ~~((mental health professional~~) crisis responder" has the same meaning as in RCW 71.05.020 or 71.34.020, as applicable.

(8) "Detention" or "detain" has the same meaning as in RCW 71.05.020.

(9) "Directory information" means information disclosing the presence, and for the purpose of identification, the name, location within a health care facility, and the general health condition of a particular patient who is a patient in a health care facility or who is currently receiving emergency health care in a health care facility.

(10) "Discharge" has the same meaning as in RCW 71.05.020.

(11) "Evaluation and treatment facility" has the same meaning as in RCW 71.05.020 or 71.34.020, as applicable.

(12) "Federal, state, or local law enforcement authorities" means an officer of any agency or authority in the United States, a state, a tribe, a territory, or a political subdivision of a state, a tribe, or a territory who is empowered by law to: (a) Investigate or conduct an official inquiry into a potential criminal violation of law; or (b) prosecute or otherwise conduct a criminal proceeding arising from an alleged violation of law.

(13) "General health condition" means the patient's health status described in terms of "critical," "poor," "fair," "good," "excellent," or terms denoting similar conditions.

(14) "Health care" means any care, service, or procedure provided by a health care provider:

(a) To diagnose, treat, or maintain a patient's physical or mental condition; or

(b) That affects the structure or any function of the human body.

(15) "Health care facility" means a hospital, clinic, nursing home, laboratory, office, or similar place where a health care provider provides health care to patients.

(16) "Health care information" means any information, whether oral or recorded in any form or medium, that identifies or can readily be associated with the identity of a patient and directly relates to the patient's health care, including a patient's deoxyribonucleic acid and identified sequence of chemical base pairs. The term includes any required accounting of disclosures of health care information.

(17) "Health care operations" means any of the following activities of a health care provider, health care facility, or third-party payor to the extent that the activities are related to functions that make an entity a health care provider, a health care facility, or a third-party payor:

(a) Conducting: Quality assessment and improvement activities, including outcomes evaluation and development of clinical guidelines, if the obtaining of generalizable knowledge is not the primary purpose of any studies resulting from such activities; population-based activities relating to improving health or reducing health care costs, protocol development, case management and care coordination, contacting of health care providers and patients with information about treatment alternatives; and related functions that do not include treatment;

(b) Reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance and third-party payor performance, conducting training programs in which students, trainees, or practitioners in areas of health care learn under supervision to practice or improve their skills as health care providers, training of nonhealth care professionals, accreditation, certification, licensing, or credentialing activities;

(c) Underwriting, premium rating, and other activities relating to the creation, renewal, or replacement of a contract of health insurance or health benefits, and ceding, securing, or placing a contract for reinsurance of risk relating to claims for health care, including stop-loss insurance and excess of loss insurance, if any applicable legal requirements are met;

(d) Conducting or arranging for medical review, legal services, and auditing functions, including fraud and abuse detection and compliance programs;

(e) Business planning and development, such as conducting cost-management and planning-related analyses related to managing and operating the health care facility or third-party payor, including formulary development and administration, development, or improvement of methods of payment or coverage policies; and

(f) Business management and general administrative activities of the health care facility, health care provider, or third-party payor including, but not limited to:

(i) Management activities relating to implementation of and compliance with the requirements of this chapter;

(ii) Customer service, including the provision of data analyses for policy holders, plan sponsors, or other customers, provided that health care information is not disclosed to such policy holder, plan sponsor, or customer;

(iii) Resolution of internal grievances;

(iv) The sale, transfer, merger, or consolidation of all or part of a health care provider, health care facility, or third-party payor with another health care provider, health care facility, or third-party payor or an entity that following such activity will become a health care provider, health care facility, or third-party payor, and due diligence related to such activity; and

(v) Consistent with applicable legal requirements, creating deidentified health care information or a limited dataset for the benefit of the health care provider, health care facility, or third-party payor.

(18) "Health care provider" means a person who is licensed, certified, registered, or otherwise authorized by the law of this state to provide health care in the ordinary course of business or practice of a profession.

(19) "Human immunodeficiency virus" or "HIV" has the same meaning as in RCW 70.24.017.

(20) "Imminent" has the same meaning as in RCW 71.05.020.

(21) "Information and records related to mental health services" means a type of health care information that relates to all information and records compiled, obtained, or maintained in the course of providing services by a mental health service agency or mental health professional to persons who are receiving or have received services for mental illness. The term includes mental health information contained in a medical bill, registration records, as defined in RCW 71.05.020, and all other records regarding the person maintained by the department, by regional support networks and their staff, and by treatment facilities. The term further includes documents of legal proceedings under chapter 71.05, 71.34, or 10.77 RCW, or somatic health care information. For health care information maintained by a hospital as defined in RCW 70.41.020 or a health care facility or health care provider that participates with a hospital in an organized health care arrangement defined under federal law, "information and records related to mental health services" is limited to information and records of services provided by a mental health professional or information and records of services created by a hospital-operated community mental health program as defined in RCW 71.24.025(6). The term does not include psychotherapy notes.

(22) "Information and records related to sexually transmitted diseases" means a type of health care information that relates to the identity of any person upon whom an HIV antibody test or other sexually transmitted infection test is performed, the results of such tests, and any information relating to diagnosis of or treatment for any confirmed sexually transmitted infections.

(23) "Institutional review board" means any board, committee, or other group formally designated by an institution, or authorized under federal or state law, to review, approve the initiation of, or conduct periodic review of research programs to assure the protection of the rights and welfare of human research subjects.

(24) "Legal counsel" has the same meaning as in RCW 71.05.020.

(25) "Local public health officer" has the same meaning as in RCW 70.24.017.

(26) "Maintain," as related to health care information, means to hold, possess, preserve, retain, store, or control that information.

(27) "Mental health professional" means a psychiatrist, psychologist, psychiatric advanced registered nurse practitioner, psychiatric nurse, or social worker, and such other mental health professionals as may be defined by rules adopted by the secretary of social and health services under chapter 71.05 RCW, whether that person works in a private or public setting.

(28) "Mental health service agency" means a public or private agency that provides services to persons with mental

disorders as defined under RCW 71.05.020 or 71.34.020 and receives funding from public sources. This includes evaluation and treatment facilities as defined in RCW 71.34.020, community mental health service delivery systems, or community mental health programs, as defined in RCW 71.24.025, and facilities conducting competency evaluations and restoration under chapter 10.77 RCW.

(29) "Minor" has the same meaning as in RCW 71.34.020.

(30) "Parent" has the same meaning as in RCW 71.34.020.

(31) "Patient" means an individual who receives or has received health care. The term includes a deceased individual who has received health care.

(32) "Payment" means:

(a) The activities undertaken by:

(i) A third-party payor to obtain premiums or to determine or fulfill its responsibility for coverage and provision of benefits by the third-party payor; or

(ii) A health care provider, health care facility, or third-party payor, to obtain or provide reimbursement for the provision of health care; and

(b) The activities in (a) of this subsection that relate to the patient to whom health care is provided and that include, but are not limited to:

(i) Determinations of eligibility or coverage, including coordination of benefits or the determination of cost-sharing amounts, and adjudication or subrogation of health benefit claims;

(ii) Risk adjusting amounts due based on enrollee health status and demographic characteristics;

(iii) Billing, claims management, collection activities, obtaining payment under a contract for reinsurance, including stop-loss insurance and excess of loss insurance, and related health care data processing;

(iv) Review of health care services with respect to medical necessity, coverage under a health plan, appropriateness of care, or justification of charges;

(v) Utilization review activities, including precertification and preauthorization of services, and concurrent and retrospective review of services; and

(vi) Disclosure to consumer reporting agencies of any of the following health care information relating to collection of premiums or reimbursement:

(A) Name and address;

(B) Date of birth;

(C) Social security number;

(D) Payment history;

(E) Account number; and

(F) Name and address of the health care provider, health care facility, and/or third-party payor.

(33) "Person" means an individual, corporation, business trust, estate, trust, partnership, association, joint venture, government, governmental subdivision or agency, or any other legal or commercial entity.

(34) "Professional person" has the same meaning as in RCW 71.05.020.

(35) "Psychiatric advanced registered nurse practitioner" has the same meaning as in RCW 71.05.020.

(36) "Psychotherapy notes" means notes recorded, in any medium, by a mental health professional documenting or analyzing the contents of conversations during a private counseling session or group, joint, or family counseling session, and that are separated from the rest of the individual's medical record. The term excludes mediation prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: Diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.

(37) "Reasonable fee" means the charges for duplicating or searching the record, but shall not exceed sixty-five cents per page for the first thirty pages and fifty cents per page for all other pages. In addition, a clerical fee for searching and handling may be charged not to exceed fifteen dollars. These amounts shall be adjusted biennially in accordance with changes in the consumer price index, all consumers, for Seattle-Tacoma metropolitan statistical area as determined by the secretary of health. However, where editing of records by a health care provider is required by statute and is done by the provider personally, the fee may be the usual and customary charge for a basic office visit.

(38) "Release" has the same meaning as in RCW 71.05.020.

(39) "Resource management services" has the same meaning as in RCW 71.05.020.

(40) "Serious violent offense" has the same meaning as in RCW 71.05.020.

(41) "Sexually transmitted infection" or "sexually transmitted disease" has the same meaning as "sexually transmitted disease" in RCW 70.24.017.

(42) "Test for a sexually transmitted disease" has the same meaning as in RCW 70.24.017.

(43) "Third-party payor" means an insurer regulated under Title 48 RCW authorized to transact business in this state or other jurisdiction, including a health care service contractor, and health maintenance organization; or an employee welfare benefit plan, excluding fitness or wellness plans; or a state or federal health benefit program.

(44) "Treatment" means the provision, coordination, or management of health care and related services by one or more health care providers or health care facilities, including the coordination or management of health care by a health care provider or health care facility with a third party; consultation between health care providers or health care facilities relating to a patient; or the referral of a patient for health care from one health care provider or health care facility to another.

**Sec. 417.** RCW 70.02.230 and 2014 c 225 s 71 and 2014 c 220 s 9 are each reenacted and amended to read as follows:

(1) Except as provided in this section, RCW 70.02.050, 71.05.445, 70.96A.150, 74.09.295, 70.02.210, 70.02.240, 70.02.250, and 70.02.260, or pursuant to a valid authorization under RCW 70.02.030, the fact of admission to a provider for mental health services and all information and records compiled, obtained, or maintained in the course of providing mental health services to either voluntary or involuntary recipients of services at public or private agencies must be confidential.

(2) Information and records related to mental health services, other than those obtained through treatment under chapter 71.34 RCW, may be disclosed only:

(a) In communications between qualified professional persons to meet the requirements of chapter 71.05 RCW, in the provision of services or appropriate referrals, or in the course of guardianship proceedings if provided to a professional person:

(i) Employed by the facility;

(ii) Who has medical responsibility for the patient's care;

(iii) Who is a designated ~~((mental health professional))~~ crisis responder;

(iv) Who is providing services under chapter 71.24 RCW;

(v) Who is employed by a state or local correctional facility where the person is confined or supervised; or

(vi) Who is providing evaluation, treatment, or follow-up services under chapter 10.77 RCW;

(b) When the communications regard the special needs of a patient and the necessary circumstances giving rise to such needs



and the disclosure is made by a facility providing services to the operator of a facility in which the patient resides or will reside;

(c)(i) When the person receiving services, or his or her guardian, designates persons to whom information or records may be released, or if the person is a minor, when his or her parents make such a designation;

(ii) A public or private agency shall release to a person's next of kin, attorney, personal representative, guardian, or conservator, if any:

(A) The information that the person is presently a patient in the facility or that the person is seriously physically ill;

(B) A statement evaluating the mental and physical condition of the patient, and a statement of the probable duration of the patient's confinement, if such information is requested by the next of kin, attorney, personal representative, guardian, or conservator; and

(iii) Other information requested by the next of kin or attorney as may be necessary to decide whether or not proceedings should be instituted to appoint a guardian or conservator;

(d)(i) To the courts as necessary to the administration of chapter 71.05 RCW or to a court ordering an evaluation or treatment under chapter 10.77 RCW solely for the purpose of preventing the entry of any evaluation or treatment order that is inconsistent with any order entered under chapter 71.05 RCW.

(ii) To a court or its designee in which a motion under chapter 10.77 RCW has been made for involuntary medication of a defendant for the purpose of competency restoration.

(iii) Disclosure under this subsection is mandatory for the purpose of the federal health insurance portability and accountability act;

(e)(i) When a mental health professional or designated crisis responder is requested by a representative of a law enforcement or corrections agency, including a police officer, sheriff, community corrections officer, a municipal attorney, or prosecuting attorney to undertake an investigation or provide treatment under RCW 71.05.150, 10.31.110, or 71.05.153, the mental health professional or designated crisis responder shall, if requested to do so, advise the representative in writing of the results of the investigation including a statement of reasons for the decision to detain or release the person investigated. The written report must be submitted within seventy-two hours of the completion of the investigation or the request from the law enforcement or corrections representative, whichever occurs later.

(ii) Disclosure under this subsection is mandatory for the purposes of the federal health insurance portability and accountability act;

(f) To the attorney of the detained person;

(g) To the prosecuting attorney as necessary to carry out the responsibilities of the office under RCW 71.05.330(2), 71.05.340(1)(b), and 71.05.335. The prosecutor must be provided access to records regarding the committed person's treatment and prognosis, medication, behavior problems, and other records relevant to the issue of whether treatment less restrictive than inpatient treatment is in the best interest of the committed person or others. Information must be disclosed only after giving notice to the committed person and the person's counsel;

(h)(i) To appropriate law enforcement agencies and to a person, when the identity of the person is known to the public or private agency, whose health and safety has been threatened, or who is known to have been repeatedly harassed, by the patient. The person may designate a representative to receive the disclosure. The disclosure must be made by the professional person in charge of the public or private agency or his or her designee and must include the dates of commitment, admission, discharge, or release, authorized or unauthorized absence from the agency's facility, and only other information that is pertinent to the

threat or harassment. The agency or its employees are not civilly liable for the decision to disclose or not, so long as the decision was reached in good faith and without gross negligence.

(ii) Disclosure under this subsection is mandatory for the purposes of the federal health insurance portability and accountability act;

(i)(i) To appropriate corrections and law enforcement agencies all necessary and relevant information in the event of a crisis or emergent situation that poses a significant and imminent risk to the public. The mental health service agency or its employees are not civilly liable for the decision to disclose or not so long as the decision was reached in good faith and without gross negligence.

(ii) Disclosure under this subsection is mandatory for the purposes of the health insurance portability and accountability act;

(j) To the persons designated in RCW 71.05.425 for the purposes described in those sections;

(k) Upon the death of a person. The person's next of kin, personal representative, guardian, or conservator, if any, must be notified. Next of kin who are of legal age and competent must be notified under this section in the following order: Spouse, parents, children, brothers and sisters, and other relatives according to the degree of relation. Access to all records and information compiled, obtained, or maintained in the course of providing services to a deceased patient are governed by RCW 70.02.140;

(l) To mark headstones or otherwise memorialize patients interred at state hospital cemeteries. The department of social and health services shall make available the name, date of birth, and date of death of patients buried in state hospital cemeteries fifty years after the death of a patient;

(m) To law enforcement officers and to prosecuting attorneys as are necessary to enforce RCW 9.41.040(2)(a)((~~iii~~)) (iii). The extent of information that may be released is limited as follows:

(i) Only the fact, place, and date of involuntary commitment, an official copy of any order or orders of commitment, and an official copy of any written or oral notice of ineligibility to possess a firearm that was provided to the person pursuant to RCW 9.41.047(1), must be disclosed upon request;

(ii) The law enforcement and prosecuting attorneys may only release the information obtained to the person's attorney as required by court rule and to a jury or judge, if a jury is waived, that presides over any trial at which the person is charged with violating RCW 9.41.040(2)(a)((~~iii~~)) (iii);

(iii) Disclosure under this subsection is mandatory for the purposes of the federal health insurance portability and accountability act;

(n) When a patient would otherwise be subject to the provisions of this section and disclosure is necessary for the protection of the patient or others due to his or her unauthorized disappearance from the facility, and his or her whereabouts is unknown, notice of the disappearance, along with relevant information, may be made to relatives, the department of corrections when the person is under the supervision of the department, and governmental law enforcement agencies designated by the physician or psychiatric advanced registered nurse practitioner in charge of the patient or the professional person in charge of the facility, or his or her professional designee;

(o) Pursuant to lawful order of a court;

(p) To qualified staff members of the department, to the director of behavioral health organizations, to resource management services responsible for serving a patient, or to service providers designated by resource management services as necessary to determine the progress and adequacy of treatment and to determine whether the person should be transferred to a less restrictive or more appropriate treatment modality or facility;

(q) Within the mental health service agency where the patient is receiving treatment, confidential information may be disclosed to persons employed, serving in bona fide training programs, or participating in supervised volunteer programs, at the facility when it is necessary to perform their duties;

(r) Within the department as necessary to coordinate treatment for mental illness, developmental disabilities, alcoholism, or drug abuse of persons who are under the supervision of the department;

(s) To a licensed physician or psychiatric advanced registered nurse practitioner who has determined that the life or health of the person is in danger and that treatment without the information and records related to mental health services could be injurious to the patient's health. Disclosure must be limited to the portions of the records necessary to meet the medical emergency;

(t) Consistent with the requirements of the federal health information portability and accountability act, to a licensed mental health professional or a health care professional licensed under chapter 18.71, 18.71A, 18.57, 18.57A, 18.79, or 18.36A RCW who is providing care to a person, or to whom a person has been referred for evaluation or treatment, to assure coordinated care and treatment of that person. Psychotherapy notes may not be released without authorization of the person who is the subject of the request for release of information;

(u) To administrative and office support staff designated to obtain medical records for those licensed professionals listed in (t) of this subsection;

(v) To a facility that is to receive a person who is involuntarily committed under chapter 71.05 RCW, or upon transfer of the person from one evaluation and treatment facility to another. The release of records under this subsection is limited to the information and records related to mental health services required by law, a record or summary of all somatic treatments, and a discharge summary. The discharge summary may include a statement of the patient's problem, the treatment goals, the type of treatment which has been provided, and recommendation for future treatment, but may not include the patient's complete treatment record;

(w) To the person's counsel or guardian ad litem, without modification, at any time in order to prepare for involuntary commitment or recommitment proceedings, reexaminations, appeals, or other actions relating to detention, admission, commitment, or patient's rights under chapter 71.05 RCW;

(x) To staff members of the protection and advocacy agency or to staff members of a private, nonprofit corporation for the purpose of protecting and advocating the rights of persons with mental disorders or developmental disabilities. Resource management services may limit the release of information to the name, birthdate, and county of residence of the patient, information regarding whether the patient was voluntarily admitted, or involuntarily committed, the date and place of admission, placement, or commitment, the name and address of a guardian of the patient, and the date and place of the guardian's appointment. Any staff member who wishes to obtain additional information must notify the patient's resource management services in writing of the request and of the resource management services' right to object. The staff member shall send the notice by mail to the guardian's address. If the guardian does not object in writing within fifteen days after the notice is mailed, the staff member may obtain the additional information. If the guardian objects in writing within fifteen days after the notice is mailed, the staff member may not obtain the additional information;

(y) To all current treating providers of the patient with prescriptive authority who have written a prescription for the patient within the last twelve months. For purposes of coordinating health care, the department may release without written

authorization of the patient, information acquired for billing and collection purposes as described in RCW 70.02.050(1)(d). The department shall notify the patient that billing and collection information has been released to named providers, and provide the substance of the information released and the dates of such release. The department may not release counseling, inpatient psychiatric hospitalization, or drug and alcohol treatment information without a signed written release from the client;

(z)(i) To the secretary of social and health services for either program evaluation or research, or both so long as the secretary adopts rules for the conduct of the evaluation or research, or both. Such rules must include, but need not be limited to, the requirement that all evaluators and researchers sign an oath of confidentiality substantially as follows:

"As a condition of conducting evaluation or research concerning persons who have received services from (fill in the facility, agency, or person) I, . . . . ., agree not to divulge, publish, or otherwise make known to unauthorized persons or the public any information obtained in the course of such evaluation or research regarding persons who have received services such that the person who received such services is identifiable.

I recognize that unauthorized release of confidential information may subject me to civil liability under the provisions of state law.

/s/ . . . . ."

(ii) Nothing in this chapter may be construed to prohibit the compilation and publication of statistical data for use by government or researchers under standards, including standards to assure maintenance of confidentiality, set forth by the secretary.

(3) Whenever federal law or federal regulations restrict the release of information contained in the information and records related to mental health services of any patient who receives treatment for chemical dependency, the department may restrict the release of the information as necessary to comply with federal law and regulations.

(4) Civil liability and immunity for the release of information about a particular person who is committed to the department of social and health services under RCW 71.05.280(3) and 71.05.320(3)(c) after dismissal of a sex offense as defined in RCW 9.94A.030, is governed by RCW 4.24.550.

(5) The fact of admission to a provider of mental health services, as well as all records, files, evidence, findings, or orders made, prepared, collected, or maintained pursuant to chapter 71.05 RCW are not admissible as evidence in any legal proceeding outside that chapter without the written authorization of the person who was the subject of the proceeding except as provided in RCW 70.02.260, in a subsequent criminal prosecution of a person committed pursuant to RCW 71.05.280(3) or 71.05.320(3)(c) on charges that were dismissed pursuant to chapter 10.77 RCW due to incompetency to stand trial, in a civil commitment proceeding pursuant to chapter 71.09 RCW, or, in the case of a minor, a guardianship or dependency proceeding. The records and files maintained in any court proceeding pursuant to chapter 71.05 RCW must be confidential and available subsequent to such proceedings only to the person who was the subject of the proceeding or his or her attorney. In addition, the court may order the subsequent release or use of such records or files only upon good cause shown if the court finds that appropriate safeguards for strict confidentiality are and will be maintained.

(6)(a) Except as provided in RCW 4.24.550, any person may bring an action against an individual who has willfully released confidential information or records concerning him or her in violation of the provisions of this section, for the greater of the following amounts:

- (i) One thousand dollars; or
- (ii) Three times the amount of actual damages sustained, if any.

(b) It is not a prerequisite to recovery under this subsection that the plaintiff suffered or was threatened with special, as contrasted with general, damages.

(c) Any person may bring an action to enjoin the release of confidential information or records concerning him or her or his or her ward, in violation of the provisions of this section, and may in the same action seek damages as provided in this subsection.

(d) The court may award to the plaintiff, should he or she prevail in any action authorized by this subsection, reasonable attorney fees in addition to those otherwise provided by law.

(e) If an action is brought under this subsection, no action may be brought under RCW 70.02.170.

**Sec. 418.** RCW 70.48.475 and 2004 c 166 s 14 are each amended to read as follows:

(1) A person having charge of a jail, or that person's designee, shall notify the ~~((county designated mental health professional or the designated chemical dependency specialist))~~ designated crisis responder seventy-two hours prior to the release to the community of an offender or defendant who was subject to a discharge review under RCW 71.05.232. If the person having charge of the jail does not receive seventy-two hours notice of the release, the notification to the ~~((county designated mental health professional or the designated chemical dependency specialist))~~ designated crisis responder shall be made as soon as reasonably possible, but not later than the actual release to the community of the defendant or offender.

(2) When a person having charge of a jail, or that person's designee, releases an offender or defendant who was the subject of a discharge review under RCW 71.05.232, the person having charge of a jail, or that person's designee, shall notify the state hospital from which the offender or defendant was released.

**Sec. 419.** RCW 70.97.010 and 2014 c 225 s 78 are each amended to read as follows:

The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

(1) "Antipsychotic medications" means that class of drugs primarily used to treat serious manifestations of mental illness associated with thought disorders, which includes but is not limited to atypical antipsychotic medications.

(2) "Attending staff" means any person on the staff of a public or private agency having responsibility for the care and treatment of a patient.

(3) "Chemical dependency" means alcoholism, drug addiction, or dependence on alcohol and one or more other psychoactive chemicals, as the context requires and as those terms are defined in chapter ~~((70.96A))~~ 71.05 RCW.

(4) "Chemical dependency professional" means a person certified as a chemical dependency professional by the department of health under chapter 18.205 RCW.

(5) "Commitment" means the determination by a court that an individual should be detained for a period of either evaluation or treatment, or both, in an inpatient or a less restrictive setting.

(6) "Conditional release" means a modification of a commitment that may be revoked upon violation of any of its terms.

(7) "Custody" means involuntary detention under chapter 71.05 ~~((or 70.96A))~~ RCW, uninterrupted by any period of unconditional release from commitment from a facility providing involuntary care and treatment.

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

(9) "Designated crisis responder" ~~((means a designated mental health professional, a designated chemical dependency specialist, or a designated crisis responder as those terms are defined in chapter 70.96A, 71.05, or 70.96B RCW))~~ has the same meaning as in chapter 71.05 RCW.

(10) "Detention" or "detain" means the lawful confinement of an individual under chapter ~~((70.96A or))~~ 71.05 RCW.

(11) "Discharge" means the termination of facility authority. The commitment may remain in place, be terminated, or be amended by court order.

(12) "Enhanced services facility" means a facility that provides treatment and services to persons for whom acute inpatient treatment is not medically necessary and who have been determined by the department to be inappropriate for placement in other licensed facilities due to the complex needs that result in behavioral and security issues.

(13) "Expanded community services program" means a nonsecure program of enhanced behavioral and residential support provided to long-term and residential care providers serving specifically eligible clients who would otherwise be at risk for hospitalization at state hospital geriatric units.

(14) "Facility" means an enhanced services facility.

(15) "Gravely disabled" means a condition in which an individual, as a result of a mental disorder, as a result of the use of alcohol or other psychoactive chemicals, or both:

(a) Is in danger of serious physical harm resulting from a failure to provide for his or her essential human needs of health or safety; or

(b) Manifests severe deterioration in routine functioning evidenced by repeated and escalating loss of cognitive or volitional control over his or her actions and is not receiving such care as is essential for his or her health or safety.

(16) "History of one or more violent acts" refers to the period of time ten years before the filing of a petition under this chapter ~~((or))~~ or chapter ~~((70.96A or))~~ 71.05 RCW, excluding any time spent, but not any violent acts committed, in a mental health facility or a long-term alcoholism or drug treatment facility, or in confinement as a result of a criminal conviction.

(17) "Licensed physician" means a person licensed to practice medicine or osteopathic medicine and surgery in the state of Washington.

(18) "Likelihood of serious harm" means:

(a) A substantial risk that:

(i) Physical harm will be inflicted by an individual upon his or her own person, as evidenced by threats or attempts to commit suicide or inflict physical harm on oneself;

(ii) Physical harm will be inflicted by an individual upon another, as evidenced by behavior that has caused such harm or that places another person or persons in reasonable fear of sustaining such harm; or

(iii) Physical harm will be inflicted by an individual upon the property of others, as evidenced by behavior that has caused substantial loss or damage to the property of others; or

(b) The individual has threatened the physical safety of another and has a history of one or more violent acts.

(19) "Mental disorder" means any organic, mental, or emotional impairment that has substantial adverse effects on an individual's cognitive or volitional functions.

(20) "Mental health professional" means a psychiatrist, psychologist, psychiatric nurse, or social worker, and such other mental health professionals as may be defined by rules adopted by the secretary under the authority of chapter 71.05 RCW.

(21) "Professional person" means a mental health professional and also means a physician, registered nurse, and such

others as may be defined in rules adopted by the secretary pursuant to the provisions of this chapter.

(22) "Psychiatrist" means a person having a license as a physician and surgeon in this state who has in addition completed three years of graduate training in psychiatry in a program approved by the American medical association or the American osteopathic association and is certified or eligible to be certified by the American board of psychiatry and neurology.

(23) "Psychologist" means a person who has been licensed as a psychologist under chapter 18.83 RCW.

(24) "Registration records" include all the records of the department, behavioral health organizations, treatment facilities, and other persons providing services to the department, county departments, or facilities which identify individuals who are receiving or who at any time have received services for mental illness.

(25) "Release" means legal termination of the commitment under chapter 70.96A or 71.05 RCW.

(26) "Resident" means a person admitted to an enhanced services facility.

(27) "Secretary" means the secretary of the department or the secretary's designee.

(28) "Significant change" means:

(a) A deterioration in a resident's physical, mental, or psychosocial condition that has caused or is likely to cause clinical complications or life-threatening conditions; or

(b) An improvement in the resident's physical, mental, or psychosocial condition that may make the resident eligible for release or for treatment in a less intensive or less secure setting.

(29) "Social worker" means a person with a master's or further advanced degree from a social work educational program accredited and approved as provided in RCW 18.320.010.

(30) "Treatment" means the broad range of emergency, detoxification, residential, inpatient, and outpatient services and care, including diagnostic evaluation, mental health or chemical dependency education and counseling, medical, psychiatric, psychological, and social service care, vocational rehabilitation, and career counseling, which may be extended to persons with mental disorders, chemical dependency disorders, or both, and their families.

(31) "Treatment records" include registration and all other records concerning individuals who are receiving or who at any time have received services for mental illness, which are maintained by the department, by behavioral health organizations and their staffs, and by treatment facilities. "Treatment records" do not include notes or records maintained for personal use by an individual providing treatment services for the department, behavioral health organizations, or a treatment facility if the notes or records are not available to others.

(32) "Violent act" means behavior that resulted in homicide, attempted suicide, nonfatal injuries, or substantial damage to property.

**Sec. 420.** RCW 71.05.660 and 2013 c 200 s 21 are each amended to read as follows:

Nothing in this chapter or chapter 70.02(~~(, 70.96A,) or 71.34(, or 70.96B))~~ RCW shall be construed to interfere with communications between physicians, psychiatric advanced registered nurse practitioners, or psychologists and patients and attorneys and clients.

**Sec. 421.** RCW 71.24.025 and 2014 c 225 s 10 are each reenacted and amended to read as follows:

Unless the context clearly requires otherwise, the definitions in this section apply throughout this chapter.

(1) "Acutely mentally ill" means a condition which is limited to a short-term severe crisis episode of:

(a) A mental disorder as defined in RCW 71.05.020 or, in the case of a child, as defined in RCW 71.34.020;

(b) Being gravely disabled as defined in RCW 71.05.020 or, in the case of a child, a gravely disabled minor as defined in RCW 71.34.020; or

(c) Presenting a likelihood of serious harm as defined in RCW 71.05.020 or, in the case of a child, as defined in RCW 71.34.020.

(2) "Available resources" means funds appropriated for the purpose of providing community mental health programs, federal funds, except those provided according to Title XIX of the Social Security Act, and state funds appropriated under this chapter or chapter 71.05 RCW by the legislature during any biennium for the purpose of providing residential services, resource management services, community support services, and other mental health services. This does not include funds appropriated for the purpose of operating and administering the state psychiatric hospitals.

(3) "Behavioral health organization" means any county authority or group of county authorities or other entity recognized by the secretary in contract in a defined region.

(4) "Behavioral health services" means mental health services as described in this chapter and chapter 71.36 RCW and chemical dependency treatment services as described in chapter 70.96A RCW.

(5) "Child" means a person under the age of eighteen years.

(6) "Chronically mentally ill adult" or "adult who is chronically mentally ill" means an adult who has a mental disorder and meets at least one of the following criteria:

(a) Has undergone two or more episodes of hospital care for a mental disorder within the preceding two years; or

(b) Has experienced a continuous psychiatric hospitalization or residential treatment exceeding six months' duration within the preceding year; or

(c) Has been unable to engage in any substantial gainful activity by reason of any mental disorder which has lasted for a continuous period of not less than twelve months. "Substantial gainful activity" shall be defined by the department by rule consistent with Public Law 92-603, as amended.

(7) "Clubhouse" means a community-based program that provides rehabilitation services and is certified by the department of social and health services.

(8) "Community mental health program" means all mental health services, activities, or programs using available resources.

(9) "Community mental health service delivery system" means public, private, or tribal agencies that provide services specifically to persons with mental disorders as defined under RCW 71.05.020 and receive funding from public sources.

(10) "Community support services" means services authorized, planned, and coordinated through resource management services including, at a minimum, assessment, diagnosis, emergency crisis intervention available twenty-four hours, seven days a week, prescreening determinations for persons who are mentally ill being considered for placement in nursing homes as required by federal law, screening for patients being considered for admission to residential services, diagnosis and treatment for children who are acutely mentally ill or severely emotionally disturbed discovered under screening through the federal Title XIX early and periodic screening, diagnosis, and treatment program, investigation, legal, and other nonresidential services under chapter 71.05 RCW, case management services, psychiatric treatment including medication supervision,

counseling, psychotherapy, assuring transfer of relevant patient information between service providers, recovery services, and other services determined by behavioral health organizations.

(11) "Consensus-based" means a program or practice that has general support among treatment providers and experts, based on experience or professional literature, and may have anecdotal or case study support, or that is agreed but not possible to perform studies with random assignment and controlled groups.

(12) "County authority" means the board of county commissioners, county council, or county executive having authority to establish a community mental health program, or two or more of the county authorities specified in this subsection which have entered into an agreement to provide a community mental health program.

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

(14) "Designated (~~(mental health professional)~~) crisis responder" means a mental health professional designated by the county or other authority authorized in rule to perform the duties specified in this chapter.

(15) "Emerging best practice" or "promising practice" means a program or practice that, based on statistical analyses or a well established theory of change, shows potential for meeting the evidence-based or research-based criteria, which may include the use of a program that is evidence-based for outcomes other than those listed in subsection (16) of this section.

(16) "Evidence-based" means a program or practice that has been tested in heterogeneous or intended populations with multiple randomized, or statistically controlled evaluations, or both; or one large multiple site randomized, or statistically controlled evaluation, or both, where the weight of the evidence from a systemic review demonstrates sustained improvements in at least one outcome. "Evidence-based" also means a program or practice that can be implemented with a set of procedures to allow successful replication in Washington and, when possible, is determined to be cost-beneficial.

(17) "Licensed service provider" means an entity licensed according to this chapter or chapter 71.05 (~~(or 70.96A)~~) RCW or an entity deemed to meet state minimum standards as a result of accreditation by a recognized behavioral health accrediting body recognized and having a current agreement with the department, or tribal attestation that meets state minimum standards, or persons licensed under chapter 18.57, 18.71, 18.83, or 18.79 RCW, as it applies to registered nurses and advanced registered nurse practitioners.

(18) "Long-term inpatient care" means inpatient services for persons committed for, or voluntarily receiving intensive treatment for, periods of ninety days or greater under chapter 71.05 RCW. "Long-term inpatient care" as used in this chapter does not include: (a) Services for individuals committed under chapter 71.05 RCW who are receiving services pursuant to a conditional release or a court-ordered less restrictive alternative to detention; or (b) services for individuals voluntarily receiving less restrictive alternative treatment on the grounds of the state hospital.

(19) "Mental health services" means all services provided by behavioral health organizations and other services provided by the state for persons who are mentally ill.

(20) "Mentally ill persons," "persons who are mentally ill," and "the mentally ill" mean persons and conditions defined in subsections (1), (6), (28), and (29) of this section.

(21) "Recovery" means the process in which people are able to live, work, learn, and participate fully in their communities.

(22) "Registration records" include all the records of the department, behavioral health organizations, treatment facilities, and other persons providing services to the department, county

departments, or facilities which identify persons who are receiving or who at any time have received services for mental illness.

(23) "Research-based" means a program or practice that has been tested with a single randomized, or statistically controlled evaluation, or both, demonstrating sustained desirable outcomes; or where the weight of the evidence from a systemic review supports sustained outcomes as described in subsection (16) of this section but does not meet the full criteria for evidence-based.

(24) "Residential services" means a complete range of residences and supports authorized by resource management services and which may involve a facility, a distinct part thereof, or services which support community living, for persons who are acutely mentally ill, adults who are chronically mentally ill, children who are severely emotionally disturbed, or adults who are seriously disturbed and determined by the behavioral health organization to be at risk of becoming acutely or chronically mentally ill. The services shall include at least evaluation and treatment services as defined in chapter 71.05 RCW, acute crisis respite care, long-term adaptive and rehabilitative care, and supervised and supported living services, and shall also include any residential services developed to service persons who are mentally ill in nursing homes, assisted living facilities, and adult family homes, and may include outpatient services provided as an element in a package of services in a supported housing model. Residential services for children in out-of-home placements related to their mental disorder shall not include the costs of food and shelter, except for children's long-term residential facilities existing prior to January 1, 1991.

(25) "Resilience" means the personal and community qualities that enable individuals to rebound from adversity, trauma, tragedy, threats, or other stresses, and to live productive lives.

(26) "Resource management services" mean the planning, coordination, and authorization of residential services and community support services administered pursuant to an individual service plan for: (a) Adults and children who are acutely mentally ill; (b) adults who are chronically mentally ill; (c) children who are severely emotionally disturbed; or (d) adults who are seriously disturbed and determined solely by a behavioral health organization to be at risk of becoming acutely or chronically mentally ill. Such planning, coordination, and authorization shall include mental health screening for children eligible under the federal Title XIX early and periodic screening, diagnosis, and treatment program. Resource management services include seven day a week, twenty-four hour a day availability of information regarding enrollment of adults and children who are mentally ill in services and their individual service plan to designated (~~(mental health professionals)~~) crisis responders, evaluation and treatment facilities, and others as determined by the behavioral health organization.

(27) "Secretary" means the secretary of social and health services.

(28) "Seriously disturbed person" means a person who:

(a) Is gravely disabled or presents a likelihood of serious harm to himself or herself or others, or to the property of others, as a result of a mental disorder as defined in chapter 71.05 RCW;

(b) Has been on conditional release status, or under a less restrictive alternative order, at some time during the preceding two years from an evaluation and treatment facility or a state mental health hospital;

(c) Has a mental disorder which causes major impairment in several areas of daily living;

(d) Exhibits suicidal preoccupation or attempts; or

(e) Is a child diagnosed by a mental health professional, as defined in chapter 71.34 RCW, as experiencing a mental disorder which is clearly interfering with the child's functioning in family or

school or with peers or is clearly interfering with the child's personality development and learning.

(29) "Severely emotionally disturbed child" or "child who is severely emotionally disturbed" means a child who has been determined by the behavioral health organization to be experiencing a mental disorder as defined in chapter 71.34 RCW, including those mental disorders that result in a behavioral or conduct disorder, that is clearly interfering with the child's functioning in family or school or with peers and who meets at least one of the following criteria:

(a) Has undergone inpatient treatment or placement outside of the home related to a mental disorder within the last two years;

(b) Has undergone involuntary treatment under chapter 71.34 RCW within the last two years;

(c) Is currently served by at least one of the following child-serving systems: Juvenile justice, child-protection/welfare, special education, or developmental disabilities;

(d) Is at risk of escalating maladjustment due to:

(i) Chronic family dysfunction involving a caretaker who is mentally ill or inadequate;

(ii) Changes in custodial adult;

(iii) Going to, residing in, or returning from any placement outside of the home, for example, psychiatric hospital, short-term inpatient, residential treatment, group or foster home, or a correctional facility;

(iv) Subject to repeated physical abuse or neglect;

(v) Drug or alcohol abuse; or

(vi) Homelessness.

(30) "State minimum standards" means minimum requirements established by rules adopted by the secretary and necessary to implement this chapter for: (a) Delivery of mental health services; (b) licensed service providers for the provision of mental health services; (c) residential services; and (d) community support services and resource management services.

(31) "Treatment records" include registration and all other records concerning persons who are receiving or who at any time have received services for mental illness, which are maintained by the department, by behavioral health organizations and their staffs, and by treatment facilities. Treatment records do not include notes or records maintained for personal use by a person providing treatment services for the department, behavioral health organizations, or a treatment facility if the notes or records are not available to others.

(32) "Tribal authority," for the purposes of this section and RCW 71.24.300 only, means: The federally recognized Indian tribes and the major Indian organizations recognized by the secretary insofar as these organizations do not have a financial relationship with any behavioral health organization that would present a conflict of interest.

**Sec. 422.** RCW 71.24.045 and 2014 c 225 s 13 are each amended to read as follows:

The behavioral health organization shall:

(1) Contract as needed with licensed service providers. The behavioral health organization may, in the absence of a licensed service provider entity, become a licensed service provider entity pursuant to minimum standards required for licensing by the department for the purpose of providing services not available from licensed service providers;

(2) Operate as a licensed service provider if it deems that doing so is more efficient and cost effective than contracting for services. When doing so, the behavioral health organization shall comply with rules promulgated by the secretary that shall provide measurements to determine when a behavioral health organization provided service is more efficient and cost effective;

(3) Monitor and perform biennial fiscal audits of licensed service providers who have contracted with the behavioral health organization to provide services required by this chapter. The monitoring and audits shall be performed by means of a formal process which insures that the licensed service providers and professionals designated in this subsection meet the terms of their contracts;

(4) Establish reasonable limitations on administrative costs for agencies that contract with the behavioral health organization;

(5) Assure that the special needs of minorities, older adults, individuals with disabilities, children, and low-income persons are met within the priorities established in this chapter;

(6) Maintain patient tracking information in a central location as required for resource management services and the department's information system;

(7) Collaborate to ensure that policies do not result in an adverse shift of persons with mental illness into state and local correctional facilities;

(8) Work with the department to expedite the enrollment or reenrollment of eligible persons leaving state or local correctional facilities and institutions for mental diseases;

(9) Work closely with the ((~~county designated mental health professional or county~~)) designated crisis responder to maximize appropriate placement of persons into community services; and

(10) Coordinate services for individuals who have received services through the community mental health system and who become patients at a state psychiatric hospital to ensure they are transitioned into the community in accordance with mutually agreed upon discharge plans and upon determination by the medical director of the state psychiatric hospital that they no longer need intensive inpatient care.

**Sec. 423.** RCW 71.24.330 and 2014 c 225 s 51 are each amended to read as follows:

(1)(a) Contracts between a behavioral health organization and the department shall include mechanisms for monitoring performance under the contract and remedies for failure to substantially comply with the requirements of the contract including, but not limited to, financial penalties, termination of the contract, and procurement of the contract.

(b) The department shall incorporate the criteria to measure the performance of service coordination organizations into contracts with behavioral health organizations as provided in chapter 70.320 RCW.

(2) The behavioral health organization procurement processes shall encourage the preservation of infrastructure previously purchased by the community mental health service delivery system, the maintenance of linkages between other services and delivery systems, and maximization of the use of available funds for services versus profits. However, a behavioral health organization selected through the procurement process is not required to contract for services with any county-owned or operated facility. The behavioral health organization procurement process shall provide that public funds appropriated by the legislature shall not be used to promote or deter, encourage, or discourage employees from exercising their rights under Title 29, chapter 7, subchapter II, United States Code or chapter 41.56 RCW.

(3) In addition to the requirements of RCW 71.24.035, contracts shall:

(a) Define administrative costs and ensure that the behavioral health organization does not exceed an administrative cost of ten percent of available funds;

(b) Require effective collaboration with law enforcement, criminal justice agencies, and the chemical dependency treatment system;

(c) Require substantial implementation of department adopted integrated screening and assessment process and matrix of best practices;

(d) Maintain the decision-making independence of designated ~~((mental health professionals))~~ crisis responders;

(e) Except at the discretion of the secretary or as specified in the biennial budget, require behavioral health organizations to pay the state for the costs associated with individuals who are being served on the grounds of the state hospitals and who are not receiving long-term inpatient care as defined in RCW 71.24.025;

(f) Include a negotiated alternative dispute resolution clause; and

(g) Include a provision requiring either party to provide one hundred eighty days' notice of any issue that may cause either party to voluntarily terminate, refuse to renew, or refuse to sign a mandatory amendment to the contract to act as a behavioral health organization. If either party decides to voluntarily terminate, refuse to renew, or refuse to sign a mandatory amendment to the contract to serve as a behavioral health organization they shall provide ninety days' advance notice in writing to the other party.

**Sec. 424.** RCW 71.32.080 and 2006 c 108 s 5 are each amended to read as follows:

(1)(a) A principal with capacity may, by written statement by the principal or at the principal's direction in the principal's presence, revoke a directive in whole or in part.

(b) An incapacitated principal may revoke a directive only if he or she elected at the time of executing the directive to be able to revoke when incapacitated.

(2) The revocation need not follow any specific form so long as it is written and the intent of the principal can be discerned. In the case of a directive that is stored in the health care declarations registry created by RCW 70.122.130, the revocation may be by an online method established by the department of health. Failure to use the online method of revocation for a directive that is stored in the registry does not invalidate a revocation that is made by another method described under this section.

(3) The principal shall provide a copy of his or her written statement of revocation to his or her agent, if any, and to each health care provider, professional person, or health care facility that received a copy of the directive from the principal.

(4) The written statement of revocation is effective:

(a) As to a health care provider, professional person, or health care facility, upon receipt. The professional person, health care provider, or health care facility, or persons acting under their direction shall make the statement of revocation part of the principal's medical record; and

(b) As to the principal's agent, upon receipt. The principal's agent shall notify the principal's health care provider, professional person, or health care facility of the revocation and provide them with a copy of the written statement of revocation.

(5) A directive also may:

(a) Be revoked, in whole or in part, expressly or to the extent of any inconsistency, by a subsequent directive; or

(b) Be superseded or revoked by a court order, including any order entered in a criminal matter. A directive may be superseded by a court order regardless of whether the order contains an explicit reference to the directive. To the extent a directive is not in conflict with a court order, the directive remains effective, subject to the provisions of RCW 71.32.150. A directive shall not be interpreted in a manner that interferes with: (i)

Incarceration or detention by the department of corrections, in a city or county jail, or by the department of social and health services; or (ii) treatment of a principal who is subject to involuntary treatment pursuant to chapter 10.77, ~~((70.96A,))~~ 71.05, 71.09, or 71.34 RCW.

(6) A directive that would have otherwise expired but is effective because the principal is incapacitated remains effective until the principal is no longer incapacitated unless the principal has elected to be able to revoke while incapacitated and has revoked the directive.

(7) When a principal with capacity consents to treatment that differs from, or refuses treatment consented to in, the provisions of his or her directive, the consent or refusal constitutes a waiver of that provision and does not constitute a revocation of the provision or directive unless the principal also revokes the directive or provision.

**Sec. 425.** RCW 71.32.140 and 2009 c 217 s 12 are each amended to read as follows:

(1) A principal who:

(a) Chose not to be able to revoke his or her directive during any period of incapacity;

(b) Consented to voluntary admission to inpatient mental health treatment, or authorized an agent to consent on the principal's behalf; and

(c) At the time of admission to inpatient treatment, refuses to be admitted, may only be admitted into inpatient mental health treatment under subsection (2) of this section.

(2) A principal may only be admitted to inpatient mental health treatment under his or her directive if, prior to admission, a member of the treating facility's professional staff who is a physician or psychiatric advanced registered nurse practitioner:

(a) Evaluates the principal's mental condition, including a review of reasonably available psychiatric and psychological history, diagnosis, and treatment needs, and determines, in conjunction with another health care provider or mental health professional, that the principal is incapacitated;

(b) Obtains the informed consent of the agent, if any, designated in the directive;

(c) Makes a written determination that the principal needs an inpatient evaluation or is in need of inpatient treatment and that the evaluation or treatment cannot be accomplished in a less restrictive setting; and

(d) Documents in the principal's medical record a summary of the physician's or psychiatric advanced registered nurse practitioner's findings and recommendations for treatment or evaluation.

(3) In the event the admitting physician is not a psychiatrist, or the advanced registered nurse practitioner is not a psychiatric advanced registered nurse practitioner, the principal shall receive a complete psychological assessment by a mental health professional within twenty-four hours of admission to determine the continued need for inpatient evaluation or treatment.

(4)(a) If it is determined that the principal has capacity, then the principal may only be admitted to, or remain in, inpatient treatment if he or she consents at the time or is detained under the involuntary treatment provisions of chapter ~~((70.96A,))~~ 71.05(7) or 71.34 RCW.

(b) If a principal who is determined by two health care providers or one mental health professional and one health care provider to be incapacitated continues to refuse inpatient treatment, the principal may immediately seek injunctive relief for release from the facility.

(5) If, at the end of the period of time that the principal or the principal's agent, if any, has consented to voluntary inpatient treatment, but no more than fourteen days after admission, the principal has not regained capacity or has regained capacity but refuses to consent to remain for additional treatment, the principal must be released during reasonable daylight hours, unless detained under chapter ~~((70.96A))~~ 71.05~~((7))~~ or 71.34 RCW.

(6)(a) Except as provided in (b) of this subsection, any principal who is voluntarily admitted to inpatient mental health treatment under this chapter shall have all the rights provided to individuals who are voluntarily admitted to inpatient treatment under chapter 71.05, 71.34, or 72.23 RCW.

(b) Notwithstanding RCW 71.05.050 regarding consent to inpatient treatment for a specified length of time, the choices an incapacitated principal expressed in his or her directive shall control, provided, however, that a principal who takes action demonstrating a desire to be discharged, in addition to making statements requesting to be discharged, shall be discharged, and no principal shall be restrained in any way in order to prevent his or her discharge. Nothing in this subsection shall be construed to prevent detention and evaluation for civil commitment under chapter 71.05 RCW.

(7) Consent to inpatient admission in a directive is effective only while the professional person, health care provider, and health care facility are in substantial compliance with the material provisions of the directive related to inpatient treatment.

**Sec. 426.** RCW 71.32.150 and 2003 c 283 s 15 are each amended to read as follows:

(1) Upon receiving a directive, a health care provider, professional person, or health care facility providing treatment to the principal, or persons acting under the direction of the health care provider, professional person, or health care facility, shall make the directive a part of the principal's medical record and shall be deemed to have actual knowledge of the directive's contents.

(2) When acting under authority of a directive, a health care provider, professional person, or health care facility shall act in accordance with the provisions of the directive to the fullest extent possible, unless in the determination of the health care provider, professional person, or health care facility:

- (a) Compliance with the provision would violate the accepted standard of care established in RCW 7.70.040;
- (b) The requested treatment is not available;
- (c) Compliance with the provision would violate applicable law; or
- (d) It is an emergency situation and compliance would endanger any person's life or health.

(3)(a) In the case of a principal committed or detained under the involuntary treatment provisions of chapter 10.77, ~~((70.96A))~~ 71.05, 71.09, or 71.34 RCW, those provisions of a principal's directive that, in the determination of the health care provider, professional person, or health care facility, are inconsistent with the purpose of the commitment or with any order of the court relating to the commitment are invalid during the commitment.

(b) Remaining provisions of a principal's directive are advisory while the principal is committed or detained.

The treatment provider is encouraged to follow the remaining provisions of the directive, except as provided in (a) of this subsection or subsection (2) of this section.

(4) In the case of a principal who is incarcerated or committed in a state or local correctional facility, provisions of the principal's directive that are inconsistent with reasonable penological objectives or administrative hearings regarding involuntary medication are invalid during the period of

incarceration or commitment. In addition, treatment may be given despite refusal of the principal or the provisions of the directive: (a) For any reason under subsection (2) of this section; or (b) if, without the benefit of the specific treatment measure, there is a significant possibility that the person will harm self or others before an improvement of the person's condition occurs.

(5)(a) If the health care provider, professional person, or health care facility is, at the time of receiving the directive, unable or unwilling to comply with any part or parts of the directive for any reason, the health care provider, professional person, or health care facility shall promptly notify the principal and, if applicable, his or her agent and shall document the reason in the principal's medical record.

(b) If the health care provider, professional person, or health care facility is acting under authority of a directive and is unable to comply with any part or parts of the directive for the reasons listed in subsection (2) or (3) of this section, the health care provider, professional person, or health care facility shall promptly notify the principal and if applicable, his or her agent, and shall document the reason in the principal's medical record.

(6) In the event that one or more parts of the directive are not followed because of one or more of the reasons set forth in subsection (2) or (4) of this section, all other parts of the directive shall be followed.

(7) If no provider-patient relationship has previously been established, nothing in this chapter requires the establishment of a provider-patient relationship.

**Sec. 427.** RCW 72.09.315 and 2004 c 166 s 17 are each amended to read as follows:

(1) When an offender is under court-ordered mental health or chemical dependency treatment in the community and the supervision of the department of corrections, and the community corrections officer becomes aware that the person is in violation of the terms of the court's treatment order, the community corrections officer shall notify the ~~((county designated mental health professional or the designated chemical dependency specialist))~~ designated crisis responder, as appropriate, of the violation and request an evaluation for purposes of revocation of the less restrictive alternative or conditional release.

(2) When a ~~((county designated mental health professional or the designated chemical dependency specialist))~~ designated crisis responder notifies the department that an offender in a state correctional facility is the subject of a petition for involuntary treatment under chapter 71.05 ~~((or 70.96A))~~ RCW, the department shall provide documentation of its risk assessment or other concerns to the petitioner and the court if the department classified the offender as a high risk or high needs offender.

**Sec. 428.** RCW 72.09.370 and 2014 c 225 s 95 are each amended to read as follows:

(1) The offender reentry community safety program is established to provide intensive services to offenders identified under this subsection and to thereby promote public safety. The secretary shall identify offenders in confinement or partial confinement who: (a) Are reasonably believed to be dangerous to themselves or others; and (b) have a mental disorder. In determining an offender's dangerousness, the secretary shall consider behavior known to the department and factors, based on research, that are linked to an increased risk for dangerousness of offenders with mental illnesses and shall include consideration of an offender's chemical dependency or abuse.

(2) Prior to release of an offender identified under this section, a team consisting of representatives of the department of



corrections, the division of mental health, and, as necessary, the indeterminate sentence review board, other divisions or administrations within the department of social and health services, specifically including the division of alcohol and substance abuse and the division of developmental disabilities, the appropriate behavioral health organization, and the providers, as appropriate, shall develop a plan, as determined necessary by the team, for delivery of treatment and support services to the offender upon release. In developing the plan, the offender shall be offered assistance in executing a mental health directive under chapter 71.32 RCW, after being fully informed of the benefits, scope, and purposes of such directive. The team may include a school district representative for offenders under the age of twenty-one. The team shall consult with the offender's counsel, if any, and, as appropriate, the offender's family and community. The team shall notify the crime victim/witness program, which shall provide notice to all people registered to receive notice under RCW 72.09.712 of the proposed release plan developed by the team. Victims, witnesses, and other interested people notified by the department may provide information and comments to the department on potential safety risk to specific individuals or classes of individuals posed by the specific offender. The team may recommend: (a) That the offender be evaluated by the designated ~~((mental health professional))~~ crisis responder, as defined in chapter 71.05 RCW; (b) department-supervised community treatment; or (c) voluntary community mental health or chemical dependency or abuse treatment.

(3) Prior to release of an offender identified under this section, the team shall determine whether or not an evaluation by a designated ~~((mental health professional))~~ crisis responder is needed. If an evaluation is recommended, the supporting documentation shall be immediately forwarded to the appropriate designated ~~((mental health professional))~~ crisis responder. The supporting documentation shall include the offender's criminal history, history of judicially required or administratively ordered involuntary antipsychotic medication while in confinement, and any known history of involuntary civil commitment.

(4) If an evaluation by a designated ~~((mental health professional))~~ crisis responder is recommended by the team, such evaluation shall occur not more than ten days, nor less than five days, prior to release.

(5) A second evaluation by a designated ~~((mental health professional))~~ crisis responder shall occur on the day of release if requested by the team, based upon new information or a change in the offender's mental condition, and the initial evaluation did not result in an emergency detention or a summons under chapter 71.05 RCW.

(6) If the designated ~~((mental health professional))~~ crisis responder determines an emergency detention under chapter 71.05 RCW is necessary, the department shall release the offender only to a state hospital or to a consenting evaluation and treatment facility. The department shall arrange transportation of the offender to the hospital or facility.

(7) If the designated ~~((mental health professional))~~ crisis responder believes that a less restrictive alternative treatment is appropriate, he or she shall seek a summons, pursuant to the provisions of chapter 71.05 RCW, to require the offender to appear at an evaluation and treatment facility. If a summons is issued, the offender shall remain within the corrections facility until completion of his or her term of confinement and be transported, by corrections personnel on the day of completion, directly to the identified evaluation and treatment facility.

(8) The secretary shall adopt rules to implement this section.

**Sec. 429.** RCW 74.13.033 and 2009 c 569 s 3 are each amended to read as follows:

(1) If a resident of a crisis residential center becomes by his or her behavior disruptive to the facility's program, such resident may be immediately removed to a separate area within the facility and counseled on an individual basis until such time as the child regains his or her composure. The department may set rules and regulations establishing additional procedures for dealing with severely disruptive children on the premises.

(2) When the juvenile resides in this facility, all services deemed necessary to the juvenile's reentry to normal family life shall be made available to the juvenile as required by chapter 13.32A RCW. In assessing the child and providing these services, the facility staff shall:

(a) Interview the juvenile as soon as possible;

(b) Contact the juvenile's parents and arrange for a counseling interview with the juvenile and his or her parents as soon as possible;

(c) Conduct counseling interviews with the juvenile and his or her parents, to the end that resolution of the child/parent conflict is attained and the child is returned home as soon as possible;

(d) Provide additional crisis counseling as needed, to the end that placement of the child in the crisis residential center will be required for the shortest time possible, but not to exceed fifteen consecutive days; and

(e) Convene, when appropriate, a multidisciplinary team.

(3) Based on the assessments done under subsection (2) of this section the center staff may refer any child who, as the result of a mental or emotional disorder, or intoxication by alcohol or other drugs, is suicidal, seriously assaultive, or seriously destructive toward others, or otherwise similarly evidences an immediate need for emergency medical evaluation and possible care, for evaluation pursuant to chapter 71.34 RCW~~((;))~~ or to a ~~((mental health professional))~~ designated crisis responder pursuant to chapter 71.05 RCW~~((, or to a chemical dependency specialist pursuant to chapter 70.96A RCW))~~ whenever such action is deemed appropriate and consistent with law.

(4) A juvenile taking unauthorized leave from a facility shall be apprehended and returned to it by law enforcement officers or other persons designated as having this authority as provided in RCW 13.32A.050. If returned to the facility after having taken unauthorized leave for a period of more than twenty-four hours a juvenile shall be supervised by such a facility for a period, pursuant to this chapter, which, unless where otherwise provided, may not exceed fifteen consecutive days. Costs of housing juveniles admitted to crisis residential centers shall be assumed by the department for a period not to exceed fifteen consecutive days.

**Sec. 430.** RCW 74.50.070 and 1987 c 406 s 8 are each amended to read as follows:

(1) If a county elects to establish a multipurpose diagnostic center or detention center, the alcoholism and drug addiction assessment service under RCW 74.50.040 may be integrated into the services provided by such a center.

(2) The center may be financed from funds made available by the department for alcoholism and drug addiction assessments under this chapter and funds contained in the department's budget for detoxification, involuntary detention, and involuntary treatment under chapter~~((s 70.96A and))~~ 71.05 RCW. The center may be operated by the county or pursuant to contract between the county and a qualified organization.

## MISCELLANEOUS

**NEW SECTION. Sec. 501.** This act may be known and cited as Ricky Garcia's act.

**NEW SECTION. Sec. 502.** (1) Section 102 of this act takes effect April 1, 2016.

(2) Sections 202 through 209, 211, 213 through 221, 223 through 229, 231 through 234, 236, 237, 239 through 259, 261, 263, 265, 266, 268, 270, 271, and 273 through 278 of this act take effect April 1, 2017.

(3) Sections 210, 212, 222, 230, 235, 238, 260, 262, 264, 267, 269, and 272 of this act take effect July 1, 2019.

**NEW SECTION. Sec. 503.** Section 101 of this act expires April 1, 2016.

**NEW SECTION. Sec. 504.** If specific funding for the purposes of this act, referencing this act by bill or chapter number, is not provided by June 30, 2015, in the omnibus appropriations act, this act is null and void."

Correct the title.

Representative Rodne moved the adoption of amendment (222):

On page 77, after line 2 of the striking amendment, insert the following:

**"NEW SECTION. Sec. 247.** A new section is added to chapter 71.05 RCW to read as follows:

The limitation on firearm rights based on involuntary commitment for treatment of a substance use disorder shall be strictly construed to apply only if the person would otherwise have his or her firearm rights limited under federal law."

Renumber the remaining sections consecutively and correct any internal references accordingly.

On page 107, after line 31 of the striking amendment, insert the following:

**"NEW SECTION. Sec. 273.** A new section is added to chapter 71.34 RCW to read as follows:

The limitation on firearm rights based on involuntary commitment for treatment of a substance use disorder shall be strictly construed to apply only if the person would otherwise have his or her firearm rights limited under federal law."

Renumber the remaining sections consecutively and correct any internal references accordingly.

On page 112, line 38 of the striking amendment, after "(iii)" strike "After" and insert "Subject to section 279 of this act, after"

On page 115, line 25 of the striking amendment, after "substance," insert "subject to section 279 of this act,"

On page 116, line 6 of the striking amendment, after "(P.L. 103-159)." insert "A court ordering commitment for treatment of a substance use disorder under chapter 71.05 or 71.34 RCW shall only forward the information described in this subsection to the department of licensing and the national instant criminal background check system index, denied persons file, if the limitation on firearm rights applies according to RCW 9.41.040 and section 279 of this act."

On page 119, line 27 of the striking amendment, after "RCW or" insert ", subject to section 279 of this act,"

On page 121, after line 19 of the striking amendment, insert the following:

**"NEW SECTION. Sec. 279.** A new section is added to chapter 9.41 RCW to read as follows:

The limitation on firearm rights based on involuntary commitment under chapter 71.05 or 71.34 RCW for treatment of a substance use disorder shall be strictly construed to apply only if the person would otherwise have his or her firearm rights limited under federal law."

Correct any internal references accordingly.

Correct the title.

Representatives Rodne and Cody spoke in favor of the adoption of the amendment to the striking amendment.

Amendment (222) was adopted.

Representative Cody spoke in favor of the adoption of the striking amendment as amended.

Amendment (217), as amended, was adopted.

The bill was ordered engrossed.

There being no objection, the rules were suspended, the second reading considered the third and the bill was placed on final passage.

Representatives Cody and Rodne spoke in favor of the passage of the bill.

The Speaker (Representative Moeller presiding) stated the question before the House to be the final passage of Engrossed Substitute House Bill No. 1713.

## ROLL CALL

The Clerk called the roll on the final passage of Engrossed Substitute House Bill No. 1713, and the bill passed the House by the following vote: Yeas, 63; Nays, 35; Absent, 0; Excused, 0.

Voting yea: Representatives Appleton, Bergquist, Blake, Carlyle, Clibborn, Cody, Dunshee, Fagan, Farrell, Fey, Fitzgibbon, Goodman, Gregerson, Gregory, Hansen, Harris, Hudgins, Hunter, Hurst, Jinkins, Johnson, Kagi, Kilduff, Kirby, Kretz, Kristiansen, Lytton, Manweller, McBride, Moeller, Morris, Moscoso, Ormsby, Ortiz-Self, Orwall, Peterson, Pettigrew, Pollet, Reykdal, Riccelli, Robinson, Rodne, Ryu, S. Hunt, Santos, Sawyer, Schmick, Sells, Senn, Short, Smith, Springer, Stanford, Sullivan, Takko, Tarleton, Tharinger, Van De Wege, Walkinshaw, Walsh, Wilcox, Wylie and Mr. Speaker.

Voting nay: Representatives Buys, Caldier, Chandler, Condotta, DeBolt, Dent, G. Hunt, Griffey, Haler, Hargrove, Harmsworth, Hawkins, Hayes, Holy, Klippert, Kochmar, MacEwen, Magendanz, McCabe, McCaslin, Muri, Nealey, Orcutt, Parker, Pike, Scott, Shea, Stambaugh, Stokesbary, Taylor, Van Werven, Vick, Wilson, Young and Zeiger.

ENGROSSED SUBSTITUTE HOUSE BILL NO. 1713, having received the necessary constitutional majority, was declared passed.

**HOUSE BILL NO. 1916, by Representatives Cody and Harris**

**Integrating administrative provisions for chemical dependency and mental health.**

The bill was read the second time.

There being no objection, Second Substitute House Bill No. 1916 was substituted for House Bill No. 1916 and the substitute bill was placed on the second reading calendar.

SECOND SUBSTITUTE HOUSE BILL NO. 1916 was read the second time.

There being no objection, the rules were suspended, the second reading considered the third and the bill was placed on final passage.

Representative Cody spoke in favor of the passage of the bill.

Representative Schmick spoke against the passage of the bill.

The Speaker (Representative Moeller presiding) stated the question before the House to be the final passage of Second Substitute House Bill No. 1916.

### ROLL CALL

The Clerk called the roll on the final passage of Second Substitute House Bill No. 1916, and the bill passed the House by the following vote: Yeas, 57; Nays, 41; Absent, 0; Excused, 0.

Voting yea: Representatives Appleton, Bergquist, Blake, Carlyle, Clibborn, Cody, Dunshee, Farrell, Fey, Fitzgibbon, Goodman, Gregerson, Gregory, Hansen, Harris, Hudgins, Hunter, Hurst, Jinkins, Johnson, Kagi, Kilduff, Kirby, Lytton, MacEwen, Manweller, McBride, Moeller, Morris, Moscoso, Ormsby, Ortiz-Self, Orwall, Peterson, Pettigrew, Pollet, Reykdal, Riccelli, Robinson, Rodne, Ryu, S. Hunt, Santos, Sawyer, Sells, Senn, Springer, Stanford, Sullivan, Takko, Tarleton, Tharinger, Van De Wege, Walkinshaw, Walsh, Wylie and Mr. Speaker.

Voting nay: Representatives Buys, Caldier, Chandler, Condotta, DeBolt, Dent, Fagan, G. Hunt, Griffey, Haler, Hargrove, Harmsworth, Hawkins, Hayes, Holy, Klippert, Kochmar, Kretz, Kristiansen, Magendanz, McCabe, McCaslin, Muri, Nealey, Orcutt, Parker, Pike, Schmick, Scott, Shea, Short, Smith, Stambaugh, Stokesbary, Taylor, Van Werven, Vick, Wilcox, Wilson, Young and Zeiger.

SECOND SUBSTITUTE HOUSE BILL NO. 1916, having received the necessary constitutional majority, was declared passed.

### **HOUSE BILL NO. 1545, by Representatives Robinson, Johnson and Cody**

#### **Encouraging the safe practice of public health nurses dispensing certain medications.**

The bill was read the second time.

There being no objection, the rules were suspended, the second reading considered the third and the bill was placed on final passage.

Representative Robinson spoke in favor of the passage of the bill.

Representative Schmick spoke against the passage of the bill.

The Speaker (Representative Moeller presiding) stated the question before the House to be the final passage of House Bill No. 1545.

### ROLL CALL

The Clerk called the roll on the final passage of House Bill No. 1545, and the bill passed the House by the following vote: Yeas, 62; Nays, 36; Absent, 0; Excused, 0.

Voting yea: Representatives Appleton, Bergquist, Blake, Carlyle, Clibborn, Cody, Dent, Dunshee, Farrell, Fey, Fitzgibbon, Goodman, Gregerson, Gregory, Hansen, Harris, Hawkins, Hudgins, Hunter, Hurst, Jinkins, Johnson, Kagi, Kilduff, Kirby, Kochmar, Lytton, Magendanz, Manweller, McBride, Moeller, Morris, Moscoso, Muri, Ormsby, Ortiz-Self, Orwall, Peterson, Pettigrew, Pollet, Reykdal, Riccelli, Robinson, Ryu, S. Hunt, Santos, Sawyer, Sells, Senn, Springer, Stanford, Stokesbary, Sullivan, Takko, Tarleton, Tharinger, Van De Wege, Walkinshaw, Walsh, Wilcox, Wylie and Mr. Speaker.

Voting nay: Representatives Buys, Caldier, Chandler, Condotta, DeBolt, Fagan, G. Hunt, Griffey, Haler, Hargrove, Harmsworth, Hayes, Holy, Klippert, Kretz, Kristiansen, MacEwen, McCabe, McCaslin, Nealey, Orcutt, Parker, Pike, Rodne, Schmick, Scott, Shea, Short, Smith, Stambaugh, Taylor, Van Werven, Vick, Wilson, Young and Zeiger.

HOUSE BILL NO. 1545, having received the necessary constitutional majority, was declared passed.

### **HOUSE BILL NO. 1732, by Representatives Reykdal, Riccelli, Ryu, S. Hunt, Peterson, Ormsby, Stanford, Goodman, Cody, Tharinger, Ortiz-Self, Bergquist, Fitzgibbon, Farrell, Sullivan, Dunshee, Moscoso, Appleton, Sells, Pollet, Robinson, Walkinshaw, Jinkins, Senn, Wylie, Lytton, Hudgins, Tarleton, Kagi, Moeller, Sawyer, Fey, Pettigrew, Gregerson, Orwall, Santos, Kirby, McBride, Takko, Gregory, Clibborn, Springer, Van De Wege, Blake, Kilduff and Hansen**

#### **Addressing meal and rest breaks and mandatory overtime for certain health care employees.**

The bill was read the second time.

There being no objection, the rules were suspended, the second reading considered the third and the bill was placed on final passage.

Representatives Reykdal, Cody and Sells spoke in favor of the passage of the bill.

Representatives Schmick, Rodne and DeBolt spoke against the passage of the bill.

The Speaker (Representative Moeller presiding) stated the question before the House to be the final passage of House Bill No. 1732.

### ROLL CALL

The Clerk called the roll on the final passage of House Bill No. 1732, and the bill passed the House by the following vote: Yeas, 52; Nays, 46; Absent, 0; Excused, 0.

Voting yea: Representatives Appleton, Bergquist, Blake, Carlyle, Clibborn, Cody, Dunshee, Farrell, Fey, Fitzgibbon, Goodman, Gregerson, Gregory, Hansen, Hudgins, Hunter, Hurst, Jinkins, Kagi, Kilduff, Kirby, Lytton, McBride, McCabe, Moeller, Morris, Moscoso, Ormsby, Ortiz-Self, Orwall, Peterson, Pettigrew, Pollet, Reykdal, Riccelli, Robinson, Ryu, S. Hunt, Santos, Sawyer,

Sells, Senn, Springer, Stanford, Sullivan, Takko, Tarleton, Tharinger, Van De Wege, Walkinshaw, Wylie and Mr. Speaker.

Voting nay: Representatives Buys, Caldier, Chandler, Condotta, DeBolt, Dent, Fagan, G. Hunt, Griffey, Haler, Hargrove, Harmsworth, Harris, Hawkins, Hayes, Holy, Johnson, Klippert, Kochmar, Kretz, Kristiansen, MacEwen, Magendanz, Manweller, McCaslin, Muri, Nealey, Orcutt, Parker, Pike, Rodne, Schmick, Scott, Shea, Short, Smith, Stambaugh, Stokesbary, Taylor, Van Werven, Vick, Walsh, Wilcox, Wilson, Young and Zeiger.

HOUSE BILL NO. 1732, having received the necessary constitutional majority, was declared passed.

**HOUSE BILL NO. 1186, by Representatives Clibborn, Springer, Johnson, Senn, Moeller, McBride, Walkinshaw, Caldier and Fey**

**Requiring notification to patients in observation status at hospitals. Revised for 1st Substitute: Requiring notifications to patients in observation status at hospitals.**

The bill was read the second time.

There being no objection, Substitute House Bill No. 1186 was substituted for House Bill No. 1186 and the substitute bill was placed on the second reading calendar.

SUBSTITUTE HOUSE BILL NO. 1186 was read the second time.

Representative Clibborn moved the adoption of amendment (158):

On page 2, beginning on line 10, strike all of subsection (2)

Re-number the remaining subsections consecutively and correct any internal references accordingly.

Representatives Clibborn and Schmick spoke in favor of the adoption of the amendment.

Amendment (158) was adopted.

The bill was ordered engrossed.

There being no objection, the rules were suspended, the second reading considered the third and the bill was placed on final passage.

Representatives Clibborn and Schmick spoke in favor of the passage of the bill.

The Speaker (Representative Moeller presiding) stated the question before the House to be the final passage of Engrossed Substitute House Bill No. 1186.

#### ROLL CALL

The Clerk called the roll on the final passage of Engrossed Substitute House Bill No. 1186, and the bill passed the House by the following vote: Yeas, 98; Nays, 0; Absent, 0; Excused, 0.

Voting yea: Representatives Appleton, Bergquist, Blake, Buys, Caldier, Carlyle, Chandler, Clibborn, Cody, Condotta, DeBolt, Dent, Dunshee, Fagan, Farrell, Fey, Fitzgibbon, G. Hunt, Goodman, Gregerson, Gregory, Griffey, Haler, Hansen, Hargrove, Harmsworth, Harris, Hawkins, Hayes, Holy, Hudgins, Hunter,

Hurst, Jinkins, Johnson, Kagi, Kilduff, Kirby, Klippert, Kochmar, Kretz, Kristiansen, Lytton, MacEwen, Magendanz, Manweller, McBride, McCabe, McCaslin, Moeller, Morris, Moscoso, Muri, Nealey, Orcutt, Ormsby, Ortiz-Self, Orwall, Parker, Peterson, Pettigrew, Pike, Pollet, Reykdal, Riccelli, Robinson, Rodne, Ryu, S. Hunt, Santos, Sawyer, Schmick, Scott, Sells, Senn, Shea, Short, Smith, Springer, Stambaugh, Stanford, Stokesbary, Sullivan, Takko, Tarleton, Taylor, Tharinger, Van De Wege, Van Werven, Vick, Walkinshaw, Walsh, Wilcox, Wilson, Wylie, Young, Zeiger and Mr. Speaker.

ENGROSSED SUBSTITUTE HOUSE BILL NO. 1186, having received the necessary constitutional majority, was declared passed.

**HOUSE BILL NO. 1503, by Representatives Jinkins, Ryu, Tharinger, DeBolt, Senn, Robinson, Harris, Cody, Riccelli, Walsh, Sawyer and Moeller**

**Concerning medical liens.**

The bill was read the second time.

There being no objection, Substitute House Bill No. 1503 was substituted for House Bill No. 1503 and the substitute bill was placed on the second reading calendar.

SUBSTITUTE HOUSE BILL NO. 1503 was read the second time.

There being no objection, the rules were suspended, the second reading considered the third and the bill was placed on final passage.

Representatives Jinkins and Rodne spoke in favor of the passage of the bill.

The Speaker (Representative Moeller presiding) stated the question before the House to be the final passage of Substitute House Bill No. 1503.

#### ROLL CALL

The Clerk called the roll on the final passage of Substitute House Bill No. 1503, and the bill passed the House by the following vote: Yeas, 97; Nays, 1; Absent, 0; Excused, 0.

Voting yea: Representatives Appleton, Bergquist, Blake, Buys, Caldier, Carlyle, Chandler, Clibborn, Cody, Condotta, DeBolt, Dent, Dunshee, Fagan, Farrell, Fey, Fitzgibbon, G. Hunt, Goodman, Gregerson, Gregory, Griffey, Haler, Hansen, Hargrove, Harmsworth, Harris, Hawkins, Hayes, Holy, Hudgins, Hunter, Hurst, Jinkins, Johnson, Kagi, Kilduff, Kirby, Kochmar, Kretz, Kristiansen, Lytton, MacEwen, Magendanz, Manweller, McBride, McCabe, McCaslin, Moeller, Morris, Moscoso, Muri, Nealey, Orcutt, Ormsby, Ortiz-Self, Orwall, Parker, Peterson, Pettigrew, Pike, Pollet, Reykdal, Riccelli, Robinson, Rodne, Ryu, S. Hunt, Santos, Sawyer, Schmick, Scott, Sells, Senn, Shea, Short, Smith, Springer, Stambaugh, Stanford, Stokesbary, Sullivan, Takko, Tarleton, Taylor, Tharinger, Van De Wege, Van Werven, Vick, Walkinshaw, Walsh, Wilcox, Wilson, Wylie, Young, Zeiger and Mr. Speaker.

Voting nay: Representative Klippert.

SUBSTITUTE HOUSE BILL NO. 1503, having received the necessary constitutional majority, was declared passed.

**HOUSE BILL NO. 1890, by Representatives Schmick and Cody****Concerning a second-party payment process for paying insurers. (REVISED FOR ENGROSSED: Concerning a second-party payment process for paying issuer. )**

The bill was read the second time.

Representative Schmick moved the adoption of amendment (024):

On page 1, at the beginning of line 19, strike "insured" and insert "covered person"

On page 1, line 20, after "an" strike "insurer" and insert "issuer"

On page 2, line 13, after "of the" strike "insured, such that the insured" and insert "covered person, such that the covered person"

On page 2, line 15, after "All" strike "insurers" and insert "issuers"

On page 2, line 16, after "no" strike "insurer" and insert "issuer"

On page 2, line 19, after "an" strike "insurer" and insert "issuer"

On page 2, line 20, after "of the" strike "insured" and insert "covered person"

On page 2, at the beginning of line 22, strike "insurer" and insert "issuer"

Representatives Schmick and Cody spoke in favor of the adoption of the amendment.

Amendment (024) was adopted.

Representative Schmick moved the adoption of amendment (123):

On page 1, line 20, after "insurer." insert "The legislature does not intend to impact third-party payment programs required under federal law, including, but not limited to, federal guidance implementing the federal patient protection and affordable care act."

Representatives Schmick and Cody spoke in favor of the adoption of the amendment.

Amendment (123) was adopted.

The bill was ordered engrossed.

There being no objection, the rules were suspended, the second reading considered the third and the bill was placed on final passage.

Representatives Schmick and Cody spoke in favor of the passage of the bill.

The Speaker (Representative Moeller presiding) stated the question before the House to be the final passage of Engrossed House Bill No. 1890.

**ROLL CALL**

The Clerk called the roll on the final passage of Engrossed House Bill No. 1890, and the bill passed the House by the following vote: Yeas, 98; Nays, 0; Absent, 0; Excused, 0.

Voting yea: Representatives Appleton, Bergquist, Blake, Buys, Caldier, Carlyle, Chandler, Clibborn, Cody, Condotta, DeBolt, Dent, Dunshee, Fagan, Farrell, Fey, Fitzgibbon, G. Hunt, Goodman, Gregerson, Gregory, Griffey, Haler, Hansen, Hargrove,

Harmsworth, Harris, Hawkins, Hayes, Holy, Hudgins, Hunter, Hurst, Jinkins, Johnson, Kagi, Kilduff, Kirby, Klippert, Kochmar, Kretz, Kristiansen, Lytton, MacEwen, Magendanz, Manweller, McBride, McCabe, McCaslin, Moeller, Morris, Moscoso, Muri, Nealey, Orcutt, Ormsby, Ortiz-Self, Orwall, Parker, Peterson, Pettigrew, Pike, Pollet, Reykdal, Riccelli, Robinson, Rodne, Ryu, S. Hunt, Santos, Sawyer, Schmick, Scott, Sells, Senn, Shea, Short, Smith, Springer, Stambaugh, Stanford, Stokesbary, Sullivan, Takko, Tarleton, Taylor, Tharinger, Van De Wege, Van Werven, Vick, Walkinshaw, Walsh, Wilcox, Wilson, Wylie, Young, Zeiger and Mr. Speaker.

ENGROSSED HOUSE BILL NO. 1890, having received the necessary constitutional majority, was declared passed.

The Speaker (Representative Moeller presiding) called upon Representative Orwall to preside.

**HOUSE BILL NO. 1729, by Representatives Pettigrew, Magendanz, Kagi, Walsh, Van De Wege, DeBolt, Jinkins, Goodman, Dunshee, Hudgins, Wylie, Cody, Sawyer, Senn, Moeller, Tarleton and Santos****Concerning the administration of a statewide network of community-based domestic violence victim services by the department of social and health services.**

The bill was read the second time.

With the consent of the house, amendment (211) was withdrawn.

Representative Wilcox moved the adoption of amendment (228):

On page 12, beginning on line 9, strike all of section 11 Renumber the remaining sections and correct any internal references accordingly.

On page 14, line 4, after "fee of" strike "thirty" and insert "~~(thirty)~~ fifty-four"

On page 14, line 5, after "monthly" strike "twenty-four" and insert "~~(twenty-four)~~ forty-eight"

On page 18, after line 39, insert the following:

**"Sec. 15.** RCW 10.99.080 and 2004 c 15 s 2 are each amended to read as follows:

(1) All superior courts, and courts organized under Title 3 or 35 RCW, may impose a penalty assessment of one hundred dollars, plus an additional fifteen dollars on any person convicted of a crime involving domestic violence; in no case shall a penalty assessment (~~(not to)~~) exceed one hundred fifteen dollars on any person convicted of a crime involving domestic violence. The assessment shall be in addition to, and shall not supersede, any other penalty, restitution, fines, or costs provided by law.

(2) Revenue from the:

(a) One hundred dollar assessment shall be used solely for the purposes of establishing and funding domestic violence advocacy and domestic violence prevention and prosecution programs in the city or county of the court imposing the assessment. Such revenue from the assessment shall not be used for indigent criminal defense. If the city or county does not have domestic violence advocacy or domestic violence prevention and prosecution programs, cities and counties may use the revenue collected from the assessment to contract with recognized community-based domestic violence program providers.

(b) Fifteen dollar assessment must be remitted monthly to the state treasury for deposit in the domestic violence prevention account.

(3) The one hundred dollar assessment imposed under this section shall not be subject to any state or local remittance requirements under chapter 3.46, 3.50, 3.62, 7.68, 10.82, or 35.20 RCW.

(4) For the purposes of this section, "convicted" includes a plea of guilty, a finding of guilt regardless of whether the imposition of the sentence is deferred or any part of the penalty is suspended, or the levying of a fine. For the purposes of this section, "domestic violence" has the same meaning as that term is defined under RCW 10.99.020 and includes violations of equivalent local ordinances.

(5) When determining whether to impose a penalty assessment under this section, judges are encouraged to solicit input from the victim or representatives for the victim in assessing the ability of the convicted offender to pay the penalty, including information regarding current financial obligations, family circumstances, and ongoing restitution.

**Sec. 16.** RCW 26.50.110 and 2013 c 84 s 31 are each amended to read as follows:

(1)(a) Whenever an order is granted under this chapter, chapter 7.92, 7.90, 9A.46, 9.94A, 10.99, 26.09, 26.10, 26.26, or 74.34 RCW, or there is a valid foreign protection order as defined in RCW 26.52.020, and the respondent or person to be restrained knows of the order, a violation of any of the following provisions of the order is a gross misdemeanor, except as provided in subsections (4) and (5) of this section:

(i) The restraint provisions prohibiting acts or threats of violence against, or stalking of, a protected party, or restraint provisions prohibiting contact with a protected party;

(ii) A provision excluding the person from a residence, workplace, school, or day care;

(iii) A provision prohibiting a person from knowingly coming within, or knowingly remaining within, a specified distance of a location;

(iv) A provision prohibiting interfering with the protected party's efforts to remove a pet owned, possessed, leased, kept, or held by the petitioner, respondent, or a minor child residing with either the petitioner or the respondent; or

(v) A provision of a foreign protection order specifically indicating that a violation will be a crime.

(b) Upon conviction, and in addition to any other penalties provided by law, the court:

(i) May require that the respondent submit to electronic monitoring. The court shall specify who shall provide the electronic monitoring services, and the terms under which the monitoring shall be performed. The order also may include a requirement that the respondent pay the costs of the monitoring. The court shall consider the ability of the convicted person to pay for electronic monitoring.

(ii) Shall impose a fine of fifteen dollars, in addition to any penalty or fine imposed, for a violation of a domestic violence protection order issued under this chapter. Revenue from the fifteen dollar fine must be remitted monthly to the state treasury for deposit in the domestic violence prevention account.

(2) A peace officer shall arrest without a warrant and take into custody a person whom the peace officer has probable cause to believe has violated an order issued under this chapter, chapter 7.92, 7.90, 9A.46, 9.94A, 10.99, 26.09, 26.10, 26.26, or 74.34 RCW, or a valid foreign protection order as defined in RCW 26.52.020, that restrains the person or excludes the person from a residence, workplace, school, or day care, or prohibits the person

from knowingly coming within, or knowingly remaining within, a specified distance of a location, if the person restrained knows of the order. Presence of the order in the law enforcement computer-based criminal intelligence information system is not the only means of establishing knowledge of the order.

(3) A violation of an order issued under this chapter, chapter 7.92, 7.90, 9A.46, 9.94A, 10.99, 26.09, 26.10, 26.26, or 74.34 RCW, or of a valid foreign protection order as defined in RCW 26.52.020, shall also constitute contempt of court, and is subject to the penalties prescribed by law.

(4) Any assault that is a violation of an order issued under this chapter, chapter 7.92, 7.90, 9A.46, 9.94A, 10.99, 26.09, 26.10, 26.26, or 74.34 RCW, or of a valid foreign protection order as defined in RCW 26.52.020, and that does not amount to assault in the first or second degree under RCW 9A.36.011 or 9A.36.021 is a class C felony, and any conduct in violation of such an order that is reckless and creates a substantial risk of death or serious physical injury to another person is a class C felony.

(5) A violation of a court order issued under this chapter, chapter 7.92, 7.90, 9A.46, 9.94A, 10.99, 26.09, 26.10, 26.26, or 74.34 RCW, or of a valid foreign protection order as defined in RCW 26.52.020, is a class C felony if the offender has at least two previous convictions for violating the provisions of an order issued under this chapter, chapter 7.90, 9A.46, 9.94A, 10.99, 26.09, 26.10, 26.26, or 74.34 RCW, or a valid foreign protection order as defined in RCW 26.52.020. The previous convictions may involve the same victim or other victims specifically protected by the orders the offender violated.

(6) Upon the filing of an affidavit by the petitioner or any peace officer alleging that the respondent has violated an order granted under this chapter, chapter 7.92, 7.90, 9A.46, 9.94A, 10.99, 26.09, 26.10, 26.26, or 74.34 RCW, or a valid foreign protection order as defined in RCW 26.52.020, the court may issue an order to the respondent, requiring the respondent to appear and show cause within fourteen days why the respondent should not be found in contempt of court and punished accordingly. The hearing may be held in the court of any county or municipality in which the petitioner or respondent temporarily or permanently resides at the time of the alleged violation."

Renumber the remaining sections consecutively and correct any internal references accordingly. Correct the title.

Representatives Wilcox and Pettigrew spoke in favor of the adoption of the amendment.

Amendment (228) was adopted.

The bill was ordered engrossed.

There being no objection, the rules were suspended, the second reading considered the third and the bill was placed on final passage.

Representatives Pettigrew, Wilcox, Goodman, Walsh and Young spoke in favor of the passage of the bill.

Representative G. Hunt spoke against the passage of the bill.

The Speaker (Representative Orwall presiding) stated the question before the House to be the final passage of Engrossed House Bill No. 1729.

**ROLL CALL**

The Clerk called the roll on the final passage of Engrossed House Bill No. 1729, and the bill passed the House by the following vote: Yeas, 92; Nays, 6; Absent, 0; Excused, 0.

Voting yea: Representatives Appleton, Bergquist, Blake, Buys, Caldier, Carlyle, Chandler, Clibborn, Cody, DeBolt, Dent, Dunshee, Fagan, Farrell, Fey, Fitzgibbon, Goodman, Gregerson, Gregory, Griffey, Haler, Hansen, Hargrove, Harmsworth, Harris, Hawkins, Hayes, Holy, Hudgins, Hunter, Hurst, Jinkins, Johnson, Kagi, Kilduff, Kirby, Klippert, Kochmar, Kretz, Kristiansen, Lytton, MacEwen, Magendanz, Manweller, McBride, McCabe, Moeller, Morris, Moscoso, Muri, Nealey, Orcutt, Ormsby, Ortiz-Self, Orwall, Parker, Peterson, Pettigrew, Pike, Pollet, Reykdal, Riccelli, Robinson, Rodne, Ryu, S. Hunt, Santos, Sawyer, Schmick, Sells, Senn, Short, Smith, Springer, Stambaugh, Stanford, Stokesbary, Sullivan, Takko, Tarleton, Tharinger, Van De Wege, Van Werven, Vick, Walkinshaw, Walsh, Wilcox, Wilson, Wylie, Young, Zeiger and Mr. Speaker.

Voting nay: Representatives Condotta, G. Hunt, McCaslin, Scott, Shea and Taylor.

ENGROSSED HOUSE BILL NO. 1729, having received the necessary constitutional majority, was declared passed.

**HOUSE BILL NO. 1740, by Representatives Appleton and Ryu**

**Addressing political subdivisions purchasing health coverage through the public employees' benefits board program.**

The bill was read the second time.

There being no objection, Substitute House Bill No. 1740 was substituted for House Bill No. 1740 and the substitute bill was placed on the second reading calendar.

SUBSTITUTE HOUSE BILL NO. 1740 was read the second time.

Representative Hunter moved the adoption of amendment (200):

On page 5, after line 36, insert the following:

"Sec. 3. RCW 41.05.050 and 2009 c 537 s 5 are each amended to read as follows:

(1) Every: (a) Department, division, or separate agency of state government; (b) county, municipal, school district, educational service district, or other political subdivisions; and (c) tribal governments as are covered by this chapter, shall provide contributions to insurance and health care plans for its employees and their dependents, the content of such plans to be determined by the authority. Contributions, paid by the county, the municipality, other political subdivision, or a tribal government for their employees, shall include an amount determined by the authority to pay such administrative expenses of the authority as are necessary to administer the plans for employees of those groups, except as provided in subsection (4) of this section.

(2) If the authority at any time determines that the participation of a county, municipal, other political subdivision, or a tribal government covered under this chapter adversely impacts insurance rates for state employees, the authority ~~((shall implement limitations on the participation of additional))~~ may develop an employer-specific charge for each county, municipal, other political subdivision~~((s))~~, or ~~((a))~~ tribal government that offsets a significant increase in insurance rates for state employees that could be caused by the participation of that employer.

(3) The contributions of any: (a) Department, division, or separate agency of the state government; (b) county, municipal, or other political subdivisions; and (c) any tribal government as are covered by this chapter, shall be set by the authority, subject to the approval of the governor for availability of funds as specifically appropriated by the legislature for that purpose. Insurance and health care contributions for ferry employees shall be governed by RCW 47.64.270.

(4)(a) The authority shall collect from each participating school district and educational service district an amount equal to the composite rate charged to state agencies, plus an amount equal to the employee premiums by plan and family size as would be charged to state employees, for groups of district employees enrolled in authority plans. The authority may collect these amounts in accordance with the district fiscal year, as described in RCW 28A.505.030.

(b) For all groups of district employees enrolling in authority plans for the first time after September 1, 2003, the authority shall collect from each participating school district an amount equal to the composite rate charged to state agencies, plus an amount equal to the employee premiums by plan and by family size as would be charged to state employees, only if the authority determines that this method of billing the districts will not result in a material difference between revenues from districts and expenditures made by the authority on behalf of districts and their employees. The authority may collect these amounts in accordance with the district fiscal year, as described in RCW 28A.505.030.

(c) If the authority determines at any time that the conditions in (b) of this subsection cannot be met, the authority shall offer enrollment to additional groups of district employees on a tiered rate structure until such time as the authority determines there would be no material difference between revenues and expenditures under a composite rate structure for all district employees enrolled in authority plans.

(d) The authority may charge districts a one-time set-up fee for employee groups enrolling in authority plans for the first time.

(e) For the purposes of this subsection:

(i) "District" means school district and educational service district; and

(ii) "Tiered rates" means the amounts the authority must pay to insuring entities by plan and by family size.

(f) Notwithstanding this subsection and RCW 41.05.065(4), the authority may allow districts enrolled on a tiered rate structure prior to September 1, 2002, to continue participation based on the same rate structure and under the same conditions and eligibility criteria.

(5) The authority shall transmit a recommendation for the amount of the employer contribution to the governor and the director of financial management for inclusion in the proposed budgets submitted to the legislature."

Correct the title

Representative Hunter spoke in favor of the adoption of the amendment.

Amendment (200) was adopted.

The bill was ordered engrossed.

There being no objection, the rules were suspended, the second reading considered the third and the bill was placed on final passage.

Representatives Appleton and Chandler spoke in favor of the passage of the bill.

The Speaker (Representative Orwall presiding) stated the question before the House to be the final passage of Engrossed Substitute House Bill No. 1740.

### ROLL CALL

The Clerk called the roll on the final passage of Engrossed Substitute House Bill No. 1740, and the bill passed the House by the following vote: Yeas, 92; Nays, 6; Absent, 0; Excused, 0.

Voting yea: Representatives Appleton, Bergquist, Blake, Buys, Caldier, Carlyle, Chandler, Clibborn, Cody, DeBolt, Dent, Dunshee, Fagan, Farrell, Fey, Fitzgibbon, Goodman, Gregerson, Gregory, Griffey, Haler, Hansen, Hargrove, Harmsworth, Harris, Hawkins, Hayes, Holy, Hudgins, Hunter, Hurst, Jinkins, Johnson, Kagi, Kilduff, Kirby, Klippert, Kochmar, Kretz, Kristiansen, Lytton, MacEwen, Magendanz, Manweller, McBride, McCabe, McCaslin, Moeller, Morris, Moscoso, Muri, Nealey, Orcutt, Ormsby, Ortiz-Self, Orwall, Parker, Peterson, Pettigrew, Pike, Pollet, Reykdal, Riccelli, Robinson, Rodne, Ryu, S. Hunt, Santos, Sawyer, Schmick, Sells, Senn, Short, Smith, Springer, Stambaugh, Stanford, Stokesbary, Sullivan, Takko, Tarleton, Tharinger, Van De Wege, Van Werven, Vick, Walkinshaw, Walsh, Wilcox, Wilson, Wylie, Zeiger and Mr. Speaker.

Voting nay: Representatives Condotta, G. Hunt, Scott, Shea, Taylor and Young.

ENGROSSED SUBSTITUTE HOUSE BILL NO. 1740, having received the necessary constitutional majority, was declared passed.

### HOUSE BILL NO. 1307, by Representatives Harris, Tharinger, Walkinshaw and Kagi

#### Concerning enforcement standards for residential services and support providers.

The bill was read the second time.

There being no objection, the rules were suspended, the second reading considered the third and the bill was placed on final passage.

Representatives Harris, Kagi and McCaslin spoke in favor of the passage of the bill.

The Speaker (Representative Orwall presiding) stated the question before the House to be the final passage of House Bill No. 1307.

### ROLL CALL

The Clerk called the roll on the final passage of House Bill No. 1307, and the bill passed the House by the following vote: Yeas, 98; Nays, 0; Absent, 0; Excused, 0.

Voting yea: Representatives Appleton, Bergquist, Blake, Buys, Caldier, Carlyle, Chandler, Clibborn, Cody, Condotta, DeBolt, Dent, Dunshee, Fagan, Farrell, Fey, Fitzgibbon, G. Hunt, Goodman, Gregerson, Gregory, Griffey, Haler, Hansen, Hargrove, Harmsworth, Harris, Hawkins, Hayes, Holy, Hudgins, Hunter, Hurst, Jinkins, Johnson, Kagi, Kilduff, Kirby, Klippert, Kochmar, Kretz, Kristiansen, Lytton, MacEwen, Magendanz, Manweller, McBride, McCabe, McCaslin, Moeller, Morris, Moscoso, Muri, Nealey, Orcutt, Ormsby, Ortiz-Self, Orwall, Parker, Peterson, Pettigrew, Pike, Pollet, Reykdal, Riccelli, Robinson, Rodne, Ryu, S. Hunt, Santos, Sawyer, Schmick, Scott, Sells, Senn, Shea, Short, Smith, Springer, Stambaugh, Stanford, Stokesbary, Sullivan,

Takko, Tarleton, Taylor, Tharinger, Van De Wege, Van Werven, Vick, Walkinshaw, Walsh, Wilcox, Wilson, Wylie, Young, Zeiger and Mr. Speaker.

HOUSE BILL NO. 1307, having received the necessary constitutional majority, was declared passed.

### HOUSE BILL NO. 1561, by Representatives Hudgins, Scott, Stanford, Magendanz, Ormsby, Smith, S. Hunt and Wylie

#### Concerning the consideration of information technology security matters.

The bill was read the second time.

There being no objection, the rules were suspended, the second reading considered the third and the bill was placed on final passage.

Representative Hudgins spoke in favor of the passage of the bill.

The Speaker (Representative Orwall presiding) stated the question before the House to be the final passage of House Bill No. 1561.

### ROLL CALL

The Clerk called the roll on the final passage of House Bill No. 1561, and the bill passed the House by the following vote: Yeas, 98; Nays, 0; Absent, 0; Excused, 0.

Voting yea: Representatives Appleton, Bergquist, Blake, Buys, Caldier, Carlyle, Chandler, Clibborn, Cody, Condotta, DeBolt, Dent, Dunshee, Fagan, Farrell, Fey, Fitzgibbon, G. Hunt, Goodman, Gregerson, Gregory, Griffey, Haler, Hansen, Hargrove, Harmsworth, Harris, Hawkins, Hayes, Holy, Hudgins, Hunter, Hurst, Jinkins, Johnson, Kagi, Kilduff, Kirby, Klippert, Kochmar, Kretz, Kristiansen, Lytton, MacEwen, Magendanz, Manweller, McBride, McCabe, McCaslin, Moeller, Morris, Moscoso, Muri, Nealey, Orcutt, Ormsby, Ortiz-Self, Orwall, Parker, Peterson, Pettigrew, Pike, Pollet, Reykdal, Riccelli, Robinson, Rodne, Ryu, S. Hunt, Santos, Sawyer, Schmick, Scott, Sells, Senn, Shea, Short, Smith, Springer, Stambaugh, Stanford, Stokesbary, Sullivan, Takko, Tarleton, Taylor, Tharinger, Van De Wege, Van Werven, Vick, Walkinshaw, Walsh, Wilcox, Wilson, Wylie, Young, Zeiger and Mr. Speaker.

HOUSE BILL NO. 1561, having received the necessary constitutional majority, was declared passed.

### HOUSE BILL NO. 1617, by Representatives Rodne, Goodman and Jinkins

#### Concerning the use of the judicial information system by courts before granting certain orders.

The bill was read the second time.

There being no objection, Substitute House Bill No. 1617 was substituted for House Bill No. 1617 and the substitute bill was placed on the second reading calendar.

SUBSTITUTE HOUSE BILL NO. 1617 was read the second time.



There being no objection, the rules were suspended, the second reading considered the third and the bill was placed on final passage.

Representatives Rodne and Kilduff spoke in favor of the passage of the bill.

The Speaker (Representative Orwall presiding) stated the question before the House to be the final passage of Substitute House Bill No. 1617.

### ROLL CALL

The Clerk called the roll on the final passage of Substitute House Bill No. 1617, and the bill passed the House by the following vote: Yeas, 92; Nays, 6; Absent, 0; Excused, 0.

Voting yea: Representatives Appleton, Bergquist, Blake, Buys, Caldier, Carlyle, Chandler, Clibborn, Cody, Condotta, DeBolt, Dent, Dunshee, Fagan, Farrell, Fey, Fitzgibbon, Goodman, Gregerson, Gregory, Griffey, Haler, Hansen, Hargrove, Harmsworth, Harris, Hawkins, Hayes, Holy, Hudgins, Hunter, Hurst, Jinkins, Johnson, Kagi, Kilduff, Kirby, Klippert, Kochmar, Kretz, Kristiansen, Lytton, MacEwen, Magendanz, Manweller, McBride, McCabe, Moeller, Morris, Moscoso, Muri, Nealey, Orcutt, Ormsby, Ortiz-Self, Orwall, Parker, Peterson, Pettigrew, Pike, Pollet, Reykdal, Riccelli, Robinson, Rodne, Ryu, S. Hunt, Santos, Sawyer, Schmick, Sells, Senn, Short, Smith, Springer, Stambaugh, Stanford, Stokesbary, Sullivan, Takko, Tarleton, Tharinger, Van De Wege, Van Werven, Vick, Walkinshaw, Walsh, Wilcox, Wilson, Wylie, Zeiger and Mr. Speaker.

Voting nay: Representatives G. Hunt, McCaslin, Scott, Shea, Taylor and Young.

SUBSTITUTE HOUSE BILL NO. 1617, having received the necessary constitutional majority, was declared passed.

### HOUSE BILL NO. 1627, by Representative Schmick

**Expanding the existing prohibition on unlawfully entering the land of another to hunt or to retrieve hunted wildlife under Title 77 RCW to include entering the land of another to collect wildlife parts.**

The bill was read the second time.

There being no objection, the rules were suspended, the second reading considered the third and the bill was placed on final passage.

Representatives Schmick and Blake spoke in favor of the passage of the bill.

The Speaker (Representative Orwall presiding) stated the question before the House to be the final passage of House Bill No. 1627.

### ROLL CALL

The Clerk called the roll on the final passage of House Bill No. 1627, and the bill passed the House by the following vote: Yeas, 98; Nays, 0; Absent, 0; Excused, 0.

Voting yea: Representatives Appleton, Bergquist, Blake, Buys, Caldier, Carlyle, Chandler, Clibborn, Cody, Condotta, DeBolt, Dent, Dunshee, Fagan, Farrell, Fey, Fitzgibbon, G. Hunt, Goodman, Gregerson, Gregory, Griffey, Haler, Hansen, Hargrove, Harmsworth, Harris, Hawkins, Hayes, Holy, Hudgins, Hunter,

Hurst, Jinkins, Johnson, Kagi, Kilduff, Kirby, Klippert, Kochmar, Kretz, Kristiansen, Lytton, MacEwen, Magendanz, Manweller, McBride, McCabe, McCaslin, Moeller, Morris, Moscoso, Muri, Nealey, Orcutt, Ormsby, Ortiz-Self, Orwall, Parker, Peterson, Pettigrew, Pike, Pollet, Reykdal, Riccelli, Robinson, Rodne, Ryu, S. Hunt, Santos, Sawyer, Schmick, Scott, Sells, Senn, Shea, Short, Smith, Springer, Stambaugh, Stanford, Stokesbary, Sullivan, Takko, Tarleton, Taylor, Tharinger, Van De Wege, Van Werven, Vick, Walkinshaw, Walsh, Wilcox, Wilson, Wylie, Young, Zeiger and Mr. Speaker.

HOUSE BILL NO. 1627, having received the necessary constitutional majority, was declared passed.

### HOUSE BILL NO. 1800, by Representatives Hargrove, Kagi and Walsh

**Concerning filing a petition seeking termination of parental rights.**

The bill was read the second time.

There being no objection, Substitute House Bill No. 1800 was substituted for House Bill No. 1800 and the substitute bill was placed on the second reading calendar.

SUBSTITUTE HOUSE BILL NO. 1800 was read the second time.

There being no objection, the rules were suspended, the second reading considered the third and the bill was placed on final passage.

Representatives Hargrove and Kagi spoke in favor of the passage of the bill.

The Speaker (Representative Orwall presiding) stated the question before the House to be the final passage of Substitute House Bill No. 1800.

### ROLL CALL

The Clerk called the roll on the final passage of Substitute House Bill No. 1800, and the bill passed the House by the following vote: Yeas, 98; Nays, 0; Absent, 0; Excused, 0.

Voting yea: Representatives Appleton, Bergquist, Blake, Buys, Caldier, Carlyle, Chandler, Clibborn, Cody, Condotta, DeBolt, Dent, Dunshee, Fagan, Farrell, Fey, Fitzgibbon, G. Hunt, Goodman, Gregerson, Gregory, Griffey, Haler, Hansen, Hargrove, Harmsworth, Harris, Hawkins, Hayes, Holy, Hudgins, Hunter, Hurst, Jinkins, Johnson, Kagi, Kilduff, Kirby, Klippert, Kochmar, Kretz, Kristiansen, Lytton, MacEwen, Magendanz, Manweller, McBride, McCabe, McCaslin, Moeller, Morris, Moscoso, Muri, Nealey, Orcutt, Ormsby, Ortiz-Self, Orwall, Parker, Peterson, Pettigrew, Pike, Pollet, Reykdal, Riccelli, Robinson, Rodne, Ryu, S. Hunt, Santos, Sawyer, Schmick, Scott, Sells, Senn, Shea, Short, Smith, Springer, Stambaugh, Stanford, Stokesbary, Sullivan, Takko, Tarleton, Taylor, Tharinger, Van De Wege, Van Werven, Vick, Walkinshaw, Walsh, Wilcox, Wilson, Wylie, Young, Zeiger and Mr. Speaker.

SUBSTITUTE HOUSE BILL NO. 1800, having received the necessary constitutional majority, was declared passed.

**HOUSE BILL NO. 2140, by Representatives Kagi, Orwall, Johnson, Walsh, Sells, Clibborn, Tarleton, Appleton, Ortiz-**

**Self, Hargrove, Zeiger, Senn, Ormsby, Kilduff, Walkinshaw and Goodman**

**Concerning good cause exceptions during permanency hearings.**

The bill was read the second time.

There being no objection, the rules were suspended, the second reading considered the third and the bill was placed on final passage.

Representatives Kagi and Walsh spoke in favor of the passage of the bill.

The Speaker (Representative Orwall presiding) stated the question before the House to be the final passage of House Bill No. 2140.

**ROLL CALL**

The Clerk called the roll on the final passage of House Bill No. 2140, and the bill passed the House by the following vote: Yeas, 98; Nays, 0; Absent, 0; Excused, 0.

Voting yea: Representatives Appleton, Bergquist, Blake, Buys, Caldier, Carlyle, Chandler, Clibborn, Cody, Condotta, DeBolt, Dent, Dunshee, Fagan, Farrell, Fey, Fitzgibbon, G. Hunt, Goodman, Gregerson, Gregory, Griffey, Haler, Hansen, Hargrove, Harmsworth, Harris, Hawkins, Hayes, Holy, Hudgins, Hunter, Hurst, Jinkins, Johnson, Kagi, Kilduff, Kirby, Klippert, Kochmar, Kretz, Kristiansen, Lytton, MacEwen, Magendanz, Manweller, McBride, McCabe, McCaslin, Moeller, Morris, Moscoso, Muri, Nealey, Orcutt, Ormsby, Ortiz-Self, Orwall, Parker, Peterson, Pettigrew, Pike, Pollet, Reykdal, Riccelli, Robinson, Rodne, Ryu, S. Hunt, Santos, Sawyer, Schmick, Scott, Sells, Senn, Shea, Short, Smith, Springer, Stambaugh, Stanford, Stokesbary, Sullivan, Takko, Tarleton, Taylor, Tharinger, Van De Wege, Van Werven, Vick, Walkinshaw, Walsh, Wilcox, Wilson, Wylie, Young, Zeiger and Mr. Speaker.

HOUSE BILL NO. 2140, having received the necessary constitutional majority, was declared passed.

**HOUSE BILL NO. 2085, by Representatives Goodman and Ryu**

**Providing alternatives for penalties stemming from traffic infractions.**

The bill was read the second time.

There being no objection, Substitute House Bill No. 2085 was substituted for House Bill No. 2085 and the substitute bill was placed on the second reading calendar.

SUBSTITUTE HOUSE BILL NO. 2085 was read the second time.

There being no objection, the rules were suspended, the second reading considered the third and the bill was placed on final passage.

Representatives Goodman and Hayes spoke in favor of the passage of the bill.

The Speaker (Representative Orwall presiding) stated the question before the House to be the final passage of Substitute House Bill No. 2085.

**ROLL CALL**

The Clerk called the roll on the final passage of Substitute House Bill No. 2085, and the bill passed the House by the following vote: Yeas, 83; Nays, 15; Absent, 0; Excused, 0.

Voting yea: Representatives Appleton, Bergquist, Blake, Caldier, Carlyle, Clibborn, Cody, DeBolt, Dent, Dunshee, Fagan, Farrell, Fey, Fitzgibbon, Goodman, Gregerson, Gregory, Griffey, Haler, Hansen, Harris, Hawkins, Hayes, Holy, Hudgins, Hunter, Hurst, Jinkins, Johnson, Kagi, Kilduff, Kirby, Kochmar, Kretz, Kristiansen, Lytton, MacEwen, Manweller, McBride, McCabe, Moeller, Morris, Moscoso, Muri, Orcutt, Ormsby, Ortiz-Self, Orwall, Peterson, Pettigrew, Pike, Pollet, Reykdal, Riccelli, Robinson, Rodne, Ryu, S. Hunt, Santos, Sawyer, Schmick, Sells, Senn, Short, Smith, Springer, Stambaugh, Stanford, Stokesbary, Sullivan, Takko, Tarleton, Tharinger, Van De Wege, Van Werven, Walkinshaw, Walsh, Wilcox, Wilson, Wylie, Young, Zeiger and Mr. Speaker.

Voting nay: Representatives Buys, Chandler, Condotta, G. Hunt, Hargrove, Harmsworth, Klippert, Magendanz, McCaslin, Nealey, Parker, Scott, Shea, Taylor and Vick.

SUBSTITUTE HOUSE BILL NO. 2085, having received the necessary constitutional majority, was declared passed.

**HOUSE BILL NO. 1505, by Representatives Goodman, Kagi, Appleton, Jinkins and Tharinger**

**Allowing prosecutors to refer juveniles to restorative justice programs. Revised for 1st Substitute: Concerning juvenile restorative justice programs.**

The bill was read the second time.

There being no objection, Substitute House Bill No. 1505 was substituted for House Bill No. 1505 and the substitute bill was placed on the second reading calendar.

SUBSTITUTE HOUSE BILL NO. 1505 was read the second time.

There being no objection, the rules were suspended, the second reading considered the third and the bill was placed on final passage.

Representatives Goodman and Walsh spoke in favor of the passage of the bill.

The Speaker (Representative Orwall presiding) stated the question before the House to be the final passage of Substitute House Bill No. 1505.

**ROLL CALL**

The Clerk called the roll on the final passage of Substitute House Bill No. 1505, and the bill passed the House by the following vote: Yeas, 95; Nays, 3; Absent, 0; Excused, 0.

Voting yea: Representatives Appleton, Bergquist, Blake, Buys, Caldier, Carlyle, Clibborn, Cody, Condotta, DeBolt, Dent, Dunshee, Fagan, Farrell, Fey, Fitzgibbon, G. Hunt, Goodman, Gregerson, Gregory, Griffey, Haler, Hansen, Hargrove, Harmsworth, Harris, Hawkins, Hayes, Holy, Hudgins, Hunter,

Hurst, Jinkins, Johnson, Kagi, Kilduff, Kirby, Kochmar, Kretz, Kristiansen, Lytton, MacEwen, Magendanz, Manweller, McBride, McCabe, McCaslin, Moeller, Morris, Moscoso, Muri, Nealey, Orcutt, Ormsby, Ortiz-Self, Orwall, Parker, Peterson, Pettigrew, Pike, Pollet, Reykdal, Riccelli, Robinson, Rodne, Ryu, S. Hunt, Santos, Sawyer, Schmick, Scott, Sells, Senn, Shea, Short, Smith, Springer, Stambaugh, Stanford, Stokesbary, Sullivan, Takko, Tarleton, Taylor, Tharinger, Van De Wege, Van Werven, Walkinshaw, Walsh, Wilcox, Wilson, Wylie, Young, Zeiger and Mr. Speaker.

Voting nay: Representatives Chandler, Klippert and Vick.

SUBSTITUTE HOUSE BILL NO. 1505, having received the necessary constitutional majority, was declared passed.

**STATEMENT FOR THE JOURNAL**

I intended to vote YEA on Substitute House Bill No. 1505.  
Representative Vick, 18th District

The Speaker (Representative Orwall presiding) called upon Representative Moeller to preside.

**MESSAGE FROM THE SENATE**

March 9, 2015

MR. SPEAKER:

The President has signed:  
SUBSTITUTE SENATE BILL NO. 5889  
and the same are herewith transmitted.  
Hunter G. Goodman, Secretary

The Speaker assumed the chair.

**SIGNED BY THE SPEAKER**

The Speaker signed the following bills:  
SUBSTITUTE SENATE BILL NO. 5889

The Speaker called upon Representative Moeller to preside.

There being no objection, the House advanced to the sixth order of business.

**SECOND READING**

**HOUSE BILL NO. 1491, by Representatives Kagi, Walsh, Hunter, Johnson, Ormsby, MacEwen, Senn, Magendanz, Farrell, Hayes, Ortiz-Self, Hudgins, Appleton, Fitzgibbon, S. Hunt, Ryu, Jinkins, Bergquist, Goodman, Tharinger and Riccelli**

**Improving quality in the early care and education system.**

The bill was read the second time.

There being no objection, Second Substitute House Bill No. 1491 was substituted for House Bill No. 1491 and the second substitute bill was placed on the second reading calendar.

SECOND SUBSTITUTE HOUSE BILL NO. 1491 was read the second time.

Representative Kagi moved the adoption of amendment (205):

Strike everything after the enacting clause and insert the following:

**"NEW SECTION. Sec. 1. INTENT.** (1) The legislature finds that quality early care and education builds the foundation for a child's success in school and in life. The legislature acknowledges that a quality framework is necessary for the early care and education system in Washington. The legislature recognizes that empirical evidence supports the conclusion that high quality programs consistently yield more positive outcomes for children, with the strongest positive impacts on the most vulnerable children. The legislature acknowledges that critical developmental windows exist in early childhood, and low quality child care has damaging effects for children. The legislature further understands that the proper dosage, duration of programming, and stability of care are critical to enhancing program quality and improving child outcomes. The legislature acknowledges that the early care and education system should strive to address the needs of Washington's culturally and linguistically diverse populations. The legislature understands that parental choice and provider diversity are guiding principles for early learning programs.

(2) The legislature intends to prioritize the integration of child care and preschool in an effort to promote full day programming. The legislature further intends to reward quality and create incentives for providers to participate in a quality rating and improvement system that will also provide valuable information to parents regarding the quality of care available in their communities.

**Sec. 2.** RCW 43.215.100 and 2013 c 323 s 6 are each amended to read as follows:

**EARLY ACHIEVERS, QUALITY RATING, AND IMPROVEMENT SYSTEM.**

(1) ~~((Subject to the availability of amounts appropriated for this specific purpose,))~~ The department, in collaboration with tribal governments and community and statewide partners, shall implement a ~~((voluntary))~~ quality rating and improvement system, called the early achievers program~~((, that))~~. The early achievers program provides a foundation of quality for the early care and education system. The early achievers program is applicable to licensed or certified child care centers and homes and early ~~((education))~~ learning programs such as working connections child care and early childhood education and assistance programs.

(2) The ~~((purpose))~~ objectives of the early achievers program ~~((is))~~ are to:

(a) ~~((To))~~ Improve short-term and long-term educational outcomes for children as measured by assessments including, but not limited to, the Washington kindergarten inventory of developing skills in RCW 28A.655.080;

(b) Give parents clear and easily accessible information about the quality of child care and early education programs~~((;))~~;

(c) Support improvement in early learning and child care programs throughout the state~~((;))~~;

(d) Increase the readiness of children for school~~((and))~~;

(e) Close the ~~((disparity))~~ disparities in access to quality care;

(f) Provide professional development and coaching opportunities to early child care and education providers; and ~~((to))~~

(g) Establish a common set of expectations and standards that define, measure, and improve the quality of early learning and child care settings.

(3)(a) Licensed or certified child care centers and homes serving nonschool age children and receiving state subsidy payments must participate in the early achievers program by the required deadlines established in RCW 43.215.135.

(b) Approved early childhood education and assistance program providers receiving state-funded support must participate in the early achievers program by the required deadlines established in RCW 43.215.415.

(c) Participation in the early achievers program is voluntary for licensed or certified child care centers and homes not receiving state subsidy payments.

(d) School age child care providers are exempt from participating in the early achievers program. By July 1, 2017, the department shall design a plan to incorporate school age child care providers into the early achievers program. To test implementation of the early achievers system for school age child care providers the department shall implement a pilot program.

(4) ((By fiscal year 2015, Washington state preschool programs receiving state funds must enroll in the early achievers program and maintain a minimum score level.

(5) Before final implementation of the early achievers program, the department shall report on program progress, as defined within the race to the top federal grant award, and expenditures to the appropriate policy and fiscal committees of the legislature.)) There are five levels in the early achievers program. Participants are expected to actively engage and continually advance within the program.

(5) The department has the authority to determine the rating cycle for the early achievers program.

(a) Early achievers program participants may request to be rated at any time after the completion of all level 2 activities.

(b) The department shall provide an early achievers program participant an update on the participant's progress toward completing level 2 activities after the participant has been enrolled in the early achievers program for fifteen months.

(c) The first rating is free for early achievers program participants.

(d) Each subsequent rating within the established rating cycle is free for early achievers program participants.

(6)(a) Early achievers program participants may request to be rerated outside the established rating cycle.

(b) The department may charge a fee for optional rerating requests made by program participants that are outside the established rating cycle.

(c) Fees charged are based on, but may not exceed, the cost to the department for activities associated with the early achievers program.

(7)(a) The department must create a single source of information for parents and caregivers to access details on a provider's early achievers program rating level, licensing history, and other indicators of quality and safety that will help parents and caregivers make informed choices.

(b) The department shall publish to the department's web site, or offer a link on its web site to, the following information:

(i) By August 1, 2015, early achievers program rating levels 1 through 5 for all child care programs that receive state subsidy, early childhood education and assistance programs, and federal head start programs in Washington; and

(ii) New early achievers program ratings within thirty days after a program becomes licensed or certified, or receives a rating.

(c) The early achievers program rating levels shall be published in a manner that is easily accessible to parents and caregivers and takes into account the linguistic needs of parents and caregivers.

(d) The department must publish early achievers program rating levels for child care programs that do not receive state subsidy but have voluntarily joined the early achievers program.

(e) Early achievers program participants who have published rating levels on the department's web site or on a link on the department's web site may include a brief description of their program, contingent upon the review and approval by the department, as determined by established marketing standards.

(8)(a) The department shall create a professional development pathway for early achievers program participants to obtain a high school diploma or equivalency or higher education credential in early childhood education, early childhood studies, child development, or an academic field related to early care and education.

(b) The professional development pathway must include opportunities for scholarships and grants to assist early achievers program participants with the costs associated with obtaining an educational degree.

(c) The department shall address cultural and linguistic diversity when developing the professional development pathway.

(9) The early achievers quality improvement awards shall be reserved for participants offering programs to an enrollment population consisting of at least five percent of children receiving a state subsidy.

(10) In collaboration with tribal governments, community and statewide partners, and the early achievers review subcommittee created in RCW 43.215.090, the department shall develop a protocol for granting early achievers program participants an extension in meeting rating level requirement timelines outlined for the working connections child care program and the early childhood education and assistance program.

(a) The department may grant extensions only under exceptional circumstances, such as when early achievers program participants experience an unexpected life circumstance.

(b) Extensions shall not exceed six months, and early achievers program participants are only eligible for one extension in meeting rating level requirement timelines.

(c) Extensions may only be granted to early achievers program participants who have demonstrated engagement in the early achievers program.

(d) A report outlining the early achievers program extension protocol shall be delivered to the appropriate committees of legislature by December 31, 2015.

(11)(a) The department shall accept national accreditation that meets the requirements of this subsection (11) as a qualification for the early achievers program ratings.

(b) Each national accreditation agency will be allowed to submit its most current standards of accreditation to establish potential credit earned in the early achievers program. The department shall grant credit to accreditation bodies that can demonstrate that their standards meet or exceed the current early achievers program standards.

(c) Licensed child care centers and child care home providers must meet national accreditation standards approved by the department for the early achievers program in order to be granted credit for the early achievers program standards. Eligibility for the early achievers program is not subject to bargaining, mediation, or interest arbitration under RCW 41.56.028, consistent with the legislative reservation of rights under RCW 41.56.028(4)(d).

(12) A child care or early learning program that is operated by a federally recognized tribe and receives state funds shall participate in the early achievers program. The tribe may choose to participate through an interlocal agreement between the tribe and the department. The interlocal agreement must reflect the government-to-government relationship between the state and the

tribe, including recognition of tribal sovereignty. The interlocal agreement must provide that:

(a) Tribal child care facilities and early learning programs may volunteer, but are not required, to be licensed by the department;

(b) Tribal child care facilities and early learning programs are not required to have their early achievers program rating level published to the department's web site or through a link on the department's web site; and

(c) Tribal child care facilities and early learning programs must provide notification to parents or guardians who apply for or have been admitted into their program that early achievers program rating level information is available and provide the parents or guardians with the program's early achievers program rating level upon request.

(13) The department shall consult with the early achievers review subcommittee on all substantial policy changes to the early achievers program.

(14) Nothing in this section changes the department's responsibility to collectively bargain over mandatory subjects or limits the legislature's authority to make programmatic modifications to licensed child care and early learning programs under RCW 41.56.028(4)(d).

NEW SECTION. Sec. 3. A new section is added to chapter 43.215 RCW to read as follows:

REDUCTION OF BARRIERS—LOW-INCOME PROVIDERS AND PROGRAMS—EARLY ACHIEVERS.

(1)(a) Subject to the amounts appropriated for this specific purpose, the department shall, in collaboration with tribal governments and community and statewide partners, implement a protocol to maximize and encourage participation in the early achievers program for culturally diverse and low-income center and family home child care providers.

(b) During the first thirty months of implementation of the early achievers program the department shall prioritize the resources authorized in this section to assist providers rating at a level 2 in the early achievers program to help them reach a level 3 rating wherever access to subsidized care is at risk.

(2) The protocol should address barriers to early achievers program participation and include at a minimum the following:

(a) The creation of a substitute pool;

(b) The development of needs-based grants for providers at level 2 in the early achievers program to assist with purchasing curriculum development, instructional materials, supplies, and equipment to improve program quality. Priority for the needs-based grants shall be given to culturally diverse and low-income providers;

(c) The development of materials and assessments in a timely manner, and to the extent feasible, in the provider and family home languages; and

(d) The development of flexibility in technical assistance and coaching structures to provide differentiated types and amounts of support to providers based on individual need and cultural context.

Sec. 4. RCW 43.215.135 and 2013 c 323 s 9 are each amended to read as follows:

WORKING CONNECTIONS CHILD CARE.

(1) The department shall establish and implement policies in the working connections child care program to promote stability and quality of care for children from low-income households. These policies shall focus on supporting school readiness for young learners. Policies for the expenditure of funds constituting

the working connections child care program must be consistent with the outcome measures defined in RCW 74.08A.410 and the standards established in this section intended to promote ((continuity of care for children)) stability, quality, and continuity of early care and education programming.

(2) ((Beginning in fiscal year 2013,)) As recommended by Public Law 113-186, authorizations for the working connections child care subsidy shall be effective for twelve months ((unless a change in circumstances necessitates reauthorization sooner than twelve months. The twelve month certification applies only if the enrollments in the child care subsidy or working connections child care program are capped.

(3) Subject to the availability of amounts appropriated for this specific purpose, beginning September 1, 2013, working connections child care providers shall receive a five percent increase in the subsidy rate for enrolling in level 2 in the early achievers programs. Providers must complete level 2 and advance to level 3 within thirty months in order to maintain this increase)) beginning January 1, 2016.

(3) Existing child care providers serving nonschool age children and receiving state subsidy payments must complete the following requirements to be eligible for a state subsidy under this section:

(a) Enroll in the early achievers program by August 1, 2016;

(b) Complete level 2 activities in the early achievers program by August 1, 2017; and

(c) Rate at a level 3 or higher in the early achievers program by February 1, 2019. If a child care provider rates below a level 3 by February 1, 2019, the provider must complete remedial activities with the department, and rate at a level 3 or higher no later than August 1, 2019.

(4) Effective July 1, 2016, a new child care provider serving nonschool age children and receiving state subsidy payments must complete the following activities to be eligible to receive a state subsidy under this section:

(a) Enroll in the early achievers program within thirty days;

(b) Complete level 2 activities in the early achievers program within twelve months of enrollment; and

(c) Rate at a level 3 or higher in the early achievers program within thirty months of enrollment. If a child care provider rates below a level 3 within thirty months from enrollment into the early achievers program, the provider must complete remedial activities with the department, and rate at a level 3 or higher within six months.

(5) If a child care provider does not rate at a level 3 or higher following the remedial period, the provider is no longer eligible to receive state subsidy under this section.

(6) If a child care provider serving nonschool age children and receiving state subsidy payments has successfully completed all level 2 activities and is waiting to be rated by the deadline provided in this section, the provider may continue to receive a state subsidy pending the successful completion of the level 3 rating activity.

(7) The department shall implement tiered reimbursement for early achievers program participants in the working connections child care program rating at level 3, 4, or 5.

(8) The department shall account for a child care copayment collected by the provider from the family for each contracted slot and establish the copayment fee by rule.

Sec. 5. RCW 43.215.1352 and 2012 c 251 s 2 are each amended to read as follows:

WORKING CONNECTIONS CHILD CARE.

When an applicant or recipient applies for or receives working connections child care benefits, ~~((he or she))~~ the applicant or recipient is required to ~~((~~

~~((1))~~ notify the department of social and health services, within five days, of any change in providers ~~((and~~  
~~((2))~~ Notify the department of social and health services, within ten days, about any significant change related to the number of child care hours the applicant or recipient needs, cost sharing, or eligibility)).

**Sec. 6.** RCW 43.215.425 and 1994 c 166 s 6 are each amended to read as follows:

**EARLY CHILDHOOD EDUCATION AND ASSISTANCE PROGRAM.**

(1) The department shall adopt rules under chapter 34.05 RCW for the administration of the early childhood education and assistance program. Approved early childhood education and assistance programs shall conduct needs assessments of their service area ~~((and~~) and identify any targeted groups of children, to include but not be limited to children of seasonal and migrant farmworkers and native American populations living either on or off reservation ~~((and~~)). Approved early childhood education and assistance programs shall provide to the department a service delivery plan, to the extent practicable, that addresses these targeted populations.

(2) The department, in developing rules for the early childhood education and assistance program, shall consult with the early learning advisory ~~((committee))~~ council, and shall consider such factors as coordination with existing head start and other early childhood programs, the preparation necessary for instructors, qualifications of instructors, adequate space and equipment, and special transportation needs. The rules shall specifically require the early childhood programs to provide for parental involvement in participation with their child's program, in local program policy decisions, in development and revision of service delivery systems, and in parent education and training.

(3)(a) The department shall adopt rules pertaining to the early childhood education and assistance program that outline allowable periods of child absences, required contact with parents or caregivers to discuss child absences and encourage regular attendance, and a de-enrollment procedure when allowable child absences are exceeded.

(b) Rules pertaining to child absences and de-enrollment procedures shall be adopted no later than July 31, 2016.

(4) The department shall adopt rules requiring early childhood education and assistance program employees who have access to children to submit to a fingerprint background check. Fingerprint background check procedures for the early childhood education and assistance program shall be the same as the background check procedures in RCW 43.215.215.

**Sec. 7.** RCW 43.215.415 and 1994 c 166 s 5 are each amended to read as follows:

**EARLY CHILDHOOD EDUCATION AND ASSISTANCE PROGRAM.**

(1) Approved early childhood education and assistance programs shall receive state-funded support through the department. Public or private ~~((nonsectarian))~~ organizations, including, but not limited to school districts, educational service districts, community and technical colleges, local governments, or nonprofit organizations, are eligible to participate as providers of the state early childhood education and assistance program. ~~((Funds appropriated for the state program shall be used to continue to operate existing programs or to establish new or~~

~~expanded early childhood programs, and shall not be used to supplant federally supported head start programs.))~~

(2) Funds obtained by providers through voluntary grants or contributions from individuals, agencies, corporations, or organizations may be used to expand or enhance preschool programs so long as program standards established by the department are maintained ~~((but shall not be used to supplant federally supported head start programs or state supported early childhood programs))~~.

(3) Persons applying to conduct the early childhood education and assistance program shall identify targeted groups and the number of children to be served, program components, the qualifications of instructional and special staff, the source and amount of grants or contributions from sources other than state funds, facilities and equipment support, and transportation and personal care arrangements.

(4) Existing early childhood education and assistance program providers must complete the following requirements to be eligible to receive state-funded support under the early childhood education and assistance program:

(a) Enroll in the early achievers program by August 1, 2015;

(b) Rate at a level 4 or 5 in the early achievers program by January 1, 2016. If an early childhood education and assistance program provider rates below a level 4 by January 1, 2016, the provider must complete remedial activities with the department, and rate at a level 4 or 5 within six months.

(5) Effective August 1, 2015, a new early childhood education and assistance program provider must complete the requirements in this subsection (5) to be eligible to receive state-funded support under the early childhood education and assistance program:

(a) Enroll in the early achievers program within thirty days;

(b) Rate at a level 4 or 5 in the early achievers program within twelve months of enrollment. If an early childhood education and assistance program provider rates below a level 4 within twelve months of enrollment, the provider must complete remedial activities with the department, and rate at a level 4 or 5 within six months.

(6)(a) If an early childhood education and assistance program provider has successfully completed all of the required early achievers program activities and is waiting to be rated by the deadline provided in this section, the provider may continue to participate in the early achievers program as an approved early childhood education and assistance program provider and receive state subsidy pending the successful completion of a level 4 or 5 rating.

(b) To avoid disruption, the department may allow for early childhood education and assistance program providers who have rated below a level 4 after completion of the six-month remedial period to continue to provide services until the current school year is finished.

(7) The department shall collect data to determine the demand for full-day programming for early childhood education and assistance program providers. The department shall analyze this demand by geographic region and report the findings to the appropriate committees of the legislature by January 1, 2016.

(8) By December 1, 2015, the department shall develop a pathway for family home providers to administer an early childhood education and assistance program.

**Sec. 8.** RCW 43.215.455 and 2010 c 231 s 3 are each amended to read as follows:

EARLY CHILDHOOD EDUCATION AND ASSISTANCE PROGRAM.

(1) Beginning September 1, 2011, an early learning program to provide voluntary preschool opportunities for children three and four years of age shall be implemented according to the funding and implementation plan in RCW ~~((43.215.142))~~ 43.215.456. The program must ~~((be))~~ offer a comprehensive program ~~((providing))~~ of early childhood education and family support, ~~((options for))~~ including parental involvement~~((s))~~ and health information, screening, and referral services, ~~((as))~~ based on family need ~~((is determined))~~. Participation in the program is voluntary. On a space available basis, the program may allow enrollment of children who are not otherwise eligible by assessing a fee.

(2) The ~~((first phase of the))~~ program shall be implemented by utilizing the program standards and eligibility criteria in the early childhood education and assistance program in RCW 43.215.400 through 43.215.450.

(3)(a) Beginning in the 2015-16 school year, the program implementation in this section shall prioritize early childhood education and assistance programs located in low-income neighborhoods within high-need geographical areas.

(b) Following the priority in (a) of this subsection, preference shall be given to programs meeting at least one of the following characteristics:

(i) Programs offering extended day early care and education programming;

(ii) Programs offering services to children diagnosed with a special need; or

(iii) Programs offering services to children involved in the child welfare system.

(4) The director shall adopt rules for the following program components, as appropriate and necessary during the phased implementation of the program, consistent with early achievers program standards established in RCW 43.215.100:

(a) Minimum program standards~~((, including lead teacher, assistant teacher, and staff qualifications))~~;

(b) Approval of program providers; and

(c) Accountability and adherence to performance standards.

~~((4))~~ (5) The department has administrative responsibility for:

(a) Approving and contracting with providers according to rules developed by the director under this section;

(b) In partnership with school districts, monitoring program quality and assuring the program is responsive to the needs of eligible children;

(c) Assuring that program providers work cooperatively with school districts to coordinate the transition from preschool to kindergarten so that children and their families are well-prepared and supported; and

(d) Providing technical assistance to contracted providers.

NEW SECTION. Sec. 9. A new section is added to chapter 43.215 RCW to read as follows:

PROGRAM DATA COLLECTION AND EVALUATION.

(1) The education data center established in RCW 43.41.400 must collect longitudinal, student-level data on all children attending a working connections child care program or an early childhood education and assistance program. Data collected should capture at a minimum the following characteristics:

(a) Daily program attendance;

(b) Identification of classroom and teacher;

(c) Early achievers program quality level rating;

(d) Program hours;

(e) Program duration;

(f) Developmental results from the Washington kindergarten inventory of developing skills in RCW 28A.655.080; and

(g) To the extent data is available, the distinct ethnic categories within racial subgroups of children and providers that align with categories recognized by the education data center.

(2) The department shall provide child care and early learning providers student-level data collected pursuant to this section that are specific to the child care provider's or the early learning provider's program.

(3) Every four years, the department in collaboration with the early achievers review subcommittee shall review the data collected on the achievement of the early achievers program standards and provide a report to the appropriate committees of the legislature. The report shall include, but not be limited to, the following:

(a) Recommendations for improving the early achievers program standards;

(b) A review of the services available to providers and children from diverse cultural backgrounds;

(c) Recommendations for improving access to providers rated at a level 3 or higher in the early achievers program by children from diverse cultural backgrounds; and

(d) To the extent data is available, an analysis of the distribution of early achievers program rated facilities in relation to child and provider demographics, including but not limited to race and ethnicity, home language, and geographical location.

(4)(a) The department shall review available research and best practices literature on cultural competency in early learning settings. The department shall review the K-12 components for cultural competency developed by the professional educator standards board and identify components appropriate for early learning professional development.

(b) By July 31, 2016, the department shall provide recommendations to the appropriate committees of the legislature and the early learning advisory council on research-based cultural competency standards for early learning professional training.

(5)(a) The Washington state institute for public policy shall conduct a longitudinal analysis examining relationships between the early achievers program quality ratings levels and outcomes for children participating in subsidized early care and education programs.

(b) The institute shall submit the first report to the appropriate committees of the legislature and the early learning advisory council by December 31, 2018. The institute shall submit subsequent reports annually to the appropriate committees of the legislature and the early learning advisory council by December 31st, with the final report due December 31, 2021. The final report shall include a cost-benefit analysis.

(6)(a) The department shall complete an annual early learning program implementation report on the early childhood education and assistance program and the working connections child care program.

(b) The early learning program implementation report must be posted annually on the department's web site and delivered to the appropriate committees of the legislature. The first report is due by December 31, 2015, and the final report is due by December 31, 2019.

(c) The early learning program implementation report must address the following:

(i) Progress on early childhood education and assistance program implementation as required pursuant to RCW 43.215.415, 43.215.425, and 43.215.455;

- (ii) An examination of the regional distribution of new preschool programming by zip code;
- (iii) An analysis of the impact of preschool expansion on low-income neighborhoods and communities;
- (iv) Recommendations to address any identified barriers to access to quality preschool for children living in low-income neighborhoods;
- (v) An analysis of any impact from quality strengthening efforts on the availability and quality of infant and toddler care;
- (vi) An analysis of any impact of extended day early care and education opportunities directives;
- (vii) An examination of any identified barriers for providers to offer extended day early care and education opportunities; and
- (viii) To the extent data is available, an analysis of the cultural diversity of early childhood education and assistance program providers and participants.

**NEW SECTION. Sec. 10.** A new section is added to chapter 43.215 RCW to read as follows:

**CONTRACTED CHILD CARE SLOTS AND VOUCHERS.**

- (1) The department shall employ a combination of vouchers and contracted slots for the subsidized child care programs in RCW 43.215.135 and 43.215.415. Child care vouchers preserve parental choice. Child care contracted slots promote access to continuous quality care for children, provide parents and caregivers stable child care that supports employment, and allow providers to have predictable funding.
- (2) Only child care providers who participate in the early achievers program and rate at a level 3, 4, or 5 are eligible to be awarded a contracted slot.
- (3)(a) The department is required to use data to calculate a set number of targeted contracted slots. In calculating the number, the department must take into account a balance of family home and center child care programs and the overall geographic distribution of child care programs in the state and the distribution of slots between ages zero and five.
- (b) The targeted contracted slots are reserved for programs meeting both of the following conditions:
  - (i) Programs in low-income neighborhoods; and
  - (ii) Programs that consist of at least fifty percent of children receiving subsidy pursuant to RCW 43.215.135.
- (c) Until August 1, 2017, the department shall award at least fifty percent of the contracted slots for children birth to age three.
- (4) The department shall award the remaining contracted slots via a competitive process and prioritize child care programs with at least one of the following characteristics:
  - (a) Programs located in a high-need geographic area;
  - (b) Programs partnering with elementary schools to offer transitional planning and support to children as they advance to kindergarten;
  - (c) Programs serving children involved in the child welfare system; or
  - (d) Programs serving children diagnosed with a special need.
- (5)(a) The department shall adopt rules pertaining to the working connections child care program for both contracted slots and child care vouchers that outline the following:
  - (i) Allowable periods of child absences;
  - (ii) Required contact with parents or caregivers to discuss child absences and encourage regular program attendance; and
  - (iii) A de-enrollment procedure when allowable child absences are exceeded.

(b) Rules pertaining to child absences and de-enrollment procedures shall be adopted no later than July 31, 2016.

(6) The department shall pay a provider for each contracted slot, unless a contracted slot is not used for thirty days.

(7)(a) By December 31, 2015, the department shall provide a report to the appropriate committees of the legislature on the number of contracted slots that use both early childhood education assistance program funding and working connections child care program funding.

(b) The report must be provided annually, with the last report due December 31, 2018.

**Sec. 11.** RCW 43.215.020 and 2013 c 323 s 5 are each amended to read as follows:

**DEPARTMENT OF EARLY LEARNING DUTIES.**

(1) The department of early learning is created as an executive branch agency. The department is vested with all powers and duties transferred to it under this chapter and such other powers and duties as may be authorized by law.

(2) The primary duties of the department are to implement state early learning policy and to coordinate, consolidate, and integrate child care and early learning programs in order to administer programs and funding as efficiently as possible. The department's duties include, but are not limited to, the following:

- (a) To support both public and private sectors toward a comprehensive and collaborative system of early learning that serves parents, children, and providers and to encourage best practices in child care and early learning programs;
- (b) To make early learning resources available to parents and caregivers;
- (c) To carry out activities, including providing clear and easily accessible information about quality and improving the quality of early learning opportunities for young children, in cooperation with the nongovernmental private-public partnership;
- (d) To administer child care and early learning programs;
- (e) To apply data already collected comparing the following factors and make biennial recommendations to the legislature regarding working connections subsidy and state-funded preschool rates and compensation models that would attract and retain high quality early learning professionals:
  - (i) State-funded early learning subsidy rates and market rates of licensed early learning homes and centers;
  - (ii) State-funded early learning subsidy rates and market rates of licensed child care homes and centers that serve children ages birth to three;
  - (iii) Compensation of early learning educators in licensed centers and homes and early learning teachers at state higher education institutions;
  - ~~((iii))~~ (iv) State-funded preschool program compensation rates and Washington state head start program compensation rates; and
  - ~~((iv))~~ (v) State-funded preschool program compensation to compensation in similar comprehensive programs in other states;
  - (f) To serve as the state lead agency for Part C of the federal individuals with disabilities education act (IDEA);
  - (g) To standardize internal financial audits, oversight visits, performance benchmarks, and licensing criteria, so that programs can function in an integrated fashion;
  - (h) To support the implementation of the nongovernmental private-public partnership and cooperate with that partnership in pursuing its goals including providing data and support necessary for the successful work of the partnership;
  - (i) To work cooperatively and in coordination with the early learning council;



(j) To collaborate with the K-12 school system at the state and local levels to ensure appropriate connections and smooth transitions between early learning and K-12 programs;

(k) To develop and adopt rules for administration of the program of early learning established in RCW ((43.215.141)) 43.215.455;

(l) To develop a comprehensive birth-to-three plan to provide education and support through a continuum of options including, but not limited to, services such as: Home visiting; quality incentives for infant and toddler child care subsidies; quality improvements for family home and center-based child care programs serving infants and toddlers; professional development; early literacy programs; and informal supports for family, friend, and neighbor caregivers; and

(m) Upon the development of an early learning information system, to make available to parents timely inspection and licensing action information and provider comments through the internet and other means.

(3) When additional funds are appropriated for the specific purpose of home visiting and parent and caregiver support, the department must reserve at least eighty percent for home visiting services to be deposited into the home visiting services account and up to twenty percent of the new funds for other parent or caregiver support.

(4) Home visiting services must include programs that serve families involved in the child welfare system.

(5) Subject to the availability of amounts appropriated for this specific purpose, the legislature shall fund the expansion in the Washington state preschool program pursuant to RCW ((43.215.142)) 43.215.456 in fiscal year 2014.

(6) The department's programs shall be designed in a way that respects and preserves the ability of parents and legal guardians to direct the education, development, and upbringing of their children, and that recognizes and honors cultural and linguistic diversity. The department shall include parents and legal guardians in the development of policies and program decisions affecting their children.

**NEW SECTION. Sec. 12.** A new section is added to chapter 43.215 RCW to read as follows:

**SINGLE SET OF LICENSING STANDARDS.**

No later than July 1, 2016, the department shall implement a single set of licensing standards for child care and the early childhood education and assistance program. The new licensing standards must:

(1) Provide minimum health and safety standards for child care and preschool programs;

(2) Rely on the standards established in the early achievers program to address quality issues in participating early childhood programs;

(3) Take into account the separate needs of family care providers and child care centers; and

(4) Promote the continued safety of child care settings.

**NEW SECTION. Sec. 13.** A new section is added to chapter 43.215 RCW to read as follows:

**INTEGRATION WITH LOCAL GOVERNMENT EFFORTS.**

(1) The foundation of quality in the early care and education system in Washington is the quality rating and improvement system entitled the early achievers program. In an effort to build on the existing quality framework, enhance access to quality care for children, and strengthen the entire early care and

education systems in the state, it is important to integrate the efforts of state and local governments.

(2) Local governments are encouraged to collaborate with the department when establishing early learning programs for residents.

(3) Local governments may contribute funds to the department for the following purposes:

(a) Initial investments to build capacity and quality in local early care and education programming; and

(b) Reductions in copayments charged to parents or caregivers.

(4) Funds contributed to the department by local governments must be deposited in the early start account established in section 15 of this act.

**Sec. 14.** RCW 43.215.090 and 2012 c 229 s 589 are each amended to read as follows:

**EARLY LEARNING ADVISORY COUNCIL.**

(1) The early learning advisory council is established to advise the department on statewide early learning issues that would build a comprehensive system of quality early learning programs and services for Washington's children and families by assessing needs and the availability of services, aligning resources, developing plans for data collection and professional development of early childhood educators, and establishing key performance measures.

(2) The council shall work in conjunction with the department to develop a statewide early learning plan that guides the department in promoting alignment of private and public sector actions, objectives, and resources, and ensuring school readiness.

(3) The council shall include diverse, statewide representation from public, nonprofit, and for-profit entities. Its membership shall reflect regional, racial, and cultural diversity to adequately represent the needs of all children and families in the state.

(4) Councilmembers shall serve two-year terms. However, to stagger the terms of the council, the initial appointments for twelve of the members shall be for one year. Once the initial one-year to two-year terms expire, all subsequent terms shall be for two years, with the terms expiring on June 30th of the applicable year. The terms shall be staggered in such a way that, where possible, the terms of members representing a specific group do not expire simultaneously.

(5) The council shall consist of not more than twenty-three members, as follows:

(a) The governor shall appoint at least one representative from each of the following: The department, the office of financial management, the department of social and health services, the department of health, the student achievement council, and the state board for community and technical colleges;

(b) One representative from the office of the superintendent of public instruction, to be appointed by the superintendent of public instruction;

(c) The governor shall appoint seven leaders in early childhood education, with at least one representative with experience or expertise in one or more of the areas such as the following: The K-12 system, family day care providers, and child care centers with four of the seven governor's appointees made as follows:

(i) The head start state collaboration office director or the director's designee;

(ii) A representative of a head start, early head start, migrant/seasonal head start, or tribal head start program;

(iii) A representative of a local education agency; and

(iv) A representative of the state agency responsible for programs under section 619 or part C of the federal individuals with disabilities education act;

(d) Two members of the house of representatives, one from each caucus, and two members of the senate, one from each caucus, to be appointed by the speaker of the house of representatives and the president of the senate, respectively;

(e) Two parents, one of whom serves on the department's parent advisory group, to be appointed by the governor;

(f) One representative of the private-public partnership created in RCW 43.215.070, to be appointed by the partnership board;

(g) One representative designated by sovereign tribal governments; and

(h) One representative from the Washington federation of independent schools.

(6) The council shall be cochaired by one representative of a state agency and one nongovernmental member, to be elected by the council for two-year terms.

(7) The council shall appoint two members and stakeholders with expertise in early learning to sit on the technical working group created in section 2, chapter 234, Laws of 2010.

(8) Each member of the board shall be compensated in accordance with RCW 43.03.240 and reimbursed for travel expenses incurred in carrying out the duties of the board in accordance with RCW 43.03.050 and 43.03.060.

(9)(a) The council shall convene an early achievers review subcommittee to provide feedback and guidance on strategies to improve the quality of instruction and environment for early learning and provide input and recommendations on the implementation and refinement of the early achievers program. At a minimum the review shall address the following:

(i) Adequacy of data collection procedures;

(ii) Coaching and technical assistance standards;

(iii) Progress in reducing barriers to participation for low-income providers and providers from diverse cultural backgrounds;

(iv) Strategies in response to data on the effectiveness of early achievers program standards in relation to providers and children from diverse cultural backgrounds;

(v) Status of the life circumstance exemption protocols;  
and

(vi) Analysis of early achievers program data trends.

(b) The subcommittee must include consideration of cultural linguistic responsiveness when analyzing the areas for review required by (a) of this subsection.

(c) Beginning January 1, 2016, the subcommittee shall provide an annual report of the review findings and recommendations to the department and the appropriate committees of the legislature.

(d) The subcommittee shall include representatives from child care centers, family child care, the early childhood education and assistance program, contractors for early achievers program technical assistance and coaching, the organization responsible for conducting early achiever program ratings, and parents of children participating in early learning programs. The subcommittee shall include representatives from diverse cultural and linguistic backgrounds.

(10) The department shall provide staff support to the council.

NEW SECTION. Sec. 15. A new section is added to chapter 43.215 RCW to read as follows:

**EARLY START ACCOUNT.**

The early start account is created in the state treasury. Revenues in the account shall consist of appropriations by the

legislature and all other sources deposited into the account.

Moneys in the account may only be used after appropriation.

Expenditures from the account may be used only to improve the quality of early care and education programming. The department oversees the account.

**Sec. 16.** RCW 43.215.010 and 2013 c 323 s 3 and 2013 c 130 s 1 are each reenacted and amended to read as follows:

**DEFINITIONS.**

The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

(1) "Agency" means any person, firm, partnership, association, corporation, or facility that provides child care and early learning services outside a child's own home and includes the following irrespective of whether there is compensation to the agency:

(a) "Child day care center" means an agency that regularly provides early childhood education and early learning services for a group of children for periods of less than twenty-four hours;

(b) "Early learning" includes but is not limited to programs and services for child care; state, federal, private, and nonprofit preschool; child care subsidies; child care resource and referral; parental education and support; and training and professional development for early learning professionals;

(c) "Family day care provider" means a child care provider who regularly provides early childhood education and early learning services for not more than twelve children in the provider's home in the family living quarters;

(d) "Nongovernmental private-public partnership" means an entity registered as a nonprofit corporation in Washington state with a primary focus on early learning, school readiness, and parental support, and an ability to raise a minimum of five million dollars in contributions;

(e) "Service provider" means the entity that operates a community facility.

(2) "Agency" does not include the following:

(a) Persons related to the child in the following ways:

(i) Any blood relative, including those of half-blood, and including first cousins, nephews or nieces, and persons of preceding generations as denoted by prefixes of grand, great, or great-great;

(ii) Stepfather, stepmother, stepbrother, and stepsister;

(iii) A person who legally adopts a child or the child's parent as well as the natural and other legally adopted children of such persons, and other relatives of the adoptive parents in accordance with state law; or

(iv) Spouses of any persons named in (a)(i), (ii), or (iii) of this subsection, even after the marriage is terminated;

(b) Persons who are legal guardians of the child;

(c) Persons who care for a neighbor's or friend's child or children, with or without compensation, where the person providing care for periods of less than twenty-four hours does not conduct such activity on an ongoing, regularly scheduled basis for the purpose of engaging in business, which includes, but is not limited to, advertising such care;

(d) Parents on a mutually cooperative basis exchange care of one another's children;

(e) Nursery schools that are engaged primarily in early childhood education with preschool children and in which no child is enrolled on a regular basis for more than four hours per day;

(f) Schools, including boarding schools, that are engaged primarily in education, operate on a definite school year schedule, follow a stated academic curriculum, accept only school-age children, and do not accept custody of children;

- (g) Seasonal camps of three months' or less duration engaged primarily in recreational or educational activities;
- (h) Facilities providing child care for periods of less than twenty-four hours when a parent or legal guardian of the child remains on the premises of the facility for the purpose of participating in:
  - (i) Activities other than employment; or
  - (ii) Employment of up to two hours per day when the facility is operated by a nonprofit entity that also operates a licensed child care program at the same facility in another location or at another facility;
    - (i) Any entity that provides recreational or educational programming for school(-)age(♠) children only and the entity meets all of the following requirements:
      - (i) The entity utilizes a drop-in model for programming, where children are able to attend during any or all program hours without a formal reservation;
      - (ii) The entity does not assume responsibility in lieu of the parent, unless for coordinated transportation;
      - (iii) The entity is a local affiliate of a national nonprofit; and
      - (iv) The entity is in compliance with all safety and quality standards set by the associated national agency;
    - (j) A program operated by any unit of local, state, or federal government or an agency, located within the boundaries of a federally recognized Indian reservation, licensed by the Indian tribe;
    - (k) A program located on a federal military reservation, except where the military authorities request that such agency be subject to the licensing requirements of this chapter;
    - (l) A program that offers early learning and support services, such as parent education, and does not provide child care services on a regular basis.
- (3) "Applicant" means a person who requests or seeks employment in an agency.
- (4) "Conviction information" means criminal history record information relating to an incident which has led to a conviction or other disposition adverse to the applicant.
- (5) "Department" means the department of early learning.
- (6) "Director" means the director of the department.
- (7) "Early achievers" means a program that improves the quality of early learning programs and supports and rewards providers for their participation.
- (8) "Early start" means an integrated high quality continuum of early learning programs for children birth-to-five years of age. Components of early start include, but are not limited to, the following:
  - (a) Home visiting and parent education and support programs;
  - (b) The early achievers program described in RCW 43.215.100;
  - (c) Integrated full-day and part-day high quality early learning programs; and
  - (d) High quality preschool for children whose family income is at or below one hundred ten percent of the federal poverty level.
- (9) "Education data center" means the education data center established in RCW 43.41.400, commonly referred to as the education research and data center.
- (10) "Employer" means a person or business that engages the services of one or more people, especially for wages or salary to work in an agency.
- ~~((10))~~ (11) "Enforcement action" means denial, suspension, revocation, modification, or nonrenewal of a license pursuant to RCW 43.215.300(1) or assessment of civil monetary penalties pursuant to RCW 43.215.300(3).

- ~~((11))~~ (12) "Extended day program" means an early childhood education and assistance program that offers child care for at least ten hours per day, five days per week, year round.
- (13) "Full day program" means an early childhood education and assistance program that offers child care for at least six hours per day, a minimum of one thousand hours per year, and at least four days per week.
- (14) "Low-income child care provider" means a person who administers a child care program that consists of at least eighty percent of children receiving working connections child care subsidy.
- (15) "Low-income neighborhood" means a district or community where more than twenty percent of households are below the federal poverty level.
- (16) "Negative action" means a court order, court judgment, or an adverse action taken by an agency, in any state, federal, tribal, or foreign jurisdiction, which results in a finding against the applicant reasonably related to the individual's character, suitability, and competence to care for or have unsupervised access to children in child care. This may include, but is not limited to:
  - (a) A decision issued by an administrative law judge;
  - (b) A final determination, decision, or finding made by an agency following an investigation;
  - (c) An adverse agency action, including termination, revocation, or denial of a license or certification, or if pending adverse agency action, the voluntary surrender of a license, certification, or contract in lieu of the adverse action;
  - (d) A revocation, denial, or restriction placed on any professional license; or
  - (e) A final decision of a disciplinary board.
- ~~((12))~~ (17) "Nonconviction information" means arrest, founded allegations of child abuse, or neglect pursuant to chapter 26.44 RCW, or other negative action adverse to the applicant.
- ~~((13))~~ (18) "Nonschool age child" means a child birth through six years of age who has yet to enter kindergarten or school.
- (19) "Part day program" means an early childhood education and assistance program that offers child care for at least two and one-half hours per class session, at least three hundred twenty hours per year, for a minimum of thirty weeks per year.
- (20) "Probationary license" means a license issued as a disciplinary measure to an agency that has previously been issued a full license but is out of compliance with licensing standards.
- ~~((14))~~ (21) "Requirement" means any rule, regulation, or standard of care to be maintained by an agency.
- ~~((15))~~ (22) "School age child" means a child not less than five years of age through twelve years of age and who is attending kindergarten or school.
- (23) "Washington state preschool program" means an education program for children three-to-five years of age who have not yet entered kindergarten, such as the early childhood education and assistance program.

NEW SECTION. Sec. 17. REPEALER. 2013 2nd sp.s. c 16 s 2 (uncodified) is repealed.

NEW SECTION. Sec. 18. A new section is added to chapter 43.215 RCW to read as follows:

SHORT TITLE.

Chapter . . . , Laws of 2015 (this act) may be known and cited as the early start act.

**NEW SECTION. Sec. 19. NULL AND VOID.** If specific funding for the purposes of this act, referencing this act by bill or chapter number, is not provided by June 30, 2015, in the omnibus appropriations act, this act is null and void."

Correct the title.

Representative Kagi moved the adoption of amendment (231) to the striking amendment (205):

On page 6, line 19, after "(1)(a)" strike "Subject to the amounts appropriated for this specific purpose,"

On page 6, line 24, after "providers." insert the following:

"Amounts appropriated for the encouragement of culturally diverse and low-income center and family home child care provider participation shall be appropriated separately from the other funds appropriated for the department, are the only funds that may be used for the protocol, and may not be used for any other purposes. Funds appropriated for the protocol shall be considered an ongoing program for purposes of future departmental budget requests."

Representatives Kagi and Walsh spoke in favor of the adoption of the amendment to the striking amendment.

Amendment (231) was adopted.

Representative Kagi moved the adoption of amendment (224) to the striking amendment (205):

On page 8, at the beginning of line 2, strike "February 1" and insert "December 31"

On page 8, at the beginning of line 3, strike "February 1" and insert "December 31"

On page 8, beginning on line 4, after "than" strike "August 1, 2019" and insert "June 30, 2020"

Representatives Kagi and Walsh spoke in favor of the adoption of the amendment to the striking amendment.

Amendment (224) was adopted.

Representative Kagi moved the adoption of amendment (232) to the striking amendment (205):

On page 26, after line 30, insert the following:

**"NEW SECTION. Sec. 16.** A new section is added to chapter 43.215 RCW to read as follows:

(1)(a) A joint select committee on the early achievers program is established with members as provided in this subsection.

(i) Chair and ranking minority member of the house of representatives appropriations committee;

(ii) Chair and ranking minority member of the senate ways and means committee;

(iii) Chair and ranking minority member of the house of representatives early learning and human services committee; and

(iv) Chair and ranking minority member of the senate early learning and K-12 education committee.

(b) The committee shall choose its chair or co-chairs from among its legislative membership. The chairs of the house of representatives appropriations committee and the senate ways and means committee shall convene the initial meeting of the committee.

(2) Between July 1, 2017 and December 1, 2017 the early achievers joint select committee shall review the demand and availability of licensed or certified child care family homes and centers, approved early childhood education and assistance programs, head start programs, and family, friend, and neighbor caregivers by

geographic region, including rural and low-income areas. This review shall specifically look at the following:

(a) The geographic distribution of these child care programs by type of program, programs that accept state subsidy, enrollment in the early achievers program, and early achievers rating levels; and

(b) The demand and availability of these child care programs for major ethnic populations.

(3) By December 1, 2017 the early achievers joint select committee shall make recommendations to the legislature on the following:

(a) The sufficiency of funding provided for the early achievers program;

(b) The need for targeted funding for specific geographic regions or major ethnic populations; and

(c) Whether to modify the deadlines established in RCW 43.215.135 for purposes of the early achievers program mandate established in RCW 43.215.100.

(4) Staff support for the committee must be provided by the senate committee services and the house of representatives office of program research.

(5) Legislative members of the committee must be reimbursed for travel expenses in accordance with RCW 44.04.120.

(6) The expenses of the committee must be paid jointly by the senate and the house of representatives. Committee expenditures are subject to approval by the senate facilities and operations committee and the house of representatives executive rules committee, or their successor committees.

(7) The committee shall report its findings and recommendations to the appropriate committees of the legislature by December 1, 2017.

(8) This section expires December 1, 2018."

Renumber the remaining sections consecutively and correct any internal references accordingly. Correct the title.

Representatives Kagi and Walsh spoke in favor of the adoption of the amendment to the striking amendment.

Amendment (232) was adopted.

Representative Kagi spoke in favor of the adoption of the striking amendment as amended.

Amendment (205) was adopted as amended.

The bill was ordered engrossed.

There being no objection, the rules were suspended, the second reading considered the third and the bill was placed on final passage.

Representatives Kagi, Magendanz, Hunter, Walsh, Senn, Johnson and Dent spoke in favor of the passage of the bill.

Representative Scott spoke against the passage of the bill.

The Speaker (Representative Moeller presiding) stated the question before the House to be the final passage of Engrossed Second Substitute House Bill No. 1491.

## ROLL CALL

The Clerk called the roll on the final passage of Engrossed Second Substitute House Bill No. 1491, and the bill passed the House by the following vote: Yeas, 67; Nays, 31; Absent, 0; Excused, 0.

Voting yea: Representatives Appleton, Bergquist, Blake, Carlyle, Chandler, Clibborn, Cody, DeBolt, Dent, Dunshee, Fagan,

Farrell, Fey, Fitzgibbon, Goodman, Gregerson, Gregory, Griffey, Hansen, Hawkins, Hudgins, Hunter, Hurst, Jinkins, Johnson, Kagi, Kilduff, Kirby, Kochmar, Lytton, MacEwen, Magendanz, Manweller, McBride, McCabe, Moeller, Morris, Moscoso, Muri, Nealey, Ormsby, Ortiz-Self, Orwall, Peterson, Pettigrew, Pollet, Reykdal, Riccelli, Robinson, Ryu, S. Hunt, Santos, Sawyer, Sells, Senn, Springer, Stanford, Sullivan, Takko, Tarleton, Tharinger, Van De Wege, Walkinshaw, Walsh, Wilcox, Wylie and Mr. Speaker.

Voting nay: Representatives Buys, Caldier, Condotta, G. Hunt, Haler, Hargrove, Harmsworth, Harris, Hayes, Holy, Klippert, Kretz, Kristiansen, McCaslin, Orcutt, Parker, Pike, Rodne, Schmick, Scott, Shea, Short, Smith, Stambaugh, Stokesbary, Taylor, Van Werven, Vick, Wilson, Young and Zeiger.

ENGROSSED SECOND SUBSTITUTE HOUSE BILL NO. 1491, having received the necessary constitutional majority, was declared passed.

**HOUSE BILL NO. 1349, by Representative S. Hunt**

**Concerning requesting public records for the purpose of obtaining exempted information relating to employment and licensing. Revised for 1st Substitute: Concerning public records requests for the purpose of obtaining exempted employment and licensing information.**

The bill was read the second time.

There being no objection, Substitute House Bill No. 1349 was substituted for House Bill No. 1349 and the substitute bill was placed on the second reading calendar.

SUBSTITUTE HOUSE BILL NO. 1349 was read the second time.

With the consent of the house, amendment (214) was withdrawn.

Representative Pollet moved the adoption of amendment (215).

Strike everything after the enacting clause and insert the following:

"**Sec. 1.** RCW 42.56.070 and 2005 c 274 s 284 are each amended to read as follows:

(1) Each agency, in accordance with published rules, shall make available for public inspection and copying all public records, unless the record falls within the specific exemptions of subsection ~~((6))~~ (9) of this section, this chapter, or other statute which exempts or prohibits disclosure of specific information or records. To the extent required to prevent an unreasonable invasion of personal privacy interests protected by this chapter, an agency shall delete identifying details in a manner consistent with this chapter when it makes available or publishes any public record; however, in each case, the justification for the deletion shall be explained fully in writing.

(2) For informational purposes, each agency shall publish and maintain a current list containing every law, other than those listed in this chapter, that the agency believes exempts or prohibits disclosure of specific information or records of the agency. An agency's failure to list an exemption shall not affect the efficacy of any exemption.

(3) Each local agency shall maintain and make available for public inspection and copying a current index providing

identifying information as to the following records issued, adopted, or promulgated after January 1, 1973:

- (a) Final opinions, including concurring and dissenting opinions, as well as orders, made in the adjudication of cases;
  - (b) Those statements of policy and interpretations of policy, statute, and the Constitution which have been adopted by the agency;
  - (c) Administrative staff manuals and instructions to staff that affect a member of the public;
  - (d) Planning policies and goals, and interim and final planning decisions;
  - (e) Factual staff reports and studies, factual consultant's reports and studies, scientific reports and studies, and any other factual information derived from tests, studies, reports, or surveys, whether conducted by public employees or others; and
  - (f) Correspondence, and materials referred to therein, by and with the agency relating to any regulatory, supervisory, or enforcement responsibilities of the agency, whereby the agency determines, or opines upon, or is asked to determine or opine upon, the rights of the state, the public, a subdivision of state government, or of any private party.
- (4) A local agency need not maintain such an index, if to do so would be unduly burdensome, but it shall in that event:
- (a) Issue and publish a formal order specifying the reasons why and the extent to which compliance would unduly burden or interfere with agency operations; and
  - (b) Make available for public inspection and copying all indexes maintained for agency use.
- (5) Each state agency shall, by rule, establish and implement a system of indexing for the identification and location of the following records:
- (a) All records issued before July 1, 1990, for which the agency has maintained an index;
  - (b) Final orders entered after June 30, 1990, that are issued in adjudicative proceedings as defined in RCW 34.05.010 and that contain an analysis or decision of substantial importance to the agency in carrying out its duties;
  - (c) Declaratory orders entered after June 30, 1990, that are issued pursuant to RCW 34.05.240 and that contain an analysis or decision of substantial importance to the agency in carrying out its duties;
  - (d) Interpretive statements as defined in RCW 34.05.010 that were entered after June 30, 1990; and
  - (e) Policy statements as defined in RCW 34.05.010 that were entered after June 30, 1990.
- Rules establishing systems of indexing shall include, but not be limited to, requirements for the form and content of the index, its location and availability to the public, and the schedule for revising or updating the index. State agencies that have maintained indexes for records issued before July 1, 1990, shall continue to make such indexes available for public inspection and copying. Information in such indexes may be incorporated into indexes prepared pursuant to this subsection. State agencies may satisfy the requirements of this subsection by making available to the public indexes prepared by other parties but actually used by the agency in its operations. State agencies shall make indexes available for public inspection and copying. State agencies may charge a fee to cover the actual costs of providing individual mailed copies of indexes.
- (6) A public record may be relied on, used, or cited as precedent by an agency against a party other than an agency and it may be invoked by the agency for any other purpose only if:
- (a) It has been indexed in an index available to the public; or
  - (b) Parties affected have timely notice (actual or constructive) of the terms thereof.

(7) Each agency shall establish, maintain, and make available for public inspection and copying a statement of the actual per page cost or other costs, if any, that it charges for providing photocopies of public records and a statement of the factors and manner used to determine the actual per page cost or other costs, if any.

(a) In determining the actual per page cost for providing photocopies of public records, an agency may include all costs directly incident to copying such public records including the actual cost of the paper and the per page cost for use of agency copying equipment. In determining other actual costs for providing photocopies of public records, an agency may include all costs directly incident to shipping such public records, including the cost of postage or delivery charges and the cost of any container or envelope used.

(b) In determining the actual per page cost or other costs for providing copies of public records, an agency may not include staff salaries, benefits, or other general administrative or overhead charges, unless those costs are directly related to the actual cost of copying the public records. Staff time to copy and mail the requested public records may be included in an agency's costs.

(8) An agency need not calculate the actual per page cost or other costs it charges for providing photocopies of public records if to do so would be unduly burdensome, but in that event: The agency may not charge in excess of fifteen cents per page for photocopies of public records or for the use of agency equipment to photocopy public records and the actual postage or delivery charge and the cost of any container or envelope used to mail the public records to the requestor.

(9)(a) This chapter shall not be construed as giving authority to any agency, the office of the secretary of the senate, or the office of the chief clerk of the house of representatives to give, sell or provide access to lists of individuals requested for commercial purposes, and agencies, the office of the secretary of the senate, and the office of the chief clerk of the house of representatives shall not do so unless specifically authorized or directed by law(~~(- PROVIDED, HOWEVER, That)~~). However, the lists of applicants for professional licenses and of professional licensees shall be made available to those professional associations or educational organizations recognized by their professional licensing or examination board, upon payment of a reasonable charge therefor(~~(- PROVIDED FURTHER, That)~~), and such recognition may be refused only for a good cause pursuant to a hearing under the provisions of chapter 34.05 RCW, the administrative procedure act.

(b) Before obtaining records containing the names or nonexempt contact information of employees or volunteers from any agency, the requester must swear under oath that he or she will not use such information to obtain information exempted under RCW 42.56.250 for a commercial purpose or to harass, stalk, threaten, or intimidate any person.

(c) A person is subject to civil liability if he or she:

(i) Requests, pursuant to this chapter, the names or nonexempt contact information of agency employees or volunteers in order to obtain information exempted under RCW 42.56.250 for a commercial purpose or to harass, stalk, threaten, or intimidate any person; or

(ii) Uses the names or nonexempt contact information of agency employees or volunteers, with knowledge that such information was obtained through a request made pursuant to this chapter, in order to obtain information exempted under RCW 42.56.250 for a commercial purpose or to harass, stalk, threaten, or intimidate any person.

(d) A person who is liable under (c) of this subsection may be sued in superior court by any aggrieved party, or in the name of the state by the attorney general or the prosecuting authorities of

political subdivisions of this state. A plaintiff may recover five hundred dollars for each item of information used in violation of (c) of this subsection, plus costs and reasonable attorneys' fees. The court may order any other appropriate civil remedy.

(e) For purposes of using the names or nonexempt contact information of agency employees or volunteers in order to obtain information exempted under RCW 42.56.250, a commercial purpose includes:

(i) Soliciting, marketing, advertising, or self-promoting;

(ii) Inducing any person to economically support any entity; or

(iii) Inducing any person to cease or refrain from economically supporting any entity.

(f) It is not a commercial purpose to obtain names or contact information for purposes of soliciting support for or opposition to any political party, candidate, or ballot measure, as defined in RCW 42.17A.005.

**Sec. 2.** RCW 42.56.250 and 2014 c 106 s 1 are each amended to read as follows:

The following employment and licensing information is exempt from public inspection and copying under this chapter:

(1) Test questions, scoring keys, and other examination data used to administer a license, employment, or academic examination;

(2) All applications for public employment, including the names of applicants, resumes, and other related materials submitted with respect to an applicant;

(3) The following information held by any public agency in personnel records, public employment related records, volunteer rosters, or included in any mailing list of employees or volunteers of any public agency: Residential addresses, residential telephone numbers, personal wireless telephone numbers, personal electronic mail addresses, social security numbers, driver's license numbers, identicard numbers, and emergency contact information of employees or volunteers of a public agency, and the names, dates of birth, residential addresses, residential telephone numbers, personal wireless telephone numbers, personal electronic mail addresses, social security numbers, and emergency contact information of dependents of employees or volunteers of a public agency. For purposes of this subsection, "employees" includes independent provider home care workers as defined in RCW 74.39A.240, and in-home child care providers exempt from licensing requirements, as provided in chapter 43.215 RCW;

(4) Information that identifies a person who, while an agency employee: (a) Seeks advice, under an informal process established by the employing agency, in order to ascertain his or her rights in connection with a possible unfair practice under chapter 49.60 RCW against the person; and (b) requests his or her identity or any identifying information not be disclosed;

(5) Investigative records compiled by an employing agency conducting an active and ongoing investigation of a possible unfair practice under chapter 49.60 RCW or of a possible violation of other federal, state, or local laws prohibiting discrimination in employment;

(6) Criminal history records checks for board staff finalist candidates conducted pursuant to RCW 43.33A.025;

(7) Except as provided in RCW 47.64.220, salary and benefit information for maritime employees collected from private employers under RCW 47.64.220(1) and described in RCW 47.64.220(2); and

(8) Photographs and month and year of birth in the personnel files of employees and workers of criminal justice agencies as defined in RCW 10.97.030. The news media, as defined in RCW 5.68.010(5), shall have access to the photographs

and full date of birth. For the purposes of this subsection, news media does not include any person or organization of persons in the custody of a criminal justice agency as defined in RCW 10.97.030."

Correct the title.

Representative Pollet spoke in favor of the adoption of the amendment.

Representative Manweller spoke against the adoption of the amendment.

Amendment (215) was adopted.

The bill was ordered engrossed.

There being no objection, the rules were suspended, the second reading considered the third and the bill was placed on final passage.

Representatives S. Hunt, Pollet and Hurst spoke in favor of the passage of the bill.

Representatives Holy, Taylor, Manweller and Shea spoke against the passage of the bill.

The Speaker (Representative Moeller presiding) stated the question before the House to be the final passage of Engrossed Substitute House Bill No. 1349.

#### ROLL CALL

The Clerk called the roll on the final passage of Engrossed Substitute House Bill No. 1349, and the bill passed the House by the following vote: Yeas, 51; Nays, 47; Absent, 0; Excused, 0.

Voting yea: Representatives Appleton, Bergquist, Blake, Carlyle, Clibborn, Cody, Dunshee, Farrell, Fey, Fitzgibbon, Goodman, Gregerson, Gregory, Hansen, Hudgins, Hunter, Hurst, Jinkins, Kagi, Kilduff, Kirby, Lytton, McBride, Moeller, Morris, Moscoso, Ormsby, Ortiz-Self, Orwall, Peterson, Pettigrew, Pollet, Reykdal, Riccelli, Robinson, Ryu, S. Hunt, Santos, Sawyer, Sells, Senn, Springer, Stanford, Sullivan, Takko, Tarleton, Tharinger, Van De Wege, Walkinshaw, Wylie and Mr. Speaker.

Voting nay: Representatives Buys, Caldier, Chandler, Condotta, DeBolt, Dent, Fagan, G. Hunt, Griffey, Haler, Hargrove, Harmsworth, Harris, Hawkins, Hayes, Holy, Johnson, Klippert, Kochmar, Kretz, Kristiansen, MacEwen, Magendanz, Manweller, McCabe, McCaslin, Muri, Nealey, Orcutt, Parker, Pike, Rodne, Schmick, Scott, Shea, Short, Smith, Stambaugh, Stokesbary, Taylor, Van Werven, Vick, Walsh, Wilcox, Wilson, Young and Zeiger.

ENGROSSED SUBSTITUTE HOUSE BILL NO. 1349, having received the necessary constitutional majority, was declared passed.

The Speaker (Representative Moeller presiding) called upon Representative Orwall to preside.

**HOUSE BILL NO. 1397, by Representatives Holy, Bergquist, Appleton, Van Werven and McBride**

**Concerning personal financial affairs statement reporting requirements for elected and appointed officials, candidates, and appointees.**

The bill was read the second time.

Representative Taylor moved the adoption of amendment (026):

On page 2, after line 23, insert the following:

"**Sec. 2.** RCW 42.17A.705 and 2012 c 229 s 582 are each amended to read as follows:

For the purposes of RCW 42.17A.700, "executive state officer" includes:

(1) The chief administrative law judge, the director of agriculture, the director of the department of services for the blind, the chief information officer of the office of chief information officer, the director of the state system of community and technical colleges, the director of commerce, the director of the consolidated technology services agency, the secretary of corrections, the director of early learning, the director of ecology, the commissioner of employment security, the chair of the energy facility site evaluation council, the director of enterprise services, the secretary of the state finance committee, the director of financial management, the director of fish and wildlife, the executive secretary of the forest practices appeals board, the director of the gambling commission, the secretary of health, the administrator of the Washington state health care authority, the executive secretary of the health care facilities authority, the executive secretary of the higher education facilities authority, the executive secretary of the horse racing commission, the human resources director, the executive secretary of the human rights commission, the executive secretary of the indeterminate sentence review board, the executive director of the state investment board, the director of labor and industries, the director of licensing, the director of the lottery commission, the director of the office of minority and women's business enterprises, the director of parks and recreation, the executive director of the public disclosure commission, the executive director of the Puget Sound partnership, the director of the recreation and conservation office, the director of retirement systems, the director of revenue, the secretary of social and health services, the chief of the Washington state patrol, the executive secretary of the board of tax appeals, the secretary of transportation, the secretary of the utilities and transportation commission, the director of veterans affairs, the president of each of the regional and state universities and the president of The Evergreen State College, and each district and each campus president of each state community college;

(2) Each professional staff member of the office of the governor;

(3) Each professional staff member of the legislature;

~~((and))~~ (4) Any public employee who testifies on a proposed bill before the legislature; and

(5) Central Washington University board of trustees, the boards of trustees of each community college and each technical college, each member of the state board for community and technical colleges, state convention and trade center board of directors, Eastern Washington University board of trustees, Washington economic development finance authority, Washington energy northwest executive board, The Evergreen State College board of trustees, executive ethics board, fish and wildlife commission, forest practices appeals board, forest practices board, gambling commission, Washington health care facilities authority, student achievement council, higher education facilities authority, horse racing commission, state housing finance commission, human rights commission, indeterminate sentence review board, board of industrial insurance appeals, state investment board, commission on judicial conduct, legislative ethics board, life sciences discovery fund authority board of trustees, liquor control

board, lottery commission, Pacific Northwest electric power and conservation planning council, parks and recreation commission, Washington personnel resources board, board of pilotage commissioners, pollution control hearings board, public disclosure commission, public employees' benefits board, recreation and conservation funding board, salmon recovery funding board, shorelines hearings board, board of tax appeals, transportation commission, University of Washington board of regents, utilities and transportation commission, Washington State University board of regents, and Western Washington University board of trustees."

Correct the title.

Representative Taylor spoke in favor of the adoption of the amendment.

Representative S. Hunt spoke against the adoption of the amendment.

Amendment (026) was not adopted.

Representative Taylor moved the adoption of amendment (027):

On page 2, after line 23, insert the following:

"**Sec. 2.** RCW 42.17A.705 and 2012 c 229 s 582 are each amended to read as follows:

For the purposes of RCW 42.17A.700, "executive state officer" includes:

(1) The chief administrative law judge, the director of agriculture, the director of the department of services for the blind, the chief information officer of the office of chief information officer, the director of the state system of community and technical colleges, the director of commerce, the director of the consolidated technology services agency, the secretary of corrections, the director of early learning, the director of ecology, the commissioner of employment security, the chair of the energy facility site evaluation council, the director of enterprise services, the secretary of the state finance committee, the director of financial management, the director of fish and wildlife, the executive secretary of the forest practices appeals board, the director of the gambling commission, the secretary of health, the administrator of the Washington state health care authority, the executive secretary of the health care facilities authority, the executive secretary of the higher education facilities authority, the executive secretary of the horse racing commission, the human resources director, the executive secretary of the human rights commission, the executive secretary of the indeterminate sentence review board, the executive director of the state investment board, the director of labor and industries, the director of licensing, the director of the lottery commission, the director of the office of minority and women's business enterprises, the director of parks and recreation, the executive director of the public disclosure commission, the executive director of the Puget Sound partnership, the director of the recreation and conservation office, the director of retirement systems, the director of revenue, the secretary of social and health services, the chief of the Washington state patrol, the executive secretary of the board of tax appeals, the secretary of transportation, the secretary of the utilities and transportation commission, the director of veterans affairs, the president of each of the regional and state universities and the president of The Evergreen State College, and each district and each campus president of each state community college;

(2) Each professional staff member of the office of the governor;

(3) Each professional staff member of the legislature. For purposes of this section, a professional staff member of the legislature does not include a legislative assistant; and

(4) Central Washington University board of trustees, the boards of trustees of each community college and each technical college, each member of the state board for community and technical colleges, state convention and trade center board of directors, Eastern Washington University board of trustees, Washington economic development finance authority, Washington energy northwest executive board, The Evergreen State College board of trustees, executive ethics board, fish and wildlife commission, forest practices appeals board, forest practices board, gambling commission, Washington health care facilities authority, student achievement council, higher education facilities authority, horse racing commission, state housing finance commission, human rights commission, indeterminate sentence review board, board of industrial insurance appeals, state investment board, commission on judicial conduct, legislative ethics board, life sciences discovery fund authority board of trustees, liquor control board, lottery commission, Pacific Northwest electric power and conservation planning council, parks and recreation commission, Washington personnel resources board, board of pilotage commissioners, pollution control hearings board, public disclosure commission, public employees' benefits board, recreation and conservation funding board, salmon recovery funding board, shorelines hearings board, board of tax appeals, transportation commission, University of Washington board of regents, utilities and transportation commission, Washington State University board of regents, and Western Washington University board of trustees."

Renumber the remaining sections consecutively and correct any internal references accordingly.

Correct the title.

Representatives Taylor, Reykdal and G. Hunt spoke in favor of the adoption of the amendment.

Representatives Sullivan, Walsh and S. Hunt spoke against the adoption of the amendment.

Amendment (027) was not adopted.

The bill was ordered engrossed.

There being no objection, the rules were suspended, the second reading considered the third and the bill was placed on final passage.

Representatives Holy and S. Hunt spoke in favor of the passage of the bill.

The Speaker (Representative Orwall presiding) stated the question before the House to be the final passage of House Bill No. 1397.

## ROLL CALL

The Clerk called the roll on the final passage of House Bill No. 1397, and the bill passed the House by the following vote: Yeas, 78; Nays, 20; Absent, 0; Excused, 0.

Voting yea: Representatives Appleton, Bergquist, Blake, Carlyle, Chandler, Clibborn, Cody, Dunshee, Fagan, Farrell, Fey, Fitzgibbon, Goodman, Gregerson, Gregory, Haler, Hansen, Hargrove, Harris, Hawkins, Holy, Hudgins, Hunter, Hurst, Jinkins, Johnson, Kagi, Kilduff, Kirby, Kochmar, Kristiansen, Lytton, MacEwen, Magendanz, Manweller, McBride, Moeller, Morris, Moscoso, Nealey, Orcutt, Ormsby, Ortiz-Self, Orwall, Parker,



Peterson, Pettigrew, Pike, Pollet, Reykdal, Riccelli, Robinson, Rodne, Ryu, S. Hunt, Santos, Sawyer, Sells, Senn, Smith, Springer, Stambaugh, Stanford, Stokesbary, Sullivan, Takko, Tarleton, Tharinger, Van De Wege, Van Werven, Walkinshaw, Walsh, Wilcox, Wilson, Wylie, Young, Zeiger and Mr. Speaker.

Voting nay: Representatives Buys, Caldier, Condotta, DeBolt, Dent, G. Hunt, Griffey, Harmsworth, Hayes, Klippert, Kretz, McCabe, McCaslin, Muri, Schmick, Scott, Shea, Short, Taylor and Vick.

HOUSE BILL NO. 1397, having received the necessary constitutional majority, was declared passed.

**HOUSE BILL NO. 1390, by Representatives Goodman, Holy, Jinkins, Kagi, Moscoso, Ormsby and Pollet**

**Concerning legal financial obligations.**

The bill was read the second time.

There being no objection, Second Substitute House Bill No. 1390 was substituted for House Bill No. 1390 and the second substitute bill was placed on the second reading calendar.

SECOND SUBSTITUTE HOUSE BILL NO. 1390 was read the second time.

Representative Goodman moved the adoption of amendment (165):

Strike everything after the enacting clause and insert the following:

**"Sec. 1.** RCW 10.82.090 and 2011 c 106 s 2 are each amended to read as follows:

(1) Except as provided in subsection (2) of this section, ~~((financial obligations))~~ restitution imposed in a judgment shall bear interest from the date of the judgment until payment, at the rate applicable to civil judgments. As of the effective date of this section, no interest shall accrue on nonrestitution legal financial obligations. All nonrestitution interest retained by the court shall be split twenty-five percent to the state treasurer for deposit in the state general fund, twenty-five percent to the state treasurer for deposit in the judicial information system account as provided in RCW 2.68.020, twenty-five percent to the county current expense fund, and twenty-five percent to the county current expense fund to fund local courts.

(2) The court may, on motion by the offender, following the offender's release from total confinement, reduce or waive the interest on legal financial obligations levied as a result of a criminal conviction as follows:

(a) The court shall waive all interest on the portions of the legal financial obligations that are not restitution that accrued ~~((during the term of total confinement for the conviction giving rise to the financial obligations, provided the offender shows that the interest creates a hardship for the offender or his or her immediate family))~~ prior to the effective date of this section;

(b) The court may reduce interest on the restitution portion of the legal financial obligations only if the principal has been paid in full(§

~~(c) The court may otherwise reduce or waive the interest on the portions of the legal financial obligations that are not restitution if the offender shows that he or she has personally made a good faith effort to pay and that the interest accrual is causing a~~

~~significant hardship. For purposes of this section, "good faith effort" means that the offender has either (i) paid the principal amount in full; or (ii) made at least fifteen monthly payments within an eighteen month period, excluding any payments mandatorily deducted by the department of corrections;~~

~~(d) For purposes of (a) through (c) of this subsection, the court may reduce or waive interest on legal financial obligations only)) and as an incentive for the offender to meet his or her other legal financial obligations((-);~~

(c) The court may grant the motion, establish a payment schedule, and retain jurisdiction over the offender for purposes of reviewing and revising the reduction or waiver of interest.

(3) This section applies to persons convicted as adults or adjudicated in juvenile court.

**Sec. 2.** RCW 3.50.100 and 2012 c 136 s 3 are each amended to read as follows:

(1) Costs in civil and criminal actions may be imposed as provided in district court. All fees, costs, fines, forfeitures and other money imposed by any municipal court for the violation of any municipal or town ordinances shall be collected by the court clerk and, together with any other noninterest revenues received by the clerk, shall be deposited with the city or town treasurer as a part of the general fund of the city or town, or deposited in such other fund of the city or town, or deposited in such other funds as may be designated by the laws of the state of Washington.

(2) Except as provided in RCW 9A.88.120 and 10.99.080, the city treasurer shall remit monthly thirty-two percent of the noninterest money received under this section, other than for parking infractions, and certain costs to the state treasurer. "Certain costs" as used in this subsection, means those costs awarded to prevailing parties in civil actions under RCW 4.84.010 or 36.18.040, or those costs awarded against convicted defendants in criminal actions under RCW 10.01.160, 10.46.190, or 36.18.040, or other similar statutes if such costs are specifically designated as costs by the court and are awarded for the specific reimbursement of costs incurred by the state, county, city, or town in the prosecution of the case, including the fees of defense counsel. Money remitted under this subsection to the state treasurer shall be deposited in the state general fund.

(3) The balance of the noninterest money received under this section shall be retained by the city and deposited as provided by law.

(4)(a) Except as provided in (b) of this subsection, penalties, fines, ((bail forfeitures,)) fees, and costs may accrue interest at the rate of twelve percent per annum, upon assignment to a collection agency. Interest may accrue only while the case is in collection status.

(b) As of the effective date of this section, penalties, fines, bail forfeitures, fees, and costs imposed against a defendant in a criminal proceeding shall not accrue interest.

(5) Interest retained by the court on penalties, fines, bail forfeitures, fees, and costs shall be split twenty-five percent to the state treasurer for deposit in the state general fund, twenty-five percent to the state treasurer for deposit in the judicial information system account as provided in RCW 2.68.020, twenty-five percent to the city general fund, and twenty-five percent to the city general fund to fund local courts.

**Sec. 3.** RCW 3.62.020 and 2012 c 262 s 1, 2012 c 136 s 4, and 2012 c 134 s 6 are each reenacted and amended to read as follows:

(1) Except as provided in subsection (4) of this section, all costs, fees, fines, forfeitures and penalties assessed and collected in

whole or in part by district courts, except costs, fines, forfeitures and penalties assessed and collected, in whole or in part, because of the violation of city ordinances, shall be remitted by the clerk of the district court to the county treasurer at least monthly, together with a financial statement as required by the state auditor, noting the information necessary for crediting of such funds as required by law.

(2) Except as provided in RCW 9A.88.120, 10.99.080, 7.84.100(4), and this section, the county treasurer shall remit thirty-two percent of the noninterest money received under subsection (1) of this section except certain costs to the state treasurer. "Certain costs" as used in this subsection, means those costs awarded to prevailing parties in civil actions under RCW 4.84.010 or 36.18.040, or those costs awarded against convicted defendants in criminal actions under RCW 10.01.160, 10.46.190, or 36.18.040, or other similar statutes if such costs are specifically designated as costs by the court and are awarded for the specific reimbursement of costs incurred by the state or county in the prosecution of the case, including the fees of defense counsel. With the exception of funds to be transferred to the judicial stabilization trust account under RCW 3.62.060(2), money remitted under this subsection to the state treasurer shall be deposited in the state general fund.

(3) The balance of the noninterest money received by the county treasurer under subsection (1) of this section shall be deposited in the county current expense fund. Funds deposited under this subsection that are attributable to the county's portion of a surcharge imposed under RCW 3.62.060(2) must be used to support local trial court and court-related functions.

(4) Except as provided in RCW 7.84.100(4), all money collected for county parking infractions shall be remitted by the clerk of the district court at least monthly, with the information required under subsection (1) of this section, to the county treasurer for deposit in the county current expense fund.

(5)(a) Except as provided in (b) of this subsection, penalties, fines, (~~bail forfeitures,~~) fees, and costs may accrue interest at the rate of twelve percent per annum, upon assignment to a collection agency. Interest may accrue only while the case is in collection status.

(b) As of the effective date of this section, penalties, fines, bail forfeitures, fees, and costs imposed against a defendant in a criminal proceeding shall not accrue interest.

(6) Interest retained by the court on penalties, fines, bail forfeitures, fees, and costs shall be split twenty-five percent to the state treasurer for deposit in the state general fund, twenty-five percent to the state treasurer for deposit in the judicial information system account as provided in RCW 2.68.020, twenty-five percent to the county current expense fund, and twenty-five percent to the county current expense fund to fund local courts.

**Sec. 4.** RCW 3.62.040 and 2012 c 136 s 5 are each amended to read as follows:

(1) Except as provided in subsection (4) of this section, all costs, fines, forfeitures and penalties assessed and collected, in whole or in part, by district courts because of violations of city ordinances shall be remitted by the clerk of the district court at least monthly directly to the treasurer of the city wherein the violation occurred.

(2) Except as provided in RCW 9A.88.120 and 10.99.080, the city treasurer shall remit monthly thirty-two percent of the noninterest money received under this section, other than for parking infractions and certain costs, to the state treasurer. "Certain costs" as used in this subsection, means those costs awarded to prevailing parties in civil actions under RCW 4.84.010 or 36.18.040, or those costs awarded against convicted defendants in

criminal actions under RCW 10.01.160, 10.46.190, or 36.18.040, or other similar statutes if such costs are specifically designated as costs by the court and are awarded for the specific reimbursement of costs incurred by the state, county, city, or town in the prosecution of the case, including the fees of defense counsel. Money remitted under this subsection to the state treasurer shall be deposited in the state general fund.

(3) The balance of the noninterest money received under this section shall be retained by the city and deposited as provided by law.

(4) All money collected for city parking infractions shall be remitted by the clerk of the district court at least monthly to the city treasurer for deposit in the city's general fund.

(5)(a) Except as provided in (b) of this subsection, penalties, fines, (~~bail forfeitures,~~) fees, and costs may accrue interest at the rate of twelve percent per annum, upon assignment to a collection agency. Interest may accrue only while the case is in collection status.

(b) As of the effective date of this section, penalties, fines, bail forfeitures, fees, and costs imposed against a defendant in a criminal proceeding shall not accrue interest.

(6) Interest retained by the court on penalties, fines, bail forfeitures, fees, and costs shall be split twenty-five percent to the state treasurer for deposit in the state general fund, twenty-five percent to the state treasurer for deposit in the judicial information system account as provided in RCW 2.68.020, twenty-five percent to the city general fund, and twenty-five percent to the city general fund to fund local courts.

**Sec. 5.** RCW 35.20.220 and 2012 c 136 s 7 are each amended to read as follows:

(1) The chief clerk, under the supervision and direction of the court administrator of the municipal court, shall have the custody and care of the books, papers and records of the court. The chief clerk or a deputy shall be present during the session of the court and has the power to swear all witnesses and jurors, administer oaths and affidavits, and take acknowledgments. The chief clerk shall keep the records of the court and shall issue all process under his or her hand and the seal of the court. The chief clerk shall do and perform all things and have the same powers pertaining to the office as the clerks of the superior courts have in their office. He or she shall receive all fines, penalties, and fees of every kind and keep a full, accurate, and detailed account of the same. The chief clerk shall on each day pay into the city treasury all money received for the city during the day previous, with a detailed account of the same, and taking the treasurer's receipt therefor.

(2) Except as provided in RCW 9A.88.120 and 10.99.080, the city treasurer shall remit monthly thirty-two percent of the noninterest money received under this section, other than for parking infractions and certain costs to the state treasurer. "Certain costs" as used in this subsection, means those costs awarded to prevailing parties in civil actions under RCW 4.84.010 or 36.18.040, or those costs awarded against convicted defendants in criminal actions under RCW 10.01.160, 10.46.190, or 36.18.040, or other similar statutes if such costs are specifically designated as costs by the court and are awarded for the specific reimbursement of costs incurred by the state, county, city, or town in the prosecution of the case, including the fees of defense counsel. Money remitted under this subsection to the state treasurer shall be deposited in the state general fund.

(3) The balance of the noninterest money received under this section shall be retained by the city and deposited as provided by law.

(4)(a) Except as provided in (b) of this subsection, penalties, fines, (~~bail forfeitures,~~) fees, and costs may accrue interest at the rate of twelve percent per annum, upon assignment to a collection agency. Interest may accrue only while the case is in collection status.

(b) As of the effective date of this section, penalties, fines, bail forfeitures, fees, and costs imposed against a defendant in a criminal proceeding shall not accrue interest.

(5) Interest retained by the court on penalties, fines, bail forfeitures, fees, and costs shall be split twenty-five percent to the state treasurer for deposit in the state general fund, twenty-five percent to the state treasurer for deposit in the judicial information system account as provided in RCW 2.68.020, twenty-five percent to the city general fund, and twenty-five percent to the city general fund to fund local courts.

**Sec. 6.** RCW 10.01.160 and 2010 c 54 s 1 are each amended to read as follows:

(1) Except as provided in subsection (3) of this section, the court may require a defendant to pay costs. Costs may be imposed only upon a convicted defendant, except for costs imposed upon a defendant's entry into a deferred prosecution program, costs imposed upon a defendant for pretrial supervision, or costs imposed upon a defendant for preparing and serving a warrant for failure to appear.

(2) Costs shall be limited to expenses specially incurred by the state in prosecuting the defendant or in administering the deferred prosecution program under chapter 10.05 RCW or pretrial supervision. They cannot include expenses inherent in providing a constitutionally guaranteed jury trial or expenditures in connection with the maintenance and operation of government agencies that must be made by the public irrespective of specific violations of law. Expenses incurred for serving of warrants for failure to appear and jury fees under RCW 10.46.190 may be included in costs the court may require a defendant to pay. Costs for administering a deferred prosecution may not exceed two hundred fifty dollars. Costs for administering a pretrial supervision may not exceed one hundred fifty dollars. Costs for preparing and serving a warrant for failure to appear may not exceed one hundred dollars. Costs of incarceration imposed on a defendant convicted of a misdemeanor or a gross misdemeanor may not exceed the actual cost of incarceration. In no case may the court require the offender to pay more than one hundred dollars per day for the cost of incarceration. Payment of other court-ordered financial obligations, including all legal financial obligations and costs of supervision take precedence over the payment of the cost of incarceration ordered by the court. All funds received from defendants for the cost of incarceration in the county or city jail must be remitted for criminal justice purposes to the county or city that is responsible for the defendant's jail costs. Costs imposed constitute a judgment against a defendant and survive a dismissal of the underlying action against the defendant. However, if the defendant is acquitted on the underlying action, the costs for preparing and serving a warrant for failure to appear do not survive the acquittal, and the judgment that such costs would otherwise constitute shall be vacated.

(3) The court shall not order a defendant to pay costs (~~(unless)~~) if the defendant (~~is or will be able to pay them~~) at the time of sentencing is indigent as defined in RCW 10.101.010(3) (a) through (c). In determining the amount and method of payment of costs for defendants who are not indigent as defined in RCW 10.101.010(3) (a) through (c), the court shall take account of the financial resources of the defendant and the nature of the burden that payment of costs will impose.

(4) A defendant who has been ordered to pay costs and who is not in (~~contumacious~~) willful default in the payment

thereof may at any time after release from total confinement petition the sentencing court for remission of the payment of costs or of any unpaid portion thereof. If it appears to the satisfaction of the court that payment of the amount due will impose manifest hardship on the defendant or the defendant's immediate family, the court may remit all or part of the amount due in costs, (~~(\*)~~) modify the method of payment under RCW 10.01.170, or with the defendant's consent convert the unpaid costs to community restitution hours at the rate of no less than the state minimum wage established in RCW 49.46.020 for each hour of community restitution. Manifest hardship exists where the defendant is indigent as defined in RCW 10.101.010(3) (a) through (c) and the defendant's indigency is unlikely to end in the future.

(5) Except for direct costs relating to evaluating and reporting to the court, prosecutor, or defense counsel regarding a defendant's competency to stand trial as provided in RCW 10.77.060, this section shall not apply to costs related to medical or mental health treatment or services a defendant receives while in custody of the secretary of the department of social and health services or other governmental units. This section shall not prevent the secretary of the department of social and health services or other governmental units from imposing liability and seeking reimbursement from a defendant committed to an appropriate facility as provided in RCW 10.77.084 while criminal proceedings are stayed. This section shall also not prevent governmental units from imposing liability on defendants for costs related to providing medical or mental health treatment while the defendant is in the governmental unit's custody. Medical or mental health treatment and services a defendant receives at a state hospital or other facility are not a cost of prosecution and shall be recoverable under RCW 10.77.250 and 70.48.130, chapter 43.20B RCW, and any other applicable statute.

**Sec. 7.** RCW 10.01.170 and 1975-'76 2nd ex.s. c 96 s 2 are each amended to read as follows:

(1) When a defendant is sentenced to pay ((\*) fines, penalties, assessments, fees, restitution, or costs, the court may grant permission for payment to be made within a specified period of time or in specified installments. If the court finds that the defendant is indigent as defined in RCW 10.101.010(3) (a) through (c), the court shall grant permission for payment to be made within a specified period of time or in specified installments. If no such permission is included in the sentence the fine or costs shall be payable forthwith.

(2) An offender's monthly payment shall be applied to the principal on restitution obligations in all cases within a jurisdiction prior to payment of any other monetary obligations. After restitution is satisfied, payment shall be distributed proportionally among all other fines, costs other than costs of incarceration, fees, penalties, and assessments imposed, unless otherwise ordered by the court. Costs of incarceration shall be paid after all other fines, costs, fees, penalties, and assessments are satisfied. After the principal on all legal financial obligations is satisfied, payment shall be distributed to interest.

**Sec. 8.** RCW 10.01.180 and 2010 c 8 s 1006 are each amended to read as follows:

(1) A defendant sentenced to pay ((\*) any fine, penalty, assessment, fee, or costs who willfully defaults in the payment thereof or of any installment is in contempt of court as provided in chapter 7.21 RCW. The court may issue a warrant of arrest for his or her appearance.

(2) When ((\*) any fine, penalty, assessment, fee, or assessment of costs is imposed on a corporation or unincorporated

association, it is the duty of the person authorized to make disbursement from the assets of the corporation or association to pay the ~~((fine or costs))~~ obligation from those assets, and his or her failure to do so may be held to be contempt.

(3)(a) The court shall not sanction a defendant for contempt based on failure to pay fines, penalties, assessments, fees, or costs unless the court finds, after a hearing and on the record, that the failure to pay is willful. A failure to pay is willful if the defendant has the current ability to pay but refuses to do so.

(b) In determining whether the defendant has the current ability to pay, the court shall inquire into and consider: (i) The defendant's income and assets; (ii) the defendant's basic living costs as defined by RCW 10.101.010 and other liabilities including child support and other legal financial obligations; and (iii) the defendant's bona fide efforts to acquire additional resources. A defendant who is indigent as defined by RCW 10.101.010(3) (a) through (c) is presumed to lack the current ability to pay.

(c) If the court determines that the defendant is homeless or a person who is mentally ill, as defined in RCW 71.24.025, failure to pay a legal financial obligation is not willful contempt and shall not subject the defendant to penalties.

(4) If a term of imprisonment for contempt for nonpayment of ~~((a))~~ any fine, penalty, assessment, fee, or costs is ordered, the term of imprisonment shall be set forth in the commitment order, and shall not exceed one day for each twenty-five dollars of the ~~((fine or costs))~~ amount ordered, thirty days if the ~~((fine or assessment))~~ amount ordered of costs was imposed upon conviction of a violation or misdemeanor, or one year in any other case, whichever is the shorter period. A person committed for nonpayment of ~~((a))~~ any fine, penalty, assessment, fee, or costs shall be given credit toward payment for each day of imprisonment at the rate specified in the commitment order.

~~((4))~~ (5) If it appears to the satisfaction of the court that the default in the payment of ~~((a))~~ any fine, penalty, assessment, fee, or costs is not willful contempt, the court may, and if the defendant is indigent as defined in RCW 10.101.010(3) (a) through (c), the court shall enter an order: (a) Allowing the defendant additional time for payment ~~((:))~~; (b) reducing the amount thereof or of each installment ~~((:))~~; (c) revoking the fine, penalty, assessment, fee, or costs or the unpaid portion thereof in whole or in part; or (d) with the defendant's consent converting the unpaid fine, penalty, assessment, fee, or costs to community restitution hours at the rate of no less than the state minimum wage established in RCW 49.46.020 for each hour of community restitution. The crime victim penalty assessment under RCW 7.68.035 may not be reduced, revoked, or converted to community restitution hours.

~~((5))~~ (6) A default in the payment of ~~((a))~~ any fine, penalty, assessment, fee, or costs or any installment thereof may be collected by any means authorized by law for the enforcement of a judgment. The levy of execution for the collection of ~~((a))~~ any fine, penalty, assessment, fee, or costs shall not discharge a defendant committed to imprisonment for contempt until the amount ~~((of the fine or costs))~~ has actually been collected.

**Sec. 9.** RCW 10.46.190 and 2005 c 457 s 12 are each amended to read as follows:

Every person convicted of a crime or held to bail to keep the peace ~~((shall))~~ may be liable to all the costs of the proceedings against him or her, including, when tried by a jury in the superior court or before a committing magistrate, a jury fee as provided for in civil actions for which judgment shall be rendered and collected. The court shall not order a defendant to pay costs, as described in RCW 10.01.160, if the court finds that the person at the time of sentencing is indigent as defined in RCW 10.101.010(3) (a)

through (c). The jury fee, when collected for a case tried by the superior court, shall be paid to the clerk and applied as the jury fee in civil cases is applied.

**Sec. 10.** RCW 10.64.015 and Code 1881 s 1104 are each amended to read as follows:

When the defendant is found guilty, the court shall render judgment accordingly, and the defendant ~~((shall))~~ may be liable for all costs, unless the court or jury trying the cause expressly find otherwise. The court shall not order a defendant to pay costs, as described in RCW 10.01.160, if the court finds that the person at the time of sentencing is indigent as defined in RCW 10.101.010(3) (a) through (c).

**Sec. 11.** RCW 9.92.070 and 1987 c 3 s 4 are each amended to read as follows:

Hereafter whenever any judge of any superior court or a district or municipal judge shall sentence any person to pay any fines, penalties, assessments, fees, and costs, the judge may, in the judge's discretion, provide that such fines, penalties, assessments, fees, and costs may be paid in certain designated installments, or within certain designated period or periods ~~((: and))~~. If the court finds that the defendant is indigent as defined in RCW 10.101.010(3) (a) through (c), the court shall allow for payment in certain designated installments or within certain designated periods. If such fines, penalties, assessments, fees, and costs shall be paid by the defendant in accordance with such order no commitment or imprisonment of the defendant shall be made for failure to pay such fine or costs. PROVIDED, that the provisions of this section shall not apply to any sentence given for the violation of any of the liquor laws of this state.

**Sec. 12.** RCW 10.73.160 and 1995 c 275 s 3 are each amended to read as follows:

(1) Except as provided in subsection (4) of this section, the court of appeals, supreme court, and superior courts may require an adult or a juvenile convicted of an offense or the parents or another person legally obligated to support a juvenile offender to pay appellate costs.

(2) Appellate costs are limited to expenses specifically incurred by the state in prosecuting or defending an appeal or collateral attack from a criminal conviction or sentence or a juvenile offender conviction or disposition. Appellate costs shall not include expenditures to maintain and operate government agencies that must be made irrespective of specific violations of the law. Expenses incurred for producing a verbatim report of proceedings and clerk's papers may be included in costs the court may require a convicted defendant or juvenile offender to pay.

(3) Costs, including recoupment of fees for court-appointed counsel, shall be requested in accordance with the procedures contained in Title 14 of the rules of appellate procedure and in Title 9 of the rules for appeal of decisions of courts of limited jurisdiction. An award of costs shall become part of the trial court judgment and sentence. An award of costs in juvenile cases shall also become part of any order previously entered in the trial court pursuant to RCW 13.40.145.

(4) The court shall not order a defendant to pay appellate costs if the defendant is indigent as defined in RCW 10.101.010(3) (a) through (c) at the time the request for appellate costs is made.

(5) A defendant or juvenile offender who has been sentenced to pay costs and who is not in ~~((contumacious))~~ willful default in the payment may at any time after release from total confinement petition the court that sentenced the defendant or

juvenile offender for remission of the payment of costs or of any unpaid portion. If it appears to the satisfaction of the sentencing court that payment of the amount due will impose manifest hardship on the defendant, the defendant's immediate family, or the juvenile offender, the sentencing court may remit all or part of the amount due in costs, ~~((or))~~ modify the method of payment under RCW 10.01.170, or with the defendant's or juvenile offender's consent convert the unpaid costs to community restitution hours at the rate of no less than the state minimum wage established in RCW 49.46.020 for each hour of community restitution. Manifest hardship exists where the defendant or juvenile offender is indigent as defined in RCW 10.101.010(3) (a) through (c) and the indigency is unlikely to end in the future.

~~((5))~~ (6) The parents or another person legally obligated to support a juvenile offender who has been ordered to pay appellate costs pursuant to RCW 13.40.145 and who is not in ~~((contumacious))~~ willful default in the payment may at any time petition the court that sentenced the juvenile offender for remission of the payment of costs or of any unpaid portion. If it appears to the satisfaction of the sentencing court that payment of the amount due will impose manifest hardship on the parents or another person legally obligated to support a juvenile offender or on their immediate families, the sentencing court may remit all or part of the amount due in costs, or may modify the method of payment.

**Sec. 13.** RCW 9.94A.6333 and 2008 c 231 s 19 are each amended to read as follows:

(1) If an offender violates any condition or requirement of a sentence, and the offender is not being supervised by the department, the court may modify its order of judgment and sentence and impose further punishment in accordance with this section.

(2) If an offender fails to comply with any of the nonfinancial conditions or requirements of a sentence the following provisions apply:

(a) The court, upon the motion of the state, or upon its own motion, shall require the offender to show cause why the offender should not be punished for the noncompliance. The court may issue a summons or a warrant of arrest for the offender's appearance;

(b) The state has the burden of showing noncompliance by a preponderance of the evidence;

(c) If the court finds that a violation has been proved, it may impose the sanctions specified in RCW 9.94A.633(1). Alternatively, the court may:

(i) Convert a term of partial confinement to total confinement; or

(ii) Convert community restitution obligation to total or partial confinement; ~~((or~~

~~((iii) Convert monetary obligations, except restitution and the crime victim penalty assessment, to community restitution hours at the rate of the state minimum wage as established in RCW 49.46.020 for each hour of community restitution.))~~

(d) If the court finds that the violation was not willful, the court may modify its previous order regarding ~~((payment of legal financial obligations and regarding))~~ community restitution obligations; and

(e) If the violation involves a failure to undergo or comply with a mental health status evaluation and/or outpatient mental health treatment, the court shall seek a recommendation from the treatment provider or proposed treatment provider. Enforcement of orders concerning outpatient mental health treatment must reflect the availability of treatment and must pursue the least restrictive means of promoting participation in treatment. If the offender's failure to receive care essential for health and safety presents a risk

of serious physical harm or probable harmful consequences, the civil detention and commitment procedures of chapter 71.05 RCW shall be considered in preference to incarceration in a local or state correctional facility.

(3) If an offender fails to pay legal financial obligations as a requirement of a sentence the following provisions apply:

(a) The court, upon the motion of the state, or upon its own motion, shall require the offender to show cause why the offender should not be punished for the noncompliance. The court may issue a summons or a warrant of arrest for the offender's appearance;

(b) The state has the burden of showing noncompliance by a preponderance of the evidence;

(c) The court may not sanction the offender for failure to pay legal financial obligations unless the court finds, after a hearing and on the record, that the failure to pay is willful. A failure to pay is willful if the offender has the current ability to pay but refuses to do so. In determining whether the offender has the current ability to pay, the court shall inquire into and consider: (i) The offender's income and assets; (ii) the offender's basic living costs as defined by RCW 10.101.010 and other liabilities including child support and other legal financial obligations; and (iii) the offender's bona fide efforts to acquire additional resources. An offender who is indigent as defined in RCW 10.101.010(3) (a) through (c) is presumed to lack the current ability to pay;

(d) If the court determines that the offender is homeless or a person who is mentally ill, as defined in RCW 71.24.025, failure to pay a legal financial obligation is not willful noncompliance and shall not subject the offender to penalties;

(e) If the court finds that a failure to pay is willful noncompliance, it may impose the sanctions specified in RCW 9.94A.633(1); and

(f) If the court finds that the violation was not willful, the court may, and if the court finds that the defendant is indigent as defined in RCW 10.101.010(3) (a) through (c), the court shall modify the terms of payment of the legal financial obligations, reduce or waive nonrestitution legal financial obligations, or with the defendant's consent convert nonrestitution legal financial obligations to community restitution hours at the rate of no less than the state minimum wage established in RCW 49.46.020 for each hour of community restitution. The crime victim penalty assessment under RCW 7.68.035 may not be reduced, waived, or converted to community restitution hours.

(4) Any time served in confinement awaiting a hearing on noncompliance shall be credited against any confinement ordered by the court.

~~((4))~~ (5) Nothing in this section prohibits the filing of escape charges if appropriate.

**Sec. 14.** RCW 9.94A.760 and 2011 c 106 s 3 are each amended to read as follows:

(1) Whenever a person is convicted in superior court, the court may order the payment of a legal financial obligation as part of the sentence. The court may not order an offender to pay costs as described in RCW 10.01.160 if the court finds that the offender at the time of sentencing is indigent as defined in RCW 10.101.010(3) (a) through (c). An offender being indigent as defined in RCW 10.101.010(3) (a) through (c) is not grounds for failing to impose restitution or the crime victim penalty assessment under RCW 7.68.035. The court must on either the judgment and sentence or on a subsequent order to pay, designate the total amount of a legal financial obligation and segregate this amount among the separate assessments made for restitution, costs, fines, and other assessments required by law. On the same order, the court is also to set a sum that the offender is required to pay on a

monthly basis towards satisfying the legal financial obligation. If the court fails to set the offender monthly payment amount, the department shall set the amount if the department has active supervision of the offender, otherwise the county clerk shall set the amount. Upon receipt of an offender's monthly payment, ~~((restitution shall be paid prior to any payments of other monetary obligations. After restitution is satisfied,))~~ the county clerk shall distribute the payment ~~((proportionally among all other fines, costs, and assessments imposed))~~ in accordance with subsection (2) of this section, unless otherwise ordered by the court.

(2) An offender's monthly payment shall be applied to the principal on restitution obligations in all cases within a jurisdiction prior to payment of any other monetary obligations. After restitution is satisfied, payment shall be distributed proportionally among all other fines, costs other than costs of incarceration, fees, penalties, and assessments imposed, unless otherwise ordered by the court. Costs of incarceration shall be paid after all other fines, costs, fees, penalties, and assessments are satisfied. After the principal on all legal financial obligations is satisfied, payment shall be distributed to interest.

(3) If the court determines that the offender, at the time of sentencing, has the means to pay for the cost of incarceration, the court may require the offender to pay for the cost of incarceration ((&)). The court shall not order the offender to pay the cost of incarceration if the court finds that the offender at the time of sentencing is indigent as defined in RCW 10.101.010(3) (a) through (c). Costs of incarceration ordered by the court shall not exceed a rate of fifty dollars per day of incarceration, if incarcerated in a prison, or the ((court may require the offender to pay the)) actual cost of incarceration per day of incarceration, if incarcerated in a county jail. In no case may the court require the offender to pay more than one hundred dollars per day for the cost of incarceration. Payment of other court-ordered financial obligations, including all legal financial obligations and costs of supervision shall take precedence over the payment of the cost of incarceration ordered by the court. All funds recovered from offenders for the cost of incarceration in the county jail shall be remitted to the county and the costs of incarceration in a prison shall be remitted to the department.

~~((3))~~ (4) The court may add to the judgment and sentence or subsequent order to pay a statement that a notice of payroll deduction is to be issued immediately. If the court chooses not to order the immediate issuance of a notice of payroll deduction at sentencing, the court shall add to the judgment and sentence or subsequent order to pay a statement that a notice of payroll deduction may be issued or other income-withholding action may be taken, without further notice to the offender if a monthly court-ordered legal financial obligation payment is not paid when due, and an amount equal to or greater than the amount payable for one month is owed.

If a judgment and sentence or subsequent order to pay does not include the statement that a notice of payroll deduction may be issued or other income-withholding action may be taken if a monthly legal financial obligation payment is past due, the department or the county clerk may serve a notice on the offender stating such requirements and authorizations. Service shall be by personal service or any form of mail requiring a return receipt.

~~((4))~~ (5) Independent of the department or the county clerk, the party or entity to whom the legal financial obligation is owed shall have the authority to use any other remedies available to the party or entity to collect the legal financial obligation. These remedies include enforcement in the same manner as a judgment in a civil action by the party or entity to whom the legal financial obligation is owed. Restitution collected through civil enforcement must be paid through the registry of the court and must be distributed proportionately according to each victim's loss when

there is more than one victim. The judgment and sentence shall identify the party or entity to whom restitution is owed so that the state, party, or entity may enforce the judgment. If restitution is ordered pursuant to RCW 9.94A.750(6) or 9.94A.753(6) to a victim of rape of a child or a victim's child born from the rape, the Washington state child support registry shall be identified as the party to whom payments must be made. Restitution obligations arising from the rape of a child in the first, second, or third degree that result in the pregnancy of the victim may be enforced for the time periods provided under RCW 9.94A.750(6) and 9.94A.753(6). All other legal financial obligations for an offense committed prior to July 1, 2000, may be enforced at any time during the ten-year period following the offender's release from total confinement or within ten years of entry of the judgment and sentence, whichever period ends later. Prior to the expiration of the initial ten-year period, the superior court may extend the criminal judgment an additional ten years for payment of legal financial obligations including crime victims' assessments. All other legal financial obligations for an offense committed on or after July 1, 2000, may be enforced at any time the offender remains under the court's jurisdiction. For an offense committed on or after July 1, 2000, the court shall retain jurisdiction over the offender, for purposes of the offender's compliance with payment of the legal financial obligations, until the obligation is completely satisfied, regardless of the statutory maximum for the crime. The department may only supervise the offender's compliance with payment of the legal financial obligations during any period in which the department is authorized to supervise the offender in the community under RCW 9.94A.728, 9.94A.501, or in which the offender is confined in a state correctional institution or a correctional facility pursuant to a transfer agreement with the department, and the department shall supervise the offender's compliance during any such period. The department is not responsible for supervision of the offender during any subsequent period of time the offender remains under the court's jurisdiction. The county clerk is authorized to collect unpaid legal financial obligations at any time the offender remains under the jurisdiction of the court for purposes of his or her legal financial obligations.

~~((5))~~ (6) In order to assist the court in setting a monthly sum that the offender must pay during the period of supervision, the offender is required to report to the department for purposes of preparing a recommendation to the court. When reporting, the offender is required, under oath, to respond truthfully and honestly to all questions concerning present, past, and future earning capabilities and the location and nature of all property or financial assets. The offender is further required to bring all documents requested by the department.

~~((6))~~ (7) After completing the investigation, the department shall make a report to the court on the amount of the monthly payment that the offender should be required to make towards a satisfied legal financial obligation.

~~((7))~~ (8)(a) During the period of supervision, the department may make a recommendation to the court that the offender's monthly payment schedule be modified so as to reflect a change in financial circumstances. If the department sets the monthly payment amount, the department may modify the monthly payment amount without the matter being returned to the court. During the period of supervision, the department may require the offender to report to the department for the purposes of reviewing the appropriateness of the collection schedule for the legal financial obligation. During this reporting, the offender is required under oath to respond truthfully and honestly to all questions concerning earning capabilities and the location and nature of all property or financial assets. The offender shall bring all documents requested by the department in order to prepare the collection schedule.

(b) Subsequent to any period of supervision, or if the department is not authorized to supervise the offender in the community, the county clerk may make a recommendation to the court that the offender's monthly payment schedule be modified so as to reflect a change in financial circumstances. If the county clerk sets the monthly payment amount, or if the department set the monthly payment amount and the department has subsequently turned the collection of the legal financial obligation over to the county clerk, the clerk may modify the monthly payment amount without the matter being returned to the court. During the period of repayment, the county clerk may require the offender to report to the clerk for the purpose of reviewing the appropriateness of the collection schedule for the legal financial obligation. During this reporting, the offender is required under oath to respond truthfully and honestly to all questions concerning earning capabilities and the location and nature of all property or financial assets. The offender shall bring all documents requested by the county clerk in order to prepare the collection schedule.

~~((8))~~ (9) After the judgment and sentence or payment order is entered, the department is authorized, for any period of supervision, to collect the legal financial obligation from the offender. Subsequent to any period of supervision or, if the department is not authorized to supervise the offender in the community, the county clerk is authorized to collect unpaid legal financial obligations from the offender. Any amount collected by the department shall be remitted daily to the county clerk for the purpose of disbursements. The department and the county clerks are authorized, but not required, to accept credit cards as payment for a legal financial obligation, and any costs incurred related to accepting credit card payments shall be the responsibility of the offender.

~~((9))~~ (10) The department or any obligee of the legal financial obligation may seek a mandatory wage assignment for the purposes of obtaining satisfaction for the legal financial obligation pursuant to RCW 9.94A.7701. Any party obtaining a wage assignment shall notify the county clerk. The county clerks shall notify the department, or the administrative office of the courts, whichever is providing the monthly billing for the offender.

~~((10))~~ (11) The requirement that the offender pay a monthly sum towards a legal financial obligation constitutes a condition or requirement of a sentence and the offender is subject to the penalties for noncompliance as provided in RCW 9.94B.040, 9.94A.737, or 9.94A.740. If the court determines that the offender is homeless or a person who is mentally ill, as defined in RCW 71.24.025, failure to pay a legal financial obligation is not willful noncompliance and shall not subject the offender to penalties.

~~((11))~~ (12)(a) The administrative office of the courts shall mail individualized periodic billings to the address known by the office for each offender with an unsatisfied legal financial obligation.

(b) The billing shall direct payments, other than outstanding cost of supervision assessments under RCW 9.94A.780, parole assessments under RCW 72.04A.120, and cost of probation assessments under RCW 9.95.214, to the county clerk, and cost of supervision, parole, or probation assessments to the department.

(c) The county clerk shall provide the administrative office of the courts with notice of payments by such offenders no less frequently than weekly.

(d) The county clerks, the administrative office of the courts, and the department shall maintain agreements to implement this subsection.

~~((12))~~ (13) The department shall arrange for the collection of unpaid legal financial obligations during any period of supervision in the community through the county clerk. The department shall either collect unpaid legal financial obligations or

arrange for collections through another entity if the clerk does not assume responsibility or is unable to continue to assume responsibility for collection pursuant to subsection ~~((4))~~ (5) of this section. The costs for collection services shall be paid by the offender.

~~((13))~~ (14) The county clerk may access the records of the employment security department for the purposes of verifying employment or income, seeking any assignment of wages, or performing other duties necessary to the collection of an offender's legal financial obligations.

~~((14))~~ (15) Nothing in this chapter makes the department, the state, the counties, or any state or county employees, agents, or other persons acting on their behalf liable under any circumstances for the payment of these legal financial obligations or for the acts of any offender who is no longer, or was not, subject to supervision by the department for a term of community custody, and who remains under the jurisdiction of the court for payment of legal financial obligations.

**Sec. 15.** RCW 9.94B.040 and 2002 c 175 s 8 are each amended to read as follows:

(1) If an offender violates any condition or requirement of a sentence, the court may modify its order of judgment and sentence and impose further punishment in accordance with this section.

(2) In cases where conditions from a second or later sentence of community supervision begin prior to the term of the second or later sentence, the court shall treat a violation of such conditions as a violation of the sentence of community supervision currently being served.

(3) If an offender fails to comply with any of the nonfinancial requirements or conditions of a sentence the following provisions apply:

(a)(i) Following the violation, if the offender and the department make a stipulated agreement, the department may impose sanctions such as work release, home detention with electronic monitoring, work crew, community restitution, inpatient treatment, daily reporting, curfew, educational or counseling sessions, supervision enhanced through electronic monitoring, jail time, or other sanctions available in the community.

(ii) Within seventy-two hours of signing the stipulated agreement, the department shall submit a report to the court and the prosecuting attorney outlining the violation or violations, and sanctions imposed. Within fifteen days of receipt of the report, if the court is not satisfied with the sanctions, the court may schedule a hearing and may modify the department's sanctions. If this occurs, the offender may withdraw from the stipulated agreement.

(iii) If the offender fails to comply with the sanction administratively imposed by the department, the court may take action regarding the original noncompliance. Offender failure to comply with the sanction administratively imposed by the department may be considered an additional violation;

(b) In the absence of a stipulated agreement, or where the court is not satisfied with the department's sanctions as provided in (a) of this subsection, the court, upon the motion of the state, or upon its own motion, shall require the offender to show cause why the offender should not be punished for the noncompliance. The court may issue a summons or a warrant of arrest for the offender's appearance;

(c) The state has the burden of showing noncompliance by a preponderance of the evidence. If the court finds that the violation has occurred, it may order the offender to be confined for a period not to exceed sixty days for each violation, and may (i) convert a term of partial confinement to total confinement, (ii) convert community restitution obligation to total or partial

confinement, or (iii) ~~((convert monetary obligations, except restitution and the crime victim penalty assessment, to community restitution hours at the rate of the state minimum wage as established in RCW 49.46.020 for each hour of community restitution, or (iv)))~~ order one or more of the penalties authorized in (a)(i) of this subsection. Any time served in confinement awaiting a hearing on noncompliance shall be credited against any confinement order by the court;

(d) If the court finds that the violation was not willful, the court may modify its previous order regarding ~~((payment of legal financial obligations and regarding))~~ community restitution obligations; and

(e) If the violation involves a failure to undergo or comply with mental status evaluation and/or outpatient mental health treatment, the community corrections officer shall consult with the treatment provider or proposed treatment provider. Enforcement of orders concerning outpatient mental health treatment must reflect the availability of treatment and must pursue the least restrictive means of promoting participation in treatment. If the offender's failure to receive care essential for health and safety presents a risk of serious physical harm or probable harmful consequences, the civil detention and commitment procedures of chapter 71.05 RCW shall be considered in preference to incarceration in a local or state correctional facility.

(4) If the violation involves failure to pay legal financial obligations, the following provisions apply:

(a) The department and the offender may enter into a stipulated agreement that the failure to pay was willful noncompliance, according to the provisions and requirements of subsection (3)(a) of this section:

(b) In the absence of a stipulated agreement, or where the court is not satisfied with the department's sanctions as provided in a stipulated agreement under (a) of this subsection, the court, upon the motion of the state, or upon its own motion, shall require the offender to show cause why the offender should not be punished for the noncompliance. The court may issue a summons or a warrant of arrest for the offender's appearance:

(c) The state has the burden of showing noncompliance by a preponderance of the evidence. The court may not sanction the offender for failure to pay legal financial obligations unless the court finds, after a hearing and on the record, that the failure to pay is willful. A failure to pay is willful if the offender has the current ability to pay but refuses to do so. In determining whether the offender has the current ability to pay, the court shall inquire into and consider: (i) The offender's income and assets; (ii) the offender's basic living costs as defined by RCW 10.101.010 and other liabilities including child support and other legal financial obligations; and (iii) the offender's bona fide efforts to acquire additional resources. An offender who is indigent as defined by RCW 10.101.010(3) (a) through (c) is presumed to lack the current ability to pay:

(d) If the court determines that the offender is homeless or a person who is mentally ill, as defined in RCW 71.24.025, failure to pay a legal financial obligation is not willful noncompliance and shall not subject the offender to penalties:

(e) If the court finds that the failure to pay is willful noncompliance, the court may order the offender to be confined for a period not to exceed sixty days for each violation or order one or more of the penalties authorized in subsection (3)(a)(i) of this section; and

(f) If the court finds that the violation was not willful, the court may, and if the court finds that the defendant is indigent as defined in RCW 10.101.010(3) (a) through (c), the court shall modify the terms of payment of the legal financial obligations, reduce or waive nonrestitution legal financial obligations, or with the defendant's consent convert nonrestitution legal financial

obligations to community restitution hours at the rate of no less than the state minimum wage established in RCW 49.46.020 for each hour of community restitution. The crime victim penalty assessment under RCW 7.68.035 may not be reduced, waived, or converted to community restitution hours.

~~(5)~~ (5) The community corrections officer may obtain information from the offender's mental health treatment provider on the offender's status with respect to evaluation, application for services, registration for services, and compliance with the supervision plan, without the offender's consent, as described under RCW 71.05.630.

~~((6))~~ (6) An offender under community placement or community supervision who is civilly detained under chapter 71.05 RCW, and subsequently discharged or conditionally released to the community, shall be under the supervision of the department of corrections for the duration of his or her period of community placement or community supervision. During any period of inpatient mental health treatment that falls within the period of community placement or community supervision, the inpatient treatment provider and the supervising community corrections officer shall notify each other about the offender's discharge, release, and legal status, and shall share other relevant information.

~~((7))~~ (7) Nothing in this section prohibits the filing of escape charges if appropriate.

**Sec. 16.** RCW 3.62.085 and 2005 c 457 s 10 are each amended to read as follows:

Upon conviction or a plea of guilty in any court organized under this title or Title 35 RCW, a defendant in a criminal case is liable for a fee of forty-three dollars, except this fee shall not be imposed on a defendant who is indigent as defined in RCW 10.101.010(3) (a) through (c). This fee shall be subject to division with the state under RCW 3.46.120(2), 3.50.100(2), 3.62.020(2), 3.62.040(2), and 35.20.220(2).

**Sec. 17.** RCW 36.18.020 and 2013 2nd sp.s. c 7 s 3 are each amended to read as follows:

(1) Revenue collected under this section is subject to division with the state under RCW 36.18.025 and with the county or regional law library fund under RCW 27.24.070, except as provided in subsection (5) of this section.

(2) Clerks of superior courts shall collect the following fees for their official services:

(a) In addition to any other fee required by law, the party filing the first or initial document in any civil action, including, but not limited to an action for restitution, adoption, or change of name, and any party filing a counterclaim, cross-claim, or third-party claim in any such civil action, shall pay, at the time the document is filed, a fee of two hundred dollars except, in an unlawful detainer action under chapter 59.18 or 59.20 RCW for which the plaintiff shall pay a case initiating filing fee of forty-five dollars, or in proceedings filed under RCW 28A.225.030 alleging a violation of the compulsory attendance laws where the petitioner shall not pay a filing fee. The forty-five dollar filing fee under this subsection for an unlawful detainer action shall not include an order to show cause or any other order or judgment except a default order or default judgment in an unlawful detainer action.

(b) Any party, except a defendant in a criminal case, filing the first or initial document on an appeal from a court of limited jurisdiction or any party on any civil appeal, shall pay, when the document is filed, a fee of two hundred dollars.

(c) For filing of a petition for judicial review as required under RCW 34.05.514 a filing fee of two hundred dollars.



(d) For filing of a petition for unlawful harassment under RCW 10.14.040 a filing fee of fifty-three dollars.

(e) For filing the notice of debt due for the compensation of a crime victim under RCW 7.68.120(2)(a) a fee of two hundred dollars.

(f) In probate proceedings, the party instituting such proceedings, shall pay at the time of filing the first document therein, a fee of two hundred dollars.

(g) For filing any petition to contest a will admitted to probate or a petition to admit a will which has been rejected, or a petition objecting to a written agreement or memorandum as provided in RCW 11.96A.220, there shall be paid a fee of two hundred dollars.

(h) Upon conviction or plea of guilty, upon failure to prosecute an appeal from a court of limited jurisdiction as provided by law, or upon affirmation of a conviction by a court of limited jurisdiction, a defendant in a criminal case shall be liable for a fee of two hundred dollars, except this fee shall not be imposed on a defendant who is indigent as defined in RCW 10.101.010(3) (a) through (c).

(i) With the exception of demands for jury hereafter made and garnishments hereafter issued, civil actions and probate proceedings filed prior to midnight, July 1, 1972, shall be completed and governed by the fee schedule in effect as of January 1, 1972. However, no fee shall be assessed if an order of dismissal on the clerk's record be filed as provided by rule of the supreme court.

(3) No fee shall be collected when a petition for relinquishment of parental rights is filed pursuant to RCW 26.33.080 or for forms and instructional brochures provided under RCW 26.50.030.

(4) No fee shall be collected when an abstract of judgment is filed by the county clerk of another county for the purposes of collection of legal financial obligations.

(5)(a) Until July 1, 2017, in addition to the fees required to be collected under this section, clerks of the superior courts must collect surcharges as provided in this subsection (5) of which seventy-five percent must be remitted to the state treasurer for deposit in the judicial stabilization trust account and twenty-five percent must be retained by the county.

(b) On filing fees required to be collected under subsection (2)(b) of this section, a surcharge of thirty dollars must be collected.

(c) On all filing fees required to be collected under this section, except for fees required under subsection (2)(b), (d), and (h) of this section, a surcharge of forty dollars must be collected.

**Sec. 18.** RCW 43.43.7541 and 2011 c 125 s 1 are each amended to read as follows:

Every sentence imposed for a crime specified in RCW 43.43.754 must include a fee of one hundred dollars unless the state has previously collected the offender's DNA as a result of a prior conviction. The fee is a court-ordered legal financial obligation as defined in RCW 9.94A.030 and other applicable law. For a sentence imposed under chapter 9.94A RCW, the fee is payable by the offender after payment of all other legal financial obligations included in the sentence has been completed. For all other sentences, the fee is payable by the offender in the same manner as other assessments imposed. The clerk of the court shall transmit eighty percent of the fee collected to the state treasurer for deposit in the state DNA database account created under RCW 43.43.7532, and shall transmit twenty percent of the fee collected to the agency responsible for collection of a biological sample from the offender as required under RCW 43.43.754."

Correct the title.

Representative Goodman moved the adoption of amendment (179) to the striking amendment (165):

On page 27, after line 10 of the amendment, insert the following:

**"NEW SECTION. Sec. 1.9.** Nothing in this act requires the courts to refund or reimburse amounts previously paid towards legal financial obligations or interest on legal financial obligations."

Correct the title.

Representatives Goodman and Holy spoke in favor of the adoption of the amendment to the striking amendment.

Amendment (179) was adopted.

Representative Goodman spoke in favor of the adoption of the striking amendment as amended.

Amendment (165) was adopted as amended.

The bill was ordered engrossed.

There being no objection, the rules were suspended, the second reading considered the third and the bill was placed on final passage.

Representatives Goodman and Holy spoke in favor of the passage of the bill.

The Speaker (Representative Orwall presiding) stated the question before the House to be the final passage of Engrossed Second Substitute House Bill No. 1390.

#### ROLL CALL

The Clerk called the roll on the final passage of Engrossed Second Substitute House Bill No. 1390, and the bill passed the House by the following vote: Yeas, 94; Nays, 4; Absent, 0; Excused, 0.

Voting yea: Representatives Appleton, Bergquist, Blake, Buys, Calder, Carlyle, Chandler, Clibborn, Cody, Condotta, Dent, Dunshee, Fagan, Farrell, Fey, Fitzgibbon, G. Hunt, Goodman, Gregerson, Gregory, Griffey, Haler, Hansen, Hargrove, Harmsworth, Harris, Hawkins, Hayes, Holy, Hudgins, Hunter, Hurst, Jinkins, Johnson, Kagi, Kilduff, Kirby, Kochmar, Kretz, Kristiansen, Lytton, MacEwen, Magendanz, Manweller, McBride, McCabe, McCaslin, Moeller, Morris, Moscoso, Muri, Ormsby, Ortiz-Self, Orwall, Parker, Peterson, Pettigrew, Pike, Pollet, Reykdal, Riccelli, Robinson, Rodne, Ryu, S. Hunt, Santos, Sawyer, Schmick, Scott, Sells, Senn, Shea, Short, Smith, Springer, Stambaugh, Stanford, Stokesbary, Sullivan, Takko, Tarleton, Taylor, Tharinger, Van De Wege, Van Werven, Vick, Walkinshaw, Walsh, Wilcox, Wilson, Wylie, Young, Zeiger and Mr. Speaker.

Voting nay: Representatives DeBolt, Klippert, Nealey and Orcutt.

ENGROSSED SECOND SUBSTITUTE HOUSE BILL NO. 1390, having received the necessary constitutional majority, was declared passed.

**HOUSE BILL NO. 1496, by Representatives Sells, Gregerson and Ormsby**

**Addressing vocational rehabilitation by making certain recommendations from the vocational rehabilitation subcommittee permanent and creating certain incentives for employers to employ injured workers with permanent disabilities.**

The bill was read the second time.

There being no objection, Substitute House Bill No. 1496 was substituted for House Bill No. 1496 and the substitute bill was placed on the second reading calendar.

SUBSTITUTE HOUSE BILL NO. 1496 was read the second time.

There being no objection, the rules were suspended, the second reading considered the third and the bill was placed on final passage.

Representatives Sells and Manweller spoke in favor of the passage of the bill.

The Speaker (Representative Orwall presiding) stated the question before the House to be the final passage of Substitute House Bill No. 1496.

**ROLL CALL**

The Clerk called the roll on the final passage of Substitute House Bill No. 1496, and the bill passed the House by the following vote: Yeas, 98; Nays, 0; Absent, 0; Excused, 0.

Voting yea: Representatives Appleton, Bergquist, Blake, Buys, Caldier, Carlyle, Chandler, Clibborn, Cody, Condotta, DeBolt, Dent, Dunshee, Fagan, Farrell, Fey, Fitzgibbon, G. Hunt, Goodman, Gregerson, Gregory, Griffey, Haler, Hansen, Hargrove, Harmsworth, Harris, Hawkins, Hayes, Holy, Hudgins, Hunter, Hurst, Jinkins, Johnson, Kagi, Kilduff, Kirby, Klippert, Kochmar, Kretz, Kristiansen, Lytton, MacEwen, Magendanz, Manweller, McBride, McCabe, McCaslin, Moeller, Morris, Moscoso, Muri, Nealey, Orcutt, Ormsby, Ortiz-Self, Orwall, Parker, Peterson, Pettigrew, Pike, Pollet, Reykdal, Riccelli, Robinson, Rodne, Ryu, S. Hunt, Santos, Sawyer, Schmick, Scott, Sells, Senn, Shea, Short, Smith, Springer, Stambaugh, Stanford, Stokesbary, Sullivan, Takko, Tarleton, Taylor, Tharinger, Van De Wege, Van Werven, Vick, Walkinshaw, Walsh, Wilcox, Wilson, Wylie, Young, Zeiger and Mr. Speaker.

SUBSTITUTE HOUSE BILL NO. 1496, having received the necessary constitutional majority, was declared passed.

**HOUSE BILL NO. 1559, by Representatives Riccelli, Johnson, Wylie, Parker, MacEwen, Harris, Rodne, Schmick, Short, Pettigrew, Ormsby, Robinson, Van De Wege, Klippert, Reykdal, Sawyer, Holy, Walsh, S. Hunt, Kretz, Vick, Gregerson, McCaslin, Pike, Scott, Smith, Lytton, Hudgins, Ryu, Condotta, Sells, Moscoso, Hurst, Santos, Buys, Fey, Takko, Blake, Dent, Nealey, Kilduff, Chandler, Wilcox, Haler, Magendanz, Peterson, Ortiz-Self, Appleton, Manweller, Shea, Senn, Hayes, Kochmar, Hargrove, Muri, Stanford, Fagan, Griffey, Van Werven, Wilson, Harmsworth, Kirby, Tharinger, McBride and Goodman**

**Concerning higher education programs at Washington State University and the University of Washington.**

The bill was read the second time.

There being no objection, Substitute House Bill No. 1559 was substituted for House Bill No. 1559 and the substitute bill was placed on the second reading calendar.

SUBSTITUTE HOUSE BILL NO. 1559 was read the second time.

With the consent of the house, amendments (046), (142), and (144) were withdrawn.

Representative Pollet moved the adoption of amendment (130):

On page 1, after line 11, insert the following:  
**"NEW SECTION, Sec. 2.** A new section is added to chapter 28B.30 RCW to read as follows:

Prior to the board of regents of Washington State University authorizing or expending funds appropriated to Washington State University for the purposes of participation in the Washington Wyoming Alaska Montana Idaho medical education program, enrolling twenty full-time equivalent student in the University of Washington medical school extension program at the Spokane, Washington Riverpoint campus, the expansion of health sciences capacity through the Washington Wyoming Alaska Montana Idaho medical education program in Spokane and Eastern Washington, or hiring new faculty to bring second year medical education to the Riverpoint campus using the existing Washington Wyoming Alaska Montana Idaho model or otherwise authorizing the establishment or accreditation of a medical school, funds shall be appropriated by the legislature specifically for such purposes, and shall, in no event be disbursed prior to the completion of the study and report to the legislature, as required by section 5 of this act.

**NEW SECTION, Sec. 3.** (1) The legislature finds that there are shortages of a wide range of health professionals in Washington, and regions of the state with an exacerbated shortage of health professionals, including providers of primary care. The legislature also finds that the need to increase the number of health care providers in Washington will require a variety of investments in the state's higher education system, and that many of the programs and institutions lack both physical capacity and faculty to train the numbers of students required to eliminate the shortage of health care providers. The legislature intends to ensure that it makes rational decisions, based on data and long-term projected costs, on how and where to invest in expanding the state's medical and health professional training programs to address the shortages in health care professions.

(2) The workforce training and education coordinating board shall direct a study to:

(a) Determine the comprehensive statewide need for primary care physicians, physicians in specialty fields, nurses, physician assistants, paramedical, and other health care professionals;

(b) Determine the targeted geographic need, including in rural and underserved areas, for primary care physicians, physicians in specialty fields, nurses, physician assistants, paramedical, dentists, and other health care professionals;

(c) Determine the need for additional graduate medical education residency slots in family and general practice, and specialty fields including:

(i) The current shortfall in meeting those needs, as well as the projected shortfall over the next ten years; and,

(ii) The relative importance of establishing residency slots versus medical education slots, and the relative contribution of other factors, to provide new doctors to meet needs of underserved areas; and

(iii) The relative costs, and time to, meet needs with other professionals and telemedicine programs;

(d) Analyze the capacity of the institutions of higher education to meet the need for degrees, including:

(i) The relative cost, including on-going costs, to increase degree positions;

(ii) An assessment of the on-going investment needed for each area for expanding degrees;

(iii) A comparison of the costs of expanding medical degrees via a new medical school with the costs of expanding medical student positions at the University of Washington; and

(iv) A comparison of the costs of expanding medical degrees with the resources needed for investment in residencies and other health professionals;

(e) Determine how an increase in degree positions would produce health care professionals serving underserved areas for primary and other care using data on the likelihood of graduates serving in underserved areas;

(f) Demonstrate how each investment would address the needs of underserved Washington residents in the various health care professional areas of practice, including primary care; and

(g) Create a comprehensive assessment of policy and funding options to meet workforce and graduate medical education needs, including a cost assessment of each policy option.

(3) The study shall include stakeholders from physician professional membership organizations, nurse professional membership organizations, paramedical professional membership organizations, dentist professional membership organizations, physician assistant professional membership organizations, four-year higher education institutions, community and technical colleges, hospital associations, and the state department of health.

(4) The report must be submitted to the legislature no later than December 1, 2015.

(5) This section expires June 30, 2016."

Renumber the remaining sections consecutively and correct any internal references accordingly.

Correct the title.

Representative Pollet spoke in favor of the adoption of the amendment.

Representatives Haler and Hansen spoke against the adoption of the amendment.

Amendment (130) was not adopted.

Representative Pollet moved the adoption of amendment (131):

On page 2, line 6, after "fisheries." insert "It is the intent of the legislature that all appropriations made to support students in the Washington Wyoming Alaska Montana Idaho medical education program at the Spokane, Washington Riverpoint campus and all appropriations made to support the University of Washington medical school be used for the original purpose of the appropriations."

Representative Pollet spoke in favor of the adoption of the amendment.

Representatives Haler and Hansen spoke against the adoption of the amendment.

Amendment (131) was not adopted.

There being no objection, the rules were suspended, the second reading considered the third and the bill was placed on final passage.

Representatives Riccelli, Haler, Parker, Johnson, Orcutt and Holy spoke in favor of the passage of the bill.

Representative Pollet spoke against the passage of the bill.

The Speaker (Representative Orwall presiding) stated the question before the House to be the final passage of Substitute House Bill No. 1559.

## ROLL CALL

The Clerk called the roll on the final passage of Substitute House Bill No. 1559, and the bill passed the House by the following vote: Yeas, 81; Nays, 17; Absent, 0; Excused, 0.

Voting yea: Representatives Appleton, Bergquist, Blake, Buys, Chandler, Clibborn, Condotta, DeBolt, Dent, Fagan, Fey, Fitzgibbon, G. Hunt, Goodman, Gregerson, Gregory, Griffey, Haler, Hansen, Hargrove, Harmsworth, Harris, Hayes, Holy, Hudgins, Hurst, Johnson, Kilduff, Kirby, Klippert, Kochmar, Kretz, Kristiansen, MacEwen, Magendanz, Manweller, McBride, McCabe, McCaslin, Morris, Moscoso, Muri, Nealey, Orcutt, Ormsby, Ortiz-Self, Parker, Peterson, Pettigrew, Pike, Reykdal, Riccelli, Robinson, Rodne, Ryu, S. Hunt, Santos, Sawyer, Schmick, Scott, Sells, Senn, Shea, Short, Smith, Springer, Stambaugh, Stanford, Stokesbary, Sullivan, Takko, Tarleton, Van De Wege, Van Werven, Vick, Walsh, Wilcox, Wilson, Wylie, Young and Zeiger.

Voting nay: Representatives Caldier, Carlyle, Cody, Dunshee, Farrell, Hawkins, Hunter, Jinkins, Kagi, Lytton, Moeller, Orwall, Pollet, Taylor, Tharinger, Walkinshaw and Mr. Speaker.

SUBSTITUTE HOUSE BILL NO. 1559, having received the necessary constitutional majority, was declared passed.

**HOUSE BILL NO. 1471, by Representatives Cody, Schmick, Harris, Van De Wege, DeBolt, Hurst, Kretz, Moeller, Jinkins and Tharinger**

**Mitigating barriers to patient access to care resulting from health insurance contracting practices.**

The bill was read the second time.

There being no objection, Second Substitute House Bill No. 1471 was substituted for House Bill No. 1471 and the second substitute bill was placed on the second reading calendar.

SECOND SUBSTITUTE HOUSE BILL NO. 1471 was read the second time.

With the consent of the house, amendment (226) was withdrawn.

Representative Riccelli moved the adoption of amendment (196):

Strike everything after the enacting clause and insert the following:

**"NEW SECTION. Sec. 1.** A new section is added to chapter 41.05 RCW to read as follows:

(1) A health plan offered to public employees and their covered dependents under this chapter that imposes different prior authorization standards and criteria for a covered service among tiers of contracting providers of the same licensed profession in the same health plan shall inform an enrollee which tier an individual provider or group of providers is in. The health care authority shall post the information on its web site in a manner accessible to both enrollees and providers.

(2) The health plan may not require prior authorization for an evaluation and management visit or an initial treatment visit with a contracting provider in a new episode of habilitative, rehabilitative, East Asian medicine, or chiropractic care.

(3) Any prior authorization standards and criteria used by the health plan, or a subcontractor or third-party administrator administering all or part of the plan, must be based on the plan's medical necessity standards.

(4) The health care authority shall post on its web site and provide upon the request of a covered person or contracting provider any standards, criteria, or information the health plan uses for prior authorization decisions.

(5) A health care provider with whom the administrator of the health plan consults regarding a decision to deny, limit, or terminate a person's covered health care services must hold a license, certification, or registration, in good standing and must be in the same or related health field as the health care provider being reviewed or of a specialty whose practice entails the same or similar covered health care service.

(6) The health plan may not require a provider to provide a discount from usual and customary rates for health care services not covered under the health plan, policy, or other agreement, to which the provider is a party.

(7) A health plan offered to employees and their covered dependents under this chapter may not require a covered person's cost sharing, including copayments, for habilitative, rehabilitative, East Asian medicine, or chiropractic care to exceed the cost-sharing amount the plan requires for primary care.

(8) For purposes of this section, "new episode of care" means treatment for a new condition that has not been presented to the provider:

(a) Less than sixty days prior to the first encounter for the condition; and

(b) Less than sixty days after the most recent encounter for the condition.

**NEW SECTION. Sec. 2.** A new section is added to chapter 48.43 RCW to read as follows:

(1) A health carrier that imposes different prior authorization standards and criteria for a covered service among tiers of contracting providers of the same licensed profession in the same health plan shall inform an enrollee which tier an individual provider or group of providers is in. The carrier shall post the information on its web site in a manner accessible to both enrollees and providers.

(2) A health carrier may not require prior authorization for an evaluation and management visit or an initial treatment visit with a contracting provider in a new episode of habilitative, rehabilitative, East Asian medicine, or chiropractic care.

(3) Any prior authorization standards and criteria used by a health plan, or a subcontractor administering all or part of the health plan, must be based on the carrier's medical necessity standards on file with the commissioner.

(4) A health carrier shall post on its web site and provide upon the request of a covered person or contracting provider any

standards, criteria, or information the carrier uses for prior authorization decisions.

(5) A health care provider with whom a health carrier consults regarding a decision to deny, limit, or terminate a person's covered health care services must hold a license, certification, or registration, in good standing and must be in the same or related health field as the health care provider being reviewed or of a specialty whose practice entails the same or similar covered health care service.

(6) A health carrier may not require a provider to provide a discount from usual and customary rates for health care services not covered under a health plan, policy, or other agreement, to which the provider is a party.

(7) A health carrier may not require a covered person's cost sharing, including copayments, for habilitative, rehabilitative, East Asian medicine, or chiropractic care to exceed the cost-sharing amount the carrier requires for primary care.

(8) For purposes of this section, "new episode of care" means treatment for a new condition that has not been presented to the provider:

(a) Less than sixty days prior to the first encounter for the condition; and

(b) Less than sixty days after the most recent encounter for the condition.

**NEW SECTION. Sec. 3.** This act takes effect January 1, 2017."

Correct the title.

Representative Harris moved the adoption of amendment (229) to the striking amendment (196):

On page 1, line 6 of the striking amendment, after "imposes" strike "different"

On page 1, line 7 of the striking amendment, after "authorization" strike "standards and criteria"

On page 1, line 9 of the striking amendment, after "shall" insert ", upon request."

On page 1, beginning on line 13 of the striking amendment, after "for" strike all material through "or" on line 14

On page 1, beginning on line 15 of the striking amendment, after "of" strike "habilitative, rehabilitative" and insert "physical, speech, or occupational therapy"

On page 1, beginning on line 17 of the striking amendment, strike all of subsection (3)

Renumber the remaining subsections consecutively and correct any internal references accordingly.

On page 2, beginning on line 3 of the striking amendment, after "(7)" strike all material through "care" on line 7 and insert "(a) A rental network must give a contracted health care provider sixty days' notice prior to adding a new product to its contract with the provider. The rental network may not require the contracted provider to accept the additional product as a condition for continued participation in the in-force contract.

(b) For purposes of this subsection (7):

(i) "Rental network" means any entity that sells access to a network of health care providers to other entities.

(ii) "Product" means an entity purchasing access to a rental network.

(c) This subsection (7) does not apply to entities within the same insurance holding company system as defined in RCW 48.31B.005"

On page 2, beginning on line 9 of the striking amendment, after "condition" strike all material through "condition" on line 14

On page 2, line 17 of the striking amendment, after "imposes" strike "different"

On page 2, at the beginning of line 18 of the striking amendment, strike "standards and criteria"

On page 2, line 20 of the striking amendment, after "shall" insert ", upon request,"

On page 2, beginning on line 24 of the striking amendment, after "for" strike all material through "or" on line 25

On page 2, beginning on line 26 of the striking amendment, after "of" strike "habilitative, rehabilitative" and insert "physical, speech, or occupational therapy,"

On page 2, beginning on line 28 of the striking amendment, strike all of subsection (3)

Renumber the remaining subsections consecutively and correct any internal references accordingly.

On page 3, beginning on line 8 of the striking amendment, after "(7)" strike all material through "care" on line 11 and insert "(a) A rental network must give a contracted health care provider sixty days' notice prior to adding a new product to its contract with the provider. The rental network may not require the contracted provider to accept the additional product as a condition for continued participation in the in-force contract.

(b) For purposes of this subsection (7):

(i) "Rental network" means any entity that sells access to a network of health care providers to other entities.

(ii) "Product" means an entity purchasing access to a rental network.

(c) This subsection (7) does not apply to entities within the same insurance holding company system as defined in RCW 48.31B.005"

On page 3, beginning on line 13, after "condition" strike all material through "condition" on line 18

Representative Harris spoke in favor of the adoption of the amendment to the striking amendment.

Representative Cody spoke against the adoption of the amendment to the striking amendment.

Amendment (229) was not adopted.

Representative Chandler moved the adoption of amendment (230) to the striking amendment (196):

On page 3, line 19 of the striking amendment, after "2017." insert the following:

**"NEW SECTION. Sec. 4.** If specific funding for the purposes of this act, referencing this act by bill or chapter number, is not provided by June 30, 2015, in the omnibus appropriations act, this act is null and void."

Representative Chandler spoke in favor of the adoption of the amendment to the striking amendment.

Representative Hunter spoke against the adoption of the amendment to the striking amendment.

Amendment (230) was not adopted.

Representatives Riccelli and Schmick spoke in favor of the adoption of the striking amendment.

Amendment (196) was adopted.

The bill was ordered engrossed.

There being no objection, the rules were suspended, the second reading considered the third and the bill was placed on final passage.

Representatives Cody and Schmick spoke in favor of the passage of the bill.

The Speaker (Representative Orwall presiding) stated the question before the House to be the final passage of Engrossed Second Substitute House Bill No. 1471.

### ROLL CALL

The Clerk called the roll on the final passage of Engrossed Second Substitute House Bill No. 1471, and the bill passed the House by the following vote: Yeas, 82; Nays, 16; Absent, 0; Excused, 0.

Voting yea: Representatives Appleton, Bergquist, Blake, Caldier, Carlyle, Clibborn, Cody, DeBolt, Dent, Dunshee, Farrell, Fey, Fitzgibbon, G. Hunt, Goodman, Gregerson, Gregory, Griffey, Haler, Hansen, Hargrove, Hawkins, Hayes, Holy, Hudgins, Hunter, Hurst, Jinkins, Johnson, Kagi, Kilduff, Kirby, Kochmar, Kretz, Kristiansen, Lytton, MacEwen, Magendanz, Manweller, McBride, Moeller, Morris, Moscoso, Nealey, Orcutt, Ormsby, Ortiz-Self, Orwall, Parker, Peterson, Pettigrew, Pike, Pollet, Reykdal, Riccelli, Robinson, Rodne, Ryu, S. Hunt, Santos, Sawyer, Schmick, Sells, Senn, Shea, Short, Smith, Springer, Stambaugh, Stanford, Stokesbary, Sullivan, Takko, Tarleton, Tharinger, Van De Wege, Walkinshaw, Wilson, Wylie, Young, Zeiger and Mr. Speaker.

Voting nay: Representatives Buys, Chandler, Condotta, Fagan, Harmsworth, Harris, Klippert, McCabe, McCaslin, Muri, Scott, Taylor, Van Werven, Vick, Walsh and Wilcox.

ENGROSSED SECOND SUBSTITUTE HOUSE BILL NO. 1471, having received the necessary constitutional majority, was declared passed.

### HOUSE BILL NO. 1956, by Representative Moeller

**Creating independent review organizations. Revised for 1st Substitute: Addressing a report to be filed by an independent review organization.**

The bill was read the second time.

There being no objection, Substitute House Bill No. 1956 was substituted for House Bill No. 1956 and the substitute bill was placed on the second reading calendar.

SUBSTITUTE HOUSE BILL NO. 1956 was read the second time.

There being no objection, the rules were suspended, the second reading considered the third and the bill was placed on final passage.

Representative Moeller spoke in favor of the passage of the bill.

Representative Schmick spoke against the passage of the bill.

The Speaker (Representative Orwall presiding) stated the question before the House to be the final passage of Substitute House Bill No. 1956.

### ROLL CALL

The Clerk called the roll on the final passage of Substitute House Bill No. 1956, and the bill passed the House by the following vote: Yeas, 50; Nays, 48; Absent, 0; Excused, 0.

Voting yea: Representatives Appleton, Bergquist, Blake, Carlyle, Clibborn, Cody, Dunshee, Farrell, Fey, Fitzgibbon, Goodman, Gregerson, Gregory, Hansen, Hudgins, Hunter, Jinkins, Kagi, Kilduff, Kirby, Lytton, McBride, Moeller, Morris, Moscoso, Ormsby, Ortiz-Self, Orwall, Peterson, Pettigrew, Pollet, Reykdal, Riccelli, Robinson, Ryu, S. Hunt, Santos, Sawyer, Sells, Senn, Springer, Stanford, Sullivan, Takko, Tarleton, Tharinger, Van De Wege, Walkinshaw, Wylie and Mr. Speaker.

Voting nay: Representatives Buys, Caldier, Chandler, Condotta, DeBolt, Dent, Fagan, G. Hunt, Griffey, Haler, Hargrove, Harmsworth, Harris, Hawkins, Hayes, Holy, Hurst, Johnson, Klippert, Kochmar, Kretz, Kristiansen, MacEwen, Magendanz, Manweller, McCabe, McCaslin, Muri, Nealey, Orcutt, Parker, Pike, Rodne, Schmick, Scott, Shea, Short, Smith, Stambaugh, Stokesbary, Taylor, Van Werven, Vick, Walsh, Wilcox, Wilson, Young and Zeiger.

SUBSTITUTE HOUSE BILL NO. 1956, having received the necessary constitutional majority, was declared passed.

**HOUSE BILL NO. 1738, by Representatives Orcutt, Clibborn, Hayes, Fey, Hargrove, Farrell, Zeiger, Moscoso, Muri, Condotta, Buys and Harmsworth**

**Concerning marine, off-road recreational vehicle, and snowmobile fuel tax refunds based on actual fuel taxes paid.**

The bill was read the second time.

There being no objection, Substitute House Bill No. 1738 was substituted for House Bill No. 1738 and the substitute bill was placed on the second reading calendar.

SUBSTITUTE HOUSE BILL NO. 1738 was read the second time.

There being no objection, the rules were suspended, the second reading considered the third and the bill was placed on final passage.

Representatives Orcutt and Clibborn spoke in favor of the passage of the bill.

The Speaker (Representative Orwall presiding) stated the question before the House to be the final passage of Substitute House Bill No. 1738.

**ROLL CALL**

The Clerk called the roll on the final passage of Substitute House Bill No. 1738, and the bill passed the House by the following vote: Yeas, 98; Nays, 0; Absent, 0; Excused, 0.

Voting yea: Representatives Appleton, Bergquist, Blake, Buys, Caldier, Carlyle, Chandler, Clibborn, Cody, Condotta, DeBolt, Dent, Dunshee, Fagan, Farrell, Fey, Fitzgibbon, G. Hunt, Goodman, Gregerson, Gregory, Griffey, Haler, Hansen, Hargrove, Harmsworth, Harris, Hawkins, Hayes, Holy, Hudgins, Hunter, Hurst, Jinkins, Johnson, Kagi, Kilduff, Kirby, Klippert, Kochmar, Kretz, Kristiansen, Lytton, MacEwen, Magendanz, Manweller, McBride, McCabe, McCaslin, Moeller, Morris, Moscoso, Muri, Nealey, Orcutt, Ormsby, Ortiz-Self, Orwall, Parker, Peterson, Pettigrew, Pike, Pollet, Reykdal, Riccelli, Robinson, Rodne, Ryu, S. Hunt, Santos, Sawyer, Schmick, Scott, Sells, Senn, Shea, Short,

Smith, Springer, Stambaugh, Stanford, Stokesbary, Sullivan, Takko, Tarleton, Taylor, Tharinger, Van De Wege, Van Werven, Vick, Walkinshaw, Walsh, Wilcox, Wilson, Wylie, Young, Zeiger and Mr. Speaker.

SUBSTITUTE HOUSE BILL NO. 1738, having received the necessary constitutional majority, was declared passed.

**HOUSE BILL NO. 1884, by Representatives Vick, Bergquist, Hayes, Riccelli, Orcutt, Wilson and Pike**

**Expanding the definition of an electric personal assistive mobility device to include a one-wheeled self-balancing device.**

The bill was read the second time.

There being no objection, the rules were suspended, the second reading considered the third and the bill was placed on final passage.

Representatives Vick and Clibborn spoke in favor of the passage of the bill.

The Speaker (Representative Orwall presiding) stated the question before the House to be the final passage of House Bill No. 1884.

**MOTIONS**

On motion of Representative Van De Wege, Representative Farrell was excused.

**ROLL CALL**

The Clerk called the roll on the final passage of House Bill No. 1884, and the bill passed the House by the following vote: Yeas, 96; Nays, 1; Absent, 0; Excused, 1.

Voting yea: Representatives Appleton, Bergquist, Blake, Buys, Caldier, Carlyle, Chandler, Clibborn, Cody, Condotta, DeBolt, Dent, Dunshee, Fagan, Fey, Fitzgibbon, G. Hunt, Goodman, Gregerson, Gregory, Griffey, Haler, Hansen, Hargrove, Harmsworth, Harris, Hawkins, Hayes, Holy, Hudgins, Hunter, Hurst, Jinkins, Johnson, Kagi, Kilduff, Kirby, Klippert, Kochmar, Kretz, Kristiansen, Lytton, MacEwen, Magendanz, Manweller, McCabe, McCaslin, Moeller, Morris, Moscoso, Muri, Nealey, Orcutt, Ormsby, Ortiz-Self, Orwall, Parker, Peterson, Pettigrew, Pike, Pollet, Reykdal, Riccelli, Robinson, Rodne, Ryu, S. Hunt, Santos, Sawyer, Schmick, Scott, Sells, Senn, Shea, Short, Smith, Springer, Stambaugh, Stanford, Stokesbary, Sullivan, Takko, Tarleton, Taylor, Tharinger, Van De Wege, Van Werven, Vick, Walkinshaw, Walsh, Wilcox, Wilson, Wylie, Young, Zeiger and Mr. Speaker.

Voting nay: Representative McBride.

Excused: Representative Farrell.

HOUSE BILL NO. 1884, having received the necessary constitutional majority, was declared passed.

**HOUSE BILL NO. 2181, by Representatives Schmick, Clibborn, Orcutt and Scott**

**Modifying the maximum speed limit on highways.**

The bill was read the second time.

There being no objection, the rules were suspended, the second reading considered the third and the bill was placed on final passage.

Representatives Schmick, Clibborn and Reykdal spoke in favor of the passage of the bill.

The Speaker (Representative Orwall presiding) stated the question before the House to be the final passage of House Bill No. 2181.

### ROLL CALL

The Clerk called the roll on the final passage of House Bill No. 2181, and the bill passed the House by the following vote: Yeas, 78; Nays, 19; Absent, 0; Excused, 1.

Voting yea: Representatives Appleton, Bergquist, Blake, Buys, Caldier, Clibborn, Cody, Condotta, DeBolt, Dent, Dunshee, Fagan, G. Hunt, Griffey, Haler, Hansen, Hargrove, Harmsworth, Harris, Hawkins, Holy, Hunter, Hurst, Johnson, Kirby, Klippert, Kochmar, Kretz, Kristiansen, MacEwen, Magendanz, Manweller, McCabe, McCaslin, Moeller, Morris, Moscoso, Muri, Nealey, Orcutt, Ormsby, Ortiz-Self, Orwall, Parker, Pettigrew, Pike, Reykdal, Riccelli, Robinson, Rodne, Ryu, Santos, Sawyer, Schmick, Scott, Sells, Shea, Short, Smith, Springer, Stambaugh, Stanford, Stokesbary, Sullivan, Takko, Taylor, Tharinger, Van De Wege, Van Werven, Vick, Walsh, Wilcox, Wilson, Wylie, Young, Zeiger and Mr. Speaker.

Voting nay: Representatives Carlyle, Chandler, Fey, Fitzgibbon, Goodman, Gregerson, Gregory, Hudgins, Jinkins, Kagi, Kilduff, Lytton, McBride, Peterson, Pollet, S. Hunt, Senn, Tarleton and Walkinshaw.

Excused: Representative Farrell.

HOUSE BILL NO. 2181, having received the necessary constitutional majority, was declared passed.

### **HOUSE BILL NO. 1480, by Representatives Holy, Riccelli, Orcutt, Haler, Shea, Johnson, Clibborn, Ormsby, Condotta, Tharinger and McCaslin**

#### **Creating intermittent-use trailer license plates.**

The bill was read the second time.

There being no objection, Substitute House Bill No. 1480 was substituted for House Bill No. 1480 and the substitute bill was placed on the second reading calendar.

SUBSTITUTE HOUSE BILL NO. 1480 was read the second time.

There being no objection, the rules were suspended, the second reading considered the third and the bill was placed on final passage.

Representatives Holy and Clibborn spoke in favor of the passage of the bill.

The Speaker (Representative Orwall presiding) stated the question before the House to be the final passage of Substitute House Bill No. 1480.

### ROLL CALL

The Clerk called the roll on the final passage of Substitute House Bill No. 1480, and the bill passed the House by the following vote: Yeas, 97; Nays, 0; Absent, 0; Excused, 1.

Voting yea: Representatives Appleton, Bergquist, Blake, Buys, Caldier, Carlyle, Chandler, Clibborn, Cody, Condotta, DeBolt, Dent, Dunshee, Fagan, Fey, Fitzgibbon, G. Hunt, Goodman, Gregerson, Gregory, Griffey, Haler, Hansen, Hargrove, Harmsworth, Harris, Hawkins, Hayes, Holy, Hudgins, Hunter, Hurst, Jinkins, Johnson, Kagi, Kilduff, Kirby, Klippert, Kochmar, Kretz, Kristiansen, Lytton, MacEwen, Magendanz, Manweller, McBride, McCabe, McCaslin, Moeller, Morris, Moscoso, Muri, Nealey, Orcutt, Ormsby, Ortiz-Self, Orwall, Parker, Peterson, Pettigrew, Pike, Pollet, Reykdal, Riccelli, Robinson, Rodne, Ryu, S. Hunt, Santos, Sawyer, Schmick, Scott, Sells, Senn, Shea, Short, Smith, Springer, Stambaugh, Stanford, Stokesbary, Sullivan, Takko, Tarleton, Taylor, Tharinger, Van De Wege, Van Werven, Vick, Walkinshaw, Walsh, Wilcox, Wilson, Wylie, Young, Zeiger and Mr. Speaker.

Excused: Representative Farrell.

SUBSTITUTE HOUSE BILL NO. 1480, having received the necessary constitutional majority, was declared passed.

### **HOUSE BILL NO. 1966, by Representatives Fey, Zeiger, Farrell, Fitzgibbon, Nealey, Walsh and Moscoso**

#### **Exempting transit agencies that manufacture liquid natural gas or compressed natural gas for the purposes of providing public transportation from the definition of manufacturing in respect to business and occupation tax.**

The bill was read the second time.

There being no objection, Substitute House Bill No. 1966 was substituted for House Bill No. 1966 and the substitute bill was placed on the second reading calendar.

SUBSTITUTE HOUSE BILL NO. 1966 was read the second time.

There being no objection, the rules were suspended, the second reading considered the third and the bill was placed on final passage.

Representatives Fey and Orcutt spoke in favor of the passage of the bill.

The Speaker (Representative Orwall presiding) stated the question before the House to be the final passage of Substitute House Bill No. 1966.

### ROLL CALL

The Clerk called the roll on the final passage of Substitute House Bill No. 1966, and the bill passed the House by the following vote: Yeas, 97; Nays, 0; Absent, 0; Excused, 1.

Voting yea: Representatives Appleton, Bergquist, Blake, Buys, Caldier, Carlyle, Chandler, Clibborn, Cody, Condotta, DeBolt, Dent, Dunshee, Fagan, Fey, Fitzgibbon, G. Hunt, Goodman, Gregerson, Gregory, Griffey, Haler, Hansen, Hargrove, Harmsworth, Harris, Hawkins, Hayes, Holy, Hudgins, Hunter, Hurst, Jinkins, Johnson, Kagi, Kilduff, Kirby, Klippert, Kochmar, Kretz, Kristiansen, Lytton, MacEwen, Magendanz, Manweller, McBride, McCabe, McCaslin, Moeller, Morris, Moscoso, Muri, Nealey, Orcutt, Ormsby, Ortiz-Self, Orwall, Parker, Peterson, Pettigrew, Pike, Pollet, Reykdal, Riccelli, Robinson, Rodne, Ryu,

S. Hunt, Santos, Sawyer, Schmick, Scott, Sells, Senn, Shea, Short, Smith, Springer, Stambaugh, Stanford, Stokesbary, Sullivan, Takko, Tarleton, Taylor, Tharinger, Van De Wege, Van Werven, Vick, Walkinshaw, Walsh, Wilcox, Wilson, Wylie, Young, Zeiger and Mr. Speaker.

Excused: Representative Farrell.

SUBSTITUTE HOUSE BILL NO. 1966, having received the necessary constitutional majority, was declared passed.

**HOUSE BILL NO. 2012, by Representatives Orcutt, Clibborn, Hargrove, Hayes, Pike, Zeiger, Muri and Wilson**

**Concerning the implementation of practical design by the department of transportation.**

The bill was read the second time.

There being no objection, Substitute House Bill No. 2012 was substituted for House Bill No. 2012 and the substitute bill was placed on the second reading calendar.

SUBSTITUTE HOUSE BILL NO. 2012 was read the second time.

There being no objection, the rules were suspended, the second reading considered the third and the bill was placed on final passage.

Representatives Orcutt and Clibborn spoke in favor of the passage of the bill.

The Speaker (Representative Orwall presiding) stated the question before the House to be the final passage of Substitute House Bill No. 2012.

**ROLL CALL**

The Clerk called the roll on the final passage of Substitute House Bill No. 2012, and the bill passed the House by the following vote: Yeas, 97; Nays, 0; Absent, 0; Excused, 1.

Voting yea: Representatives Appleton, Bergquist, Blake, Buys, Caldier, Carlyle, Chandler, Clibborn, Cody, Condotta, DeBolt, Dent, Dunshee, Fagan, Fey, Fitzgibbon, G. Hunt, Goodman, Gregerson, Gregory, Griffey, Haler, Hansen, Hargrove, Harmsworth, Harris, Hawkins, Hayes, Holy, Hudgins, Hunter, Hurst, Jinkins, Johnson, Kagi, Kilduff, Kirby, Klippert, Kochmar, Kretz, Kristiansen, Lytton, MacEwen, Magendanz, Manweller, McBride, McCabe, McCaslin, Moeller, Morris, Moscoso, Muri,

Nealey, Orcutt, Ormsby, Ortiz-Self, Orwall, Parker, Peterson, Pettigrew, Pike, Pollet, Reykdal, Riccelli, Robinson, Rodne, Ryu, S. Hunt, Santos, Sawyer, Schmick, Scott, Sells, Senn, Shea, Short, Smith, Springer, Stambaugh, Stanford, Stokesbary, Sullivan, Takko, Tarleton, Taylor, Tharinger, Van De Wege, Van Werven, Vick, Walkinshaw, Walsh, Wilcox, Wilson, Wylie, Young, Zeiger and Mr. Speaker.

Excused: Representative Farrell.

SUBSTITUTE HOUSE BILL NO. 2012, having received the necessary constitutional majority, was declared passed.

There being no objection, the House advanced to the eighth order of business.

There being no objection, the Committee on Rules was relieved of the following bills and the bills were placed on the second reading calendar:

HOUSE BILL NO. 1022  
HOUSE BILL NO. 1136  
HOUSE BILL NO. 1430  
HOUSE BILL NO. 1465  
HOUSE BILL NO. 1513  
HOUSE BILL NO. 1618  
HOUSE BILL NO. 1620  
HOUSE BILL NO. 1790  
HOUSE BILL NO. 1804  
HOUSE BILL NO. 1830  
HOUSE BILL NO. 1850  
HOUSE BILL NO. 1918  
HOUSE BILL NO. 1965  
HOUSE BILL NO. 2063  
HOUSE BILL NO. 2074  
HOUSE BILL NO. 2084  
HOUSE BILL NO. 2146

There being no objection, the House advanced to the eleventh order of business.

There being no objection, the House adjourned until 9:00 a.m., March 10, 2015, the 58th Day of the Regular Session.

FRANK CHOPP, Speaker

BARBARA BAKER, Chief Clerk



1022	Other Action.....	1
1135	Second Reading.....	1
1135-S	Second Reading.....	1
	Third Reading Final Passage.....	1
1136	Other Action.....	1
1183	Second Reading.....	1
1183-S	Second Reading.....	1
	Third Reading Final Passage.....	1
1186	Second Reading.....	1
1186-S	Second Reading.....	1
	Amendment Offered.....	1
	Third Reading Final Passage.....	1
1307	Second Reading.....	1
	Third Reading Final Passage.....	1
1349	Second Reading.....	1
1349-S	Second Reading.....	1
	Amendment Offered.....	1
	Third Reading Final Passage.....	1
1390	Second Reading.....	1
1390-S2	Second Reading.....	1
	Amendment Offered.....	1
	Third Reading Final Passage.....	1
1397	Second Reading.....	1
	Amendment Offered.....	1
	Third Reading Final Passage.....	1
1430	Other Action.....	1
1448	Second Reading.....	1
1448-S	Second Reading.....	1
	Amendment Offered.....	1
	Third Reading Final Passage.....	1
1450	Second Reading.....	1
1450-S2	Second Reading.....	1
	Amendment Offered.....	1
	Third Reading Final Passage.....	1
1465	Other Action.....	1
1471	Second Reading.....	1
1471-S2	Second Reading.....	1
	Amendment Offered.....	1
	Third Reading Final Passage.....	1
1480	Second Reading.....	1
1480-S	Second Reading.....	1
	Third Reading Final Passage.....	1

1491	Second Reading.....	1
1491-S2	Second Reading.....	1
	Amendment Offered.....	1
	Third Reading Final Passage.....	1
1496	Second Reading.....	1
1496-S	Second Reading.....	1
	Third Reading Final Passage.....	1
1503	Second Reading.....	1
1503-S	Second Reading.....	1
	Third Reading Final Passage.....	1
1505	Second Reading.....	1
1505-S	Second Reading.....	1
	Third Reading Final Passage.....	1
1513	Other Action.....	1
1514	Other Action.....	1
1531	Second Reading.....	1
	Third Reading Final Passage.....	1
1536	Second Reading.....	1
1536-S	Second Reading.....	1
	Third Reading Final Passage.....	1
1545	Second Reading.....	1
	Third Reading Final Passage.....	1
1546	Other Action.....	1
1559	Second Reading.....	1
1559-S	Second Reading.....	1
	Amendment Offered.....	1
	Third Reading Final Passage.....	1
1561	Second Reading.....	1
	Third Reading Final Passage.....	1
1599	Second Reading.....	1
	Third Reading Final Passage.....	1
1617	Second Reading.....	1
1617-S	Second Reading.....	1
	Third Reading Final Passage.....	1
1618	Other Action.....	1
1620	Other Action.....	1
1627	Second Reading.....	1
	Third Reading Final Passage.....	1
1652	Second Reading.....	1
	Third Reading Final Passage.....	1
1713		

Second Reading.....	1
1713-S	
Second Reading.....	1
Amendment Offered.....	1
Third Reading Final Passage.....	1
1729	
Second Reading.....	1
Amendment Offered.....	1
Third Reading Final Passage.....	1
1732	
Second Reading.....	1
Third Reading Final Passage.....	1
1737	
Second Reading.....	1
1737-S	
Second Reading.....	1
Third Reading Final Passage.....	1
1738	
Second Reading.....	1
1738-S	
Second Reading.....	1
Third Reading Final Passage.....	1
1740	
Second Reading.....	1
1740-S	
Second Reading.....	1
Amendment Offered.....	1
Third Reading Final Passage.....	1
1762	
Second Reading.....	1
1762-S	
Second Reading.....	1
Amendment Offered.....	1
Third Reading Final Passage.....	1
1790	
Other Action.....	1
1800	
Second Reading.....	1
1800-S	
Second Reading.....	1
Third Reading Final Passage.....	1
1804	
Other Action.....	1
1825	
Second Reading.....	1
1825-S2	
Second Reading.....	1
Amendment Offered.....	1
Third Reading Final Passage.....	1
1830	
Other Action.....	1
1850	
Other Action.....	1
1874	
Second Reading.....	1
1874-S	
Second Reading.....	1
Third Reading Final Passage.....	1
1884	
Second Reading.....	1
Third Reading Final Passage.....	1
1890	
Second Reading.....	1
Amendment Offered.....	1
Third Reading Final Passage.....	1
1916	

Second Reading.....	1
1916-S2	
Second Reading.....	1
Third Reading Final Passage.....	1
1918	
Other Action.....	1
1956	
Second Reading.....	1
1956-S	
Second Reading.....	1
Third Reading Final Passage.....	1
1965	
Other Action.....	1
1966	
Second Reading.....	1
1966-S	
Second Reading.....	1
Third Reading Final Passage.....	1
1967	
Second Reading.....	1
1967-S	
Second Reading.....	1
Third Reading Final Passage.....	1
2012	
Second Reading.....	1
2012-S	
Second Reading.....	1
Third Reading Final Passage.....	1
2063	
Other Action.....	1
2074	
Other Action.....	1
2084	
Other Action.....	1
2085	
Second Reading.....	1
2085-S	
Second Reading.....	1
Third Reading Final Passage.....	1
2140	
Second Reading.....	1
Third Reading Final Passage.....	1
2146	
Other Action.....	1
2181	
Second Reading.....	1
Third Reading Final Passage.....	1
2190	
Introduction & 1st Reading.....	1
2191	
Introduction & 1st Reading.....	1
5001	
Introduction & 1st Reading.....	1
5004-S	
Introduction & 1st Reading.....	1
5014	
Messages.....	1
5018-S	
Introduction & 1st Reading.....	1
5020	
Introduction & 1st Reading.....	1
5022-S	
Messages.....	1
5093-S2	
Messages.....	1
5094	

Messages ..... 1  
5113-S  
Messages ..... 1  
5120  
Introduction & 1st Reading ..... 1  
5127-S2  
Introduction & 1st Reading ..... 1  
5133-S  
Introduction & 1st Reading ..... 1  
5138-S  
Introduction & 1st Reading ..... 1  
5142-S2  
Introduction & 1st Reading ..... 1  
5143  
Introduction & 1st Reading ..... 1  
5147-S  
Introduction & 1st Reading ..... 1  
5180  
Introduction & 1st Reading ..... 1  
5205  
Introduction & 1st Reading ..... 1  
5233  
Introduction & 1st Reading ..... 1  
5251  
Introduction & 1st Reading ..... 1  
5276-S  
Introduction & 1st Reading ..... 1  
5280-S  
Introduction & 1st Reading ..... 1  
5295  
Messages ..... 1  
5310  
Introduction & 1st Reading ..... 1  
5317-S  
Introduction & 1st Reading ..... 1  
5330  
Introduction & 1st Reading ..... 1  
5343-S  
Messages ..... 1  
5347-S  
Messages ..... 1  
5403-S2  
Introduction & 1st Reading ..... 1  
5411-S  
Introduction & 1st Reading ..... 1  
5442  
Introduction & 1st Reading ..... 1  
5471  
Messages ..... 1  
5482  
Introduction & 1st Reading ..... 1  
5538-S  
Introduction & 1st Reading ..... 1  
5555  
Introduction & 1st Reading ..... 1  
5564-S2  
Messages ..... 1  
5593-S  
Introduction & 1st Reading ..... 1  
5616  
Introduction & 1st Reading ..... 1  
5620  
Messages ..... 1  
5623-S  
Introduction & 1st Reading ..... 1  
5631-S

Introduction & 1st Reading .....	1
5638	
Introduction & 1st Reading .....	1
5640-S	
Messages .....	1
5662	
Messages .....	1
5670-S	
Introduction & 1st Reading .....	1
5679-S	
Introduction & 1st Reading .....	1
5688-S2	
Messages .....	1
5755-S2	
Introduction & 1st Reading .....	1
5761	
Introduction & 1st Reading .....	1
5777	
Introduction & 1st Reading .....	1
5779	
Introduction & 1st Reading .....	1
5804-S	
Messages .....	1
5810-S	
Introduction & 1st Reading .....	1
5840	
Introduction & 1st Reading .....	1
5851-S2	
Introduction & 1st Reading .....	1
5873	
Messages .....	1
5888-S2	
Introduction & 1st Reading .....	1
5889-S	
Second Reading .....	1
Third Reading Final Passage .....	1
Speaker Signed .....	1
Messages .....	1
5897-S	
Messages .....	1
5914	
Messages .....	1
5933-S	
Introduction & 1st Reading .....	1
5944	
Introduction & 1st Reading .....	1
5959	
Introduction & 1st Reading .....	1
5999-S	
Introduction & 1st Reading .....	1
6044	
Introduction & 1st Reading .....	1
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Statement for the Journal Representative Vick .....	1