FIFTY EIGHTH DAY

House Chamber, Olympia, Tuesday, March 11, 2025

The House was called to order at 10:00 a.m. by the Speaker (Representative Shavers presiding). 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 Lucy Naiman and DJ Presta. The Speaker (Representative Shavers presiding) led the Chamber in the Pledge of Allegiance. The prayer was offered by Pastor Kurt Ingram, Roosevelt Community Church, Bellingham.

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 third order of business.

MESSAGE FROM THE SENATE

Monday, March 10, 2025

Mme. Speaker:

The Senate has passed:

ENGROSSED SUBSTITUTE SENATE BILL NO. 5143
ENGROSSED SECOND SUBSTITUTE SENATE BILL NO. 5217
ENGROSSED SECOND SUBSTITUTE SENATE BILL NO. 5278
ENGROSSED SECOND SUBSTITUTE SENATE BILL NO. 5296

and the same are herewith transmitted.

Sarah Bannister, Secretary

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

INTRODUCTION & FIRST READING

ESSB 5041 by Senate Committee on Labor & Commerce (originally sponsored by Riccelli, Conway, Hasegawa, Saldaña, Salomon, Stanford, Dhingra, Nobles, Trudeau, Valdez, Bateman, Lovelett, Cleveland, Frame, Orwall, Pedersen, Slatter, Wellman and Wilson, C.)

AN ACT Relating to unemployment insurance benefits for striking or lockout workers; amending RCW 50.20.090, 50.20.160, and 50.29.021; adding new sections to chapter 50.20 RCW; creating a new section; providing an effective date; and providing expiration dates.

Referred to Committee on Labor & Workplace Standards.

There being no objection, the bill listed on the day's introduction sheet under the fourth order of business was referred to the committee so designated.

MOTIONS

On motion of Representative Leavitt, Representatives Hackney and Simmons were excused.

On motion of Representative Griffey, Representative Graham was excused.

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

SECOND READING

The House resumed consideration of SECOND SUBSTITUTE HOUSE BILL NO. 1213 on second reading.

Representative Griffey moved the adoption of amendment (713):

On page 14, line 31, after "section" strike "to any" and insert "((~~to any~~)) if:
(i) The employee is a"

On page 14, beginning on line 34, after "employed" strike "if:
(i)" and insert "((~~if~~)) and all of the following apply:
((~~(i)~~)) (A)"

On page 14, at the beginning of line 37, strike "(ii)" and insert "((~~(ii)~~)) (B)"

On page 15, at the beginning of line 1, strike "(iii)" and insert "((~~(iii)~~)) (C)"

On page 15, line 2, after "notice" insert "; or
(ii) The leave is taken during a period in which the employee is enrolled in a training academy, course, or other program necessary for the employee to become qualified for his or her position, and the leave prevents the employee from successful and timely completion of the training academy, course, or other program. An employer may develop a policy regarding rehiring an employee who was denied employment restoration under this subsection pending timely reenrollment in the training academy, course, or other program"

Representatives Griffey and Griffey (again) spoke in favor of the adoption of the amendment.

Representative Berry spoke against the adoption of the amendment.

Amendment (713) was not adopted.

Representative Griffey moved the adoption of amendment (714):

On page 14, line 31, after "section" strike "to any" and insert "((~~to any~~)) if:
(i) The employee is a"

On page 14, beginning on line 34, after "employed" strike "if:
(i)" and insert "((~~if~~)) and all of the following apply:

((~~(i)~~)) (A)"

On page 14, at the beginning of line 37, strike "(ii)" and insert "((~~(ii)~~)) (B)"

On page 15, at the beginning of line 1, strike "(iii)" and insert "((~~(iii)~~)) (C)"

On page 15, line 2, after "notice" insert "; or

(ii) Less than 180 days have passed since the employee completed a training academy, course, or other program necessary for the employee to become qualified for his or her position, or the employee has not completed said training academy, course, or other program"

Representatives Griffey and Griffey (again) spoke in favor of the adoption of the amendment.

Representative Berry spoke against the adoption of the amendment.

Amendment (714) was not adopted.

Representative Marshall moved the adoption of amendment (754):

On page 17, line 19, after "50A.35.010;" strike "or"

On page 17, line 21, after "50A.35.010(7)" insert "; or

(d) The employer has fewer than 50 employees"

Representatives Marshall and Corry spoke in favor of the adoption of the amendment.

Representative Fosse spoke against the adoption of the amendment.

Amendment (754) was not adopted.

Representative Jacobsen moved the adoption of amendment (708):

On page 17, after line 21, insert the following:

"NEW SECTION. **Sec. 12.** A new section is added to chapter 50A.40 RCW to read as follows:

If the department fails to send payments for benefits within the time periods specified in RCW 50A.15.050(1) or payments for grants within the time periods specified in section 9 of this act, the employee or employer may bring a civil action against the department in a court of competent jurisdiction for damages equal to three times actual damages, plus reasonable attorneys' fees and costs. The costs for an award against the department under this section may not be paid from the family and medical leave insurance account."

Renumber the remaining sections consecutively and correct any internal references accordingly.

Representatives Jacobsen, Corry and Walsh spoke in favor of the adoption of the amendment.

Representative Reed spoke against the adoption of the amendment.

Division was demanded and the demand was sustained. The Speaker (Representative Shavers presiding) divided the House. The result was 38 - YEAS; 48 - NAYS.

Amendment (708) was not adopted.

Representative Manjarrez moved the adoption of amendment (709):

On page 17, line 22, after "**12.**" strike "This act takes effect January 1, 2026" and insert "(1) This act takes effect on the later of: January 1, 2026; or 90 days following the date upon which written certification is received from the employment security department under this section.

(2) The employment security department shall submit written certification to the chief clerk of the house of representatives, the secretary of the senate, and the office of the code reviser, when the employment security department has reduced its call wait times for services to an average of fewer than 15 minutes for at least 30 days"

Representatives Manjarrez and Corry spoke in favor of the adoption of the amendment.

Representative Fosse spoke against the adoption of the amendment.

Amendment (709) was not adopted.

Representative Abell moved the adoption of amendment (750):

On page 17, line 22, after "**12.**" strike "This act takes effect January 1, 2026" and insert "(1) This act takes effect on the later of: January 1, 2026; or 90 days following the date upon which written certification is received from the employment security department under this section.

(2) The employment security department shall submit written certification to the chief clerk of the house of representatives, the secretary of the senate, and the office of the code reviser, when the department has eliminated remote work practices and the employees of the department are working at the their assigned department office locations"

Representatives Abell, Corry, Caldier and Walsh spoke in favor of the adoption of the amendment.

Representative Doglio spoke against the adoption of the amendment.

Amendment (750) was not adopted.

Representative Abell moved the adoption of amendment (751):

On page 17, line 22, after "**12.**" strike "This act takes effect January 1, 2026" and insert "(1) This act takes effect on the later of: January 1, 2026; or 90 days following the date upon which written certification is received from the

employment security department under this section.

(2) The employment security department shall submit written certification to the chief clerk of the house of representatives, the secretary of the senate, and the office of the code reviser, when the commissioner determines that the balance in the family and medical leave insurance account is an estimated amount sufficient to pay at least twelve months of benefits for the program under this title"

Representatives Abell and Corry spoke in favor of the adoption of the amendment.

Representative Bronoske spoke against the adoption of the amendment.

Amendment (751) was not adopted.

Representative Corry moved the adoption of amendment (755):

On page 17, beginning on line 3, strike all of section 11

Renumber the remaining sections consecutively and correct any internal references accordingly.

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

Representative Scott spoke against the adoption of the amendment.

Amendment (755) 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 Berry and Doglio spoke in favor of the passage of the bill.

Representatives Schmidt, Walsh, Dufault, Schmick and Corry spoke against the passage of the bill.

The Speaker (Representative Shavers presiding) stated the question before the House to be the final passage of Engrossed Second Substitute House Bill No. 1213.

ROLL CALL

The Clerk called the roll on the final passage of Engrossed Second Substitute House Bill No. 1213, and the bill passed the House by the following vote: Yeas, 55; Nays, 41; Absent, 0; Excused, 2

Voting Yea: Representatives Berg, Bergquist, Bernbaum, Berry, Bronoske, Callan, Cortes, Davis, Doglio, Donaghy, Duerr, Entenman, Farivar, Fey, Fitzgibbon, Fosse, Goodman, Gregerson, Hill, Hunt, Kloba, Leavitt, Lekanoff, Macri, Mena, Morgan, Nance, Obras, Ormsby, Ortiz-Self, Parshley, Paul, Peterson, Pollet, Ramel, Reed, Reeves, Ryu, Salahuddin, Santos, Scott, Shavers, Simmons, Stearns, Stonier, Street, Taylor, Thai, Tharinger, Thomas, Timmons, Walen, Wylie, Zahn and Mme. Speaker

Voting Nay: Representatives Abbarno, Abell, Barkis, Barnard, Burnett, Caldier, Chase, Connors, Corry, Couture, Dent, Dufault, Dye, Engell, Eslick, Griffey, Jacobsen, Keaton, Klicker, Ley, Low, Manjarrez, Marshall, McClintock, McEntire, Mendoza, Orcutt, Penner, Richards, Rude, Rule, Schmick, Schmidt, Springer, Steele, Stokesbary, Stuebe, Volz, Walsh, Waters and Ybarra

Excused: Representatives Graham and Hackney

ENGROSSED SECOND SUBSTITUTE HOUSE BILL NO. 1213, having received the necessary constitutional majority, was declared passed.

HOUSE BILL NO. 1403, by Representatives Taylor, Connors, Duerr, Jacobsen, Peterson, Reed, Barkis, Rule, Doglio, Tharinger, Salahuddin, Ormsby, Ryu, Entenman, Street and Hill

Simplifying condominium construction statutes.

The bill was read the second time.

Representative Taylor moved the adoption of the striking amendment (142):

Strike everything after the enacting clause and insert the following:

"Sec. 1. RCW 64.90.670 and 2019 c 238 s 102 are each amended to read as follows:

(1) A declarant and any dealer warrants to a purchaser of a condominium unit that the unit will be in at least as good condition at the earlier of the time of the conveyance or delivery of possession as it was at the time of contracting, except for reasonable wear and tear and damage by casualty or condemnation.

(2) ((~~A~~))(a) If a condominium unit is part of a common interest community organized under this chapter and created prior to the effective date of this section, a declarant and any dealer impliedly warrants to a purchaser of ((~~a~~))the condominium unit that the unit and the common elements in the condominium are suitable for the ordinary uses of real estate of its type and that any improvements made or contracted for by such declarant or dealer will be:

((~~(a)~~))(i) Free from defective materials;

((~~(b)~~))(ii) Constructed in accordance with engineering and construction standards, including applicable building codes, generally accepted in the state of Washington at the time of construction; and

((~~(c)~~))(iii) Constructed in a workmanlike manner.

(b) If a condominium unit is part of a common interest community created on or after the effective date of this section, a declarant and any dealer impliedly warrants to a purchaser of the condominium unit that the unit and the common elements in the condominium are suitable for the ordinary uses of real estate of its type and that any improvements made or contracted for by such declarant or dealer will be:

(i) Free from defective materials;

(ii) Constructed in accordance with the plans, specifications approved by the applicable jurisdiction for the construction of the condominium, manufacturer installation guidelines, applicable building codes in effect at the time of permit approval, and any published industry standards specifically incorporated into the applicable building codes in effect at the time of permit approval; and

(iii) Constructed in a workmanlike manner. For purposes of this subsection (2)(b)(iii), "workmanlike manner" means the

degree of care that a reasonably prudent contractor licensed in the state of Washington would exercise under the same or similar circumstances.

(3) A declarant and any dealer warrants to a purchaser of a condominium unit that may be used for residential use that an existing use, continuation of which is contemplated by the parties, does not violate applicable law at the earlier of the time of conveyance or delivery of possession.

(4) Warranties imposed under this section may be excluded or modified as specified in RCW 64.90.675.

(5) For purposes of this section, improvements made or contracted for by an affiliate of a declarant are made or contracted for by the declarant.

(6) Any conveyance of a condominium unit transfers to the purchaser all of a declarant's or dealer's implied warranties of quality.

(7)(a) In a proceeding for breach of any of the obligations arising under this section, the purchaser must show that the alleged breach has adversely affected or will adversely affect the performance of that portion of the unit or common elements alleged to be in breach. Nothing in this section limits the ability of a board to bring claims on behalf of two or more unit owners pursuant to RCW 64.90.405(2)(d).

(b) To establish an adverse effect on performance, the purchaser is required to prove that the alleged breach:

(i) Is more than technical;

(ii) Is significant to a reasonable person; and

(iii) Has caused or will cause physical damage to the unit or common elements; has materially impaired the performance of mechanical, electrical, plumbing, elevator, or similar building equipment; or presents an actual, unreasonable safety risk to the occupants of the condominium.

(8) Proof of breach of any obligation arising under this section is not proof of damages. Damages awarded for a breach of a warranty arising under subsection (2) of this section are the reasonable cost of repairs. However, if it is established that the cost of such repairs is clearly disproportionate to the loss in market value caused by the breach, damages are limited to the loss in market value.

Sec. 2. RCW 64.55.005 and 2019 c 238 s 216 are each amended to read as follows:

(1)(a) RCW 64.55.010 through 64.55.090 apply to any multiunit residential building for which the permit for construction or rehabilitative construction of such building was issued on or after August 1, 2005.

(b) RCW 64.55.010 and 64.55.090 apply to conversion condominiums as defined in RCW 64.34.020 or conversion buildings as defined in RCW 64.90.010, provided that RCW 64.55.090 shall not apply to a condominium conversion for which a public offering statement had been delivered pursuant to chapter 64.34 RCW prior to August 1, 2005.

(c) RCW 64.55.010 through 64.55.090 do not apply to an accessory dwelling unit organized pursuant to chapter 64.90 RCW as a condominium unit in a common interest community created on or after the effective date of this section.

(2) RCW 64.55.010 and 64.55.100 through 64.55.160 and 64.34.415 apply to any action that alleges breach of an implied or express warranty under chapter 64.34 RCW or that seeks relief that could be awarded for such breach, regardless of the legal theory pleaded, except that RCW 64.55.100 through 64.55.160 and 64.34.415 shall not apply to:

(a) Actions filed or served prior to August 1, 2005;

(b) Actions for which a notice of claim was served pursuant to chapter 64.50 RCW prior to August 1, 2005;

(c) Actions asserting any claim regarding a building that is not a multiunit residential building;

(d) Actions asserting any claim regarding a multiunit residential building that was permitted on or after August 1, 2005, unless the letter required by RCW 64.55.060 has been submitted to the appropriate building department or the requirements of RCW 64.55.090 have been satisfied.

(3) Other than the requirements imposed by RCW 64.55.010 through 64.55.090, nothing in this chapter amends or modifies the provisions of RCW 64.34.050.

Sec. 3. RCW 64.55.005 and 2024 c 321 s 423 are each amended to read as follows:

(1)(a) RCW 64.55.010 through 64.55.090 apply to any multiunit residential building for which the permit for construction or rehabilitative construction of such building was issued on or after August 1, 2005.

(b) RCW 64.55.010 and 64.55.090 apply to conversion buildings as defined in RCW 64.90.010.

(c) RCW 64.55.010 through 64.55.090 do not apply to an accessory dwelling unit organized pursuant to chapter 64.90 RCW as a condominium unit in a common interest community created on or after the effective date of section 2 of this act.

(2) RCW 64.55.010 and 64.55.100 through 64.55.160 and 64.90.620 apply to any action that alleges breach of an implied or express warranty under chapter 64.90 RCW or that seeks relief that could be awarded for such breach, regardless of the legal theory pleaded, except that RCW 64.55.100 through 64.55.160 and 64.90.620 shall not apply to:

(a) Actions filed or served prior to August 1, 2005;

(b) Actions for which a notice of claim was served pursuant to chapter 64.50 RCW prior to August 1, 2005;

(c) Actions asserting any claim regarding a building that is not a multiunit residential building;

(d) Actions asserting any claim regarding a multiunit residential building that was permitted on or after August 1, 2005, unless the letter required by RCW 64.55.060 has been submitted to the appropriate building department or the requirements of RCW 64.55.090 have been satisfied.

(3) Other than the requirements imposed by RCW 64.55.010 through 64.55.090, nothing in this chapter amends or modifies the provisions of RCW 64.90.025.

Sec. 4. RCW 64.90.675 and 2018 c 277 s 416 are each amended to read as follows:

(1) Except as limited under subsections (2) and (4) of this section with respect to a purchaser of a condominium unit that may be used for residential use, implied warranties of quality under RCW 64.90.670:

(a) May be excluded or modified by written agreement of the parties; and

(b) Are excluded by written expression of disclaimer, such as "as is," "with all faults," or other language that in common understanding calls the buyer's attention to the exclusion of warranties.

(2) With respect to a purchaser of a condominium unit that may be used for residential use, no disclaimer of implied warranties of quality under RCW 64.90.670 is effective, except that a declarant and any dealer may disclaim liability in an instrument for one or more specified defects or failures to comply with applicable law, if:

(a) The declarant or dealer knows or has reason to believe that the specific defects or failures exist at the time of disclosure;

(b) The disclaimer specifically describes the defects or failures;

(c) The disclaimer includes a statement as to the effect of the defects or failures;

(d) The disclaimer is boldfaced, capitalized, underlined, or otherwise set out from surrounding material so as to be conspicuous; and

(e) The disclaimer is signed by the purchaser.

(3) ((~~A~~))Except as provided in subsection (4) of this section, a declarant or dealer may not make an express written warranty of quality that limits the implied warranties of quality made to the purchaser set forth in RCW 64.90.670.

(4)(a) With respect to a unit in a condominium created on or after the effective date of this section, a declarant or dealer is not subject to the implied warranties of quality set forth in RCW 64.90.670 if the declarant or dealer provides for the condominium unit an express warranty of quality and express warranty insurance coverage that meets the requirements in (b) of this subsection, and the condominium unit is:

(i) An accessory dwelling unit organized as a condominium pursuant to this chapter;

(ii) Located in a new building or a condominium conversion containing 12 or fewer units and two or fewer stories; or

(iii) Located in a new building or a condominium conversion containing 12 or fewer units and three or fewer stories, if one story is utilized for parking, either above or below ground, or as a commercial space.

(b) An express warranty of quality and insurance coverage provided under (a) of this subsection must:

(i) Require acknowledgment by the unit purchaser that the express warranty of quality applies;

(ii) Allow for recovery of defects under the express warranty of quality by the unit owner and any subsequent purchaser, and by the unit owners association for common areas;

(iii) Apply to all condominium units and common areas within the building;

(iv) Provide minimum coverage periods as follows:

(A) One year for defective workmanship and materials;

(B) Two years for defective plumbing, electrical, and ductwork distribution systems; and

(C) 10 years for structural defects to load-bearing structural members; and

(v) Provide that the minimum coverage periods for the express warranty begins on:

(A) As to the unit, the latest of:

(I) The date the unit was conveyed to the purchaser to whom the warranty is first made; or

(II) The date any portion of the unit that constitutes a building enclosure as defined in RCW 64.55.010 was completed; and

(B) As to each common element, the latest of:

(I) The date the common element was completed;

(II) The date the common element was added to the condominium; or

(III) The date the first unit in the condominium was conveyed to a bona fide purchaser.

Sec. 5. RCW 64.55.010 and 2024 c 122 s 1 are each amended to read as follows:

Unless the context clearly requires otherwise, the definitions in RCW 64.34.020 and in this section apply throughout this chapter.

(1) "Attached dwelling unit" means any dwelling unit that is attached to another dwelling unit by a wall, floor, or ceiling that separates heated living spaces. A garage is not a heated living space.

(2) "Building enclosure" means that part of any building, above or below grade, that physically separates the outside or exterior environment from interior environments and which weatherproofs, waterproofs, or otherwise protects the building or its components from water or moisture intrusion. Interior environments consist of both heated and unheated enclosed spaces. The building enclosure includes, but is not limited to, that portion of roofs, walls, balcony support columns, decks, windows, doors, vents, and other penetrations through exterior walls, which waterproof, weatherproof, or otherwise protect the building or its components from water or moisture intrusion.

(3) "Building enclosure design documents" means plans, details, and specifications for the building enclosure that have been stamped by a licensed engineer or architect. The building enclosure design documents shall include details and specifications that are appropriate for the building in the professional judgment of the architect or engineer who prepared the same to waterproof, weatherproof, and otherwise protect the building or its components from water or moisture intrusion, including details of flashing, intersections at roof, eaves or parapets, means of drainage, water-resistive membrane, and details around openings.

(4) "Developer" means:

(a) With respect to a condominium or a conversion condominium, the declarant; and

(b) With respect to all other buildings, an individual, group of individuals, partnership, corporation, association, municipal corporation, state agency, or other entity or person that obtains a building permit for the construction or rehabilitative reconstruction of a multiunit residential building. If a permit is obtained by service providers such as architects, contractors, and consultants who obtain permits for others as part of services rendered for a fee, the person for whom the permit is obtained shall be the developer, not the service provider.

(5) "Dwelling unit" has the meaning given to that phrase or similar phrases in the ordinances of the jurisdiction issuing the permit for construction of the building enclosure but if such ordinances do not provide a definition, then "dwelling unit" means a residence containing living, cooking, sleeping, and sanitary facilities.

(6) "Multiunit residential building" means:

(a) A building containing more than two attached dwelling units, including a building containing nonresidential units if the building also contains more than two attached dwelling units, but excluding the following classes of buildings:

(i) Hotels and motels;

(ii) Dormitories;

(iii) Care facilities;

(iv) Floating homes;

(v) A building that contains attached dwelling units that are each located on a single platted lot, except as provided in (b) of this subsection;

(vi) A building in which all of the dwelling units are held under one ownership and is subject to a recorded irrevocable sale prohibition covenant;

(vii) A building with 12 or fewer units that is no more than two stories; and

(viii) A building with 12 or fewer units that is no more than three stories so long as one story is utilized for parking, either above or below ground, or retail space, except if such building is subject to a 2-10 express warranty, as provided in RCW 64.90.675(4), as an alternative to the implied warranty in RCW 64.90.670.

(b) If the developer submits to the appropriate building department when applying for the building permit described in RCW 64.55.020 a statement that the developer elects to treat the improvement for which a permit is sought as a multiunit residential building for all purposes under this chapter, then "multiunit residential building" also means the following buildings for which such election has been made:

(i) A building containing only two attached dwelling units;

(ii) A building that does not contain attached dwelling units; and

(iii) Any building that contains attached dwelling units each of which is located on a single platted lot.

(7) "Party unit owner" means a unit owner who is a named party to an action subject to this chapter and does not include any unit owners whose involvement with the action stems solely from their membership in the association.

(8) "Qualified building inspector" means a person satisfying the requirements of RCW 64.55.040.

(9) "Rehabilitative construction" means construction work on the building enclosure of a multiunit residential building if the cost of such construction work is more than five percent of the assessed value of the building.

(10) "Sale prohibition covenant" means a recorded covenant that prohibits the sale or other disposition of individual dwelling units as or as part of a condominium for five years or more from the date of first occupancy except as otherwise provided in RCW 64.55.090, a certified copy of which the developer shall submit to the appropriate building department; provided such covenant shall not apply to sales or dispositions listed in RCW 64.34.400(2). The covenant must be recorded in the county in which the building is located and must be in substantially the following form:

> This covenant has been recorded in the real property records of . . . . . County, Washington, in satisfaction of the requirements of RCW 64.55.010 through 64.55.090. The undersigned is the owner of the property described on Exhibit A (the "Property"). Until termination of this covenant, no dwelling unit in or on the Property may be sold as a condominium unit except for sales listed in RCW 64.34.400(2).
>
> This covenant terminates on the earlier of either: (a) Compliance with the requirements of RCW 64.55.090, as certified by the owner of the Property in a recorded supplement hereto; or (b) the fifth anniversary of the date of first occupancy of a dwelling unit as certified by the Owner in a recorded supplement hereto.

All title insurance companies and persons acquiring an interest in the Property may rely on the forgoing certifications without further inquiry in issuing any policy of title insurance or in acquiring an interest in the Property.

(11) "Stamped" means bearing the stamp and signature of the responsible licensed architect or engineer on the title page, and on every sheet of the documents, drawings, or specifications, including modifications to the documents, drawings, and specifications that become part of change orders or addenda to alter those documents, drawings, or specifications.

Sec. 6. RCW 64.55.010 and 2024 c 321 s 424 and 2024 c 122 s 1 are each reenacted and amended to read as follows:

Unless the context clearly requires otherwise, the definitions in RCW 64.90.010 and in this section apply throughout this chapter.

(1) "Attached dwelling unit" means any dwelling unit that is attached to another dwelling unit by a wall, floor, or ceiling

that separates heated living spaces. A garage is not a heated living space.

(2) "Building enclosure" means that part of any building, above or below grade, that physically separates the outside or exterior environment from interior environments and which weatherproofs, waterproofs, or otherwise protects the building or its components from water or moisture intrusion. Interior environments consist of both heated and unheated enclosed spaces. The building enclosure includes, but is not limited to, that portion of roofs, walls, balcony support columns, decks, windows, doors, vents, and other penetrations through exterior walls, which waterproof, weatherproof, or otherwise protect the building or its components from water or moisture intrusion.

(3) "Building enclosure design documents" means plans, details, and specifications for the building enclosure that have been stamped by a licensed engineer or architect. The building enclosure design documents shall include details and specifications that are appropriate for the building in the professional judgment of the architect or engineer who prepared the same to waterproof, weatherproof, and otherwise protect the building or its components from water or moisture intrusion, including details of flashing, intersections at roof, eaves or parapets, means of drainage, water-resistive membrane, and details around openings.

(4) "Developer" means:

(a) With respect to a condominium or a conversion condominium, the declarant; and

(b) With respect to all other buildings, an individual, group of individuals, partnership, corporation, association, municipal corporation, state agency, or other entity or person that obtains a building permit for the construction or rehabilitative reconstruction of a multiunit residential building. If a permit is obtained by service providers such as architects, contractors, and consultants who obtain permits for others as part of services rendered for a fee, the person for whom the permit is obtained shall be the developer, not the service provider.

(5) "Dwelling unit" has the meaning given to that phrase or similar phrases in the ordinances of the jurisdiction issuing the permit for construction of the building enclosure but if such ordinances do not provide a definition, then "dwelling unit" means a residence containing living, cooking, sleeping, and sanitary facilities.

(6) "Multiunit residential building" means:

(a) A building containing more than two attached dwelling units, including a building containing nonresidential units if the building also contains more than two attached dwelling units, but excluding the following classes of buildings:

(i) Hotels and motels;

(ii) Dormitories;

(iii) Care facilities;

(iv) Floating homes;

(v) A building that contains attached dwelling units that are each located on a single platted lot, except as provided in (b) of this subsection;

(vi) A building in which all of the dwelling units are held under one ownership and is subject to a recorded irrevocable sale prohibition covenant;

(vii) A building with 12 or fewer units that is no more than two stories; and

(viii) A building with 12 or fewer units that is no more than three stories so long as one story is utilized for parking, either above or below ground, or retail space, except if such building is subject to a 2-10 express warranty, as provided in RCW 64.90.675(4), as an alternative to the implied warranty in RCW 64.90.670.

(b) If the developer submits to the appropriate building department when applying for the building permit described in RCW 64.55.020 a statement that the developer elects to treat the improvement for which a permit is sought as a multiunit residential building for all purposes under this chapter, then "multiunit residential building" also means the following buildings for which such election has been made:

(i) A building containing only two attached dwelling units;

(ii) A building that does not contain attached dwelling units; and

(iii) Any building that contains attached dwelling units each of which is located on a single platted lot.

(7) "Party unit owner" means a unit owner who is a named party to an action subject to this chapter and does not include any unit owners whose involvement with the action stems solely from their membership in the association.

(8) "Qualified building inspector" means a person satisfying the requirements of RCW 64.55.040.

(9) "Rehabilitative construction" means construction work on the building enclosure of a multiunit residential building if the cost of such construction work is more than five percent of the assessed value of the building.

(10) "Sale prohibition covenant" means a recorded covenant that prohibits the sale or other disposition of individual dwelling units as or as part of a condominium for five years or more from the date of first occupancy except as otherwise provided in RCW 64.55.090, a certified copy of which the developer shall submit to the appropriate building department; provided such covenant shall not apply to sales or dispositions listed in RCW 64.90.600(2). The covenant must be recorded in the county in which the building is located and must be in substantially the following form:

> This covenant has been recorded in the real property records of . . . . . County, Washington, in satisfaction of the requirements of RCW 64.55.010 through 64.55.090. The undersigned is the owner of the property described on Exhibit A (the "Property"). Until termination of this covenant, no dwelling unit in or on the Property may be sold as a condominium unit except for sales or dispositions listed in RCW 64.90.600(2).
>
> This covenant terminates on the earlier of either: (a) Compliance with the requirements of RCW 64.55.090, as

certified by the owner of the Property in a recorded supplement hereto; or (b) the fifth anniversary of the date of first occupancy of a dwelling unit as certified by the Owner in a recorded supplement hereto.

All title insurance companies and persons acquiring an interest in the Property may rely on the forgoing certifications without further inquiry in issuing any policy of title insurance or in acquiring an interest in the Property.

(11) "Stamped" means bearing the stamp and signature of the responsible licensed architect or engineer on the title page, and on every sheet of the documents, drawings, or specifications, including modifications to the documents, drawings, and specifications that become part of change orders or addenda to alter those documents, drawings, or specifications.

NEW SECTION. **Sec. 7.** Sections 2 and 5 of this act expire January 1, 2028.

NEW SECTION. **Sec. 8.** Sections 3 and 6 of this act take effect January 1, 2028."

Correct the title.

Representatives Taylor and Walsh spoke in favor of the adoption of the striking amendment.

The striking amendment (142) 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 Taylor, Walsh, Connors, Jacobsen and Eslick spoke in favor of the passage of the bill.

The Speaker (Representative Shavers presiding) stated the question before the House to be the final passage of Engrossed House Bill No. 1403.

ROLL CALL

The Clerk called the roll on the final passage of Engrossed House Bill No. 1403, and the bill passed the House by the following vote: Yeas, 89; Nays, 7; Absent, 0; Excused, 2

Voting Yea: Representatives Abbarno, Abell, Barkis, Barnard, Berg, Bergquist, Bernbaum, Berry, Bronoske, Burnett, Caldier, Callan, Chase, Connors, Corry, Cortes, Couture, Davis, Dent, Doglio, Donaghy, Duerr, Engell, Entenman, Eslick, Farivar, Fey, Fitzgibbon, Fosse, Goodman, Gregerson, Griffey, Hill, Hunt, Jacobsen, Keaton, Klicker, Kloba, Leavitt, Lekanoff, Ley, Low, Macri, Manjarrez, Marshall, McClintock, Mena, Morgan, Nance, Obras, Orcutt, Ormsby, Ortiz-Self, Parshley, Paul, Peterson, Pollet, Ramel, Reed, Reeves, Richards, Rude, Rule, Ryu, Salahuddin, Santos, Schmidt, Scott, Shavers, Simmons, Springer, Stearns, Steele, Stokesbary, Stonier, Street, Stuebe, Taylor, Thai, Tharinger, Thomas, Timmons, Volz, Walen, Waters, Wylie, Ybarra, Zahn and Mme. Speaker

Voting Nay: Representatives Dufault, Dye, McEntire, Mendoza, Penner, Schmick and Walsh

Excused: Representatives Graham and Hackney

ENGROSSED HOUSE BILL NO. 1403, having received the necessary constitutional majority, was declared passed.

HOUSE BILL NO. 1427, by Representatives Davis, Caldier, Obras, Eslick, Lekanoff, Ramel, Ormsby and Santos

Concerning certified peer support specialists.

The bill was read the second time.

There being no objection, Second Substitute House Bill No. 1427 was substituted for House Bill No. 1427 and the second substitute bill was placed on the second reading calendar.

SECOND SUBSTITUTE HOUSE BILL NO. 1427 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 Davis and Eslick spoke in favor of the passage of the bill.

The Speaker (Representative Shavers presiding) stated the question before the House to be the final passage of Second Substitute House Bill No. 1427.

ROLL CALL

The Clerk called the roll on the final passage of Second Substitute House Bill No. 1427, and the bill passed the House by the following vote: Yeas, 85; Nays, 11; Absent, 0; Excused, 2

Voting Yea: Representatives Abbarno, Abell, Barkis, Barnard, Berg, Bergquist, Bernbaum, Berry, Bronoske, Burnett, Caldier, Callan, Chase, Connors, Cortes, Couture, Davis, Dent, Doglio, Donaghy, Duerr, Entenman, Eslick, Farivar, Fey, Fitzgibbon, Fosse, Goodman, Gregerson, Griffey, Hill, Hunt, Keaton, Klicker, Kloba, Leavitt, Lekanoff, Ley, Low, Macri, Marshall, McClintock, Mena, Morgan, Nance, Obras, Ormsby, Ortiz-Self, Parshley, Paul, Penner, Peterson, Pollet, Ramel, Reed, Reeves, Richards, Rude, Rule, Ryu, Salahuddin, Santos, Schmidt, Scott, Shavers, Simmons, Springer, Stearns, Steele, Stokesbary, Stonier, Street, Stuebe, Taylor, Thai, Tharinger, Thomas, Timmons, Volz, Walen, Waters, Wylie, Ybarra, Zahn and Mme. Speaker

Voting Nay: Representatives Corry, Dufault, Dye, Engell, Jacobsen, Manjarrez, McEntire, Mendoza, Orcutt, Schmick and Walsh

Excused: Representatives Graham and Hackney

SECOND SUBSTITUTE HOUSE BILL NO. 1427, having received the necessary constitutional majority, was declared passed.

HOUSE BILL NO. 1935, by Representatives Duerr and Reed

Concerning the definition of project permit and project permit application.

The bill was read the second time.

There being no objection, Substitute House Bill No. 1935 was substituted for House Bill No. 1935 and the substitute bill was placed on the second reading calendar.

SUBSTITUTE HOUSE BILL NO. 1935 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 Duerr and Klicker spoke in favor of the passage of the bill.

The Speaker (Representative Shavers presiding) stated the question before the House to be the final passage of Substitute House Bill No. 1935.

ROLL CALL

The Clerk called the roll on the final passage of Substitute House Bill No. 1935, and the bill passed the House by the following vote: Yeas, 96; Nays, 0; Absent, 0; Excused, 2

Voting Yea: Representatives Abbarno, Abell, Barkis, Barnard, Berg, Bergquist, Bernbaum, Berry, Bronoske, Burnett, Caldier, Callan, Chase, Connors, Corry, Cortes, Couture, Davis, Dent, Doglio, Donaghy, Duerr, Dufault, Dye, Engell, Entenman, Eslick, Farivar, Fey, Fitzgibbon, Fosse, Goodman, Gregerson, Griffey, Hill, Hunt, Jacobsen, Keaton, Klicker, Kloba, Leavitt, Lekanoff, Ley, Low, Macri, Manjarrez, Marshall, McClintock, McEntire, Mena, Mendoza, Morgan, Nance, Obras, Orcutt, Ormsby, Ortiz-Self, Parshley, Paul, Penner, Peterson, Pollet, Ramel, Reed, Reeves, Richards, Rude, Rule, Ryu, Salahuddin, Santos, Schmick, Schmidt, Scott, Shavers, Simmons, Springer, Stearns, Steele, Stokesbary, Stonier, Street, Stuebe, Taylor, Thai, Tharinger, Thomas, Timmons, Volz, Walen, Walsh, Waters, Wylie, Ybarra, Zahn and Mme. Speaker

Excused: Representatives Graham and Hackney

SUBSTITUTE HOUSE BILL NO. 1935, having received the necessary constitutional majority, was declared passed.

HOUSE BILL NO. 1596, by Representatives Leavitt, Goodman, Ryu and Berry

Concerning accountability for persons for speeding.

The bill was read the second time.

There being no objection, Substitute House Bill No. 1596 was substituted for House Bill No. 1596 and the substitute bill was placed on the second reading calendar.

SUBSTITUTE HOUSE BILL NO. 1596 was read the second time.

Representative Orcutt moved the adoption of amendment (167):

On page 2, beginning on line 5, after "at" strike all material through "limit" on line 6 and insert ":

(1) 10 miles per hour or greater in excess of the posted speed limit, if the posted speed limit is 40 miles per hour or less; and

(2) 20 miles per hour or greater in excess of the posted speed limit, if the posted speed limit is greater than 40 miles per hour"

Representatives Orcutt and Leavitt spoke in favor of the adoption of the amendment.

Amendment (167) was adopted.

Representative Leavitt moved the adoption of amendment (585):

On page 5, after line 31, insert the following:

"**Sec. 9.** A new section is added to chapter 46.70 RCW to read as follows:

(1) A manufacturer, distributor, or retailer of a motor vehicle is not liable for any loss, injury, or damages caused by the design, manufacture, installation, improper installation, use, or misuse of an intelligent speed assistance device. However, liability does exist if the manufacturer, distributor or retailer knowingly engages in a repair or update to the intelligent speed assistance device and such repair or update proximately causes loss, injury, or damage.

(2) Nothing in this chapter requires a manufacturer, distributor, or retailer of a motor vehicle to manufacture, distribute, or offer for sale a motor vehicle that includes or is compatible with an intelligent speed assistance device.

(3) Nothing in this chapter prohibits a lessor or lienholder from requiring that a motor vehicle lessee or owner notify the lessor or lienholder that an intelligent speed assistance device has been installed on a motor vehicle that is subject to a lease or finance agreement.

(4) For the purposes of this section, "intelligent speed assistance device" means the same as in section 3 of this act."

Renumber the remaining sections consecutively and correct any internal references accordingly.

With the consent of the House, Representative Leavitt withdrew amendment (585).

Representative Leavitt moved the adoption of amendment (779):

On page 5, after line 31, insert the following:

"**Sec. 9.** A new section is added to chapter 46.70 RCW to read as follows:

(1) A manufacturer, distributor, or retailer of a motor vehicle is not liable for any loss, injury, or damages caused by the design, manufacture, installation, improper installation, use, or misuse of an intelligent speed assistance device. However, liability does exist if the manufacturer, distributor or retailer knowingly engages in a repair or update to the intelligent speed assistance device and such repair or update proximately causes loss, injury, or damage.

(2) Nothing in this chapter requires a manufacturer, distributor, or retailer of a motor vehicle to manufacture, distribute, or offer for sale a motor vehicle that includes or is compatible with an intelligent speed assistance device.

(3) Nothing in this chapter prohibits a lessor or lienholder from requiring that a motor vehicle lessee or owner notify the lessor or lienholder that an intelligent speed assistance device has been installed on a motor vehicle that is subject to a lease or finance agreement."

Renumber the remaining sections consecutively and correct any internal references accordingly.

Representatives Leavitt and Barkis spoke in favor of the adoption of the amendment.

Amendment (779) was adopted.

Representative Leavitt moved the adoption of amendment (101):

On page 12, beginning on line 23, strike all of section 13

Renumber the remaining sections consecutively and correct internal references accordingly.

On page 20, beginning on line 20, strike all of sections 16 through 18 and insert the following:
"NEW SECTION. **Sec. 16.** This act takes effect July 1, 2028."

Representatives Leavitt and Barkis spoke in favor of the adoption of the amendment.

Amendment (101) 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 Leavitt and Griffey spoke in favor of the passage of the bill.

The Speaker (Representative Shavers presiding) stated the question before the House to be the final passage of Engrossed Substitute House Bill No. 1596.

ROLL CALL

The Clerk called the roll on the final passage of Engrossed Substitute House Bill No. 1596, and the bill passed the House by the following vote: Yeas, 84; Nays, 12; Absent, 0; Excused, 2
Voting Yea: Representatives Abbarno, Abell, Barkis, Barnard, Berg, Bergquist, Bernbaum, Berry, Bronoske, Caldier, Callan, Connors, Cortes, Couture, Davis, Doglio, Donaghy, Duerr, Engell, Entenman, Eslick, Farivar, Fey, Fitzgibbon, Fosse, Goodman, Gregerson, Griffey, Hill, Hunt, Jacobsen, Keaton, Klicker, Kloba, Leavitt, Lekanoff, Ley, Low, Macri, Manjarrez, McClintock, Mena, Morgan, Nance, Obras, Orcutt, Ormsby, Ortiz-Self, Parshley, Paul, Penner, Peterson, Pollet, Ramel, Reed, Reeves, Richards, Rude, Rule, Ryu, Salahuddin, Santos, Schmidt, Scott, Shavers, Simmons, Springer, Stearns, Steele, Stokesbary, Stonier, Street, Stuebe, Taylor, Thai, Tharinger, Thomas, Timmons, Walen, Waters, Wylie, Ybarra, Zahn and Mme. Speaker
Voting Nay: Representatives Burnett, Chase, Corry, Dent, Dufault, Dye, Marshall, McEntire, Mendoza, Schmick, Volz and Walsh
Excused: Representatives Graham and Hackney

ENGROSSED SUBSTITUTE HOUSE BILL NO. 1596, having received the necessary constitutional majority, was declared passed.

HOUSE BILL NO. 1709, by Representatives Callan, Steele, Goodman, Reed and Hill

Addressing the care of students with adrenal insufficiency by parent-designated adults.

The bill was read the second time.

There being no objection, Substitute House Bill No. 1709 was substituted for House Bill No. 1709 and the substitute bill was placed on the second reading calendar.

SUBSTITUTE HOUSE BILL NO. 1709 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 Callan and Marshall spoke in favor of the passage of the bill.

The Speaker (Representative Shavers presiding) stated the question before the House to be the final passage of Substitute House Bill No. 1709.

ROLL CALL

The Clerk called the roll on the final passage of Substitute House Bill No. 1709, and the bill passed the House by the following vote: Yeas, 96; Nays, 0; Absent, 0; Excused, 2
Voting Yea: Representatives Abbarno, Abell, Barkis, Barnard, Berg, Bergquist, Bernbaum, Berry, Bronoske, Burnett, Caldier, Callan, Chase, Connors, Corry, Cortes, Couture, Davis, Dent, Doglio, Donaghy, Duerr, Dufault, Dye, Engell, Entenman, Eslick, Farivar, Fey, Fitzgibbon, Fosse, Goodman, Gregerson, Griffey, Hill, Hunt, Jacobsen, Keaton, Klicker, Kloba, Leavitt, Lekanoff, Ley, Low, Macri, Manjarrez, Marshall, McClintock, McEntire, Mena, Mendoza, Morgan, Nance, Obras, Orcutt, Ormsby, Ortiz-Self, Parshley, Paul, Penner, Peterson, Pollet, Ramel, Reed, Reeves, Richards, Rude, Rule, Ryu, Salahuddin, Santos, Schmick, Schmidt, Scott, Shavers, Simmons, Springer, Stearns, Steele, Stokesbary, Stonier, Street, Stuebe, Taylor, Thai, Tharinger, Thomas, Timmons, Volz, Walen, Walsh, Waters, Wylie, Ybarra, Zahn and Mme. Speaker
Excused: Representatives Graham and Hackney

SUBSTITUTE HOUSE BILL NO. 1709, having received the necessary constitutional majority, was declared passed.

HOUSE BILL NO. 1109, by Representatives Ryu, Cortes, Peterson and Volz

Concerning public facilities districts.

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 Ryu and Orcutt spoke in favor of the passage of the bill.

The Speaker (Representative Shavers presiding) stated the question before the House to be the final passage of House Bill No. 1109.

ROLL CALL

The Clerk called the roll on the final passage of House Bill No. 1109, and the bill passed the House by the following vote: Yeas, 95; Nays, 1; Absent, 0; Excused, 2
Voting Yea: Representatives Abbarno, Abell, Barkis, Barnard, Berg, Bergquist, Bernbaum, Berry, Bronoske, Burnett, Caldier, Callan, Chase, Connors, Corry, Cortes, Couture, Davis, Dent, Doglio, Donaghy, Duerr, Dye, Engell, Entenman, Eslick, Farivar, Fey, Fitzgibbon, Fosse, Goodman, Gregerson, Griffey, Hill, Hunt, Jacobsen, Keaton, Klicker, Kloba, Leavitt, Lekanoff, Ley, Low, Macri, Manjarrez, Marshall, McClintock, McEntire, Mena, Mendoza, Morgan, Nance, Obras, Orcutt, Ormsby, Ortiz-Self, Parshley, Paul, Penner, Peterson, Pollet, Ramel, Reed, Reeves, Richards, Rude, Rule, Ryu, Salahuddin, Santos, Schmick, Schmidt, Scott, Shavers, Simmons, Springer, Stearns, Steele, Stokesbary, Stonier, Street, Stuebe, Taylor, Thai, Tharinger, Thomas, Timmons, Volz, Walen, Walsh, Waters, Wylie, Ybarra, Zahn and Mme. Speaker
Voting Nay: Representative Dufault
Excused: Representatives Graham and Hackney

HOUSE BILL NO. 1109, having received the necessary constitutional majority, was declared passed.

HOUSE BILL NO. 1636, by Representatives Volz, Hackney, Walen, McClintock, Chase and Parshley

Eliminating the per transaction limit for wine and spirit sales.

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 Volz and Walen spoke in favor of the passage of the bill.

The Speaker (Representative Shavers presiding) stated the question before the House to be the final passage of House Bill No. 1636.

ROLL CALL

The Clerk called the roll on the final passage of House Bill No. 1636, and the bill passed the House by the following vote: Yeas, 91; Nays, 5; Absent, 0; Excused, 2

Voting Yea: Representatives Abbarno, Abell, Barkis, Barnard, Berg, Bernbaum, Berry, Bronoske, Burnett, Caldier, Callan, Chase, Connors, Corry, Cortes, Couture, Dent, Doglio, Donaghy, Duerr, Dufault, Engell, Entenman, Eslick, Farivar, Fey, Fitzgibbon, Fosse, Goodman, Gregerson, Griffey, Hill, Hunt, Jacobsen, Keaton, Klicker, Kloba, Lekanoff, Ley, Low, Macri, Manjarrez, Marshall, McClintock, McEntire, Mena, Mendoza, Morgan, Nance, Obras, Orcutt, Ormsby, Ortiz-Self, Parshley, Paul, Penner, Peterson, Pollet, Ramel, Reed, Reeves, Richards, Rude, Rule, Salahuddin, Santos, Schmick, Schmidt, Scott, Shavers, Simmons, Springer, Stearns, Steele, Stokesbary, Stonier, Street, Stuebe, Taylor, Thai, Tharinger, Thomas, Timmons, Volz, Walen, Walsh, Waters, Wylie, Ybarra, Zahn and Mme. Speaker

Voting Nay: Representatives Bergquist, Davis, Dye, Leavitt and Ryu

Excused: Representatives Graham and Hackney

HOUSE BILL NO. 1636, having received the necessary constitutional majority, was declared passed.

HOUSE BILL NO. 1842, by Representatives Steele and Barnard

Allowing public utility districts to form, own, or use captive insurers.

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 Steele and Doglio spoke in favor of the passage of the bill.

The Speaker (Representative Shavers presiding) stated the question before the House to be the final passage of House Bill No. 1842.

ROLL CALL

The Clerk called the roll on the final passage of House Bill No. 1842, and the bill passed the House by the following vote: Yeas, 96; Nays, 0; Absent, 0; Excused, 2

Voting Yea: Representatives Abbarno, Abell, Barkis, Barnard, Berg, Bergquist, Bernbaum, Berry, Bronoske, Burnett, Caldier, Callan, Chase, Connors, Corry, Cortes, Couture, Davis, Dent, Doglio, Donaghy, Duerr, Dufault, Dye, Engell, Entenman, Eslick, Farivar, Fey, Fitzgibbon, Fosse, Goodman, Gregerson, Griffey, Hill, Hunt, Jacobsen, Keaton, Klicker, Kloba, Leavitt, Lekanoff, Ley, Low, Macri, Manjarrez, Marshall, McClintock, McEntire, Mena, Mendoza, Morgan, Nance, Obras, Orcutt, Ormsby, Ortiz-Self, Parshley, Paul, Penner, Peterson, Pollet, Ramel, Reed, Reeves, Richards, Rude, Rule, Ryu, Salahuddin, Santos, Schmick, Schmidt, Scott, Shavers, Simmons, Springer, Stearns, Steele, Stokesbary, Stonier, Street, Stuebe, Taylor, Thai, Tharinger, Thomas, Timmons, Volz, Walen, Walsh, Waters, Wylie, Ybarra, Zahn and Mme. Speaker

Excused: Representatives Graham and Hackney

HOUSE BILL NO. 1842, having received the necessary constitutional majority, was declared passed.

HOUSE BILL NO. 1210, by Representatives Barnard and Springer

Concerning targeted urban area tax preferences.

The bill was read the second time.

There being no objection, Substitute House Bill No. 1210 was substituted for House Bill No. 1210 and the substitute bill was placed on the second reading calendar.

SUBSTITUTE HOUSE BILL NO. 1210 was read the second time.

With the consent of the House, amendment (073) was withdrawn.

Representative Barnard moved the adoption of the striking amendment (587):

Strike everything after the enacting clause and insert the following:

"NEW SECTION. **Sec. 1.** It is the intent of the legislature to ensure that clean energy manufacturers have equal access to the existing targeted urban area tax preferences under chapter 84.25 RCW. Washington state has a long-standing commitment to world-class clean energy production and to the creation of family wage jobs in the clean energy sector. Therefore, the legislature intends to allow cities using the targeted urban area tax preferences to extend additional time to clean energy manufacturers in an effort to grow Washington's economy and implement the legislature's carbon-free energy objectives.

Sec. 2. RCW 84.25.110 and 2015 1st sp.s. c 9 s 11 are each amended to read as follows:

(1) Upon completion of the new construction of ((~~a manufacturing/industrial [industrial/manufacturing]~~))an industrial/manufacturing facility for which an application for an exemption under this chapter has been approved and issued a certificate of occupancy, the owner must file with the city the following:

(a)(i) A description of the work that has been completed and a statement that the new construction on the owner's property qualify the property for a partial exemption under this chapter;

(ii) If the project is a nuclear facility requiring certification by the United States nuclear regulatory commission, in addition to the requirements in (a)(i) of this subsection, the description and statement must include:

(A) Verification that all requirements of RCW 84.25.080 and commitments made by the

applicant for prioritization in the application approval process have been met; and

(B) A copy of the executed community workforce agreement or project labor agreement used for the construction of the project;

(b) ((~~A~~))(i) For projects not conducted by a nuclear facility requiring certification by the United States nuclear regulatory commission, a statement of the new family living wage jobs to be offered as a result of the new construction of ((~~manufacturing/industrial [industrial/manufacturing]~~))industrial/manufacturing facilities; ((~~and~~))

(ii) If the project is a nuclear facility requiring certification by the United States nuclear regulatory commission, a statement of the postconstruction new prevailing or family living wage jobs to be offered as a result of the new construction of industrial/manufacturing facilities; and

(c) A statement that the work has been completed within three years of the issuance of the conditional certificate of tax exemption.

(2)(a) Within ((~~thirty~~))30 days after receipt of the statements required under subsection (1) of this section, the city must determine whether the work completed and the jobs to be offered are consistent with the application and the contract approved by the city and whether the application is qualified for a tax exemption under this chapter.

(b) In addition to the requirements in (a) of this subsection, if the project is a nuclear facility requiring certification by the United States nuclear regulatory commission, the city must:

(i) Determine whether the labor standard requirements are consistent with the application and the contract approved by the city; and

(ii) Consult with the department of labor and industries to confirm the portion of the following information available to the department that:

(A) All entities procured from or contracted with during the construction of the facility have a history of complying with federal and state wage and hour laws and regulations;

(B) Workers were paid at least a rate consistent with the state prevailing rate of wage during the construction of the project; and

(C) State-registered apprentices were employed on the construction project.

(3) If the criteria of this chapter have been satisfied and the owner's property is qualified for a tax exemption under this chapter, the city must file the certificate of tax exemption with the county assessor within ((~~ten~~))30 days of the expiration of the ((~~thirty~~))30-day period provided under subsection (2) of this section.

(4) The city must notify the applicant that a certificate of tax exemption is denied if the city determines that:

(a) The work was not completed within three years of the application date;

(b) The work was not constructed consistent with the application or other applicable requirements;

(c) The jobs to be offered or the labor standard requirements if the project is a nuclear facility requiring certification by the United States nuclear regulatory commission are not consistent with the application and criteria of this chapter; or

(d) The owner's property is otherwise not qualified for an exemption under this chapter.

(5) If the city finds that the work was not completed within the required time period due to circumstances beyond the control of the owner and that the owner has been acting and could reasonably be expected to act in good faith and with due diligence, the governing authority or the city official authorized by the governing authority may extend the deadline for completion of the work for a period not to exceed ((~~twenty-four~~))24 consecutive months. If the project is a nuclear facility requiring certification by the United States nuclear regulatory commission, up to two additional 24 consecutive month extensions may be granted.

(6) The city's governing authority may enact an ordinance to provide a process for an owner to appeal a decision by the city that the owner is not entitled to a certificate of tax exemption to the city. The owner may appeal a decision by the city to deny a certificate of tax exemption in superior court under RCW 34.05.510 through 34.05.598, if the appeal is filed within ((~~thirty~~))30 days of notification by the city to the owner of the exemption denial.

NEW SECTION. **Sec. 3.** RCW 82.32.805 and 82.32.808 do not apply to this act."

Correct the title.

Representatives Barnard and Berg spoke in favor of the adoption of the striking amendment.

The striking amendment (587) 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 Barnard and Berg spoke in favor of the passage of the bill.

The Speaker (Representative Shavers presiding) stated the question before the House to be the final passage of Engrossed Substitute House Bill No. 1210.

ROLL CALL

The Clerk called the roll on the final passage of Engrossed Substitute House Bill No. 1210, and the bill passed the House by the following vote: Yeas, 81; Nays, 15; Absent, 0; Excused, 2

Voting Yea: Representatives Abbarno, Abell, Barkis, Barnard, Berg, Bergquist, Bernbaum, Berry, Bronoske, Burnett, Caldier, Callan, Chase, Connors, Cortes, Davis, Dent, Doglio, Donaghy, Duerr, Dye, Entenman, Eslick, Farivar, Fey, Fitzgibbon, Fosse, Goodman, Gregerson, Hill, Hunt, Keaton, Klicker, Leavitt, Lekanoff, Ley, Low, Macri, Manjarrez, Marshall, McClintock, Mena, Morgan, Nance, Obras, Orcutt, Ormsby, Ortiz-Self, Parshley, Paul, Penner, Peterson, Ramel, Reed, Reeves, Richards, Rude, Rule, Ryu, Salahuddin, Santos, Shavers, Simmons, Springer, Stearns, Steele, Stokesbary, Stonier, Street, Stuebe, Taylor, Thai,

Tharinger, Thomas, Timmons, Walen, Waters, Wylie, Ybarra, Zahn and Mme. Speaker

Voting Nay: Representatives Corry, Couture, Dufault, Engell, Griffey, Jacobsen, Kloba, McEntire, Mendoza, Pollet, Schmick, Schmidt, Scott, Volz and Walsh

Excused: Representatives Graham and Hackney

ENGROSSED SUBSTITUTE HOUSE BILL NO. 1210, having received the necessary constitutional majority, was declared passed.

HOUSE BILL NO. 2015, by Representatives Entenman, Reeves, Berg, Morgan, Santos, Pollet, Donaghy, Doglio, Salahuddin, Chase, Obras, Parshley, Walen, Stearns and Thai

Improving public safety funding by providing resources to local governments and state and local criminal justice agencies, and authorizing a local option tax.

The bill was read the second time.

There being no objection, Substitute House Bill No. 2015 was substituted for House Bill No. 2015 and the substitute bill was placed on the second reading calendar.

SUBSTITUTE HOUSE BILL NO. 2015 was read the second time.

With the consent of the House, amendments (306), (314), (336), (338), (345), (312), (313) and (616) were withdrawn.

Representative Entenman moved the adoption of the striking amendment (429):

Strike everything after the enacting clause and insert the following:

"NEW SECTION. **Sec. 1.** A new section is added to chapter 82.14 RCW to read as follows:

(1) The supplemental criminal justice account is created in the state treasury.

(2) At the beginning of each quarter, the state treasurer must distribute the funds appropriated to the account to qualified cities and counties based on the following per capita formula:

(a) The amount appropriated into the account in the biennial budget for the 2025-2027 fiscal biennium divided by six;

(b) The amount in (a) of this subsection divided by the total population of all qualified cities and counties for the quarter combined; and

(c) The per person amount calculated in (b) of this subsection by the population of each qualified city or county.

(3) For the purposes of this section, "qualified city or county" means a city or county that imposes the tax in section 3 of this act and is approved for a grant in section 2 of this act. The criminal justice training commission must transmit a list of cities and counties approved for grants to the state treasurer at least four weeks before the end of a quarter.

NEW SECTION. **Sec. 2.** A new section is added to chapter 43.101 RCW to read as follows:

(1) Subject to the availability of amounts appropriated for this specific purpose, the commission shall develop and implement a local law enforcement grant program for the purpose of providing direct support to local and tribal law enforcement agencies in hiring, retaining, and training law enforcement officers to increase community policing and public safety. Under this section, the commission shall:

(a) Establish procedures and policies for submitting the grant applications and publish them on the commission's website;

(b) Publish the criteria for evaluating and selecting grant recipients described in subsection (2) of this section on the commission's website;

(c) Create a grant application form that local and tribal law enforcement agencies must use to apply for grant funding; and

(d) Require reports from grant recipients that must include, but is not limited to, how the funding impacts retention rates and improved vacancy rates, and the percent of officer compliance with the commission's 40-hour crisis intervention team training and trauma-informed training approved by the commission.

(2) The grants under the local law enforcement grant program must be awarded to local and tribal law enforcement agencies based on their submittals to the commission. To qualify for a grant pursuant to this section, a law enforcement agency must have:

(a) Issued and implemented policies and practices consistent with RCW 43.17.425 and 10.93.160, and the office of the attorney general's keep Washington working act guide, model policies, and training recommendations for state and local law enforcement agencies;

(b) Participated in commission training as required by RCW 43.101.455 and 36.28A.445;

(c) Issued and implemented procedures and policies regarding use of force and de-escalation tactics consistent with RCW 10.120.030 and the office of the attorney general's model policies, and all other commission and attorney general model policies for law enforcement including, but not limited to, duty to intervene and canine;

(d) Implemented use of force data collection and reporting consistent with chapters 10.118 and 10.120 RCW;

(e) Issued and implemented policies and practices consistent with chapters 7.105, 9.41, and 10.99 RCW and the commission model policies and training addressing firearm relinquishment pursuant to court orders and domestic violence 911 response;

(f) A 25 percent officer compliance rate with the commission's 40-hour crisis intervention team training;

(g) A 100 percent officer compliance rate for those officers required to complete trauma-informed, gender-based violence interviewing, investigation, response, and case review training developed or approved by the commission pursuant to RCW 43.101.272, 43.101.278, and 43.101.428, and if requested by the commission, participated in agency case reviews;

(h) Adopted a flexible work policy pursuant to chapter 49.28 RCW;

(i) Disclosed the number of vacancies at the applying agency as of the time of application; and

(j) Primary funding from a jurisdiction that has authorized the imposition of the

sales and use tax authorized in section 3 of this act before the awarding of the grant.

(3) Grant funding awarded to local and tribal law enforcement agencies may only be used for the purposes of:

(a) Recruiting and funding new law enforcement officers from the community in which the officer will be working;

(b) Funding use of force, de-escalation, crisis intervention, and trauma-informed trainings for newly hired officers to remain in compliance with the commission's required trainings; and

(c) Funding broader law enforcement and public safety efforts including, but not limited to, emergency management planning, environmental hazard mitigations, security personnel, community outreach and assistance programs, and mental health crisis response.

(4) If the commission receives and sustains a report that the law enforcement agency is no longer abiding by or implementing the policies required to receive the grant established in this section, the law enforcement agency must repay any moneys received pursuant to this section.

NEW SECTION. **Sec. 3.** A new section is added to chapter 82.14 RCW to read as follows:

(1) By December 31, 2027, the legislative authority of any city or county may fix and impose a sales and use tax in accordance with the terms of this chapter. The tax authorized in this section is in addition to any other taxes authorized by law and must be collected from those persons who are taxable by the state pursuant to chapters 82.08 and 82.12 RCW upon the occurrence of any taxable event within such county.

(2) The rate of tax equals 0.1 percent of the selling price, in the case of a sales tax, or value of the article used, in the case of a use tax.

(3) Moneys received from the tax imposed under this section must be expended for criminal justice purposes.

(4) For purposes of this section, "criminal justice purposes" means activities that substantially assist the criminal justice system, which may include circumstances where ancillary benefit to the civil justice system occurs, and which includes:

(a) Domestic violence services, such as those provided by domestic violence programs, community advocates, and legal advocates, as those terms are defined in RCW 70.123.020;

(b) Staffing adequate public defenders to provide appropriate defense for individuals;

(c) Diversion programs;

(d) Reentry work for inmates;

(e) Local government programs that have a reasonable relationship to reducing the numbers of people interacting with the criminal justice system including, but not limited to, reducing homelessness or improving behavioral health; and

(f) Community placements for juvenile offenders.

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, 2025, in the omnibus appropriations act, this act is null and void."

Correct the title.

Representative Hill moved the adoption of amendment (520) to the striking amendment (429):

On page 3, line 7, after "tax" insert "pursuant to RCW 82.14.340 or 82.14.450, or"

On page 3, line 27, after "of" strike "any" and insert "a qualified"

On page 3, line 29, after "chapter." insert "A qualified city or county is a city or county where the voters have not repealed by referendum a tax imposed pursuant to RCW 82.14.340 or rejected a ballot proposition to impose a tax pursuant to RCW 82.14.450 in the previous two calendar years."

On page 3, line 36, after "tax." insert "The tax may only be imposed and collected if the city or county receives a grant pursuant to section 2 of this act."

Representatives Hill and Orcutt spoke in favor of the adoption of the amendment to the striking amendment.

Amendment (520) to the striking amendment (429) was adopted.

Representative Orcutt moved the adoption of amendment (637) to the striking amendment (429):

On page 3, line 8 of the striking amendment, after "grant." insert "However, a law enforcement agency that receives its primary funding from a city with a population of less than 200,000 persons does not have to impose the tax authorized in section 3 of this act."

Representatives Orcutt and Penner spoke in favor of the adoption of the amendment to the striking amendment.

Representative Berg spoke against the adoption of the amendment to the striking amendment.

Amendment (637) to the striking amendment (429) was not adopted.

Representative Orcutt moved the adoption of amendment (706) to the striking amendment (429):

On page 3, line 8 of the striking amendment, after "grant." insert "However, a law enforcement agency that receives its primary funding from a county with a population of less than 200,000 persons does not have to impose the tax in section 3 of this act."

Representatives Orcutt and Penner spoke in favor of the adoption of the amendment to the striking amendment.

Representative Berg spoke against the adoption of the amendment to the striking amendment.

Amendment (706) to the striking amendment (429) was not adopted.

Representative Orcutt moved the adoption of amendment (517) to the striking amendment (429):

On page 3, line 28, after "may" insert "submit an authorizing proposition to the city or county voters, and if the proposition is approved by a majority of persons voting, may"

Representatives Orcutt, Mendoza, Penner, Couture, Engell, Caldier, Mendoza (again), Walsh, Penner (again) and Manjarrez spoke in favor of the adoption of the amendment to the striking amendment.

Representative Berg spoke against the adoption of the amendment to the striking amendment.

An electronic roll call was requested.

ROLL CALL

The Clerk called the roll on the adoption of amendment (517) to the striking amendment (429) and the amendment was not adopted by the following vote: Yeas, 43; Nays, 53; Absent, 0; Excused, 2

Voting Yea: Representatives Abbarno, Abell, Barkis, Barnard, Burnett, Caldier, Chase, Connors, Corry, Couture, Dent, Dufault, Dye, Engell, Eslick, Griffey, Jacobsen, Keaton, Klicker, Ley, Low, Manjarrez, Marshall, McClintock, McEntire, Mendoza, Orcutt, Paul, Penner, Richards, Rude, Rule, Schmick, Schmidt, Shavers, Steele, Stokesbary, Stuebe, Timmons, Volz, Walsh, Waters and Ybarra

Voting Nay: Representatives Berg, Bergquist, Bernbaum, Berry, Bronoske, Callan, Cortes, Davis, Doglio, Donaghy, Duerr, Entenman, Farivar, Fey, Fitzgibbon, Fosse, Goodman, Gregerson, Hill, Hunt, Kloba, Leavitt, Lekanoff, Macri, Mena, Morgan, Nance, Obras, Ormsby, Ortiz-Self, Parshley, Peterson, Pollet, Ramel, Reed, Reeves, Ryu, Salahuddin, Santos, Scott, Simmons, Springer, Stearns, Stonier, Street, Taylor, Thai, Tharinger, Thomas, Walen, Wylie, Zahn and Mme. Speaker

Excused: Representatives Graham and Hackney

Amendment (517) to the striking amendment (429) was not adopted.

Representative Jacobsen moved the adoption of amendment (471) to the striking amendment (429):

On page 3, line 36, after "tax." insert "The tax authorized in this section is a credit against the state tax under chapters 82.08 and 82.12 RCW."

Representatives Jacobsen, Orcutt, Keaton, Couture and Penner spoke in favor of the adoption of the amendment to the striking amendment.

Representative Berg spoke against the adoption of the amendment to the striking amendment.

Amendment (471) to the striking amendment (429) was not adopted.

Representative Abell moved the adoption of amendment (558) to the striking amendment (429):

On page 3, beginning on line 37, after "(3)" strike all material through "purposes." on line 38 and insert "(a) Subject to (b) of this subsection, all money received under this section must be used solely for employing additional commissioned law enforcement officers.

(b) If the commissioned rate per 1,000 population for the state is not last in the nation, a city or county may use money received under this section in the current calendar year for criminal justice purposes. To determine the state commissioned rate per 1,000 population:

(i) Law enforcement employment data and jurisdictional population data provided to the federal uniform crime program operated by the criminal justice information services division of the federal bureau of investigation, as of October of the prior calendar year, must be used; and

(ii) The total full-time commissioned law enforcement officers of the state must be divided by the population and multiplied by 1,000."

Representatives Abell, Couture, Orcutt and Walsh spoke in favor of the adoption of the amendment to the striking amendment.

Representative Entenman spoke against the adoption of the amendment to the striking amendment.

An electronic roll call was requested.

ROLL CALL

The Clerk called the roll on the adoption of amendment (558) to the striking amendment (429) and the amendment was not adopted by the following vote: Yeas, 43; Nays, 53; Absent, 0; Excused, 2

Voting Yea: Representatives Abbarno, Abell, Barkis, Barnard, Burnett, Caldier, Chase, Connors, Corry, Couture, Dent, Dufault, Dye, Engell, Eslick, Griffey, Jacobsen, Keaton, Klicker, Ley, Low, Manjarrez, Marshall, McClintock, McEntire, Mendoza, Orcutt, Paul, Penner, Richards, Rude, Rule, Schmick, Schmidt, Shavers, Steele, Stokesbary, Stuebe, Timmons, Volz, Walsh, Waters and Ybarra

Voting Nay: Representatives Berg, Bergquist, Bernbaum, Berry, Bronoske, Callan, Cortes, Davis, Doglio, Donaghy, Duerr, Entenman, Farivar, Fey, Fitzgibbon, Fosse, Goodman, Gregerson, Hill, Hunt, Kloba, Leavitt, Lekanoff, Macri, Mena, Morgan, Nance, Obras, Ormsby, Ortiz-Self, Parshley, Peterson, Pollet, Ramel, Reed, Reeves, Ryu, Salahuddin, Santos, Scott, Simmons, Springer, Stearns, Stonier, Street, Taylor, Thai, Tharinger, Thomas, Walen, Wylie, Zahn and Mme. Speaker

Excused: Representatives Graham and Hackney

Amendment (558) to the striking amendment (429) was not adopted.

Representative Orcutt moved the adoption of amendment (516) to the striking amendment (429):

On page 3, line 38, after "purposes." insert "These funds may not be used to replace or supplant existing funding."

Representative Orcutt spoke in favor of the adoption of the amendment to the striking amendment.

Representative Berg spoke against the adoption of the amendment to the striking amendment.

Amendment (516) to the striking amendment (429) was not adopted.

Representative Couture moved the adoption of amendment (547) to the striking amendment (429):

On page 4, beginning on line 17, strike all of section 4 and insert the following:

"NEW SECTION. **Sec. 4.** (1) The sum of $50,000,000, or as much thereof may be necessary, is appropriated for the fiscal

year ending June 30, 2027, from the general fund to the criminal justice training commission for the purposes of section 2 of this act.

(2) The sum of $50,000,000, or as much thereof may be necessary, is appropriated for the fiscal year ending June 30, 2027, from the general fund to the supplemental criminal justice account created in section 1 of this act for the purposes of section 1(2) of this act."

Representatives Couture, Marshall, Couture (again), Orcutt and Penner spoke in favor of the adoption of the amendment to the striking amendment.

Representative Entenman spoke against the adoption of the amendment to the striking amendment.

An electronic roll call was requested.

ROLL CALL

The Clerk called the roll on the adoption of amendment (547) to the striking amendment (429) and the amendment was not adopted by the following vote: Yeas, 41; Nays, 55; Absent, 0; Excused, 2

Voting Yea: Representatives Abbarno, Abell, Barkis, Barnard, Burnett, Caldier, Chase, Connors, Corry, Couture, Dent, Dufault, Dye, Engell, Eslick, Griffey, Jacobsen, Keaton, Klicker, Ley, Low, Manjarrez, Marshall, McClintock, McEntire, Mendoza, Orcutt, Paul, Penner, Rude, Rule, Schmick, Schmidt, Shavers, Steele, Stokesbary, Stuebe, Volz, Walsh, Waters and Ybarra

Voting Nay: Representatives Berg, Bergquist, Bernbaum, Berry, Bronoske, Callan, Cortes, Davis, Doglio, Donaghy, Duerr, Entenman, Farivar, Fey, Fitzgibbon, Fosse, Goodman, Gregerson, Hill, Hunt, Kloba, Leavitt, Lekanoff, Macri, Mena, Morgan, Nance, Obras, Ormsby, Ortiz-Self, Parshley, Peterson, Pollet, Ramel, Reed, Reeves, Richards, Ryu, Salahuddin, Santos, Scott, Simmons, Springer, Stearns, Stonier, Street, Taylor, Thai, Tharinger, Thomas, Timmons, Walen, Wylie, Zahn and Mme. Speaker

Excused: Representatives Graham and Hackney

Amendment (547) to the striking amendment (429) was not adopted.

Representative Reed moved the adoption of amendment (615) to the striking amendment (429):

On page 1, beginning on line 18 of the striking amendment, after "that" strike "imposes the tax in section 3 of this act and"

Representatives Reed, Orcutt and Stuebe spoke in favor of the adoption of the amendment to the striking amendment.

Amendment (615) to the striking amendment (429) was adopted.

Representative Entenman spoke in favor of the adoption of the striking amendment as amended.

Representative Orcutt spoke against the adoption of the striking amendment as amended.

Division was demanded and the demand was sustained. The Speaker (Representative Shavers presiding) divided the House. The result was 53 - YEAS; 39 - NAYS.

The striking amendment (429), 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.

Representative Entenman spoke in favor of the passage of the bill.

Representatives Orcutt, Marshall, Jacobsen, Abell and Dufault spoke against the passage of the bill.

The Speaker (Representative Shavers presiding) stated the question before the House to be the final passage of Engrossed Substitute House Bill No. 2015.

ROLL CALL

The Clerk called the roll on the final passage of Engrossed Substitute House Bill No. 2015, and the bill passed the House by the following vote: Yeas, 54; Nays, 42; Absent, 0; Excused, 2

Voting Yea: Representatives Berg, Bergquist, Bernbaum, Berry, Bronoske, Callan, Chase, Cortes, Davis, Doglio, Donaghy, Duerr, Entenman, Fey, Fitzgibbon, Fosse, Goodman, Gregerson, Hill, Hunt, Kloba, Leavitt, Lekanoff, Macri, Mena, Morgan, Nance, Obras, Ormsby, Ortiz-Self, Parshley, Paul, Peterson, Pollet, Ramel, Reed, Reeves, Ryu, Salahuddin, Santos, Scott, Simmons, Springer, Stearns, Stonier, Street, Taylor, Thai, Tharinger, Thomas, Walen, Wylie, Zahn and Mme. Speaker

Voting Nay: Representatives Abbarno, Abell, Barkis, Barnard, Burnett, Caldier, Connors, Corry, Couture, Dent, Dufault, Dye, Engell, Eslick, Farivar, Griffey, Jacobsen, Keaton, Klicker, Ley, Low, Manjarrez, Marshall, McClintock, McEntire, Mendoza, Orcutt, Penner, Richards, Rude, Rule, Schmick, Schmidt, Shavers, Steele, Stokesbary, Stuebe, Timmons, Volz, Walsh, Waters and Ybarra

Excused: Representatives Graham and Hackney

ENGROSSED SUBSTITUTE HOUSE BILL NO. 2015, having received the necessary constitutional majority, was declared passed.

The Speaker assumed the chair.

SECOND READING

HOUSE BILL NO. 1541, by Representatives Abell, Donaghy, Morgan, Kloba, Shavers, Zahn, Hill and Simmons

Concerning the veterans affairs advisory committee.

The bill was read the second time.

There being no objection, Substitute House Bill No. 1541 was substituted for House Bill No. 1541 and the substitute bill was placed on the second reading calendar.

SUBSTITUTE HOUSE BILL NO. 1541 was read the second time.

With the consent of the House, amendment (711) was withdrawn.

Representative Ryu moved the adoption of amendment (583):

On page 2, line 18, after "director" insert ", and in making the appointments, the governor shall consider these recommendations or request additional nominations"

On page 2, line 29, after "guard;" insert "and"

On page 2, beginning on line 30, after "(iv)" strike all material through "(v)" on line 31

Representatives Ryu and Keaton spoke in favor of the adoption of the amendment.

Amendment (583) 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 Abell and Ryu spoke in favor of the passage of the bill.

The Speaker stated the question before the House to be the final passage of Engrossed Substitute House Bill No. 1541.

ROLL CALL

The Clerk called the roll on the final passage of Engrossed Substitute House Bill No. 1541, and the bill passed the House by the following vote: Yeas, 96; Nays, 0; Absent, 0; Excused, 2

Voting Yea: Representatives Abbarno, Abell, Barkis, Barnard, Berg, Bergquist, Bernbaum, Berry, Bronoske, Burnett, Caldier, Callan, Chase, Connors, Corry, Cortes, Couture, Davis, Dent, Doglio, Donaghy, Duerr, Dufault, Dye, Engell, Entenman, Eslick, Farivar, Fey, Fitzgibbon, Fosse, Goodman, Gregerson, Griffey, Hill, Hunt, Jacobsen, Keaton, Klicker, Kloba, Leavitt, Lekanoff, Ley, Low, Macri, Manjarrez, Marshall, McClintock, McEntire, Mena, Mendoza, Morgan, Nance, Obras, Orcutt, Ormsby, Ortiz-Self, Parshley, Paul, Penner, Peterson, Pollet, Ramel, Reed, Reeves, Richards, Rude, Rule, Ryu, Salahuddin, Santos, Schmick, Schmidt, Scott, Shavers, Simmons, Springer, Stearns, Steele, Stokesbary, Stonier, Street, Stuebe, Taylor, Thai, Tharinger, Thomas, Timmons, Volz, Walen, Walsh, Waters, Wylie, Ybarra, Zahn and Mme. Speaker

Excused: Representatives Graham and Hackney

ENGROSSED SUBSTITUTE HOUSE BILL NO. 1541, having received the necessary constitutional majority, was declared passed.

POINT OF PERSONAL PRIVILEGE

Representative Engell congratulated Representative Abell on the passage of his first bill through the House and asked the Chamber to acknowledge his accomplishment.

The Speaker called upon Representative Shavers to preside.

SECOND READING

HOUSE BILL NO. 1402, by Representatives Scott, Farivar, Davis, Berry, Thai, Fitzgibbon, Mena, Duerr, Parshley, Taylor, Reed, Gregerson, Doglio, Springer, Fosse, Pollet, Ryu, Street, Hill and Macri

Concerning job postings requiring driver's licenses.

The bill was read the second time.

There being no objection, Substitute House Bill No. 1402 was substituted for House Bill No. 1402 and the substitute bill was placed on the second reading calendar.

SUBSTITUTE HOUSE BILL NO. 1402 was read the second time.

Representative Schmidt moved the adoption of amendment (190):

On page 1, beginning on line 15, after "(3)" strike all material through "fees" on line 19 and insert "(a) The director must investigate complaints regarding compliance with this section and any related rules adopted under this chapter. The director may require the testimony of witnesses and production of documents as part of an investigation.

(b) If the director determines a violation occurred, the director may issue a citation and notice of assessment and order the employer to pay to the complainant actual damages; statutory damages equal to the actual damages or $5,000, whichever is greater; interest of one percent per month on all compensation owed; payment to the department of the costs of investigation and enforcement; and any other appropriate relief.

(c) In addition to the citation and notice of assessment, the director may order payment to the department of a civil penalty.

(i) For a first violation, the civil penalty may not exceed $500.

(ii) For a repeat violation, the civil penalty may not exceed $1,000 or 10 percent of the damages, whichever is greater.

(d) If the investigation finds that the complainant's allegation cannot be substantiated, the department shall issue a closure letter to the complainant and the employer detailing such finding.

(4) An appeal from the director's determination may be taken in accordance with chapter 34.05 RCW. An employee who prevails is entitled to costs and reasonable attorneys' fees.

(5) The department must deposit civil penalties paid under this section in the supplemental pension fund established under RCW 51.44.033.

(6) Any wages and interest owed must be calculated from four years from the last violation before the complaint.

(7) For purposes of this section, "director" means the director of the department of labor and industries, or the director's designated representative"

Representatives Schmidt, Jacobsen and Caldier spoke in favor of the adoption of the amendment.

Representative Scott spoke against the adoption of the amendment.

Amendment (190) was not adopted.

Representative Schmidt moved the adoption of the striking amendment (191):

Strike everything after the enacting clause and insert the following:

"NEW SECTION. **Sec. 1.** A new section is added to chapter 49.58 RCW to read as follows:

(1) Unless driving is one of the essential job functions or is related to a legitimate business purpose for a position, it is unlawful for an employer to:

(a) Require a valid driver's license as a condition of employment; or

(b) Include a statement in a posting for a job opening for the position that an applicant must have a valid driver's license.

(2)(a) The director must investigate complaints regarding compliance with this section and any related rules adopted under this chapter. The director may require the testimony of witnesses and production of documents as part of an investigation.

(b) If the director determines a violation occurred, the director may issue a citation and notice of assessment and order the employer to pay to the complainant actual damages; statutory damages equal to the actual damages or $5,000, whichever is greater; interest of one percent per month on all compensation owed; payment to the department of the costs of investigation and enforcement; and any other appropriate relief.

(c) In addition to the citation and notice of assessment, the director may order payment to the department of a civil penalty.

(i) For a first violation, the civil penalty may not exceed $500.

(ii) For a repeat violation, the civil penalty may not exceed $1,000 or 10 percent of the damages, whichever is greater.

(d) If the investigation finds that the complainant's allegation cannot be substantiated, the department shall issue a closure letter to the complainant and the employer detailing such finding.

(3) An appeal from the director's determination may be taken in accordance with chapter 34.05 RCW. An employee who prevails is entitled to costs and reasonable attorneys' fees.

(4) The department must deposit civil penalties paid under this section in the supplemental pension fund established under RCW 51.44.033.

(5) Any wages and interest owed must be calculated from four years from the last violation before the complaint.

Sec. 2. RCW 49.58.090 and 2018 c 116 s 11 are each amended to read as follows:

The department may adopt rules to implement ((~~RCW 49.58.005 and 49.58.020 through 49.58.060~~)) this chapter."

Representative McEntire spoke in favor of the adoption of the striking amendment.

Representative Scott spoke against the adoption of the striking amendment.

The striking amendment (191) 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.

Representative Scott spoke in favor of the passage of the bill.

Representatives Schmidt, McEntire and Ybarra spoke against the passage of the bill.

The Speaker (Representative Shavers presiding) stated the question before the House to be the final passage of Substitute House Bill No. 1402.

ROLL CALL

The Clerk called the roll on the final passage of Substitute House Bill No. 1402, and the bill passed the House by the following vote: Yeas, 55; Nays, 41; Absent, 0; Excused, 2

Voting Yea: Representatives Berg, Bergquist, Berry, Bronoske, Callan, Cortes, Davis, Doglio, Donaghy, Duerr, Entenman, Farivar, Fey, Fitzgibbon, Fosse, Goodman, Gregerson, Hill, Hunt, Kloba, Leavitt, Lekanoff, Macri, Mena, Morgan, Nance, Obras, Ormsby, Ortiz-Self, Parshley, Paul, Penner, Peterson, Pollet, Ramel, Reed, Reeves, Rude, Rule, Ryu, Salahuddin, Santos, Scott, Shavers, Simmons, Stearns, Stonier, Street, Taylor, Thai, Thomas, Timmons, Wylie, Zahn and Mme. Speaker

Voting Nay: Representatives Abbarno, Abell, Barkis, Barnard, Bernbaum, Burnett, Caldier, Chase, Connors, Corry, Couture, Dent, Dufault, Dye, Engell, Eslick, Griffey, Jacobsen, Keaton, Klicker, Ley, Low, Manjarrez, Marshall, McClintock, McEntire, Mendoza, Orcutt, Richards, Schmick, Schmidt, Springer, Steele, Stokesbary, Stuebe, Tharinger, Volz, Walen, Walsh, Waters and Ybarra

Excused: Representatives Graham and Hackney

SUBSTITUTE HOUSE BILL NO. 1402, having received the necessary constitutional majority, was declared passed.

HOUSE BILL NO. 1967, by Representatives Zahn, Griffey and Nance

Modifying bonding requirements in the design portion of design-build public works projects.

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.

With the consent of the House, amendment (098) was withdrawn.

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

Representatives Zahn and Steele spoke in favor of the passage of the bill.

The Speaker (Representative Shavers 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, 96; Nays, 0; Absent, 0; Excused, 2

Voting Yea: Representatives Abbarno, Abell, Barkis, Barnard, Berg, Bergquist, Bernbaum, Berry, Bronoske, Burnett, Caldier, Callan, Chase, Connors, Corry, Cortes, Couture, Davis, Dent, Doglio, Donaghy, Duerr, Dufault, Dye, Engell, Entenman, Eslick, Farivar, Fey, Fitzgibbon, Fosse, Goodman, Gregerson, Griffey, Hill, Hunt, Jacobsen, Keaton, Klicker, Kloba, Leavitt, Lekanoff, Ley, Low, Macri, Manjarrez, Marshall, McClintock, McEntire, Mena, Mendoza, Morgan, Nance, Obras, Orcutt, Ormsby, Ortiz-Self, Parshley, Paul, Penner, Peterson, Pollet, Ramel, Reed, Reeves, Richards, Rude, Rule, Ryu, Salahuddin, Santos, Schmick, Schmidt, Scott, Shavers, Simmons, Springer, Stearns, Steele, Stokesbary, Stonier, Street, Stuebe, Taylor, Thai, Tharinger, Thomas, Timmons, Volz, Walen, Walsh, Waters, Wylie, Ybarra, Zahn and Mme. Speaker

Excused: Representatives Graham and Hackney

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

HOUSE BILL NO. 1733, by Representatives Thomas, Fitzgibbon, Zahn, Street, Fosse, Reed, Parshley, Cortes, Hill, Bernbaum and Ramel

Increasing the reimbursement cap for moving and relocation expenses incurred by persons affected by agency displacements.

The bill was read the second time.

There being no objection, Substitute House Bill No. 1733 was substituted for House Bill No. 1733 and the substitute bill was placed on the second reading calendar.

SUBSTITUTE HOUSE BILL NO. 1733 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 Thomas and Walsh spoke in favor of the passage of the bill.

The Speaker (Representative Shavers presiding) stated the question before the House to be the final passage of Substitute House Bill No. 1733.

ROLL CALL

The Clerk called the roll on the final passage of Substitute House Bill No. 1733, and the bill passed the House by the following vote: Yeas, 96; Nays, 0; Absent, 0; Excused, 2

Voting Yea: Representatives Abbarno, Abell, Barkis, Barnard, Berg, Bergquist, Bernbaum, Berry, Bronoske, Burnett, Caldier, Callan, Chase, Connors, Corry, Cortes, Couture, Davis, Dent, Doglio, Donaghy, Duerr, Dufault, Dye, Engell, Entenman, Eslick, Farivar, Fey, Fitzgibbon, Fosse, Goodman, Gregerson, Griffey, Hill, Hunt, Jacobsen, Keaton, Klicker, Kloba, Leavitt, Lekanoff, Ley, Low, Macri, Manjarrez, Marshall, McClintock, McEntire, Mena, Mendoza, Morgan, Nance, Obras, Orcutt, Ormsby, Ortiz-Self, Parshley, Paul, Penner, Peterson, Pollet, Ramel, Reed, Reeves, Richards, Rude, Rule, Ryu, Salahuddin, Santos, Schmick, Schmidt, Scott, Shavers, Simmons, Springer, Stearns, Steele, Stokesbary, Stonier, Street, Stuebe, Taylor, Thai, Tharinger, Thomas, Timmons, Volz, Walen, Walsh, Waters, Wylie, Ybarra, Zahn and Mme. Speaker

Excused: Representatives Graham and Hackney

SUBSTITUTE HOUSE BILL NO. 1733, having received the necessary constitutional majority, was declared passed.

HOUSE BILL NO. 1271, by Representatives Nance, Dent, Marshall, Bronoske, Leavitt, Salahuddin, Ryu, Davis, Mena, Ramel, Dye, Barkis, Klicker, Reed, Ormsby, Scott, Eslick, Parshley, Taylor, Kloba, Timmons, Peterson, Richards, Simmons, Hunt and Hill

Permitting early deployment of state fire service resources.

The bill was read the second time.

There being no objection, Substitute House Bill No. 1271 was substituted for House Bill No. 1271 and the substitute bill was placed on the second reading calendar.

SUBSTITUTE HOUSE BILL NO. 1271 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 Nance, Dent, Dye and Engell spoke in favor of the passage of the bill.

The Speaker (Representative Shavers presiding) stated the question before the House to be the final passage of Substitute House Bill No. 1271.

ROLL CALL

The Clerk called the roll on the final passage of Substitute House Bill No. 1271, and the bill passed the House by the following vote: Yeas, 96; Nays, 0; Absent, 0; Excused, 2

Voting Yea: Representatives Abbarno, Abell, Barkis, Barnard, Berg, Bergquist, Bernbaum, Berry, Bronoske, Burnett, Caldier, Callan, Chase, Connors, Corry, Cortes, Couture, Davis, Dent, Doglio, Donaghy, Duerr, Dufault, Dye, Engell, Entenman, Eslick, Farivar, Fey, Fitzgibbon, Fosse, Goodman, Gregerson, Griffey, Hill, Hunt, Jacobsen, Keaton, Klicker, Kloba, Leavitt, Lekanoff, Ley, Low, Macri, Manjarrez, Marshall, McClintock, McEntire, Mena, Mendoza, Morgan, Nance, Obras, Orcutt, Ormsby, Ortiz-Self, Parshley, Paul, Penner, Peterson, Pollet, Ramel, Reed, Reeves, Richards, Rude, Rule, Ryu, Salahuddin, Santos, Schmick, Schmidt, Scott, Shavers, Simmons, Springer, Stearns, Steele, Stokesbary, Stonier, Street, Stuebe, Taylor, Thai, Tharinger, Thomas, Timmons, Volz, Walen, Walsh, Waters, Wylie, Ybarra, Zahn and Mme. Speaker

Excused: Representatives Graham and Hackney

SUBSTITUTE HOUSE BILL NO. 1271, having received the necessary constitutional majority, was declared passed.

HOUSE BILL NO. 1533, by Representatives Schmidt, Ramel and Reed

Allowing a specialty electrician to continue working under a valid specialty certificate of competency while enrolled in a journey level apprenticeship program.

The bill was read the second time.

There being no objection, Substitute House Bill No. 1533 was substituted for House Bill No. 1533 and the substitute bill was placed on the second reading calendar.

SUBSTITUTE HOUSE BILL NO. 1533 was read the second time.

Representative Schmidt moved the adoption of amendment (081):

On page 2, line 21, after "subsection" strike "(2)" and insert "(3)"

Representatives Schmidt and Ramel spoke in favor of the adoption of the amendment.

Amendment (081) 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 Schmidt and Ramel spoke in favor of the passage of the bill.

The Speaker (Representative Shavers presiding) stated the question before the House to be the final passage of Engrossed Substitute House Bill No. 1533.

ROLL CALL

The Clerk called the roll on the final passage of Engrossed Substitute House Bill No. 1533, and the bill passed the House by the following vote: Yeas, 96; Nays, 0; Absent, 0; Excused, 2

Voting Yea: Representatives Abbarno, Abell, Barkis, Barnard, Berg, Bergquist, Bernbaum, Berry, Bronoske, Burnett, Caldier, Callan, Chase, Connors, Corry, Cortes, Couture, Davis, Dent, Doglio, Donaghy, Duerr, Dufault, Dye, Engell, Entenman, Eslick, Farivar, Fey, Fitzgibbon, Fosse, Goodman, Gregerson, Griffey, Hill, Hunt, Jacobsen, Keaton, Klicker, Kloba, Leavitt, Lekanoff, Ley, Low, Macri, Manjarrez, Marshall, McClintock, McEntire, Mena, Mendoza, Morgan, Nance, Obras, Orcutt, Ormsby, Ortiz-Self, Parshley, Paul, Penner, Peterson, Pollet, Ramel, Reed, Reeves, Richards, Rude, Rule, Ryu, Salahuddin, Santos, Schmick, Schmidt, Scott, Shavers, Simmons, Springer, Stearns, Steele, Stokesbary, Stonier, Street, Stuebe, Taylor, Thai, Tharinger, Thomas, Timmons, Volz, Walen, Walsh, Waters, Wylie, Ybarra, Zahn and Mme. Speaker

Excused: Representatives Graham and Hackney

ENGROSSED SUBSTITUTE HOUSE BILL NO. 1533, having received the necessary constitutional majority, was declared passed.

The Speaker (Representative Shavers presiding) called upon Representative Simmons to preside.

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

MOTION

There being no objection, the Committee on Rules was relieved of the following bills and the bills were placed on the :

HOUSE BILL NO. 1219
HOUSE BILL NO. 1337
HOUSE BILL NO. 1526
HOUSE BILL NO. 1572
HOUSE BILL NO. 1669
HOUSE BILL NO. 1816
HOUSE BILL NO. 1946

There being no objection, the House reverted to the third order of business.

MESSAGE FROM THE SENATE

Tuesday, March 11, 2025

Mme. Speaker:

The Senate has passed:

SENATE BILL NO. 5036
ENGROSSED SECOND SUBSTITUTE SENATE BILL NO. 5083
SUBSTITUTE SENATE BILL NO. 5169
SUBSTITUTE SENATE BILL NO. 5215
ENGROSSED SUBSTITUTE SENATE BILL NO. 5291
ENGROSSED SECOND SUBSTITUTE SENATE BILL NO. 5337
ENGROSSED SUBSTITUTE SENATE BILL NO. 5368
ENGROSSED SUBSTITUTE SENATE BILL NO. 5390
SUBSTITUTE SENATE BILL NO. 5412
SUBSTITUTE SENATE BILL NO. 5490
SUBSTITUTE SENATE BILL NO. 5493
ENGROSSED SUBSTITUTE SENATE BILL NO. 5576
ENGROSSED SUBSTITUTE SENATE BILL NO. 5594
SENATE BILL NO. 5616
SENATE BILL NO. 5680
SENATE BILL NO. 5682
SENATE BILL NO. 5764
SUBSTITUTE SENATE BILL NO. 5773

and the same are herewith transmitted.

Colleen Pehar, Deputy Secretary

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

SECOND READING

HOUSE BILL NO. 1878, by Representatives Donaghy, Berry, Doglio, Tharinger, Santos, Fitzgibbon and Ramel

Improving young driver safety.

The bill was read the second time.

There being no objection, Substitute House Bill No. 1878 was substituted for House Bill No. 1878 and the substitute bill was placed on the second reading calendar.

SUBSTITUTE HOUSE BILL NO. 1878 was read the second time.

Representative Low moved the adoption of amendment (832):

On page 1, at the beginning of line 12, insert "except as provided in subsection (3) of this section,"

On page 2, after line 31, insert the following:

"(3) An applicant who was licensed to drive a motor vehicle or motorcycle from a reciprocal jurisdiction outside this state is exempt from the driver training education requirements of this section."

Renumber the remaining subsections consecutively and correct any internal references accordingly.

On page 3, beginning on line 8, after "applicant" strike all material through "or" on line 9

Representatives Low and Donaghy spoke in favor of the adoption of the amendment.

Amendment (832) was adopted.

Representative Donaghy moved the adoption of amendment (106):

On page 2, beginning on line 16, after "include" strike all material through "courses" on line 17 and insert "a self-paced online course, or components of a self-paced online course, in the classroom instruction portion of driver training education courses, as authorized and certified by the department,"

On page 2, beginning on line 19, after "education." strike all material through "RCW." on line 21

On page 7, after line 24, insert the following:

"Sec. 4. RCW 46.82.280 and 2023 c 445 s 3 are each amended to read as follows:

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

(1) "Behind-the-wheel instruction" means instruction in an approved driver training school instruction vehicle according to and inclusive of the required curriculum. Behind-the-wheel instruction is characterized by driving experience.

(2) "Classroom" means a space dedicated to and used exclusively by a driver training instructor for the instruction of students. With prior department approval, a branch office classroom may be located within alternative facilities, such as a public or private library, school, community college, college or university, or a business training facility.

(3) "Classroom instruction" means that portion of a traffic safety education course that is characterized by in-person classroom-based student instruction or virtual classroom-based student instruction with a live instructor using the required curriculum conducted by or under the direct supervision of a licensed instructor or licensed instructors. Classroom instruction may include a self-paced((~~,~~)) online course, or components of a self-paced online course, as authorized and certified by the department of licensing.

(4) "Director" means the director of the department of licensing of the state of Washington.

(5) "Driver training education course" means a course of instruction in traffic safety education approved and licensed by the department of licensing that consists of classroom and behind-the-wheel instruction that follows the approved curriculum.

(6) "Driver training school" means a commercial driver training school engaged in the business of giving instruction, for a fee, in the operation of automobiles.

(7) "Enrollment" means the collecting of a fee or the signing of a contract for a driver training education course. "Enrollment" does not include the collecting of names and contact information for enrolling students once a driver training school is licensed to instruct.

(8) "Fraudulent practices" means any conduct or representation on the part of a driver training school owner or instructor including:

(a) Inducing anyone to believe, or to give the impression, that a license to operate a motor vehicle or any other license granted by the director may be obtained by any means other than those prescribed by law, or furnishing or obtaining the same by illegal or improper means, or requesting, accepting, or collecting money for such purposes;

(b) Operating a driver training school without a license, providing instruction without an instructor's license, verifying enrollment prior to being licensed, misleading or false statements on applications for a commercial driver training school license or instructor's license or on any required records or supporting documentation;

(c) Failing to fully document and maintain all required driver training school records of instruction, school operation, and instructor training;

(d) Issuing a driver training course certificate without requiring completion of the necessary behind-the-wheel and classroom instruction.

(9) "Instructor" means any person employed by or otherwise associated with a driver training school to instruct persons in the operation of an automobile.

(10) "Owner" means an individual, partnership, corporation, association, or other person or group that holds a substantial interest in a driver training school.

(11) "Person" means any individual, firm, corporation, partnership, or association.

(12) "Place of business" means a designated location at which the business of a driver training school is transacted or its records are kept.

(13) "Student" means any person enrolled in an approved driver training course.

(14) "Substantial interest holder" means a person who has actual or potential influence over the management or operation of any driver training school. Evidence of substantial interest includes, but is not limited to, one or more of the following:

(a) Directly or indirectly owning, operating, managing, or controlling a driver training school or any part of a driver training school;

(b) Directly or indirectly profiting from or assuming liability for debts of a driver training school;

(c) Is an officer or director of a driver training school;

(d) Owning 10 percent or more of any class of stock in a privately or closely held corporate driver training school, or five percent or more of any class of stock in a publicly traded corporate driver training school;

(e) Furnishing 10 percent or more of the capital, whether in cash, goods, or services, for the operation of a driver training school during any calendar year; or

(f) Directly or indirectly receiving a salary, commission, royalties, or other form of compensation from the activity in which a driver training school is or seeks to be engaged."

Renumber the remaining sections consecutively, correct any internal references accordingly, and correct the title.

Representatives Donaghy and Low spoke in favor of the adoption of the amendment.

Amendment (106) was adopted.

Representative Low moved the adoption of amendment (831):

On page 6, line 15, after "act" insert ", and who has been found to have committed a traffic infraction or who was operating a motor vehicle in a significant vehicle collision that involved failure of the driver to adequately manage risk or hazards,"

Representatives Low and Donaghy spoke in favor of the adoption of the amendment.

Amendment (831) 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 Donaghy, Low, Ley and Stuebe spoke in favor of the passage of the bill.

Representative Caldier spoke against the passage of the bill.

The Speaker (Representative Simmons presiding) stated the question before the House to be the final passage of Engrossed Substitute House Bill No. 1878.

ROLL CALL

The Clerk called the roll on the final passage of Engrossed Substitute House Bill No. 1878, and the bill passed the House by the following vote: Yeas, 74; Nays, 22; Absent, 0; Excused, 2

Voting Yea: Representatives Barkis, Barnard, Berg, Bergquist, Bernbaum, Berry, Bronoske, Callan, Connors, Cortes, Couture, Davis, Dent, Doglio, Donaghy, Duerr, Entenman, Eslick, Farivar, Fey, Fitzgibbon, Fosse, Goodman, Gregerson, Griffey, Hill, Hunt, Klicker, Kloba, Leavitt, Lekanoff, Ley, Low, Macri, Marshall, Mena, Morgan, Nance, Obras, Ormsby, Ortiz-Self, Parshley, Paul, Peterson, Pollet, Ramel, Reed, Reeves, Richards, Rude, Rule, Ryu, Salahuddin, Santos, Schmidt, Scott, Shavers, Simmons, Springer, Stearns, Stonier, Street, Stuebe, Taylor, Thai, Tharinger, Thomas, Timmons, Volz, Walen, Waters, Wylie, Zahn and Mme. Speaker

Voting Nay: Representatives Abbarno, Abell, Burnett, Caldier, Chase, Corry, Dufault, Dye, Engell, Jacobsen, Keaton, Manjarrez, McClintock, McEntire, Mendoza, Orcutt, Penner, Schmick, Steele, Stokesbary, Walsh and Ybarra

Excused: Representatives Graham and Hackney

ENGROSSED SUBSTITUTE HOUSE BILL NO. 1878, having received the necessary constitutional majority, was declared passed.

HOUSE BILL NO. 1747, by Representatives Ortiz-Self, Berry, Scott, Obras, Fosse, Goodman, Farivar, Taylor, Fitzgibbon, Reed, Gregerson, Ormsby, Parshley, Cortes, Hill, Pollet and Ramel

Expanding protections for applicants and employees under the Washington fair chance act.

The bill was read the second time.

Representative Ortiz-Self moved the adoption of the striking amendment (240):

Strike everything after the enacting clause and insert the following:

"Sec. 1. RCW 49.94.005 and 2018 c 38 s 1 are each amended to read as follows:

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

(1) "Adult conviction record" means any record of or information about criminal conduct resulting in an adult criminal conviction, finding of guilt, or other finding adverse to the subject, including an acquittal due to a finding of not guilty by reason of insanity, a dismissal by reason of incompetency, or a dismissal entered after a period of probation, suspension, or deferral of sentence. It also includes information related to the conviction or other finding adverse to the subject including, but not limited to, any citation, arrest record, or probable cause statement.

(2) "Arrest record" means any record of or information about an arrest or pending charge for criminal conduct without a conviction, adjudication, finding of guilt, or other finding adverse to the subject.

(3) "Criminal record" includes any record of or information about a citation or arrest for criminal conduct, including records relating to probable cause to arrest, and includes any record about ((~~a~~))an adult criminal or juvenile case filed with any court, whether or not the case resulted in a finding of guilt.

((~~(2)~~))(4) "Employer" includes public agencies, private individuals, businesses and corporations, contractors, temporary staffing agencies, training and apprenticeship programs, and job placement, referral, and employment agencies.

((~~(3)~~))(5) "Juvenile conviction record" means any record of or information about a juvenile adjudication or other finding of guilt pursuant to Title 13 RCW or other juvenile court system. It also includes information related to the conviction or other finding adverse to the subject including, but not limited to, any citation, arrest record, or probable cause statement.

(6) "Legitimate business reason" means that, based on information known to the employer at the time the employer makes the decision regarding a tangible adverse employment action, the employer believes in good faith that the nature of the criminal conduct underlying the adult conviction record will:

(a) Have a negative impact on the employee's or applicant's fitness or ability to perform the position sought or held; or

(b) Harm or cause injury to people, property, business reputation, or business assets, and the employer has considered the following factors, and documented as such in accordance with RCW 49.94.010:

(i) The seriousness of the conduct underlying the adult conviction record;

(ii) The number and types of convictions;

(iii) The time that has elapsed since the conviction, excluding periods of incarceration;

(iv) Any verifiable information related to the individual's rehabilitation, good conduct, work experience, education, and training, as provided by the individual;

(v) The specific duties and responsibilities of the position sought or held; and

(vi) The place and manner in which the position will be performed.

(7) "Otherwise qualified" means that the applicant meets the basic criteria for the position as set out in the advertisement or job description without consideration of a criminal record.

(8) "Tangible adverse employment action" means a decision by an employer to reject an otherwise qualified job applicant, or to terminate, suspend, discipline, demote, or deny a promotion to an employee.

Sec. 2. RCW 49.94.010 and 2018 c 38 s 2 are each amended to read as follows:

(1) An employer may not include any question on any application for employment, inquire either orally or in writing, receive

information through a criminal history background check, or otherwise obtain information about an applicant's criminal record until after the employer initially determines that the applicant is otherwise qualified for the position((~~. Once the employer has initially determined that the applicant is otherwise qualified, the employer may inquire into or obtain information about a~~))and makes an offer of employment conditioned on obtaining the applicant's criminal record.

(2) An employer may not advertise employment openings in a way that excludes people with criminal records from applying. Ads that state "no felons," "no criminal background," or otherwise convey similar messages are prohibited.

(3) An employer may not implement any policy or practice that automatically or categorically excludes individuals with a criminal record from ((~~consideration prior to an initial determination that the applicant is otherwise qualified for the~~))any employment position. ((~~Prohibited policies and practices include rejecting~~))An employer may not reject an applicant for failure to disclose a criminal record prior to ((~~initially determining the applicant is otherwise qualified for the position~~))receiving a conditional offer of employment.

(4)(a) An employer may not carry out a tangible adverse employment action based on an applicant's or employee's arrest record or juvenile conviction record.

(b) This subsection does not apply to an adult arrest in which an individual is out on bail or released on their own personal recognizance pending trial.

(5)(a) An employer may not carry out a tangible adverse employment action solely based on an applicant's or employee's adult conviction record, unless the employer has a legitimate business reason for taking such action.

(b) Before carrying out any tangible adverse employment action under this subsection, the employer shall notify the applicant or employee and identify to the applicant or employee the record on which the employer is relying for purposes of assessing its legitimate business reason. The employer shall hold open the position for a minimum of two business days to provide the applicant or employee a reasonable opportunity to correct or explain the record or provide information on the applicant's or employee's rehabilitation, good conduct, work experience, education, and training.

(c) If an employer makes a tangible adverse employment decision following the reasonable opportunity under (b) of this subsection, the employer shall provide the applicant or employee with a written decision, including specific documentation as to its reasoning and assessment of each of the relevant factors, including the impact of the conviction on the position or business operations, and its consideration of the applicant's or employee's rehabilitation, good conduct, work experience, education, and training.

(6) An employer may not carry out any tangible adverse employment action against any employee because the employee, or a person acting on behalf of the employee, makes a good faith report, orally or in writing, to the employer, the attorney general, a labor organization, or others of a violation or suspected violation of this section or otherwise informs others of the requirements of this section.

(7) This section does not apply to:

(a) Any employer hiring a person who will or may have unsupervised access to children under the age of eighteen, a vulnerable adult as defined in chapter 74.34 RCW, or a vulnerable person as defined in RCW 9.96A.060;

(b) Any employer, including a financial institution, who is expressly permitted or required under any federal or state law to inquire into, consider, or rely on information about an applicant's or employee's criminal record for employment purposes;

(c) Employment by a general or limited authority Washington law enforcement agency as defined in RCW 10.93.020 or by a criminal justice agency as defined in RCW 10.97.030(5)(b);

(d) An employer seeking a nonemployee volunteer; ((~~or~~))

(e) Any entity required to comply with the rules or regulations of a self-regulatory organization, as defined in section 3(a)(26) of the securities and exchange act of 1934, 15 U.S.C. 78c(a)(26); or

(f) Any employer with respect to a position entailing work under a federal contract that specifically prohibits people with criminal records from working under that contract.

(8)(a) Nothing in this section prohibits:

(i) An employer from accurately disclosing to the applicant that the position is subject to a background check after a conditional offer of employment; or

(ii) An applicant from voluntarily disclosing, without solicitation by the employer, information about the applicant's criminal record during an interview.

(b) If an employer or an applicant makes a disclosure under (a) of this subsection, the employer must immediately:

(i) Inform the applicant in writing of the requirements of subsections (1), (3), (4), and (5) of this section; and

(ii) Provide the applicant the attorney general's Washington fair chance act guide for employers and job applicants.

Sec. 3. RCW 49.94.030 and 2018 c 38 s 4 are each amended to read as follows:

(1) The state attorney general's office shall enforce this chapter. Its powers to enforce this chapter include the authority to:

(a) Investigate violations of this chapter on its own initiative;

(b) Investigate violations of this chapter in response to complaints and seek remedial relief for the complainant;

(c) Educate the public about how to comply with this chapter;

(d) Issue written civil investigative demands for pertinent documents, answers to

written interrogatories, or oral testimony as required to enforce this chapter;

(e) Adopt rules implementing this chapter including rules specifying applicable penalties; and

(f) Pursue administrative sanctions or a lawsuit in the courts for penalties, costs, and attorneys' fees.

(2) ((~~In exercising its powers, the attorney general's office shall utilize a stepped enforcement approach, by first educating violators, then warning them, then taking legal, including administrative, action.~~))(a) For purposes of administrative sanctions, the attorney general's office may waive penalties for first time or de minimis violations of this chapter, and instead provide education and a warning to deter future noncompliance. The attorney general's office may impose administrative sanctions and pursue appropriate legal action for second and subsequent violations.

(b) Maximum monetary penalties for administrative sanctions are as follows: ((~~A notice of violation and offer of agency assistance for the first violation; a monetary penalty of up to seven hundred fifty dollars for the second violation; and a monetary penalty of up to one thousand dollars for each subsequent violation.~~))

(i) $1,500 for the first violation, except where a waiver has been granted under this section;

(ii) $3,000 for the second violation;

(iii) $15,000 for each subsequent violation.

(c) A penalty under (b) of this subsection must be imposed per aggrieved job applicant, employee, or party for each violation. The penalty accrues for the benefit of and is payable to the job applicant, employee, or other aggrieved party. If there is no identifiable job applicant, employee, or aggrieved person for the violation, the penalty is retained by the attorney general.

(d) The attorney general may pursue legal action to obtain unpaid wages, unpaid administrative penalties, damages, and reasonable attorneys' fees and costs.

NEW SECTION. **Sec. 4.** (1) This act applies to employers with 15 or more employees beginning July 1, 2026.

(2) This act applies to employers with fewer than 15 employees beginning January 1, 2027."

Correct the title.

Representative Schmidt moved the adoption of amendment (830) to the striking amendment (240):

On page 6, after line 7 of the striking amendment, insert the following:

"NEW SECTION. **Sec. 4.** A new section is added to chapter 49.94 RCW to read as follows:

The attorney general shall:

(1) Notify all employers in the state of the requirements of this act;

(2) Provide guidance to employers on how to comply with this act on the attorney general's web site; and

(3) Offer free consultations to employers on how to comply with this act."

Renumber the remaining section consecutively and correct any internal references accordingly.

Representative Schmidt spoke in favor of the adoption of the amendment to the striking amendment.

Representative Scott spoke against the adoption of the amendment to the striking amendment.

Amendment (830) to the striking amendment (240) was not adopted.

Representatives Ortiz-Self and Schmidt spoke in favor of the adoption of the striking amendment.

The striking amendment (240) 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 Ortiz-Self and Schmidt spoke in favor of the passage of the bill.

Representatives Klicker, Stuebe and Mendoza spoke against the passage of the bill.

The Speaker (Representative Simmons presiding) stated the question before the House to be the final passage of Engrossed House Bill No. 1747.

ROLL CALL

The Clerk called the roll on the final passage of Engrossed House Bill No. 1747, and the bill passed the House by the following vote: Yeas, 56; Nays, 40; Absent, 0; Excused, 2

Voting Yea: Representatives Berg, Bergquist, Bernbaum, Berry, Bronoske, Callan, Cortes, Davis, Doglio, Donaghy, Duerr, Entenman, Farivar, Fey, Fitzgibbon, Fosse, Goodman, Gregerson, Hill, Hunt, Kloba, Leavitt, Lekanoff, Macri, Mena, Morgan, Nance, Obras, Ormsby, Ortiz-Self, Parshley, Paul, Peterson, Pollet, Ramel, Reed, Reeves, Ryu, Salahuddin, Santos, Schmidt, Scott, Shavers, Simmons, Springer, Stearns, Stonier, Street, Taylor, Thai, Tharinger, Thomas, Walen, Wylie, Zahn and Mme. Speaker

Voting Nay: Representatives Abbarno, Abell, Barkis, Barnard, Burnett, Caldier, Chase, Connors, Corry, Couture, Dent, Dufault, Dye, Engell, Eslick, Griffey, Jacobsen, Keaton, Klicker, Ley, Low, Manjarrez, Marshall, McClintock, McEntire, Mendoza, Orcutt, Penner, Richards, Rude, Rule, Schmick, Steele, Stokesbary, Stuebe, Timmons, Volz, Walsh, Waters and Ybarra

Excused: Representatives Graham and Hackney

ENGROSSED HOUSE BILL NO. 1747, having received the necessary constitutional majority, was declared passed.

HOUSE BILL NO. 1516, by Representatives Hill, Taylor, Reed, Simmons, Morgan, Ormsby, Farivar, Parshley, Gregerson, Macri, Ramel, Pollet and Salahuddin

Conducting a study of insurance coverage options for permanently affordable homeownership units.

The bill was read the second time.

There being no objection, Second Substitute House Bill No. 1516 was substituted for House Bill No. 1516 and the second substitute bill was placed on the second reading calendar.

SECOND SUBSTITUTE HOUSE BILL NO. 1516 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 Hill spoke in favor of the passage of the bill.

Representative McClintock spoke against the passage of the bill.

The Speaker (Representative Simmons presiding) stated the question before the House to be the final passage of Second Substitute House Bill No. 1516.

ROLL CALL

The Clerk called the roll on the final passage of Second Substitute House Bill No. 1516, and the bill passed the House by the following vote: Yeas, 58; Nays, 38; Absent, 0; Excused, 2

Voting Yea: Representatives Berg, Bergquist, Bernbaum, Berry, Bronoske, Callan, Cortes, Davis, Doglio, Donaghy, Duerr, Entenman, Farivar, Fey, Fitzgibbon, Fosse, Goodman, Gregerson, Hill, Hunt, Kloba, Leavitt, Lekanoff, Macri, Mena, Morgan, Nance, Obras, Ormsby, Ortiz-Self, Parshley, Paul, Peterson, Pollet, Ramel, Reed, Reeves, Richards, Rule, Ryu, Salahuddin, Santos, Scott, Shavers, Simmons, Springer, Stearns, Stonier, Street, Taylor, Thai, Tharinger, Thomas, Timmons, Walen, Wylie, Zahn and Mme. Speaker

Voting Nay: Representatives Abbarno, Abell, Barkis, Barnard, Burnett, Caldier, Chase, Connors, Corry, Couture, Dent, Dufault, Dye, Engell, Eslick, Griffey, Jacobsen, Keaton, Klicker, Ley, Low, Manjarrez, Marshall, McClintock, McEntire, Mendoza, Orcutt, Penner, Rude, Schmick, Schmidt, Steele, Stokesbary, Stuebe, Volz, Walsh, Waters and Ybarra

Excused: Representatives Graham and Hackney

SECOND SUBSTITUTE HOUSE BILL NO. 1516, having received the necessary constitutional majority, was declared passed.

HOUSE BILL NO. 1014, by Representatives Schmidt, Walen, Timmons, Fey, Ormsby and Hill

Implementing recommendations of the 2023 child support schedule work group.

The bill was read the second time.

Representative Walen moved the adoption of amendment (014):

On page 7, beginning on line 38, after "(4)" strike all material through "(5)" on page 8, line 3

Representatives Walen and Abbarno spoke in favor of the adoption of the amendment.

Amendment (014) 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 Schmidt and Taylor spoke in favor of the passage of the bill.

Representative Dufault spoke against the passage of the bill.

The Speaker (Representative Simmons presiding) stated the question before the House to be the final passage of Engrossed House Bill No. 1014.

ROLL CALL

The Clerk called the roll on the final passage of Engrossed House Bill No. 1014, and the bill passed the House by the following vote: Yeas, 93; Nays, 3; Absent, 0; Excused, 2

Voting Yea: Representatives Abbarno, Abell, Barkis, Barnard, Berg, Bergquist, Bernbaum, Berry, Bronoske, Burnett, Callan, Chase, Connors, Corry, Cortes, Couture, Davis, Dent, Doglio, Donaghy, Duerr, Dye, Engell, Entenman, Eslick, Farivar, Fey, Fitzgibbon, Fosse, Goodman, Gregerson, Griffey, Hill, Hunt, Jacobsen, Keaton, Klicker, Kloba, Leavitt, Lekanoff, Ley, Low, Macri, Manjarrez, Marshall, McClintock, Mena, Mendoza, Morgan, Nance, Obras, Orcutt, Ormsby, Ortiz-Self, Parshley, Paul, Penner, Peterson, Pollet, Ramel, Reed, Reeves, Richards, Rude, Rule, Ryu, Salahuddin, Santos, Schmick, Schmidt, Scott, Shavers, Simmons, Springer, Stearns, Steele, Stokesbary, Stonier, Street, Stuebe, Taylor, Thai, Tharinger, Thomas, Timmons, Volz, Walen, Walsh, Waters, Wylie, Ybarra, Zahn and Mme. Speaker

Voting Nay: Representatives Caldier, Dufault and McEntire

Excused: Representatives Graham and Hackney

ENGROSSED HOUSE BILL NO. 1014, having received the necessary constitutional majority, was declared passed.

HOUSE BILL NO. 1141, by Representatives Ortiz-Self, Fosse, Ryu, Leavitt, Stearns, Farivar, Berry, Reed, Ramel, Fitzgibbon, Macri, Cortes, Obras, Doglio, Bronoske, Gregerson, Simmons, Peterson, Street, Goodman, Wylie, Kloba, Ormsby, Scott and Hill

Concerning collective bargaining for agricultural cannabis workers.

The bill was read the second time.

There being no objection, Substitute House Bill No. 1141 was substituted for House Bill No. 1141 and the substitute bill was placed on the second reading calendar.

SUBSTITUTE HOUSE BILL NO. 1141 was read the second time.

Representative Eslick moved the adoption of amendment (833):

On page 5, line 4, after "**Sec. 7.**" strike "RCW 41.56.037 applies to this chapter" and insert "(1)(a) The employer must provide the exclusive bargaining representative reasonable access to new employees of the bargaining unit for the purposes of presenting information about their exclusive bargaining representative to the new employee. The presentation may occur during a new employee orientation provided by the employer, or at another time mutually agreed to by the employer and the exclusive bargaining representative.

(b) No employee may be mandated to attend the meetings or presentations by the exclusive bargaining representative, and the employer is not mandated to pay the employee during the time they are meeting with the exclusive bargaining representative or if the employee chooses not to attend the meeting.

(c) "Reasonable access" for the purposes of this section means:

(i) The access to the new employee occurs within ninety days of the employee's start date within the bargaining unit;

(ii) The access is for no less than thirty minutes; and

(iii) The access occurs during the new employee's regular work hours at the employee's regular worksite, or at a

location mutually agreed to by the employer and the exclusive bargaining representative.

(2) Nothing in this section prohibits an employer from agreeing to longer or more frequent new employee access, but in no case may an employer agree to less access than required by this section"

Representatives Eslick, Orcutt and Volz spoke in favor of the adoption of the amendment.

Representative Scott spoke against the adoption of the amendment.

Amendment (833) was not adopted.

Representative Burnett moved the adoption of amendment (834):

On page 5, line 37, after "be" strike "in writing and" and insert "a written, electronic, or recorded voice revocation and be"

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

Representative Berry spoke against the adoption of the amendment.

MOTION

On motion of Representative Ramel, Representative Ormsby was excused.

Amendment (834) was not adopted.

Representative Walsh moved the adoption of amendment (835):

On page 7, line 19, after "(2)" insert "An employee must be allowed to opt out of having their information provided to the exclusive bargaining representative pursuant to subsection (1) of this section. An employee may opt out in writing or electronically.

(3)"

Renumber the remaining subsections consecutively and correct any internal references accordingly.

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

Representative Berry spoke against the adoption of the amendment.

Amendment (835) was not adopted.

Representative Ortiz-Self moved the adoption of amendment (642):

On page 9, after line 4, insert the following:

"NEW SECTION. **Sec. 18.** This chapter may not be interpreted by any court to apply to or otherwise extend any rights to any employee who is not specifically employed by an employer to perform the work of cultivating, growing, harvesting, or producing cannabis, including defoliating, drying, bucking, precuring, curing, drying, trimming, sorting, and loading, if performed on a farm."

Renumber the remaining sections consecutively and correct any internal references accordingly.

On page 9, line 5, after "through" strike "17" and insert "18"

Representatives Ortiz-Self and Schmidt spoke in favor of the adoption of the amendment.

Amendment (642) was adopted.

Representative Schmidt moved the adoption of amendment (836):

On page 3, beginning on line 37, strike all of subsection (4)

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

Representative Scott spoke against the adoption of the amendment.

Amendment (836) was not adopted.

Representative Schmidt moved the adoption of amendment (837):

On page 4, line 6, after "(1)" strike "(a)"

On page 4, line 9, after "by" insert "secret"

On page 4, at the beginning of line 10, strike "(b)" and insert "(2)"

On page 4, at the beginning of line 16, strike "(c)" and insert "(3)"

On page 4, beginning on line 21, strike all of subsection (2)

Representatives Schmidt and Corry spoke in favor of the adoption of the amendment.

Representative Berry spoke against the adoption of the amendment.

Amendment (837) 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.

Representative Ortiz-Self spoke in favor of the passage of the bill.

Representatives Schmidt, Klicker, Corry, Dye, Dent and Ybarra spoke against the passage of the bill.

The Speaker (Representative Simmons presiding) stated the question before the House to be the final passage of Engrossed Substitute House Bill No. 1141.

ROLL CALL

The Clerk called the roll on the final passage of Engrossed Substitute House Bill No. 1141, and the bill passed the House by the following vote: Yeas, 55; Nays, 40; Absent, 0; Excused, 3

Voting Yea: Representatives Berg, Bergquist, Bernbaum, Berry, Bronoske, Callan, Cortes, Davis, Doglio, Donaghy, Duerr, Entenman, Farivar, Fey, Fitzgibbon, Fosse, Goodman, Gregerson, Hill, Hunt, Kloba, Leavitt, Lekanoff, Macri, Mena, Nance, Obras, Ortiz-Self, Parshley, Paul, Peterson, Pollet, Ramel, Reed, Richards, Rule, Ryu, Salahuddin, Santos, Scott, Shavers, Simmons, Springer, Stearns, Stonier, Street, Taylor, Thai, Tharinger, Thomas, Timmons, Walen, Wylie, Zahn and Mme. Speaker

Voting Nay: Representatives Abbarno, Abell, Barkis, Barnard, Burnett, Caldier, Chase, Connors, Corry, Couture, Dent, Dufault, Dye, Engell, Eslick, Griffey, Jacobsen, Keaton, Klicker, Ley, Low, Manjarrez, Marshall, McClintock, McEntire, Mendoza, Morgan, Orcutt, Penner, Reeves, Rude, Schmick, Schmidt, Steele, Stokesbary, Stuebe, Volz, Walsh, Waters and Ybarra

Excused: Representatives Graham, Hackney and Ormsby

ENGROSSED SUBSTITUTE HOUSE BILL NO. 1141, having received the necessary constitutional majority, was declared passed.

HOUSE BILL NO. 1609, by Representatives Waters, Mena, Reed and Nance

Promoting efficient administration of state education agencies.

The bill was read the second time.

Representative Reeves moved the adoption of amendment (139):

On page 1, line 9, after "designee" insert "from the office of the superintendent of public instruction"

Representatives Waters and Reeves spoke in favor of the adoption of the amendment.

Amendment (139) 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 Waters, Reeves and Engell spoke in favor of the passage of the bill.

Representatives Dufault and Orcutt spoke against the passage of the bill.

The Speaker (Representative Simmons presiding) stated the question before the House to be the final passage of Engrossed House Bill No. 1609.

ROLL CALL

The Clerk called the roll on the final passage of Engrossed House Bill No. 1609, and the bill passed the House by the following vote: Yeas, 78; Nays, 17; Absent, 0; Excused, 3

Voting Yea: Representatives Abell, Barkis, Barnard, Berg, Bergquist, Bernbaum, Berry, Bronoske, Burnett, Callan, Connors, Cortes, Couture, Davis, Dent, Doglio, Donaghy, Duerr, Dye, Engell, Entenman, Farivar, Fey, Fitzgibbon, Fosse, Goodman, Gregerson, Griffey, Hill, Hunt, Jacobsen, Keaton, Klicker, Kloba, Leavitt, Lekanoff, Macri, Marshall, McClintock, Mena, Morgan, Nance, Obras, Ortiz-Self, Parshley, Paul, Peterson, Pollet, Ramel, Reed, Reeves, Richards, Rude, Rule, Ryu, Salahuddin, Schmidt, Scott, Shavers, Simmons, Springer, Stearns, Steele, Stonier, Street, Stuebe, Taylor, Thai, Tharinger, Thomas, Timmons, Volz, Walen, Waters, Wylie, Ybarra, Zahn and Mme. Speaker

Voting Nay: Representatives Abbarno, Caldier, Chase, Corry, Dufault, Eslick, Ley, Low, Manjarrez, McEntire, Mendoza, Orcutt, Penner, Santos, Schmick, Stokesbary and Walsh

Excused: Representatives Graham, Hackney and Ormsby

ENGROSSED HOUSE BILL NO. 1609, having received the necessary constitutional majority, was declared passed.

The Speaker (Representative Simmons presiding) called upon Representative Timmons to preside.

SECOND READING

HOUSE BILL NO. 1813, by Representatives Macri, Doglio, Parshley, Davis, Ormsby, Scott and Pollet

Concerning the reprocurement of medical assistance services, including the realignment of behavioral health crisis services for medicaid enrollees.

The bill was read the second time.

There being no objection, Second Substitute House Bill No. 1813 was substituted for House Bill No. 1813 and the second substitute bill was placed on the second reading calendar.

SECOND SUBSTITUTE HOUSE BILL NO. 1813 was read the second time.

Representative Macri moved the adoption of the striking amendment (669):

Strike everything after the enacting clause and insert the following:

"NEW SECTION. **Sec. 1.** A new section is added to chapter 74.09 RCW to read as follows:

(1)(a) The authority, in consultation with the office of the insurance commissioner, the department of health, and relevant stakeholders, shall develop a base model of crisis service delivery that should exist in every region. The authority must include in the model the minimum number and type of crisis services, regardless of population size, and recommendations for how to scale the service delivery model for regions with larger populations.

(b) The authority shall consult with the department of commerce and the department of health quarterly for all agencies to plan and prepare for new or expanded services in each regional service area, which must include, but are not limited to, incorporating regional capacity changes reported to the authority by managed care organizations, behavioral health administrative services organizations, providers, or provider networks. When programs or facilities including, but not limited to, those programs and facilities described in RCW 71.24.045(1)(e) are newly established or closed or existing services are expanded or reduced in a region:

(i) The authority shall direct the state's medicaid contractor for actuarial services to promptly and prospectively adjust medicaid managed care rates to include a programmatic adjustment related to the new or expanded service prior to the facility opening or the service expansion, consistent with the rate-setting cycles directed by the authority. If a facility closes or services are reduced, managed care

and fee-for-service rates must be adjusted accordingly in the rate-setting cycle following the facility closure; and

(ii) Subject to appropriations, the state contracted nonmedicaid budget and reserve maximum and minimum limits with each regional behavioral health administrative services organization must be promptly and prospectively adjusted to reflect the projected increase or decrease in service facilities and capacity. Adjustments must be based on the reasonable and appropriate operational costs of the new or expanded facility or program, including staffing and resources required to support the delivery of services and the projected number of individuals served, assuring that nonmedicaid populations are served effectively.

(2)(a) Within existing funds, the authority shall prepare for the reprocurement of services to enrollees of medical assistance programs authorized under this chapter, including by providing the opportunity for comment by key stakeholders, to the extent allowed by applicable state and federal procurement standards, including tribes, patient groups, health care providers and facilities, counties, and behavioral health administrative services organizations. Preparation for the reprocurement of services must be completed within existing resources by July 1, 2026, and include:

(i) The full participation and inclusion of the interests of tribes and Indian health care providers in the contract development process to assure that there is no disruption to the Indian health care delivery system and that opportunities to promote the health of American Indians and Alaska Natives are considered;

(ii) Contract standards to maximize care coordination between the managed care organizations and the behavioral health administrative services organizations;

(iii) The most effective methodologies for measuring network access and adequacy for each provider type subject to network access and adequacy standards and tailored to the particular needs of the regional service areas, to be implemented in the reprocurement to assure access to appropriate and timely behavioral health services in each region;

(iv) The optimal number of managed care organizations for each regional service area;

(v) Appropriate outcome measures for inclusion in managed care contracts;

(vi) Timelines for new contracts to be executed and each step in the procurement process to reach the finalization of the new contracts;

(vii) Provisions for best practices regarding contract revisions and future reprocurement timelines;

(viii) Opportunities to amend managed care contract requirements to further streamline and standardize processes to reduce administrative burden for providers; and

(ix) Exploration of contracting directly with behavioral health administrative services organizations, rather than managed care organizations, for the crisis services described in RCW 71.24.380(3)(b).

(b) Within existing resources and in compliance with state and federal medicaid procurement requirements, a description of the preparation for the reprocurement, including each element required by (a) of this subsection (2), must be made publicly available on the authority's website by July 1, 2026.

Sec. 2. RCW 71.24.045 and 2024 c 368 s 3 and 2024 c 209 s 30 are each reenacted and amended to read as follows:

(1) The behavioral health administrative services organization contracted with the authority pursuant to RCW 71.24.381 shall:

(a) Administer crisis services for the assigned regional service area. Such services must include:

(i) A behavioral health crisis hotline that operates 24 hours a day every day for its assigned regional service area that provides immediate support, triage, and referral, including tribal and Indian health care provider crisis services, for individuals experiencing behavioral health crises, including the capacity to connect individuals with trained crisis counselors and, when appropriate, dispatch additional crisis services consistent with existing strategies and operations of the 988 system;

(ii) Crisis response services 24 hours a day, seven days a week, 365 days a year;

(iii) Services related to involuntary commitments under chapters 71.05 and 71.34 RCW;

(iv) Tracking of less restrictive alternative orders issued within the region by superior courts, and providing notification to a managed care organization in the region when one of its enrollees receives a less restrictive alternative order so that the managed care organization may ensure that the person is connected to services and that the requirements of RCW 71.05.585 are complied with. If the person receives a less restrictive alternative order and is returning to another region, the behavioral health administrative services organization shall notify the behavioral health administrative services organization in the home region of the less restrictive alternative order so that the home behavioral health administrative services organization may notify the person's managed care organization or provide services if the person is not enrolled in medicaid and does not have other insurance which can pay for those services;

(v) Additional noncrisis behavioral health services, within available resources, to individuals who meet certain criteria set by the authority in its contracts with the behavioral health administrative services organization. These services may include services provided through federal grant funds, provisos, and general fund state appropriations;

(vi) Care coordination, diversion services, and discharge planning for nonmedicaid individuals transitioning from state hospitals or inpatient settings to reduce rehospitalization and utilization of

crisis services, as required by the authority in contract;

(vii) Regional coordination, cross-system and cross-jurisdiction coordination with tribal governments, and capacity building efforts, such as supporting the behavioral health advisory board and efforts to support access to services or to improve the behavioral health system; and

(viii) Duties under RCW 71.24.432;

(b) Administer and provide for the availability of an adequate network of evaluation and treatment services to ensure access to treatment, investigation, transportation, court-related, and other services provided as required under chapter 71.05 RCW;

(c) Coordinate services for individuals under RCW 71.05.365;

(d) Administer and provide for the availability of resource management services, residential services, and community support services as required under its contract with the authority;

(e) Contract with a sufficient number, as determined and funded by the authority, of licensed or certified providers for crisis services, which may include crisis services delegated to the behavioral health administrative services organization consistent with RCW 71.24.380(3)(b) and other behavioral health services required by the authority;

(f) ((~~Maintain adequate reserves or secure a bond as required by its contract with the authority~~))Collaborate with the authority to develop a funding model for establishing adequate reserve thresholds, considering service utilization, crisis system operations, and crisis service needs for the medicaid and nonmedicaid populations;

(g) Establish and maintain quality assurance processes;

(h) Meet established limitations on administrative costs for agencies that contract with the behavioral health administrative services organization; and

(i) Maintain patient tracking information as required by the authority.

(2)(a) The behavioral health administrative services organization must collaborate with the authority and its contracted managed care organizations to develop and implement strategies to coordinate care with tribes and community behavioral health providers for individuals with a history of frequent crisis system utilization.

((~~(3)~~))(b) To facilitate care coordination with managed care organizations for managed care enrollees that have engagement with the crisis system, the behavioral health administrative services organizations, in consultation with managed care organizations, shall develop and implement electronic care coordination data-sharing standards that are consistent across regional service areas by January 1, 2026.

(3) By January 1, 2027, behavioral health administrative services organizations shall electronically submit all documentation related to encounters and claims information to their payers for crisis services, including the authority and managed care organizations.

(4) The behavioral health administrative services organization shall:

(a) Assure that the special needs of minorities, older adults, individuals with disabilities, children, and low-income persons are met;

(b) Collaborate with local and tribal government entities to ensure that policies do not result in an adverse shift of persons with mental illness into state, local, and tribal correctional facilities; and

(c) Work with the authority to expedite the enrollment or reenrollment of eligible persons leaving state or local correctional facilities and institutions for mental diseases.

((~~(4)~~))(5) The behavioral health administrative services organization shall employ an assisted outpatient treatment program coordinator to oversee system coordination and legal compliance for assisted outpatient treatment under RCW 71.05.148 and 71.34.815.

((~~(5)~~))(6) The behavioral health administrative services organization shall comply and ensure their contractors comply with the tribal crisis coordination plan agreed upon by the authority and tribes for coordination of crisis services, care coordination, and discharge and transition planning with tribes and Indian health care providers applicable to their regional service area.

(7) Within existing resources, the authority shall develop an operational plan for a behavioral health administrative services organization that serves American Indians and Alaska Natives that operates statewide and coordinates with tribal governments and Indian health care providers as defined in RCW 43.71B.010. The office of tribal affairs shall coordinate the development of the operational plan in partnership with the American Indian health commission as defined in RCW 43.71B.010 and the governor's Indian health advisory council which shall provide a forum for consultation and collaboration with the tribes and Indian health care providers.

Sec. 3. RCW 71.24.380 and 2023 c 51 s 32 are each amended to read as follows:

(1) The director shall purchase behavioral health services primarily through managed care contracting, but may continue to purchase behavioral health services directly from providers serving medicaid clients who are not enrolled in a managed care organization.

(2) The director shall require that contracted managed care organizations have a sufficient network of providers to provide adequate access to behavioral health services for residents of the regional service area that meet eligibility criteria for services, and for maintenance of quality assurance processes. Contracts with managed care organizations must comply with all federal medicaid and state law requirements related to managed health care contracting, including RCW 74.09.522.

(3)(a) A managed care organization must contract with the authority's selected behavioral health administrative services organization for the assigned regional

service area for the administration of crisis services. The contract shall require the managed care organization to reimburse the behavioral health administrative services organization for behavioral health crisis services delivered to individuals enrolled in the managed care organization.

(b) By January 1, 2026, the authority shall direct managed care organizations to establish, continue, or expand delegation arrangements with behavioral health administrative services organizations for crisis services for medicaid enrollees, including crisis phone interventions, mobile crisis teams, peer support services in crisis settings, and crisis stabilization services to include crisis stabilization facilities, in-home crisis stabilization services, and crisis relief centers. The authority shall direct managed care organizations to negotiate with behavioral health administrative services organizations on a structure to reimburse delegated network providers for medical services offered at crisis facilities.

(i) Managed care organizations shall maintain standards of delegation consistent with their required national committee for quality assurance accreditation. If a managed care organization finds that a behavioral health administrative services organization is unable to meet delegation standards for certain facility-based crisis stabilization services, the authority, in partnership with the managed care organization, shall provide technical assistance for up to 12 months to the behavioral health administrative services organization to develop its ability to comply with the full scope of delegated services. If, upon conclusion of the technical assistance period, the behavioral health administrative services organization remains unable to comply with the delegation standards, the delegation shall be terminated and the responsibility for the provision of facility-based crisis stabilization services shall revert to the managed care organization.

(ii) Under managed care delegation arrangements, behavioral health administrative services organizations are subject to audits of their performance to assure the quality of services being provided to their enrollees. If, at any time, a behavioral health administrative services organization fails the audit, the managed care organization shall proceed with findings or corrective action plans according to their requirements as a national committee for quality assurance accreditation entity. The managed care organization shall notify the authority of these findings and corrective actions within 72 hours. The authority, in partnership with the managed care organization, shall provide technical assistance to behavioral health administrative services organizations to address any deficiencies identified in the audit.

(4) Managed care organizations and behavioral health administrative services organizations shall collectively, and in contract, establish defined roles, responsibilities, and protocols for care coordination of managed care enrollees that have engagement with the crisis system of care.

(5) The authority must contract with the department of commerce for the provision of behavioral health consumer advocacy services delivered to individuals enrolled in a managed care organization by the advocacy organization selected by the state office of behavioral health consumer advocacy established in RCW 71.40.030. The contract shall require the authority to reimburse the department of commerce for the behavioral health consumer advocacy services delivered to individuals enrolled in a managed care organization.

((~~(5) A managed care organization~~))(6) Managed care organizations and behavioral health administrative services organizations must collaborate with the authority ((~~and its contracted behavioral health administrative services organization~~)) to develop and implement strategies to coordinate care with tribes and community behavioral health providers for individuals with a history of frequent crisis system utilization.

((~~(6)~~))(7) A managed care organization must work closely with designated crisis responders, behavioral health administrative services organizations, and behavioral health providers to maximize appropriate placement of persons into community services, ensuring the client receives the least restrictive level of care appropriate for their condition. Additionally, the managed care organization shall work with the authority to expedite the enrollment or reenrollment of eligible persons leaving state or local correctional facilities and institutions for mental diseases.

((~~(7) As an incentive to county authorities to become early adopters of fully integrated purchasing of medical and behavioral health services, the standards adopted by the authority shall provide for an incentive payment to counties which elect to move to full integration by January 1, 2016. Subject to federal approval, the incentive payment shall be targeted at ten percent of savings realized by the state within the regional service area in which the fully integrated purchasing takes place. Savings shall be calculated in alignment with the outcome and performance measures established in RCW 71.24.435, 70.320.020, and 71.36.025, and incentive payments for early adopter counties shall be made available for up to a six-year period, or until full integration of medical and behavioral health services is accomplished statewide, whichever comes sooner, according to rules to be developed by the authority.~~))

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, 2025, in the omnibus appropriations act, this act is null and void."

Correct the title.

Representatives Macri and Schmick spoke in favor of the adoption of the striking amendment.

The striking amendment (669) 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.

Representative Macri spoke in favor of the passage of the bill.

Representative Schmick spoke against the passage of the bill.

The Speaker (Representative Timmons presiding) stated the question before the House to be the final passage of Engrossed Second Substitute House Bill No. 1813.

ROLL CALL

The Clerk called the roll on the final passage of Engrossed Second Substitute House Bill No. 1813, and the bill passed the House by the following vote: Yeas, 79; Nays, 16; Absent, 0; Excused, 3

Voting Yea: Representatives Abell, Barkis, Barnard, Berg, Bergquist, Bernbaum, Berry, Bronoske, Burnett, Caldier, Callan, Chase, Connors, Cortes, Couture, Davis, Dent, Doglio, Donaghy, Duerr, Engell, Entenman, Eslick, Farivar, Fey, Fitzgibbon, Fosse, Goodman, Gregerson, Griffey, Hill, Hunt, Keaton, Klicker, Kloba, Leavitt, Lekanoff, Low, Macri, Marshall, Mena, Morgan, Nance, Obras, Ortiz-Self, Parshley, Paul, Penner, Peterson, Pollet, Ramel, Reed, Reeves, Richards, Rude, Rule, Ryu, Salahuddin, Santos, Schmidt, Scott, Shavers, Simmons, Springer, Stearns, Steele, Stokesbary, Stonier, Street, Stuebe, Taylor, Thai, Tharinger, Thomas, Timmons, Walen, Wylie, Zahn and Mme. Speaker

Voting Nay: Representatives Abbarno, Corry, Dufault, Dye, Jacobsen, Ley, Manjarrez, McClintock, McEntire, Mendoza, Orcutt, Schmick, Volz, Walsh, Waters and Ybarra

Excused: Representatives Graham, Hackney and Ormsby

ENGROSSED SECOND SUBSTITUTE HOUSE BILL NO. 1813, having received the necessary constitutional majority, was declared passed.

HOUSE BILL NO. 1183, by Representatives Duerr, Leavitt, Berry, Parshley, Reed, Ryu, Fitzgibbon, Taylor, Doglio, Berg and Davis

Concerning building code and development regulation reform.

The bill was read the second time.

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

SECOND 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.

Representative Duerr spoke in favor of the passage of the bill.

Representative Griffey spoke against the passage of the bill.

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

ROLL CALL

The Clerk called the roll on the final passage of Second Substitute House Bill No. 1183, and the bill passed the House by the following vote: Yeas, 56; Nays, 39; Absent, 0; Excused, 3

Voting Yea: Representatives Berg, Bergquist, Bernbaum, Berry, Bronoske, Callan, Cortes, Davis, Doglio, Donaghy, Duerr, Entenman, Farivar, Fey, Fitzgibbon, Fosse, Goodman, Gregerson, Hill, Hunt, Kloba, Leavitt, Lekanoff, Macri, Mena, Morgan, Nance, Obras, Ortiz-Self, Parshley, Paul, Peterson, Pollet, Ramel, Reed, Reeves, Rule, Ryu, Salahuddin, Santos, Scott, Shavers, Simmons, Springer, Stearns, Stonier, Street, Taylor, Thai, Tharinger, Thomas, Timmons, Walen, Wylie, Zahn and Mme. Speaker

Voting Nay: Representatives Abbarno, Abell, Barkis, Barnard, Burnett, Caldier, Chase, Connors, Corry, Couture, Dent, Dufault, Dye, Engell, Eslick, Griffey, Jacobsen, Keaton, Klicker, Ley, Low, Manjarrez, Marshall, McClintock, McEntire, Mendoza, Orcutt, Penner, Richards, Rude, Schmick, Schmidt, Steele, Stokesbary, Stuebe, Volz, Walsh, Waters and Ybarra

Excused: Representatives Graham, Hackney and Ormsby

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

HOUSE BILL NO. 1432, by Representatives Simmons, Eslick, Rule, Davis, Macri, Stearns, Reed, Goodman, Salahuddin, Pollet, Timmons and Santos

Improving access to appropriate mental health and substance use disorder services.

The bill was read the second time.

There being no objection, Second Substitute House Bill No. 1432 was substituted for House Bill No. 1432 and the second substitute bill was placed on the second reading calendar.

SECOND SUBSTITUTE HOUSE BILL NO. 1432 was read the second time.

Representative Simmons moved the adoption of the striking amendment (334):

Strike everything after the enacting clause and insert the following:

"NEW SECTION. **Sec. 1.** (1) The legislature finds that:

(a) Access to mental health and substance use disorder treatment is critical to the health and well-being of individuals with these conditions and that access to appropriate care is important to reducing preventable emergency department visits, hospitalizations, and physical health care costs associated with significant comorbidities;

(b) Health insurance coverage is essential to ensuring that individuals can access needed mental health and substance use disorder treatment and that health carriers should make medical necessity determinations based on the objective needs of the patient; and

(c) The mental health and substance use disorder workforce faces a number of administrative barriers and undue financial risks with respect to participation in health carriers' provider networks that should be alleviated.

(2) Therefore, it is the intent of the legislature to increase access to mental health and substance use disorder treatment by updating Washington's mental health parity requirements, requiring that medical necessity determinations be consistent with generally accepted standards of care and recommendations from nonprofit health care

provider associations, requiring consistent rules for both mental health and substance use disorders, and eliminating harmful barriers to care.

NEW SECTION. **Sec. 2.** A new section is added to chapter 48.43 RCW to read as follows:

(1) For the purposes of this section:

(a) "Clinical review criteria" means written guidelines, standards, protocols, or decision rules used by a health carrier, or health care benefit manager on behalf of a health carrier, during utilization review to evaluate the medical necessity of a patient's requested health care services.

(b) "Core treatment" means a standard treatment or course of treatment, therapy, service, or intervention indicated by generally accepted standards of mental health and substance use disorder care for a condition or disorder.

(c) "Generally accepted standards of mental health and substance use disorder care" means standards of care and clinical practice that are generally recognized by health care providers practicing in relevant clinical specialties such as psychiatry, psychology, clinical sociology, social work, addiction medicine and counseling, and behavioral health treatment. Valid, evidence-based sources establishing generally accepted standards of care include peer-reviewed scientific studies and medical literature, evidence-based clinical criteria, and recommendations of nonprofit professional associations including, but not limited to, patient placement criteria and clinical practice guidelines, recommendations of federal government agencies, and drug labeling approved by the United States food and drug administration.

(d) "Health plan" or "health benefit plan" means:

(i) A health plan as defined by RCW 48.43.005; or

(ii) A plan deemed by the commissioner to have a short-term limited purpose or duration, or to be a student-only health plan that is guaranteed renewable while the covered person is enrolled as a regular, full-time undergraduate student at an accredited higher education institution.

(e) "Medically necessary" means a service or product addressing the specific needs of a patient, for the purpose of screening, preventing, diagnosing, managing, or treating an illness, injury, condition, or its symptoms, including minimizing the progression of an illness, injury, condition, or its symptoms, in a manner that is:

(i) In accordance with generally accepted standards of mental health and substance use disorder care;

(ii) Clinically appropriate in terms of type, frequency, extent, site, and duration of a service or product; and

(iii) Not primarily for the economic benefit of the insurer or purchaser or for the convenience of the patient, treating physician, or other health care provider.

(f) "Mental health and substance use disorder services" means:

(i) For health benefit plans issued or renewed before January 1, 2021, medically necessary outpatient and inpatient services provided to treat mental disorders covered by the diagnostic categories listed in the most current version of the diagnostic and statistical manual of mental disorders, published by the American psychiatric association, on June 11, 2020, or such subsequent date as may be provided by the insurance commissioner by rule, consistent with the purposes of chapter 6, Laws of 2005, with the exception of the following categories, codes, and services: (A) Substance related disorders; (B) life transition problems, currently referred to as "V" codes, and diagnostic codes 302 through 302.9 as found in the diagnostic and statistical manual of mental disorders, 4th edition, published by the American psychiatric association; (C) skilled nursing facility services, home health care, residential treatment, and custodial care; and (D) court-ordered treatment, unless the insurer's medical director or designee determines the treatment to be medically necessary;

(ii) For a health benefit plan or a plan deemed by the commissioner to have a short-term limited purpose or duration, or to be a student-only health plan that is guaranteed renewable while the covered person is enrolled as a regular, full-time undergraduate student at an accredited higher education institution, issued or renewed on or after January 1, 2021, medically necessary outpatient services, residential care, partial hospitalization services, and inpatient services provided to treat mental health and substance use disorders covered by the diagnostic categories listed in the most current version of the diagnostic and statistical manual of mental disorders, published by the American psychiatric association, on June 11, 2020, or such subsequent date as may be provided by the insurance commissioner by rule, consistent with the purposes of chapter 6, Laws of 2005; and

(iii) For a health plan issued or renewed on or after January 1, 2027, medically necessary outpatient services, residential care, partial hospitalization services, inpatient services, and prescription drugs provided to treat mental health or substance use disorders covered by:

(A) The diagnostic categories listed in the most current version of the diagnostic and statistical manual of mental disorders, published by the American psychiatric association, on June 11, 2020, or any subsequent version as determined by the insurance commissioner in rule consistent with this section and the goals listed in section 1 of this act;

(B) The diagnostic categories listed in the mental, behavioral, and neurodevelopmental chapters of the version available on January 13, 2025, of the international classification of diseases adopted by the federal department of health and human services through 42 C.F.R. Sec. 162.002 or any subsequent version as determined by the insurance commissioner in rule consistent with this section and the goals listed in section 1 of this act; or

(C) The diagnostic categories listed in the DC:0-5 diagnostic classification of mental health and developmental disorders of infancy and early childhood available on January 13, 2025, or any subsequent version as determined by the insurance commissioner in rule consistent with this section and the goals listed in section 1 of this act.

(g) "Nonprofit professional association" means a not-for-profit health care provider professional association or specialty society that is generally recognized by clinicians practicing in the relevant clinical specialty and issues peer-reviewed guidelines, criteria, or other clinical recommendations developed through a transparent process.

(h) "Utilization review" means the prospective, concurrent, or retrospective assessment of the medical necessity and appropriateness of the allocation of health care resources and services of a provider or facility, given or proposed to be given to an enrollee or group of enrollees.

(2) Each health plan providing coverage for medical and surgical services shall provide coverage for mental health and substance use disorder services. Any cost sharing for mental health and substance use disorder services and any treatment limitations related to mental health and substance use disorder services must comply with the quantitative and nonquantitative treatment limitation requirements in the mental health parity and addiction equity act, 89 Fed. Reg. 77586 (September 23, 2024).

(3) Utilization review and clinical review criteria may not deviate from generally accepted standards of mental health and substance use disorder care.

(4)(a) Except as otherwise provided in (c) of this subsection, in conducting utilization reviews relating to service intensity or level of care placement, continued stay, or transfer or discharge, the health carrier shall apply relevant age-appropriate patient placement criteria from nonprofit professional associations and shall authorize placement at the service intensity and level of care consistent with that criteria. The health carrier may not apply conflicting or more restrictive criteria.

(b) If the carrier's application of the relevant age-appropriate patient placement criteria under (a) of this subsection is not consistent with the service intensity or level of care placement requested by the covered person or their provider, any adverse benefit determination notice must include full details of the carrier's assessment under the relevant criteria to the provider and the covered person.

(c) A carrier may use patient placement criteria in addition to the relevant age-appropriate placement criteria under (a) of this subsection only to approve requested services and may not rely on additional patient placement criteria to issue an adverse benefit determination or otherwise deny, restrict, or limit access to requested services.

(d) To ensure appropriate use of all clinical review criteria used by a carrier to conduct utilization reviews, carriers must comply with any oversight measures deemed appropriate by the commissioner.

(5) A health carrier may not limit benefits or coverage for medically necessary mental health and substance use disorder services on the basis that those services should or could be covered by a public entitlement program including, but not limited to, special education or an individualized education program, medicaid, medicare, supplemental security income, or social security disability insurance, and may not include or enforce a contract term that excludes otherwise covered benefits on the basis that those services should or could be covered by a public entitlement program. Nothing in this subsection may be construed to require a carrier to cover benefits that have been authorized and provided for a covered person by a public entitlement program, except as otherwise required by state or federal law.

(6) This section applies to any health care benefit manager, as defined in RCW 48.200.020 or contracted provider that performs utilization review functions directly or indirectly on a health carrier's behalf.

(7) A health carrier may not adopt, impose, or enforce terms in its policies or provider agreements, in writing or in operation, in a manner that undermines, alters, or conflicts with the requirements of this section.

(8) If a health carrier provides any benefits for a mental health condition or substance use disorder in any classification of benefits, it shall provide meaningful benefits for that mental health condition or substance use disorder in every classification in which medical or surgical benefits are provided. For purposes of this subsection, whether the benefits provided are considered "meaningful benefits" is determined in comparison to the benefits provided for medical conditions and surgical procedures in the classification and requires, at a minimum, coverage of benefits for that condition or disorder in each classification in which the health carrier provides benefits for one or more medical conditions or surgical procedures. A health carrier does not provide meaningful benefits under this subsection unless it provides benefits for a core treatment for that condition or disorder in each classification in which the health carrier provides benefits for a core treatment for one or more medical conditions or surgical procedures. If there is no core treatment for a covered mental health condition or substance use disorder with respect to a classification, the health carrier is not required to provide benefits for a core treatment for such condition or disorder in that classification, but shall provide benefits for such condition or disorder in every classification in which medical or surgical benefits are provided.

(9) The requirements related to the mental health parity and addiction equity act, as published in 89 Fed. Reg. 77586 (September 23, 2024), are incorporated in this section in their entirety.

(10) If a health care provider or a current or prospective covered person

requests one or more nonquantitative treatment limitation parity compliance analyses that the health carrier is required to have completed by 29 U.S.C. Sec. 1185a or 42 U.S.C. Sec. 300gg-26, the health carrier shall provide the requested analyses free of charge. The health carrier shall include in each of their health plan policies and mental health and substance use disorder provider contracts a notification of the right to request nonquantitative treatment limitation analyses free of charge. The notification must include information on how to request the analyses. In addition to any other action authorized under RCW 48.02.080, 48.05.185, 48.44.166, and 48.46.135, failure by a health carrier to provide the full requested analyses shall result in a penalty of $100 per day, which shall be collected by the commissioner and remitted to the requestor.

(11) If the commissioner determines that a health carrier has violated this section, the commissioner may, after appropriate notice and opportunity for hearing as required under chapters 48.04 and 34.05 RCW, by order, assess a civil monetary penalty not to exceed $5,000 for each violation, or, if a violation was willful, a civil monetary penalty not to exceed $10,000 for each violation. The civil monetary penalties available to the commissioner pursuant to this section are not exclusive and may be sought and employed in combination with any other remedies available to the commissioner under RCW 48.02.080. Beginning January 1, 2031, and every five years thereafter, the penalty amounts specified in this section must be adjusted based on the weighted cumulative average rate of change in premium rates for the individual, small, and large group markets for the previous five years.

(12) A violation of this section shall also be considered a violation of RCW 48.43.0128.

(13) This section does not prohibit a requirement that mental health and substance use disorder services be medically necessary, if a comparable requirement is applicable to medical and surgical services.

Sec. 3. RCW 48.43.016 and 2020 c 193 s 2 are each amended to read as follows:

(1) A health carrier or ((~~its contracted entity~~))health care benefit manager as defined in RCW 48.200.020 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 by posting the information on its website in a manner accessible to both enrollees and providers.

(2)(a) A health carrier or ((~~its contracted entity~~))health care benefit manager as defined in RCW 48.200.020 may not require utilization management or review of any kind including, but not limited to, prior, concurrent, or postservice authorization for an initial evaluation and management visit and up to six treatment visits with a contracting provider in a new episode of care for each of the following: Chiropractic, physical therapy, occupational therapy, acupuncture and Eastern medicine, massage therapy, outpatient mental health care office visits, outpatient substance use disorder care office visits, or speech and hearing therapies. Visits for which utilization management or review is prohibited under this section are subject to any quantitative treatment limits of the health plan. Notwithstanding RCW 48.43.515(5) this section may not be interpreted to limit the ability of a health plan to require a referral or prescription for the therapies listed in this section. Quantitative treatment limitations and nonquantitative treatment limitations, including any referral and prescription requirements, for mental health or substance use disorder care shall comply with the requirements of the mental health parity and addiction equity act, state law, and any implementing regulations.

(b) For visits for which utilization management or review is prohibited under this section, a health carrier or ((~~its contracted entity~~))health care benefit manager as defined in RCW 48.200.020 may not:

(i) Deny or limit coverage on the basis of medical necessity or appropriateness; or

(ii) Retroactively deny care or refuse payment for the visits.

(3) A health carrier shall post on its website and provide upon the request of a covered person or contracting provider any prior authorization standards, criteria, or information the carrier uses for medical necessity decisions.

(4) 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.

(5) 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.

(6) Nothing in this section prevents a health carrier from denying coverage based on insurance fraud.

(7) For purposes of this section:

(a) "New episode of care" means treatment for a new condition or diagnosis for which the enrollee has not been treated by a provider of the same licensed profession within the previous ninety days and is not currently undergoing any active treatment.

(b) "Contracting provider" does not include providers employed within an integrated delivery system operated by a carrier licensed under chapter 48.44 or 48.46 RCW.

Sec. 4. RCW 48.43.410 and 2019 c 171 s 2 are each amended to read as follows:

For health plans delivered, issued for delivery, or renewed on or after January 1, 2021, clinical review criteria used to

establish a prescription drug utilization management protocol must be evidence-based and updated on a regular basis through review of new evidence, research, and newly developed treatments. For prescription drugs prescribed to treat mental health or substance use disorder conditions, clinical review criteria must meet the requirements of section 2 of this act.

Sec. 5. RCW 48.43.520 and 2000 c 5 s 8 are each amended to read as follows:

(1) Carriers that offer a health plan shall maintain a documented utilization review program description and written utilization review and clinical review criteria based on reasonable medical evidence. For mental health and substance use disorder services, as defined in section 2 of this act, clinical review criteria must meet the requirements of section 2 of this act. The program must include a method for reviewing and updating criteria. Carriers shall make clinical protocols, medical management standards, clinical review criteria as defined in section 2 of this act, and other review criteria available upon request to participating providers.

(2) The commissioner shall adopt, in rule, standards for this section after considering relevant standards adopted by national managed care accreditation organizations and state agencies that purchase managed health care services.

(3) A carrier shall not be required to use medical evidence or standards in its utilization review of religious nonmedical treatment or religious nonmedical nursing care.

Sec. 6. RCW 48.43.530 and 2019 c 56 s 6 are each amended to read as follows:

(1) Each carrier and health plan must have fully operational, comprehensive grievance and appeal processes, and for plans that are not grandfathered, fully operational, comprehensive, and effective grievance and review of adverse benefit determination processes that comply with the requirements of this section and any rules adopted by the commissioner to implement this section. For the purposes of this section, the commissioner must consider applicable grievance and appeal or review of adverse benefit determination process standards adopted by national managed care accreditation organizations and state agencies that purchase managed health care services, and for health plans that are not grandfathered health plans as approved by the United States department of health and human services or the United States department of labor. In the case of coverage offered in connection with a group health plan, if either the carrier or the health plan complies with the requirements of this section and RCW 48.43.535, then the obligation to comply is satisfied for both the carrier and the plan with respect to the health insurance coverage.

(2) Each carrier and health plan must process as a grievance an enrollee's expression of dissatisfaction about customer service or the quality or availability of a health service. Each carrier must implement procedures for registering and responding to oral and written grievances in a timely and thorough manner.

(3) Each carrier and health plan must provide written notice to an enrollee or the enrollee's designated representative, and the enrollee's provider, of its decision to deny, modify, reduce, or terminate payment, coverage, authorization, or provision of health care services or benefits, including the admission to or continued stay in a health care facility. Such notice must be sent directly to a protected individual receiving care when accessing sensitive health care services or when a protected individual has requested confidential communication pursuant to RCW 48.43.505(5).

(4) An enrollee's written or oral request that a carrier reconsider its decision to deny, modify, reduce, or terminate payment, coverage, authorization, or provision of health care services or benefits, including the admission to, or continued stay in, a health care facility must be processed as follows:

(a) When the request is made under a grandfathered health plan, the plan and the carrier must process it as an appeal;

(b) When the request is made under a health plan that is not grandfathered, the plan and the carrier must process it as a review of an adverse benefit determination; and

(c) Neither a carrier nor a health plan, whether grandfathered or not, may require that an enrollee file a complaint or grievance prior to seeking appeal of a decision or review of an adverse benefit determination under this subsection.

(5) To process an appeal, each plan that is not grandfathered and each carrier offering that plan must:

(a) Provide written notice to the enrollee when the appeal is received;

(b) Assist the enrollee with the appeal process;

(c) Make its decision regarding the appeal within thirty days of the date the appeal is received. An appeal must be expedited if the enrollee's provider or the carrier's medical director reasonably determines that following the appeal process response timelines could seriously jeopardize the enrollee's life, health, or ability to regain maximum function. The decision regarding an expedited appeal must be made within seventy-two hours of the date the appeal is received;

(d) Cooperate with a representative authorized in writing by the enrollee;

(e) Consider information submitted by the enrollee;

(f) Investigate and resolve the appeal; and

(g) Provide written notice of its resolution of the appeal to the enrollee and, with the permission of the enrollee, to the enrollee's providers. The written notice must explain the carrier's and health plan's decision and the supporting coverage or clinical reasons and the enrollee's right to request independent review of the carrier's decision under RCW 48.43.535.

(6) Written notice required by subsection (3) of this section must explain:

(a) The carrier's and health plan's decision and the supporting coverage or clinical reasons; and

(b) The carrier's and grandfathered plan's appeal or for plans that are not grandfathered, adverse benefit determination review process, including information, as appropriate, about how to exercise the enrollee's rights to obtain a second opinion, and how to continue receiving services as provided in this section.

(7) When an enrollee requests that the carrier or health plan reconsider its decision to modify, reduce, or terminate an otherwise covered health service that an enrollee is receiving through the health plan and the carrier's or health plan's decision is based upon a finding that the health service, or level of health service, is no longer medically necessary or appropriate, the carrier and health plan must continue to provide that health service until the appeal, or for health plans that are not grandfathered, the review of an adverse benefit determination, is resolved. If the resolution of the appeal, review of an adverse benefit determination, or any review sought by the enrollee under RCW 48.43.535 affirms the carrier's or health plan's decision, the enrollee may be responsible for the cost of this continued health service.

(8) Each carrier and health plan must provide a clear explanation of the grievance and appeal, or for plans that are not grandfathered, the process for review of an adverse benefit determination process upon request, upon enrollment to new enrollees, and annually to enrollees and subcontractors.

(9) Each carrier and health plan must ensure that each grievance, appeal, and for plans that are not grandfathered, grievance and review of adverse benefit determinations, process is accessible to enrollees who are limited English speakers, who have literacy problems, or who have physical or mental disabilities that impede their ability to file a grievance, appeal or review of an adverse benefit determination.

(10)(a) Each plan that is not grandfathered and the carrier that offers it must: Track each appeal until final resolution; maintain, and make accessible to the commissioner for a period of three years, a log of all appeals; and identify and evaluate trends in appeals.

(b) Each grandfathered plan and the carrier that offers it must: Track each review of an adverse benefit determination until final resolution; maintain and make accessible to the commissioner, for a period of six years, a log of all such determinations; and identify and evaluate trends in requests for and resolution of review of adverse benefit determinations.

(11) In complying with this section, plans that are not grandfathered and the carriers offering them must treat a rescission of coverage, whether or not the rescission has an adverse effect on any particular benefit at that time, and any decision to deny coverage in an initial eligibility determination as an adverse benefit determination.

(12) A health carrier shall approve coverage of the mental health and substance use disorder services that are the subject of the grievance, appeal, or adverse benefit determination if the health carrier does not respond to the grievance, appeal, or adverse benefit determination within the time frames required in this section.

Sec. 7. RCW 48.43.535 and 2022 c 263 s 4 are each amended to read as follows:

(1) There is a need for a process for the fair consideration of disputes relating to decisions by carriers that offer a health plan to deny, modify, reduce, or terminate coverage of or payment for health care services for an enrollee. For purposes of this section, "carrier" also applies to a health plan if the health plan administers the appeal process directly or through a third party.

(2) An enrollee may seek review by a certified independent review organization of a carrier's decision to deny, modify, reduce, or terminate coverage of or payment for a health care service or of any adverse determination made by a carrier under RCW 48.49.020, 48.49.030, or sections 2799A-1 or 2799A-2 of the public health service act (42 U.S.C. Secs. 300gg-111 or 300gg-112) and implementing federal regulations in effect as of March 31, 2022, after exhausting the carrier's grievance process and receiving a decision that is unfavorable to the enrollee, or after the carrier has exceeded the timelines for grievances provided in RCW 48.43.530, without good cause and without reaching a decision.

(3) The commissioner must establish and use a rotational registry system for the assignment of a certified independent review organization to each dispute. The system should be flexible enough to ensure that an independent review organization has the expertise necessary to review the particular medical condition or service at issue in the dispute, and that any approved independent review organization does not have a conflict of interest that will influence its independence.

(4) Carriers must provide to the appropriate certified independent review organization, not later than the third business day after the date the carrier receives a request for review, a copy of:

(a) Any medical records of the enrollee that are relevant to the review;

(b) Any documents used by the carrier in making the determination to be reviewed by the certified independent review organization;

(c) Any documentation and written information submitted to the carrier in support of the appeal; and

(d) A list of each physician or health care provider who has provided care to the enrollee and who may have medical records relevant to the appeal. Health information or other confidential or proprietary information in the custody of a carrier may be provided to an independent review organization, subject to rules adopted by the commissioner.

(5) Enrollees must be provided with at least five business days to submit to the

independent review organization in writing additional information that the independent review organization must consider when conducting the external review. The independent review organization must forward any additional information submitted by an enrollee to the plan or carrier within one business day of receipt by the independent review organization.

(6) The medical reviewers from a certified independent review organization will make determinations regarding the medical necessity or appropriateness of, and the application of health plan coverage provisions to, health care services for an enrollee. The medical reviewers' determinations must be based upon their expert medical judgment, after consideration of relevant medical, scientific, and cost-effectiveness evidence, and medical standards of practice in the state of Washington. Except as provided in this subsection, the certified independent review organization must ensure that determinations are consistent with the scope of covered benefits as outlined in the medical coverage agreement. Medical reviewers may override the health plan's medical necessity or appropriateness standards if the standards are determined upon review to be unreasonable or inconsistent with sound, evidence-based medical practice. For reviews of mental health and substance use disorder services, as defined in section 2 of this act, the medical reviewers must conduct reviews and make determinations in a manner consistent with the requirements of section 2 of this act.

(7) Once a request for an independent review determination has been made, the independent review organization must proceed to a final determination, unless requested otherwise by both the carrier and the enrollee or the enrollee's representative.

(a) An enrollee or carrier may request an expedited external review if the adverse benefit determination or internal adverse benefit determination concerns an admission, availability of care, continued stay, or health care service for which the claimant received emergency services but has not been discharged from a facility; or involves a medical condition for which the standard external review time frame would seriously jeopardize the life or health of the enrollee or jeopardize the enrollee's ability to regain maximum function. The independent review organization must make its decision to uphold or reverse the adverse benefit determination or final internal adverse benefit determination and notify the enrollee and the carrier or health plan of the determination as expeditiously as possible but within not more than seventy-two hours after the receipt of the request for expedited external review. If the notice is not in writing, the independent review organization must provide written confirmation of the decision within forty-eight hours after the date of the notice of the decision.

(b) For claims involving experimental or investigational treatments, the independent review organization must ensure that adequate clinical and scientific experience and protocols are taken into account as part of the external review process.

(8) Carriers must timely implement the certified independent review organization's determination, and must pay the certified independent review organization's charges.

(9) When an enrollee requests independent review of a dispute under this section, and the dispute involves a carrier's decision to modify, reduce, or terminate an otherwise covered health service that an enrollee is receiving at the time the request for review is submitted and the carrier's decision is based upon a finding that the health service, or level of health service, is no longer medically necessary or appropriate, the carrier must continue to provide the health service if requested by the enrollee until a determination is made under this section. If the determination affirms the carrier's decision, the enrollee may be responsible for the cost of the continued health service.

(10) Each certified independent review organization must maintain written records and make them available upon request to the commissioner.

(11) A certified independent review organization may notify the office of the insurance commissioner if, based upon its review of disputes under this section, it finds a pattern of substandard or egregious conduct by a carrier.

(12)(a) The commissioner shall adopt rules to implement this section after considering relevant standards adopted by national managed care accreditation organizations and the national association of insurance commissioners.

(b) This section is not intended to supplant any existing authority of the office of the insurance commissioner under this title to oversee and enforce carrier compliance with applicable statutes and rules.

Sec. 8. RCW 48.43.600 and 2005 c 278 s 1 are each amended to read as follows:

(1) Except in the case of fraud, or as provided in subsections (2) and (3) of this section, a carrier may not: (a) Request a refund from a health care provider of a payment previously made to satisfy a claim unless it does so in writing to the provider within twenty-four months after the date that the payment was made or, in the case of mental health and substance use disorder services as defined in section 2 of this act, within six months after the date the payment was made; or (b) request that a contested refund be paid any sooner than six months after receipt of the request. Any such request must specify why the carrier believes the provider owes the refund. If a provider fails to contest the request in writing to the carrier within thirty days of its receipt, the request is deemed accepted and the refund must be paid.

(2) A carrier may not, if doing so for reasons related to coordination of benefits with another carrier or entity responsible for payment of a claim: (a) Request a refund from a health care provider of a payment previously made to satisfy a claim unless it does so in writing to the provider within

thirty months after the date that the payment was made or, in the case of mental health and substance use disorder services as defined in section 2 of this act, within nine months after the date the payment was made; or (b) request that a contested refund be paid any sooner than six months after receipt of the request. Any such request must specify why the carrier believes the provider owes the refund, and include the name and mailing address of the entity that has primary responsibility for payment of the claim. If a provider fails to contest the request in writing to the carrier within thirty days of its receipt, the request is deemed accepted and the refund must be paid.

(3) A carrier may at any time request a refund from a health care provider of a payment previously made to satisfy a claim if: (a) A third party, including a government entity, is found responsible for satisfaction of the claim as a consequence of liability imposed by law, such as tort liability; and (b) the carrier is unable to recover directly from the third party because the third party has either already paid or will pay the provider for the health services covered by the claim.

(4) If a contract between a carrier and a health care provider conflicts with this section, this section shall prevail. However, nothing in this section prohibits a health care provider from choosing at any time to refund to a carrier any payment previously made to satisfy a claim.

(5) For purposes of this section, "refund" means the return, either directly or through an offset to a future claim, of some or all of a payment already received by a health care provider.

(6) This section neither permits nor precludes a carrier from recovering from a subscriber, enrollee, or beneficiary any amounts paid to a health care provider for benefits to which the subscriber, enrollee, or beneficiary was not entitled under the terms and conditions of the health plan, insurance policy, or other benefit agreement.

(7) This section does not apply to claims for health care services provided through dental only health carriers, health care services provided under Title XVIII (medicare) of the social security act, or medicare supplemental plans regulated under chapter 48.66 RCW.

Sec. 9. RCW 48.43.830 and 2023 c 382 s 1 are each amended to read as follows:

(1) Each carrier offering a health plan issued or renewed on or after January 1, 2024, shall comply with the following standards related to prior authorization for health care services and prescription drugs:

(a) The carrier shall meet the following time frames for prior authorization determinations and notifications to a participating provider or facility that submits the prior authorization request through an electronic prior authorization process, as designated by each carrier:

(i) For electronic standard prior authorization requests, the carrier shall make a decision and notify the provider or facility of the results of the decision within three calendar days, excluding holidays, of submission of an electronic prior authorization request by the provider or facility that contains the necessary information to make a determination. If insufficient information has been provided to the carrier to make a decision, the carrier shall request any additional information from the provider or facility within one calendar day of submission of the electronic prior authorization request.

(ii) For electronic expedited prior authorization requests, the carrier shall make a decision and notify the provider or facility of the results of the decision within one calendar day of submission of an electronic prior authorization request by the provider or facility that contains the necessary information to make a determination. If insufficient information has been provided to the carrier to make a decision, the carrier shall request any additional information from the provider or facility within one calendar day of submission of the electronic prior authorization request.

(b) The carrier shall meet the following time frames for prior authorization determinations and notifications to a participating provider or facility that submits the prior authorization request through a process other than an electronic prior authorization process:

(i) For nonelectronic standard prior authorization requests, the carrier shall make a decision and notify the provider or facility of the results of the decision within five calendar days of submission of a nonelectronic prior authorization request by the provider or facility that contains the necessary information to make a determination. If insufficient information has been provided to the carrier to make a decision, the carrier shall request any additional information from the provider or facility within five calendar days of submission of the nonelectronic prior authorization request.

(ii) For nonelectronic expedited prior authorization requests, the carrier shall make a decision and notify the provider or facility of the results of the decision within two calendar days of submission of a nonelectronic prior authorization request by the provider or facility that contains the necessary information to make a determination. If insufficient information has been provided to the carrier to make a decision, the carrier shall request any additional information from the provider or facility within one calendar day of submission of the nonelectronic prior authorization request.

(c) In any instance in which a carrier has determined that a provider or facility has not provided sufficient information for making a determination under (a) and (b) of this subsection, a carrier may establish a specific reasonable time frame for submission of the additional information. This time frame must be communicated to the provider and enrollee with a carrier's request for additional information.

(d) The carrier's prior authorization requirements must be described in detail and written in easily understandable language.

The carrier shall make its most current prior authorization requirements and restrictions, including the written clinical review criteria, available to providers and facilities in an electronic format upon request. The prior authorization requirements must be based on peer-reviewed clinical review criteria. The clinical review criteria must be evidence-based criteria and must accommodate new and emerging information related to the appropriateness of clinical criteria with respect to black and indigenous people, other people of color, gender, and underserved populations. The clinical review criteria must be evaluated and updated, if necessary, at least annually. Clinical review criteria used for purposes of reviewing and decided upon prior authorization requests related to mental health and substance use disorder services, as defined in section 2 of this act, must meet the requirements of section 2 of this act.

(2)(a) Each carrier shall build and maintain a prior authorization application programming interface that automates the process for in-network providers to determine whether a prior authorization is required for health care services, identify prior authorization information and documentation requirements, and facilitate the exchange of prior authorization requests and determinations from its electronic health records or practice management system. The application programming interface must support the exchange of prior authorization requests and determinations for health care services beginning January 1, 2025, and must:

(i) Use health level 7 fast health care interoperability resources in accordance with standards and provisions defined in 45 C.F.R. Sec. 170.215 and 45 C.F.R. Sec. 156.22(3)(b);

(ii) Automate the process to determine whether a prior authorization is required for durable medical equipment or a health care service;

(iii) Allow providers to query the carrier's prior authorization documentation requirements;

(iv) Support an automated approach using nonproprietary open workflows to compile and exchange the necessary data elements to populate the prior authorization requirements that are compliant with the federal health insurance portability and accountability act of 1996 or have an exception from the federal centers for medicare and medicaid services; and

(v) Indicate that a prior authorization denial or authorization of a service less intensive than that included in the original request is an adverse benefit determination and is subject to the carrier's grievance and appeal process under RCW 48.43.535.

(b) Each carrier shall establish and maintain an interoperable electronic process or application programming interface that automates the process for in-network providers to determine whether a prior authorization is required for a covered prescription drug. The application programming interface must support the exchange of prior authorization requests and determinations for prescription drugs, including information on covered alternative prescription drugs, beginning January 1, 2027, and must:

(i) Allow providers to identify prior authorization information and documentation requirements;

(ii) Facilitate the exchange of prior authorization requests and determinations from its electronic health records or practice management system, and may include the necessary data elements to populate the prior authorization requirements that are compliant with the federal health insurance portability and accountability act of 1996 or have an exception from the federal centers for medicare and medicaid services; and

(iii) Indicate that a prior authorization denial or authorization of a drug other than the one included in the original prior authorization request is an adverse benefit determination and is subject to the carrier's grievance and appeal process under RCW 48.43.535.

(c) If federal rules related to standards for using an application programming interface to communicate prior authorization status to providers are not finalized by the federal centers for medicare and medicaid services by September 13, 2023, the requirements of (a) of this subsection may not be enforced until January 1, 2026.

(d)(i) If a carrier determines that it will not be able to satisfy the requirements of (a) of this subsection by January 1, 2025, the carrier shall submit a narrative justification to the commissioner on or before September 1, 2024, describing:

(A) The reasons that the carrier cannot reasonably satisfy the requirements;

(B) The impact of noncompliance upon providers and enrollees;

(C) The current or proposed means of providing health information to the providers; and

(D) A timeline and implementation plan to achieve compliance with the requirements.

(ii) The commissioner may grant a one-year delay in enforcement of the requirements of (a) of this subsection (2) if the commissioner determines that the carrier has made a good faith effort to comply with the requirements.

(iii) This subsection (2)(d) shall not apply if the delay in enforcement in (c) of this subsection takes effect because the federal centers for medicare and medicaid services did not finalize the applicable regulations by September 13, 2023.

(e) By September 13, 2023, and at least every six months thereafter until September 13, 2026, the commissioner shall provide an update to the health care policy committees of the legislature on the development of rules and implementation guidance from the federal centers for medicare and medicaid services regarding the standards for development of application programming interfaces and interoperable electronic processes related to prior authorization functions. The updates should include recommendations, as appropriate, on whether the status of the federal rule development aligns with the provisions of chapter 382, Laws of 2023. The commissioner also shall

report on any actions by the federal centers for medicare and medicaid services to exercise enforcement discretion related to the implementation and maintenance of an application programming interface for prior authorization functions. The commissioner shall consult with the health care authority, carriers, providers, and consumers on the development of these updates and any recommendations.

(3) A health carrier shall approve coverage of the mental health and substance use disorder services that are the subject of the prior authorization request if the health carrier does not respond to the prior authorization request within the time frames required in this section.

(4) Nothing in this section applies to prior authorization determinations made pursuant to RCW 48.43.761.

((~~(4)~~)) (5) For the purposes of this section:

(a) "Expedited prior authorization request" means a request by a provider or facility for approval of a health care service or prescription drug where:

(i) The passage of time:

(A) Could seriously jeopardize the life or health of the enrollee;

(B) Could seriously jeopardize the enrollee's ability to regain maximum function; or

(C) In the opinion of a provider or facility with knowledge of the enrollee's medical condition, would subject the enrollee to severe pain that cannot be adequately managed without the health care service or prescription drug that is the subject of the request; or

(ii) The enrollee is undergoing a current course of treatment using a nonformulary drug.

(b) "Standard prior authorization request" means a request by a provider or facility for approval of a health care service or prescription drug where the request is made in advance of the enrollee obtaining a health care service or prescription drug that is not required to be expedited.

NEW SECTION. **Sec. 10.** The insurance commissioner may adopt rules:

(1) Necessary to administer and implement this act;

(2) Specifying data testing requirements to determine plan design and in-operation parity compliance for quantitative and nonquantitative treatment limitations, including but not limited to prior authorization, concurrent review, retrospective review, credentialing standards, and reimbursement rates. Such data testing requirements may utilize independent generally recognized benchmarks to determine parity compliance; and

(3) To ensure consistent utilization review and application of clinical review criteria to meet the requirements of this act, including identification of clinical review criteria that are consistent with generally accepted standards of mental health and substance use disorder care.

NEW SECTION. **Sec. 11.** Sections 1 through 9 of this act take effect January 1, 2027.

NEW SECTION. **Sec. 12.** The following acts or parts of acts, as now existing or hereafter amended, are each repealed, effective January 1, 2027:

(1) RCW 48.20.580 (Mental health services—Definition—Coverage required, when) and 2020 c 228 s 2 & 2007 c 8 s 1;

(2) RCW 48.21.241 (Mental health services—Group health plans—Definition—Coverage required, when) and 2020 c 228 s 3, 2007 c 8 s 2, 2006 c 74 s 1, & 2005 c 6 s 3;

(3) RCW 48.41.220 (Mental health services—Definition—Coverage required, when) and 2020 c 228 s 4 & 2007 c 8 s 6;

(4) RCW 48.44.341 (Mental health services—Health plans—Definition—Coverage required, when) and 2020 c 228 s 5, 2007 c 8 s 3, 2006 c 74 s 2, & 2005 c 6 s 4; and

(5) RCW 48.46.291 (Mental health services—Health plans—Definition—Coverage required, when) and 2020 c 228 s 6, 2007 c 8 s 4, 2006 c 74 s 3, & 2005 c 6 s 5.

NEW SECTION. **Sec. 13.** If specific funding for the purposes of this act, referencing this act by bill or chapter number, is not provided by June 30, 2025, in the omnibus appropriations act, this act is null and void."

Correct the title.

Representative Schmick moved the adoption of amendment (380) to the striking amendment (334):

On page 22, after line 27, insert the following:

"**Sec. 10.** RCW 41.05.017 and 2024 c 251 s 5 and 2024 c 242 s 10 are each reenacted and amended to read as follows:

Each health plan that provides medical insurance offered under this chapter, including plans created by insuring entities, plans not subject to the provisions of Title 48 RCW, and plans created under RCW 41.05.140, are subject to the provisions of RCW 48.43.500, 70.02.045, 48.43.505 through 48.43.535, 48.43.537, 48.43.545, 48.43.550, 70.02.110, 70.02.900, 48.43.190, 48.43.083, 48.43.0128, 48.43.780, 48.43.435, 48.43.815, 48.200.020 through 48.200.280, 48.200.300 through 48.200.320, 48.43.440, section 2 of this act, and chapter 48.49 RCW.

Sec. 11. RCW 41.05.074 and 2019 c 308 s 20 are each amended 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 by posting the information on its website 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 chiropractic, physical therapy, occupational therapy, acupuncture and Eastern medicine, massage therapy, outpatient mental health care office visits, outpatient substance use disorder care office visits, or speech and hearing therapies. Notwithstanding RCW 48.43.515(5) this section may not be interpreted to limit the ability of a health plan to require a referral or prescription for the therapies listed in this section. Quantitative treatment limitations and nonquantitative treatment limitations, including any referral and prescription requirements, for mental health or substance use disorder care shall comply with the requirements of the mental health parity and addiction equity act, state law, and any implementing regulations.

(3) The health care authority shall post on its website and provide upon the request of a covered person or contracting provider any prior authorization standards, criteria, or information the health plan uses for medical necessity decisions.

(4) 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.

(5) 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.

(6) For purposes of this section:

(a) "New episode of care" means treatment for a new or recurrent condition for which the enrollee has not been treated by the provider within the previous ninety days and is not currently undergoing any active treatment.

(b) "Contracting provider" does not include providers employed within an integrated delivery system operated by a carrier licensed under chapter 48.44 or 48.46 RCW.

Sec. 12. RCW 41.05.845 and 2023 c 382 s 2 are each amended to read as follows:

(1) A health plan offered to public employees, retirees, and their covered dependents under this chapter issued or renewed on or after January 1, 2024, shall comply with the following standards related to prior authorization for health care services and prescription drugs:

(a) The health plan shall meet the following time frames for prior authorization determinations and notifications to a participating provider or facility that submits the prior authorization request through an electronic prior authorization process:

(i) For electronic standard prior authorization requests, the health plan shall make a decision and notify the provider or facility of the results of the decision within three calendar days, excluding holidays, of submission of an electronic prior authorization request by the provider or facility that contains the necessary information to make a determination. If insufficient information has been provided to the health plan to make a decision, the health plan shall request any additional information from the provider or facility within one calendar day of submission of the electronic prior authorization request.

(ii) For electronic expedited prior authorization requests, the health plan shall make a decision and notify the provider or facility of the results of the decision within one calendar day of submission of an electronic prior authorization request by the provider or facility that contains the necessary information to make a determination. If insufficient information has been provided to the health plan to make a decision, the health plan shall request any additional information from the provider or facility within one calendar day of submission of the electronic prior authorization request.

(b) The health plan shall meet the following time frames for prior authorization determinations and notifications to a participating provider or facility that submits the prior authorization request through a process other than an electronic prior authorization process described in subsection (2) of this section:

(i) For nonelectronic standard prior authorization requests, the health plan shall make a decision and notify the provider or facility of the results of the decision within five calendar days of submission of a nonelectronic prior authorization request by the provider or facility that contains the necessary information to make a determination. If insufficient information has been provided to the health plan to make a decision, the health plan shall request any additional information from the provider or facility within five calendar days of submission of the nonelectronic prior authorization request.

(ii) For nonelectronic expedited prior authorization requests, the health plan shall make a decision and notify the provider or facility of the results of the decision within two calendar days of submission of a nonelectronic prior authorization request by the provider or facility that contains the necessary information to make a determination. If insufficient information has been provided to the health plan to make a decision, the health plan shall request any additional information from the provider or facility within one calendar day of submission of the nonelectronic prior authorization request.

(c) In any instance in which the health plan has determined that a provider or facility has not provided sufficient information for making a determination under (a) and (b) of this subsection, the health

plan may establish a specific reasonable time frame for submission of the additional information. This time frame must be communicated to the provider and enrollee with the health plan's request for additional information.

(d) The prior authorization requirements of the health plan must be described in detail and written in easily understandable language. The health plan shall make its most current prior authorization requirements and restrictions, including the written clinical review criteria, available to providers and facilities in an electronic format upon request. The prior authorization requirements must be based on peer-reviewed clinical review criteria. The clinical review criteria must be evidence-based criteria and must accommodate new and emerging information related to the appropriateness of clinical criteria with respect to black and indigenous people, other people of color, gender, and underserved populations. The clinical review criteria must be evaluated and updated, if necessary, at least annually. Clinical review criteria used for purposes of reviewing and decided upon prior authorization requests related to mental health and substance use disorder services, as defined in section 2 of this act, must meet the requirements of section 2 of this act.

(2)(a) Each health plan offered to public employees, retirees, and their covered dependents under this chapter shall build and maintain a prior authorization application programming interface that automates the process for in-network providers to determine whether a prior authorization is required for health care services, identify prior authorization information and documentation requirements, and facilitate the exchange of prior authorization requests and determinations from its electronic health records or practice management system. The application programming interface must support the exchange of prior authorization requests and determinations for health care services beginning January 1, 2025, and must:

(i) Use health level 7 fast health care interoperability resources in accordance with standards and provisions defined in 45 C.F.R. Sec. 170.215 and 45 C.F.R. Sec. 156.22(3)(b);

(ii) Automate the process to determine whether a prior authorization is required for durable medical equipment or a health care service;

(iii) Allow providers to query the health plan's prior authorization documentation requirements;

(iv) Support an automated approach using nonproprietary open workflows to compile and exchange the necessary data elements to populate the prior authorization requirements that are compliant with the federal health insurance portability and accountability act of 1996 or have an exception from the federal centers for medicare and medicaid services; and

(v) Indicate that a prior authorization denial or authorization of a service less intensive than that included in the original request is an adverse benefit determination and is subject to the health plan's grievance and appeal process under RCW 48.43.535.

(b) Each health plan offered to public employees, retirees, and their covered dependents under this chapter shall establish and maintain an interoperable electronic process or application programming interface that automates the process for in-network providers to determine whether a prior authorization is required for a covered prescription drug. The application programming interface must support the exchange of prior authorization requests and determinations for prescription drugs, including information on covered alternative prescription drugs, beginning January 1, 2027, and must:

(i) Allow providers to identify prior authorization information and documentation requirements;

(ii) Facilitate the exchange of prior authorization requests and determinations from its electronic health records or practice management system, and may include the necessary data elements to populate the prior authorization requirements that are compliant with the federal health insurance portability and accountability act of 1996 or have an exception from the federal centers for medicare and medicaid services; and

(iii) Indicate that a prior authorization denial or authorization of a drug other than the one included in the original prior authorization request is an adverse benefit determination and is subject to the health plan's grievance and appeal process under RCW 48.43.535.

(c) If federal rules related to standards for using an application programming interface to communicate prior authorization status to providers are not finalized by the federal centers for medicare and medicaid services by September 13, 2023, the requirements of (a) of this subsection may not be enforced until January 1, 2026.

(d)(i) If the health plan determines that it will not be able to satisfy the requirements of (a) of this subsection by January 1, 2025, the health plan shall submit a narrative justification to the authority on or before September 1, 2024, describing:

(A) The reasons that the health plan cannot reasonably satisfy the requirements;

(B) The impact of noncompliance upon providers and enrollees;

(C) The current or proposed means of providing health information to the providers; and

(D) A timeline and implementation plan to achieve compliance with the requirements.

(ii) The authority may grant a one-year delay in enforcement of the requirements of (a) of this subsection (2) if the authority determines that the health plan has made a good faith effort to comply with the requirements.

(iii) This subsection (2)(d) shall not apply if the delay in enforcement in (c) of this subsection takes effect because the federal centers for medicare and medicaid services did not finalize the applicable regulations by September 13, 2023.

(3) A health plan offered to public employees, retirees, and their dependents shall approve coverage of the mental health and substance use disorder services that are the subject of the prior authorization request if the health plan does not respond to the prior authorization request within the time frames required in this section.

(4) Nothing in this section applies to prior authorization determinations made pursuant to RCW 41.05.526.

((~~(4)~~))(5) For the purposes of this section:

(a) "Expedited prior authorization request" means a request by a provider or facility for approval of a health care service or prescription drug where:

(i) The passage of time:

(A) Could seriously jeopardize the life or health of the enrollee;

(B) Could seriously jeopardize the enrollee's ability to regain maximum function; or

(C) In the opinion of a provider or facility with knowledge of the enrollee's medical condition, would subject the enrollee to severe pain that cannot be adequately managed without the health care service or prescription drug that is the subject of the request; or

(ii) The enrollee is undergoing a current course of treatment using a nonformulary drug.

(b) "Standard prior authorization request" means a request by a provider or facility for approval of a health care service or prescription drug where the request is made in advance of the enrollee obtaining a health care service that is not required to be expedited.

((~~(5)~~))(6) This section shall not apply to coverage provided under the medicare part C or part D programs set forth in Title XVIII of the social security act of 1965, as amended."

Renumber the remaining sections consecutively and correct any internal references accordingly.

On page 23, line 4, after "through" strike "9" and insert "12"

Correct the title.

Representative Schmick spoke in favor of the adoption of the amendment to the striking amendment.

Representative Simmons spoke against the adoption of the amendment to the striking amendment.

Amendment (380) to the striking amendment (334) was not adopted.

Representatives Simmons and Schmick spoke in favor of the adoption of the striking amendment.

The striking amendment (334) 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 Simmons and Marshall spoke in favor of the passage of the bill.

Representative Schmick spoke against the passage of the bill.

The Speaker (Representative Timmons presiding) stated the question before the House to be the final passage of Engrossed Second Substitute House Bill No. 1432.

ROLL CALL

The Clerk called the roll on the final passage of Engrossed Second Substitute House Bill No. 1432, and the bill passed the House by the following vote: Yeas, 72; Nays, 23; Absent, 0; Excused, 3

Voting Yea: Representatives Berg, Bergquist, Bernbaum, Berry, Bronoske, Burnett, Caldier, Callan, Cortes, Couture, Davis, Doglio, Donaghy, Duerr, Dye, Entenman, Eslick, Farivar, Fey, Fitzgibbon, Fosse, Goodman, Gregerson, Griffey, Hill, Hunt, Keaton, Kloba, Leavitt, Lekanoff, Low, Macri, Marshall, Mena, Morgan, Nance, Obras, Ortiz-Self, Parshley, Paul, Penner, Peterson, Pollet, Ramel, Reed, Reeves, Richards, Rude, Rule, Ryu, Salahuddin, Santos, Schmidt, Scott, Shavers, Simmons, Springer, Stearns, Steele, Stonier, Street, Stuebe, Taylor, Thai, Tharinger, Thomas, Timmons, Walen, Waters, Wylie, Zahn and Mme. Speaker

Voting Nay: Representatives Abbarno, Abell, Barkis, Barnard, Chase, Connors, Corry, Dent, Dufault, Engell, Jacobsen, Klicker, Ley, Manjarrez, McClintock, McEntire, Mendoza, Orcutt, Schmick, Stokesbary, Volz, Walsh and Ybarra

Excused: Representatives Graham, Hackney and Ormsby

ENGROSSED SECOND SUBSTITUTE HOUSE BILL NO. 1432, having received the necessary constitutional majority, was declared passed.

HOUSE BILL NO. 1509, by Representatives Taylor, Dent, Davis, Reed and Hill

Concerning family reconciliation services.

The bill was read the second time.

There being no objection, Substitute House Bill No. 1509 was substituted for House Bill No. 1509 and the substitute bill was placed on the second reading calendar.

SUBSTITUTE HOUSE BILL NO. 1509 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 Taylor and Eslick spoke in favor of the passage of the bill.

The Speaker (Representative Timmons presiding) stated the question before the House to be the final passage of Substitute House Bill No. 1509.

ROLL CALL

The Clerk called the roll on the final passage of Substitute House Bill No. 1509, and the bill passed the House by the following vote: Yeas, 93; Nays, 2; Absent, 0; Excused, 3

Voting Yea: Representatives Abbarno, Abell, Barkis, Barnard, Berg, Bergquist, Bernbaum, Berry, Bronoske, Burnett, Caldier, Callan, Chase, Connors, Corry, Cortes, Couture, Davis, Dent, Doglio, Donaghy, Duerr, Dye, Engell, Entenman, Eslick, Farivar, Fey, Fitzgibbon, Fosse, Goodman, Gregerson, Griffey, Hill, Hunt, Jacobsen, Keaton, Klicker, Kloba, Leavitt, Lekanoff, Ley, Low, Macri, Manjarrez, Marshall, McClintock, McEntire, Mena, Mendoza, Morgan, Nance, Obras, Orcutt, Ortiz-Self, Parshley, Paul, Penner, Peterson, Pollet, Ramel, Reed, Reeves, Richards,

Rude, Rule, Ryu, Salahuddin, Santos, Schmick, Schmidt, Scott, Shavers, Simmons, Springer, Stearns, Steele, Stokesbary, Stonier, Street, Stuebe, Taylor, Thai, Tharinger, Thomas, Timmons, Volz, Walen, Walsh, Waters, Wylie, Zahn and Mme. Speaker

Voting Nay: Representatives Dufault and Ybarra

Excused: Representatives Graham, Hackney and Ormsby

SUBSTITUTE HOUSE BILL NO. 1509, having received the necessary constitutional majority, was declared passed.

HOUSE BILL NO. 1600, by Representatives Eslick, Parshley, Ryu, Simmons, Macri and Fosse

Modifying the fee to support family 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 Eslick and Duerr spoke in favor of the passage of the bill.

The Speaker (Representative Timmons presiding) stated the question before the House to be the final passage of House Bill No. 1600.

ROLL CALL

The Clerk called the roll on the final passage of House Bill No. 1600, and the bill passed the House by the following vote: Yeas, 72; Nays, 23; Absent, 0; Excused, 3

Voting Yea: Representatives Abell, Barkis, Barnard, Berg, Bergquist, Bernbaum, Berry, Bronoske, Burnett, Callan, Chase, Connors, Cortes, Couture, Davis, Dent, Doglio, Donaghy, Duerr, Dye, Entenman, Eslick, Farivar, Fey, Fitzgibbon, Fosse, Goodman, Gregerson, Griffey, Hill, Hunt, Keaton, Klicker, Kloba, Lekanoff, Macri, Marshall, Mena, Morgan, Nance, Obras, Ortiz-Self, Parshley, Paul, Peterson, Pollet, Ramel, Reed, Reeves, Ryu, Salahuddin, Santos, Schmidt, Scott, Simmons, Springer, Stearns, Steele, Stonier, Street, Stuebe, Taylor, Thai, Tharinger, Thomas, Volz, Walen, Waters, Wylie, Ybarra, Zahn and Mme. Speaker

Voting Nay: Representatives Abbarno, Caldier, Corry, Dufault, Engell, Jacobsen, Leavitt, Ley, Low, Manjarrez, McClintock, McEntire, Mendoza, Orcutt, Penner, Richards, Rude, Rule, Schmick, Shavers, Stokesbary, Timmons and Walsh

Excused: Representatives Graham, Hackney and Ormsby

HOUSE BILL NO. 1600, having received the necessary constitutional majority, was declared passed.

STATEMENT FOR THE JOURNAL

I intended to vote NAY on House Bill No. 1600.

Representative Abell, 7th District

SECOND READING

HOUSE BILL NO. 1460, by Representatives Griffey, Davis, Nance, Eslick and Pollet

Concerning protection order hope cards.

The bill was read the second time.

There being no objection, Substitute House Bill No. 1460 was substituted for House Bill No. 1460 and the substitute bill was placed on the second reading calendar.

SUBSTITUTE HOUSE BILL NO. 1460 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 Griffey and Taylor spoke in favor of the passage of the bill.

The Speaker (Representative Timmons presiding) stated the question before the House to be the final passage of Substitute House Bill No. 1460.

ROLL CALL

The Clerk called the roll on the final passage of Substitute House Bill No. 1460, and the bill passed the House by the following vote: Yeas, 95; Nays, 0; Absent, 0; Excused, 3

Voting Yea: Representatives Abbarno, Abell, Barkis, Barnard, Berg, Bergquist, Bernbaum, Berry, Bronoske, Burnett, Caldier, Callan, Chase, Connors, Corry, Cortes, Couture, Davis, Dent, Doglio, Donaghy, Duerr, Dufault, Dye, Engell, Entenman, Eslick, Farivar, Fey, Fitzgibbon, Fosse, Goodman, Gregerson, Griffey, Hill, Hunt, Jacobsen, Keaton, Klicker, Kloba, Leavitt, Lekanoff, Ley, Low, Macri, Manjarrez, Marshall, McClintock, McEntire, Mena, Mendoza, Morgan, Nance, Obras, Orcutt, Ortiz-Self, Parshley, Paul, Penner, Peterson, Pollet, Ramel, Reed, Reeves, Richards, Rude, Rule, Ryu, Salahuddin, Santos, Schmick, Schmidt, Scott, Shavers, Simmons, Springer, Stearns, Steele, Stokesbary, Stonier, Street, Stuebe, Taylor, Thai, Tharinger, Thomas, Timmons, Volz, Walen, Walsh, Waters, Wylie, Ybarra, Zahn and Mme. Speaker

Excused: Representatives Graham, Hackney and Ormsby

SUBSTITUTE HOUSE BILL NO. 1460, having received the necessary constitutional majority, was declared passed.

HOUSE BILL NO. 1332, by Representatives Obras, Gregerson, Berry, Alvarado, Ormsby, Davis, Ramel, Salahuddin, Ryu, Parshley, Macri, Taylor, Reed, Hill, Doglio, Scott and Nance

Concerning transportation network companies.

The bill was read the second time.

There being no objection, Substitute House Bill No. 1332 was substituted for House Bill No. 1332 and the substitute bill was placed on the second reading calendar.

SUBSTITUTE HOUSE BILL NO. 1332 was read the second time.

With the consent of the House, amendments (189), (196), (185), (187), (193) and (186) were withdrawn.

Representative Obras moved the adoption of amendment (839):

On page 2, beginning on line 18, after "(2)" strike all material through "regulation" on page 3, line 3 and insert "For any vehicle that lost eligibility for a particular product class in the 12 months prior to the effective date of this section, the transportation network company must reinstate the vehicle to the product class for at least 12 months following the effective date of this section"

On page 9, beginning on line 16, after "applicable" strike "price multiplier or variable pricing policy in effect for the trip" and insert "((~~price multiplier or variable pricing policy in effect for the trip~~)) financial incentives or bonuses paid to the driver"

On page 9, beginning on line 32, after "driver's" strike all material through

"driver" on line 34 and insert "per trip receipts"

On page 9, line 37, after "in" strike "the trip receipt" and insert "each trip receipt. Beginning on the effective date of this section until June 30, 2026, the file must contain the driver's per trip receipts from the previous 18 months. Beginning July 1, 2026, the file must contain the driver's per trip receipts from the previous 24 months"

On page 10, beginning on line 10, after "applicable" strike "price multiplier or variable pricing policy in effect for the trip" and insert "((~~price multiplier or variable pricing policy in effect for the trip~~)) financial incentives or bonuses paid to the driver"

On page 16, line 5, after "**4.**" strike "This act takes" and insert "Sections 1 and 2 of this act take"

On page 16, after line 5, insert the following:

"NEW SECTION. **Sec. 5.** Section 3 of this act takes effect January 1, 2026."

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

Representative Schmidt spoke against the adoption of the amendment.

Amendment (839) 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.

Representative Obras spoke in favor of the passage of the bill.

Representative McEntire spoke against the passage of the bill.

The Speaker (Representative Timmons presiding) stated the question before the House to be the final passage of Engrossed Substitute House Bill No. 1332.

ROLL CALL

The Clerk called the roll on the final passage of Engrossed Substitute House Bill No. 1332, and the bill passed the House by the following vote: Yeas, 59; Nays, 36; Absent, 0; Excused, 3

Voting Yea: Representatives Berg, Bergquist, Bernbaum, Berry, Bronoske, Callan, Cortes, Davis, Doglio, Donaghy, Duerr, Entenman, Farivar, Fey, Fitzgibbon, Fosse, Goodman, Gregerson, Hill, Hunt, Kloba, Leavitt, Lekanoff, Low, Macri, Mena, Morgan, Nance, Obras, Ortiz-Self, Parshley, Paul, Peterson, Pollet, Ramel, Reed, Reeves, Richards, Rule, Ryu, Salahuddin, Santos, Scott, Shavers, Simmons, Springer, Stearns, Stonier, Street, Taylor, Thai, Tharinger, Thomas, Timmons, Walen, Walsh, Wylie, Zahn and Mme. Speaker

Voting Nay: Representatives Abbarno, Abell, Barkis, Barnard, Burnett, Caldier, Chase, Connors, Corry, Couture, Dent, Dufault, Dye, Engell, Eslick, Griffey, Jacobsen, Keaton, Klicker, Ley, Manjarrez, Marshall, McClintock, McEntire, Mendoza, Orcutt, Penner, Rude, Schmick, Schmidt, Steele, Stokesbary, Stuebe, Volz, Waters and Ybarra

Excused: Representatives Graham, Hackney and Ormsby

ENGROSSED SUBSTITUTE HOUSE BILL NO. 1332, having received the necessary constitutional majority, was declared passed.

STATEMENT FOR THE JOURNAL

I intended to vote NAY on Engrossed Substitute House Bill No. 1332.

Representative Walsh, 19th District

SECOND READING

HOUSE BILL NO. 1486, by Representatives Salahuddin, Pollet, Doglio, Davis, Reed, Ramel, Goodman, Peterson, Nance, Scott, Hill and Simmons

Adding a student member to the state board for community and technical colleges.

The bill was read the second time.

There being no objection, Substitute House Bill No. 1486 was substituted for House Bill No. 1486 and the substitute bill was placed on the second reading calendar.

SUBSTITUTE HOUSE BILL NO. 1486 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 Salahuddin and Keaton spoke in favor of the passage of the bill.

The Speaker (Representative Timmons presiding) stated the question before the House to be the final passage of Substitute House Bill No. 1486.

ROLL CALL

The Clerk called the roll on the final passage of Substitute House Bill No. 1486, and the bill passed the House by the following vote: Yeas, 75; Nays, 20; Absent, 0; Excused, 3

Voting Yea: Representatives Barkis, Berg, Bergquist, Bernbaum, Berry, Bronoske, Burnett, Callan, Cortes, Davis, Dent, Doglio, Donaghy, Duerr, Dye, Entenman, Eslick, Farivar, Fey, Fitzgibbon, Fosse, Goodman, Gregerson, Hill, Hunt, Jacobsen, Keaton, Klicker, Kloba, Leavitt, Lekanoff, Low, Macri, Manjarrez, Marshall, McClintock, McEntire, Mena, Mendoza, Morgan, Nance, Obras, Ortiz-Self, Parshley, Paul, Penner, Peterson, Pollet, Ramel, Reed, Reeves, Richards, Rule, Ryu, Salahuddin, Santos, Schmidt, Scott, Shavers, Simmons, Springer, Stearns, Stonier, Street, Stuebe, Taylor, Thai, Tharinger, Thomas, Timmons, Walen, Wylie, Ybarra, Zahn and Mme. Speaker

Voting Nay: Representatives Abbarno, Abell, Barnard, Caldier, Chase, Connors, Corry, Couture, Dufault, Engell, Griffey, Ley, Orcutt, Rude, Schmick, Steele, Stokesbary, Volz, Walsh and Waters

Excused: Representatives Graham, Hackney and Ormsby

SUBSTITUTE HOUSE BILL NO. 1486, having received the necessary constitutional majority, was declared passed.

HOUSE BILL NO. 1258, by Representatives Ormsby and Hill

Providing funding for municipalities participating in the regional 911 emergency communications system.

The bill was read the second time.

There being no objection, Substitute House Bill No. 1258 was substituted for House Bill No. 1258 and the substitute bill was placed on the second reading calendar.

SUBSTITUTE HOUSE BILL NO. 1258 was read the second time.

With the consent of the House, amendments (826), (829), (827), (828) and (825) were withdrawn.

Representative Volz moved the adoption of amendment (847):

On page 1, line 10, after "transfer" strike "an equal" and insert "a"

On page 1, line 14, after "dispatch." insert "The portion of the tax to be transferred by a county operating a regional 911 communications system must be calculated as follows:

(a) The portion of the tax transferred to the local government operating a municipal public safety answering point must be equal to the amount of the tax imposed under this chapter sourced to that local government's taxing jurisdiction.

(b) Until the department has the ability to apportion the taxes imposed under this chapter as directed in subsection (1)(a) of this section, the portion of the tax transferred to the local government operating a municipal public safety answering point must be the same percentage as the city receives for the tax imposed pursuant to RCW 82.14.450."

Representatives Volz and Berg spoke in favor of the adoption of the amendment.

Amendment (847) 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 Berg and Volz spoke in favor of the passage of the bill.

The Speaker (Representative Timmons presiding) stated the question before the House to be the final passage of Engrossed Substitute House Bill No. 1258.

ROLL CALL

The Clerk called the roll on the final passage of Engrossed Substitute House Bill No. 1258, and the bill passed the House by the following vote: Yeas, 56; Nays, 39; Absent, 0; Excused, 3

Voting Yea: Representatives Berg, Bergquist, Bernbaum, Berry, Callan, Cortes, Davis, Doglio, Donaghy, Duerr, Entenman, Farivar, Fey, Fitzgibbon, Fosse, Goodman, Gregerson, Hill, Hunt, Kloba, Lekanoff, Macri, Mena, Morgan, Nance, Obras, Ortiz-Self, Parshley, Paul, Peterson, Pollet, Ramel, Reed, Reeves, Richards, Rule, Ryu, Salahuddin, Santos, Scott, Shavers, Simmons, Springer, Stearns, Stonier, Street, Taylor, Thai, Tharinger, Thomas, Timmons, Volz, Walen, Wylie, Zahn and Mme. Speaker

Voting Nay: Representatives Abbarno, Abell, Barkis, Barnard, Bronoske, Burnett, Caldier, Chase, Connors, Corry, Couture, Dent, Dufault, Dye, Engell, Eslick, Griffey, Jacobsen, Keaton, Klicker, Leavitt, Ley, Low, Manjarrez, Marshall, McClintock, McEntire, Mendoza, Orcutt, Penner, Rude, Schmick, Schmidt, Steele, Stokesbary, Stuebe, Walsh, Waters and Ybarra

Excused: Representatives Graham, Hackney and Ormsby

ENGROSSED SUBSTITUTE HOUSE BILL NO. 1258, having received the necessary constitutional majority, was declared passed.

HOUSE BILL NO. 1108, by Representatives Klicker, Peterson, Barkis, Ybarra, Low, Leavitt, Schmidt, Eslick, Penner, Connors, Paul, Ramel, Jacobsen, Shavers, Burnett, Rude, Keaton, Obras, Timmons, Wylie, Caldier, Barnard, Rule, Nance, Berg and Bernbaum

Creating a task force on housing cost driver analysis.

The bill was read the second time.

There being no objection, Second Substitute House Bill No. 1108 was substituted for House Bill No. 1108 and the second substitute bill was placed on the second reading calendar.

SECOND SUBSTITUTE HOUSE BILL NO. 1108 was read the second time.

Representative Peterson moved the adoption of amendment (125):

On page 2, line 19, after "(S)" insert "One member representing the office of equity;

(T) One member representing the carpenters union;

(U)"

Renumber the remaining subsections consecutively and correct any internal references accordingly.

Representatives Peterson and Klicker spoke in favor of the adoption of the amendment.

Amendment (125) 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 Klicker and Peterson spoke in favor of the passage of the bill.

The Speaker (Representative Timmons presiding) stated the question before the House to be the final passage of Engrossed Second Substitute House Bill No. 1108.

ROLL CALL

The Clerk called the roll on the final passage of Engrossed Second Substitute House Bill No. 1108, and the bill passed the House by the following vote: Yeas, 93; Nays, 2; Absent, 0; Excused, 3

Voting Yea: Representatives Abbarno, Abell, Barkis, Barnard, Berg, Bergquist, Bernbaum, Berry, Bronoske, Burnett, Caldier, Callan, Chase, Connors, Corry, Cortes, Couture, Davis, Dent, Doglio, Donaghy, Duerr, Dye, Engell, Entenman, Eslick, Farivar, Fey, Fitzgibbon, Fosse, Goodman, Gregerson, Griffey, Hill, Hunt, Jacobsen, Keaton, Klicker, Leavitt, Lekanoff, Ley, Low, Macri, Manjarrez, Marshall, McClintock, McEntire, Mena, Mendoza, Morgan, Nance, Obras, Orcutt, Ortiz-Self, Parshley, Paul, Penner, Peterson, Pollet, Ramel, Reed, Reeves, Richards, Rude, Rule, Ryu, Salahuddin, Santos, Schmick, Schmidt, Scott, Shavers, Simmons, Springer, Stearns, Steele, Stokesbary, Stonier, Street, Stuebe, Taylor, Thai, Tharinger, Thomas, Timmons, Volz, Walen, Walsh, Waters, Wylie, Ybarra, Zahn and Mme. Speaker

Voting Nay: Representatives Dufault and Kloba

Excused: Representatives Graham, Hackney and Ormsby

ENGROSSED SECOND SUBSTITUTE HOUSE BILL NO. 1108, having received the necessary constitutional majority, was declared passed.

There being no objection, the House adjourned until 10:00 a.m., Wednesday, March 12, 2025, the 59th Day of the 2025 Regular Session.

LAURIE JINKINS, Speaker

BERNARD DEAN, Chief Clerk