

SIXTY NINTH LEGISLATURE - REGULAR SESSION

SEVENTY NINTH DAY

House Chamber, Olympia, Tuesday, April 1, 2025

The House was called to order at 9:55 a.m. by the Speaker (Representative Timmons presiding).

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 fourth order of business.

INTRODUCTION & FIRST READING

HB 2068 by Representative Reeves

AN ACT Relating to enhancing public health and safety by ending the sale of certain tobacco and nicotine products, regulating tobacco and vapor product retailers, and increasing taxation of cigarettes, tobacco products, and nicotine products; amending RCW 26.28.080, 70.155.010, 70.155.020, 70.155.090, 70.155.100, 70.345.030, 70.345.040, 70.345.050, 70.345.060, 70.345.070, 70.345.120, 70.345.180, 82.24.520, 82.24.530, 82.25.005, 82.25.010, 82.25.030, 82.25.095, 82.25.110, 82.26.010, 82.26.020, 82.26.030, 82.26.060, 82.26.160, 82.26.170, 82.26.190, 82.26.200, and 82.26.240; adding a new section to chapter 70.345 RCW; adding a new section to chapter 82.24 RCW; adding a new chapter to Title 70 RCW; repealing RCW 82.26.260; prescribing penalties; providing an effective date; and providing an expiration date.

Referred to Committee on Finance.

ESSB 5161 by Senate Committee on Transportation (originally sponsored by Liias, King and Nobles)

AN ACT Relating to transportation fiscal matters; amending RCW 36.79.020, 46.09.540, 46.20.745, 46.68.063, 46.68.090, 46.68.280, 46.68.290, 46.68.300, 46.68.320, 46.68.370, 46.68.395, 46.68.510, 47.56.876, 47.60.315, 47.60.530, 47.66.120, 82.44.200, 47.28.030, 47.60.310, 88.16.061; 46.68.060, and 47.60.322; amending 2024 c 310 s 103, 105, 106, 108, 110, 201, 202, 204, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 301, 303, 304, 305, 306, 307, 308, 309, 401, 402, 403, 404, 405, 406, and 407 (uncodified); amending 2023 c 472 s 303 (uncodified); adding a new section to 2024 c 310 (uncodified); creating new sections; repealing 2023 c 472 s 601 (uncodified) and 2024 c 310 s 501 (uncodified); making appropriations and authorizing expenditures for capital improvements; and declaring an emergency.

SB 5800 by Senators King and Liias

AN ACT Relating to authorizing bonds for transportation funding; amending RCW 47.10.879; adding new sections to chapter 47.10 RCW; and declaring an emergency.

Referred to Committee on Transportation.

ESSB 5801 by Senate Committee on Transportation (originally sponsored by Liias, King and Chapman)

AN ACT Relating to transportation resources; amending RCW 82.38.030, 46.68.090, 46.17.323, 46.17.324, 46.17.040, 46.17.005, 82.08.020, 82.12.020, 70A.205.405, 70A.205.430,

70A.205.425, 46.20.161, 46.20.181, 46.68.041, 46.63.200, 46.63.110, 47.46.100, 47.56.245, 47.56.850, 47.56.870, 90.58.356, 77.55.181, 49.26.013, 36.70A.200, 36.70A.200, 47.04.380, 47.04.430, 47.04.390, 47.01.051, 47.01.071, 47.04.280, 81.52.050, 46.63.220, 47.04.350, 47.04.355, 47.60.826, 88.16.035, 46.16A.305, 47.60.322, 82.42.090, 43.19.642, 47.04.035, 39.114.020, 47.56.030, 47.56.031, 70A.15.4030, 81.112.130, 81.112.140, 36.57A.140, and 47.24.020; reenacting and amending RCW 46.20.117, 43.84.092, 43.84.092, 70A.65.030, 70A.65.040, 70A.65.230, and 46.16A.030; adding a new section to chapter 47.60 RCW; adding a new section to chapter 46.17 RCW; adding a new section to chapter 82.14 RCW; adding a new section to chapter 47.66 RCW; adding a new section to chapter 47.04 RCW; adding a new section to chapter 72.60 RCW; adding new chapters to Title 82 RCW; adding a new chapter to Title 36 RCW; adding a new chapter to Title 47 RCW; creating new sections; repealing RCW 47.46.110, 47.01.075, 46.68.490, 46.68.500, 47.29.010, 47.29.020, 47.29.030, 47.29.040, 47.29.050, 47.29.060, 47.29.070, 47.29.080, 47.29.090, 47.29.100, 47.29.110, 47.29.120, 47.29.130, 47.29.140, 47.29.150, 47.29.160, 47.29.170, 47.29.180, 47.29.190, 47.29.200, 47.29.210, 47.29.220, 47.29.230, 47.29.240, 47.29.250, 47.29.260, 47.29.270, 47.29.280, and 47.29.290; prescribing penalties; providing effective dates; providing expiration dates; and declaring an emergency.

Referred to Committee on Transportation.

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

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

REPORTS OF STANDING COMMITTEES

March 27, 2025

HB 1198

Prime Sponsor, Representative Ormsby: Making 2025-2027 fiscal biennium operating appropriations. Reported by Committee on Appropriations

MAJORITY recommendation: The substitute bill be substituted therefor and the substitute bill do pass. Signed by Representatives Ormsby, Chair; Gregerson, Vice Chair; Macri, Vice Chair; Berg; Bergquist; Callan; Cortes; Doglio; Fitzgibbon; Leavitt; Lekanoff; Peterson; Pollet; Ryu; Springer; Stonier; Street; Thai and Tharinger.

MINORITY recommendation: Do not pass. Signed by Representatives Couture, Ranking Minority Member; Penner, Assistant Ranking Minority Member; Schmick, Assistant Ranking Minority Member; Burnett; Caldier; Corry; Dye; Keaton; Manjarrez; Marshall; and Rude.

Referred to Committee on Rules for second reading

March 28, 2025

SB 5021

Prime Sponsor, Senator Wagoner: Concerning retention of court exhibits. Reported by Committee on Civil Rights & Judiciary

MAJORITY recommendation: Do pass. Signed by Representatives Taylor, Chair; Farivar, Vice Chair; Walsh, Ranking Minority Member; Abell, Assistant Ranking Minority Member; Burnett; Entenman; Goodman; Graham; Jacobsen; Peterson; Thai and Walen.

Referred to Committee on Rules for second reading

March 28, 2025

ESSB 5023 Prime Sponsor, Labor & Commerce: Providing labor market protections for domestic workers. Reported by Committee on Labor & Workplace Standards

MAJORITY recommendation: Do pass. Signed by Representatives Berry, Chair; Fosse, Vice Chair; Scott, Vice Chair; Bronoske; Obras and Ortiz-Self.

MINORITY recommendation: Do not pass. Signed by Representatives Schmidt, Ranking Minority Member; Ybarra, Assistant Ranking Minority Member; and McEntire.

Referred to Committee on Appropriations

March 28, 2025

E2SSB 5061 Prime Sponsor, Transportation: Requiring certain wages in public works contracts to be at least the prevailing wage in effect when the work is performed. Reported by Committee on Labor & Workplace Standards

MAJORITY recommendation: Do pass. Signed by Representatives Berry, Chair; Fosse, Vice Chair; Scott, Vice Chair; Ybarra, Assistant Ranking Minority Member; Bronoske; Obras and Ortiz-Self.

MINORITY recommendation: Without recommendation. Signed by Representatives Schmidt, Ranking Minority Member; and McEntire.

Referred to Committee on Capital Budget

March 26, 2025

E2SSB 5148 Prime Sponsor, Ways & Means: Ensuring compliance with the housing element requirements of the growth management act. Reported by Committee on Housing

MAJORITY recommendation: Do pass. Signed by Representatives Peterson, Chair; Hill, Vice Chair; Richards, Vice Chair; Low, Ranking Minority Member; Barkis; Entenman; Gregerson; Lekanoff; Reed; Thomas; Timmons and Zahn.

MINORITY recommendation: Without recommendation. Signed by Representatives Jacobsen, Assistant Ranking Minority Member; Manjarrez, Assistant Ranking Minority Member; Connors; Dufault; and Engell.

Referred to Committee on Appropriations

March 28, 2025

SSB 5149 Prime Sponsor, Human Services: Expanding the early childhood court program. Reported by Committee on Early Learning & Human Services

MAJORITY recommendation: Do pass. Signed by Representatives Bergquist, Chair; Cortes, Vice Chair; Eslick, Ranking Minority Member; Burnett, Assistant Ranking

Minority Member; Bernbaum; Dent; Goodman; Hill; Ortiz-Self; Penner and Taylor.

Referred to Committee on Rules for second reading

March 28, 2025

SSB 5163 Prime Sponsor, Human Services: Modernizing the child fatality statute. Reported by Committee on Early Learning & Human Services

MAJORITY recommendation: Do pass. Signed by Representatives Bergquist, Chair; Cortes, Vice Chair; Eslick, Ranking Minority Member; Bernbaum; Dent; Goodman; Hill; Ortiz-Self and Taylor.

MINORITY recommendation: Without recommendation. Signed by Representatives Burnett, Assistant Ranking Minority Member; and Penner.

Referred to Committee on Appropriations

March 28, 2025

SSB 5265 Prime Sponsor, Labor & Commerce: Expanding minimum requirements for electrical inspectors to include certain out-of-state experience. Reported by Committee on Labor & Workplace Standards

MAJORITY recommendation: Do pass. Signed by Representatives Berry, Chair; Fosse, Vice Chair; Scott, Vice Chair; Schmidt, Ranking Minority Member; Ybarra, Assistant Ranking Minority Member; Bronoske; McEntire; Obras and Ortiz-Self.

Referred to Committee on Rules for second reading

March 28, 2025

ESSB 5291 Prime Sponsor, Labor & Commerce: Implementing the recommendations of the long-term services and supports trust commission. Reported by Committee on Early Learning & Human Services

MAJORITY recommendation: Do pass as amended.

Strike everything after the enacting clause and insert the following:

"Sec. 1. RCW 50B.04.180 and 2024 c 120 s 2 are each amended to read as follows:

(1) Beginning July 1, 2026, an employee or self-employed person, who has elected coverage under RCW 50B.04.090, who relocates outside of Washington may elect to continue participation in the program if:

(a) The employee or self-employed person has been assessed premiums by the employment security department for at least three years in which the employee or self-employed person has worked at least 500 hours in each of those years in Washington; and

(b) The employee or self-employed person notifies the employment security department within one year of establishing a primary residence outside of Washington that the employee or self-employed person is no longer a resident of Washington and elects to continue participation in the program.

(2) Out-of-state participants under subsection (1) of this section must report their wages or self-employment earnings to

the employment security department according to standards for manner and timing of reporting and documentation submission, as adopted by rule by the employment security department. An out-of-state participant must submit documentation to the employment security department whether or not the out-of-state participant earned wages or self-employment earnings, as applicable, during the applicable reporting period. When an out-of-state participant reaches the age of 67, the participant is no longer required to provide the documentation of their wages or self-employment earnings, but if the participant earns wages or self-employment earnings, the participant must submit reports of those wages or self-employment earnings and remit the required premiums.

(3) Out-of-state participants under subsection (1) of this section must provide documentation of wages and self-employment earnings earned at the time that they report their wages or self-employment earnings to the employment security department.

(4) An out-of-state participant who has elected to continue participation in the program under subsection (1) of this section may not withdraw from coverage under the program. The employment security department ~~((may))~~ shall cancel out-of-state elective coverage if the out-of-state participant fails to make required payments or submit reports. ~~((The employment security department may collect due and unpaid premiums and may levy an additional premium for the remainder of the period of coverage.))~~ The cancellation must be effective no later than 30 days from the date of the notice in writing advising the out-of-state participant of the cancellation.

(5) The employment security department shall:

(a) Adopt standards by rule for the manner and timing of reporting and documentation submission for out-of-state participants. The employment security department must consider user experience with the wage and self-employment earnings reporting process and the document submission process and regularly update the standards to minimize the procedural burden on out-of-state participants and support the accurate reporting of wages and self-employment earnings at the time of the payment of premiums;

(b) Collect premiums from out-of-state participants as provided in RCW 50B.04.080 and 50B.04.090, as relevant to out-of-state participants; and

(c) Verify the wages or self-employment earnings as reported by an out-of-state participant.

(6) For the purposes of this section, "wages" includes remuneration for services performed within or without or both within and without this state.

(7) Entities providing services to an eligible beneficiary outside Washington are subject to RCW 50B.04.200 and may not discriminate based upon race, gender, age, or preexisting condition.

(8) ~~((An employee or self-employed person who has elected coverage under RCW 50B.04.090 who relocates outside of Washington may elect to opt out of coverage~~

~~by no longer reporting wages to the department, rather than become an out-of-state participant in the program.~~

~~(9))~~ By extending the premium base to out-of-state participants under subsection (1) of this section, chapter 120, Laws of 2024 will increase the state's investment in long-term care services.

Sec. 2. RCW 50B.04.010 and 2024 c 120 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) "Account" means the long-term services and supports trust account created in RCW 50B.04.100.

(2) "Approved service" means long-term services and supports including, but not limited to:

- (a) Adult day services;
- (b) Care transition coordination;
- (c) Memory care;
- (d) Adaptive equipment and technology;
- (e) Environmental modification;
- (f) Personal emergency response system;
- (g) Home safety evaluation;
- (h) Respite for family caregivers;
- (i) Home delivered meals;
- (j) Transportation;
- (k) Dementia supports;
- (l) Education and consultation;
- (m) Eligible relative care;
- (n) Professional services;
- (o) Services that assist paid and unpaid family members caring for eligible individuals, including training for individuals providing care who are not otherwise employed as long-term care workers under RCW 74.39A.074;
- (p) In-home personal care;
- (q) Assisted living services;
- (r) Adult family home services; and
- (s) ~~((Nursing home services))~~ Long-term services and supports provided in nursing homes.

(3) "Benefit unit" means up to \$100 paid by the department of social and health services to a long-term services and supports provider as reimbursement for approved services provided to an eligible beneficiary on a specific date. The benefit unit must be adjusted annually ~~((at a rate no greater than the Washington state consumer price index, as determined solely by the council. Any changes adopted by the council shall be subject to revision by the legislature))~~ for inflation by the consumer price index. The adjusted benefit unit must be calculated to the nearest cent/dollar using the consumer price index for the Seattle, Washington area for urban wage earners and clerical workers, all items, CPI-W, or a successor index, for the 12 months before each September 1st compiled by the United States department of labor's bureau of labor statistics. Each adjusted benefit unit calculated under this subsection takes effect on the following January 1st.

(4) "Commission" means the long-term services and supports trust commission established in RCW 50B.04.030.

(5) (~~"Council" means the long-term services and supports trust council established in RCW 50B.04.040.~~

(6)) "Eligible beneficiary" means a qualified individual who is age 18 or older, resides in the state of Washington or has elected to keep coverage when they relocate out-of-state under RCW 50B.04.180, has been determined to meet the minimum level of assistance with activities of daily living necessary to receive benefits through the trust program, as (~~established in this chapter~~) provided in RCW 50B.04.060, and has not exhausted the lifetime limit of benefit units.

((7)) (6) "Employee" has the meaning provided in RCW 50A.05.010.

((8)) (7) "Employer" has the meaning provided in RCW 50A.05.010.

((9)) (8) "Employment" has the meaning provided in RCW 50A.05.010.

((10)) (9) "Exempt employee" means a person who has been granted a premium assessment exemption by the employment security department.

((11)) (10) "Long-term services and supports provider" means:

(a) For entities providing services to an eligible beneficiary in Washington, an entity that meets the qualifications applicable in law to the approved service they provide, including a qualified or certified home care aide, licensed assisted living facility, licensed adult family home, licensed nursing home, licensed in-home services agency, adult day services program, vendor, instructor, qualified family member, or other entities as registered by the department of social and health services; and

(b) For entities providing services to an eligible beneficiary outside Washington, an entity that meets minimum standards for care provision and program administration, as established by the department of social and health services, and that is appropriately credentialed in the jurisdiction in which the services are being provided as established by the department of social and health services.

((12)) (11) "Premium" or "premiums" means the payments required by RCW 50B.04.080 and paid to the employment security department for deposit in the account created in RCW 50B.04.100.

((13)) (12) "Program" means the long-term services and supports trust program established in this chapter.

((14)) (13) "Qualified family member" means a relative of an eligible beneficiary qualified to meet requirements established (~~in state law~~) by the department of social and health services for the approved service they provide (~~that would be required of any other long-term services and supports provider to receive payments from the state~~).

((15)) (14) "Qualified individual" means an individual who meets the duration of payment requirements, as established in this chapter.

((16)) (15) "State actuary" means the office of the state actuary created in RCW 44.44.010.

((17)) (16) "Wage or wages" means all remuneration paid by an employer to an

employee. Remuneration has the meaning provided in RCW 50A.05.010. All wages are subject to a premium assessment and not limited by the commissioner of the employment security department, as provided under RCW 50A.10.030(4).

Sec. 3. RCW 50B.04.020 and 2024 c 120 s 4 are each amended to read as follows:

(1) The health care authority, the department of social and health services, the office of the state actuary, and the employment security department each have distinct responsibilities in the implementation and administration of the program. In the performance of their activities, they shall actively collaborate to realize program efficiencies and provide persons served by the program with a well-coordinated experience.

(2) The health care authority shall:

(a) Track the use of lifetime benefit units to verify the individual's status as an eligible beneficiary as determined by the department of social and health services;

(b) Ensure approved services are provided through audits or service verification processes within the service provider payment system for registered long-term services and supports providers and recoup any inappropriate payments;

(c) Establish criteria for the payment of benefits to (~~registered~~) long-term services and supports providers under RCW 50B.04.070;

(d) Establish rules and procedures for benefit coordination when the eligible beneficiary is also funded for medicaid and other long-term services and supports, including medicare, coverage through the department of labor and industries, and private long-term care coverage; (~~and~~)

(e) Assist the department of social and health services with the leveraging of existing payment systems for the provision of approved services to beneficiaries under RCW 50B.04.070; and

(f) Adopt rules and procedures necessary to implement and administer the activities specified in this section related to the program.

(3) The department of social and health services shall:

(a) Make determinations regarding an individual's status as an eligible beneficiary under RCW 50B.04.060;

(b) Approve long-term services and supports eligible for payment as approved services under the program, as informed by the commission;

(c) Register long-term services and supports providers that meet minimum qualifications;

(d) Discontinue the registration of long-term services and supports providers that: (i) Fail to meet the minimum qualifications applicable in law to the approved service that they provide; or (ii) violate the operational standards of the program;

(e) Disburse payments of benefits to registered long-term services and supports providers, utilizing and leveraging existing payment systems for the provision of approved services to eligible beneficiaries under RCW 50B.04.070;

(f) Prepare and distribute written or electronic materials to qualified individuals, eligible beneficiaries, and the public as deemed necessary by the commission to inform them of program design and updates;

(g) Provide customer service and address questions and complaints, including referring individuals to other appropriate agencies;

(h) Provide administrative and operational support to the commission;

(i) Track data useful in monitoring and informing the program, as identified by the commission;

(j) Develop criteria to deem a family member as qualified when providing approved services outside of Washington; ~~((and))~~

(k) Adopt rules and procedures necessary to implement and administer the activities specified in this section related to the program; and

(l) Establish, by rule, the scope of the long-term services and supports identified in RCW 50B.04.010(2) that may be an approved service and identify the types of goods and services that are and are not covered under each approved service in order to maximize usage of all available public and private benefits for eligible beneficiaries.

(4) The employment security department shall:

(a) Collect and assess employee premiums as provided in RCW 50B.04.080, 50B.04.090, and 50B.04.180;

(b) Assist the commission ~~((, council,))~~ and state actuary in monitoring the solvency and financial status of the program;

(c) Perform investigations to determine the compliance of premium payments in RCW 50B.04.080, 50B.04.090, and 50B.04.180 in coordination with the same activities conducted under the family and medical leave act, Title 50A RCW, to the extent possible;

(d) Make determinations regarding an individual's status as a qualified individual under RCW 50B.04.050, including criteria to determine the status of persons receiving partial benefit units under RCW 50B.04.050(2) and out-of-state participants under RCW 50B.04.180; and

(e) Adopt rules and procedures necessary to implement and administer the activities specified in this section related to the program.

(5) The office of the state actuary shall:

(a) Beginning July 1, 2025, and biennially thereafter, perform an actuarial audit and valuation of the long-term services and supports trust fund. Additional or more frequent actuarial audits and valuations may be performed at the request of the ~~((council))~~ commission;

(b) Make recommendations to the ~~((council))~~ commission and the legislature on actions necessary to maintain trust solvency. The recommendations must include options to redesign or reduce benefit units, approved services, or both, to prevent or eliminate any unfunded actuarially accrued liability in the trust or to maintain solvency; and

(c) Select and contract for such actuarial, research, technical, and other consultants as the actuary deems necessary

to perform its duties under chapter 363, Laws of 2019.

(6) By October 1, 2021, the employment security department and the department of social and health services shall jointly conduct outreach to provide employers with educational materials to ensure employees are aware of the program and that the premium assessments will begin on July 1, 2023. In conducting the outreach, the employment security department and the department of social and health services shall provide on a public website information that explains the program and premium assessment in an easy to understand format. Outreach information must be available in English and other primary languages as defined in RCW 74.04.025.

Sec. 4. RCW 50B.04.030 and 2022 c 1 s 2 are each amended to read as follows:

(1) The long-term services and supports trust commission is established. The commission's recommendations and decisions must be guided by the joint goals of maintaining benefit adequacy and maintaining fund solvency and sustainability.

(2) The commission includes:

(a) Two members from each of the two largest caucuses of the house of representatives, appointed by the speaker of the house of representatives;

(b) Two members from each of the two largest caucuses of the senate, appointed by the president of the senate;

(c) The commissioner of the employment security department, or the commissioner's designee;

(d) The secretary of the department of social and health services, or the secretary's designee;

(e) The director of the health care authority, or the director's designee, who shall serve as a nonvoting member;

(f) One representative of the organization representing the area agencies on aging;

(g) One representative of a home care association that represents caregivers who provide services to private pay and medicaid clients;

(h) One representative of a union representing long-term care workers;

(i) One representative of an organization representing retired persons;

(j) One representative of an association representing skilled nursing facilities and assisted living providers;

(k) One representative of an association representing adult family home providers;

(l) Two individuals receiving long-term services and supports, or their designees, or representatives of consumers receiving long-term services and supports under the program;

(m) One member who is a worker who is, or will likely be, paying the premium established in RCW 50B.04.080 and who is not employed by a long-term services and supports provider; and

(n) One representative of an organization of employers whose members collect, or will likely be collecting, the premium established in RCW 50B.04.080.

(3)(a) Other than the legislators and agency heads identified in subsection (2) of this section, members of the commission are appointed by the governor for terms of two years, except that the governor shall appoint the initial members identified in subsection (2)(f) through (n) of this section to staggered terms not to exceed four years.

(b) The secretary of the department of social and health services, or the secretary's designee, shall serve as chair of the commission. Meetings of the commission are at the call of the chair. A majority of the voting members of the commission shall constitute a quorum for any votes of the commission. Approval of ~~((sixty))~~ 60 percent of those voting members of the commission who are in attendance is required for the passage of any vote.

(c) Members of the commission and the subcommittee established in subsection (6) of this section must be compensated in accordance with RCW 43.03.250 and must be reimbursed for their travel expenses while on official business in accordance with RCW 43.03.050 and 43.03.060.

(4) Beginning January 1, 2021, the commission shall propose recommendations to the appropriate executive agency or the legislature regarding:

(a) The establishment of criteria for determining that an individual has met the requirements to be a qualified individual as established in RCW 50B.04.050 or an eligible beneficiary as established in RCW 50B.04.060;

(b) The establishment of criteria for minimum qualifications for the registration of long-term services and supports providers who provide approved services to eligible beneficiaries;

(c) The establishment of payment maximums for approved services consistent with actuarial soundness which shall not be lower than medicaid payments for comparable services. A service or supply may be limited by dollar amount, duration, or number of visits. The commission shall engage affected stakeholders to develop this recommendation;

(d) Changes to rules or policies to improve the operation of the program;

~~(e) ((Providing a recommendation to the council for the annual adjustment of the benefit unit in accordance with RCW 50B.04.010 and 50B.04.040;~~

~~(f))~~ A refund of premiums for a deceased qualified individual with a dependent who is an individual with a developmental disability who is dependent for support from a qualified individual. The qualified individual must not have been determined to be an eligible beneficiary by the department of social and health services. The refund shall be deposited into an individual trust account within the developmental disabilities endowment trust fund for the benefit of the dependent with a developmental disability. The commission shall consider:

(i) The value of the refund to be ~~((one hundred))~~ 100 percent of the current value of the qualified individual's lifetime premium payments at the time that certification of death of the qualified individual is

submitted, less any administrative process fees; and

(ii) The criteria for determining whether the individual is developmentally disabled. The determination shall not be based on whether or not the individual with a developmental disability is receiving services under Title 71A RCW, or another state or local program; and

~~((g))~~ (f) Assisting the state actuary with the preparation of regular actuarial reports on the solvency and financial status of the program and advising the legislature on actions necessary to maintain trust solvency. The commission shall provide the office of the state actuary with all actuarial reports for review. The office of the state actuary shall provide any recommendations to the commission and the legislature on actions necessary to maintain trust solvency. ~~((~~

~~h)) For the January 1, 2021, report only, recommendations on whether and how to extend coverage to individuals who became disabled before the age of eighteen, including the impact on the financial status and solvency of the trust. The commission shall engage affected stakeholders to develop this recommendation; and~~

~~(i) For the January 1, 2021, report only, the commission shall consult with the office of the state actuary on the development of an actuarial report of the projected solvency and financial status of the program. The office of the state actuary shall provide any recommendations to the commission and the legislature on actions necessary to achieve trust solvency).~~

(5) The commission shall monitor agency administrative expenses over time. Beginning November 15, 2020, the commission must annually report to the governor and the fiscal committees of the legislature on agency spending for administrative expenses and anticipated administrative expenses as the program shifts into different phases of implementation and operation. The November 15, 2027, report must include recommendations for a method of calculating future agency administrative expenses to limit administrative expenses while providing sufficient funds to adequately operate the program. The agency heads identified in subsection (2) of this section may advise the commission on the reports prepared under this subsection, but must recuse themselves from the commission's process for review, approval, and submission to the legislature.

(6) The commission shall establish an investment strategy subcommittee consisting of the members identified in subsection (2) (a) through (d) of this section as voting members of the subcommittee. In addition, four members appointed by the governor who are considered experienced and qualified in the field of investment shall serve as nonvoting members. The subcommittee shall provide guidance and advice to the state investment board on investment strategies for the account, including seeking counsel and advice on the types of investments that are constitutionally permitted.

(7) The commission shall work with insurers to develop long-term care insurance

products that supplement the program's benefit.

Sec. 5. RCW 50B.04.050 and 2024 c 120 s 5 are each amended to read as follows:

(1) Except as provided in subsection (2) of this section, the employment security department shall deem a person to be a qualified individual as provided in this chapter if the person has paid the long-term services and supports premiums required by RCW 50B.04.080 for the equivalent of either:

(a) A total of ten years (~~without interruption of five or more consecutive years~~); or

(b) Three years within the last six years from the date of application for benefits.

(2) A person born before January 1, 1968, who has not met the duration requirements under subsection (1)(a) of this section may become a qualified individual with fewer than the number of years identified in subsection (1)(a) of this section if the person has paid the long-term services and supports premiums required by RCW 50B.04.080 for at least one year. A person becoming a qualified individual pursuant to this subsection (2) may receive one-tenth of the maximum number of benefit units available under RCW 50B.04.060(3)(b) for each year of premium payments. In accordance with RCW 50B.04.060, benefits for eligible beneficiaries in Washington will not be available until July 1, 2026, and benefits for out-of-state participants who become eligible beneficiaries will not be available until July 1, 2030, and nothing in this section requires the department of social and health services to accept applications for determining an individual's status as an eligible beneficiary prior to July 1, 2026. Nothing in this subsection (2) prohibits a person born before January 1, 1968, who meets the conditions of subsection (1)(b) of this section from receiving the maximum number of benefit units available under RCW 50B.04.060(3)(b).

(3) When deeming a person to be a qualified individual, the employment security department shall require that the person have worked at least 500 hours during each of the ten years in subsection (1)(a) of this section, each of the three years in subsection (1)(b) of this section, or each of the years identified in subsection (2) of this section.

(4) An exempt employee may never be deemed to be a qualified individual, unless the employee's exemption was discontinued under RCW 50B.04.055 or rescinded under RCW 50B.04.085.

(5) An out-of-state resident whose elective coverage has been canceled by the employment security department under RCW 50B.04.180 may not be deemed to be a qualified individual.

NEW SECTION. Sec. 6. A new section is added to chapter 50B.04 RCW to read as follows:

(1) An employee who holds a nonimmigrant visa for temporary workers, as recognized by federal law, is not subject to the rights and responsibilities of this chapter, unless the employee notifies the employee's

employer that the employee would like to participate.

(2) If an employee who holds a nonimmigrant visa for temporary workers becomes a permanent resident or citizen employed in Washington, the employee becomes subject to the rights and responsibilities of this chapter.

(3) The employment security department may adopt rules necessary to implement this section.

Sec. 7. RCW 50B.04.055 and 2022 c 2 s 2 are each amended to read as follows:

(1) (~~Beginning January 1, 2023, the~~) The employment security department shall accept and approve applications for voluntary exemptions from the premium assessment under RCW 50B.04.080 for any employee who meets criteria established by the employment security department for an exemption based on the employee's status as:

(a) A veteran of the United States military who has been rated by the United States department of veterans affairs as having a service-connected disability of 70 percent or greater;

(b) A spouse or registered domestic partner of an active duty service member in the United States armed forces whether or not deployed or stationed within or outside of Washington;

(c) (~~An employee who holds a nonimmigrant visa for temporary workers, as recognized by federal law, and is employed by an employer in Washington; or~~

~~(d))~~ An employee who is employed by an employer in Washington, but maintains a permanent address outside of Washington as the employee's primary location of residence; or

(d) An active duty service member in the United States armed forces, whether or not deployed or stationed within or outside of Washington, who is concurrently engaged in off-duty civilian employment as an employee of an employer.

(2) The employment security department shall adopt criteria, procedures, and rules for verifying the information submitted by the applicant for an exemption under subsection (1) of this section.

(3) An employee who receives an exemption under subsection (1) of this section may not become a qualified individual or eligible beneficiary and is permanently ineligible for coverage under this title, unless the exemption has been discontinued as provided in subsection (4), (5), or (6) of this section.

(4)(a) An exemption granted in accordance with the conditions under subsection (1)(b) of this section must be discontinued within 90 days of:

(i) The discharge or separation from military service of the employee's spouse or registered domestic partner; or

(ii) The dissolution of the employee's marriage or registered domestic partnership with the active duty service member.

(b) An exemption granted in accordance with the conditions under subsection (1)(c) of this section must be discontinued within 90 days of establishing a permanent address

within Washington as the employee's primary location of residence.

~~(c) An exemption granted in accordance with the conditions under subsection (1)(d) of this section must be discontinued within 90 days of the discharge or separation from military service.~~

~~(5)(a) Within 90 days of the occurrence of ((either of)) the events described in ((a) of this) subsection (4) of this section, an employee who has received an exemption under subsection (1) of this section shall:~~

~~(i) Notify the employment security department that the exemption must be discontinued because of the occurrence of ((either of)) the events described in ((a) of this) subsection (4) of this section; and~~

~~(ii) Notify the employee's employer that the employee is no longer exempt and that the employer must begin collecting premiums from the employee in accordance with RCW 50B.04.080.~~

~~((e)) (b) Upon notification to the employment security department and the employer, premium assessments established under RCW 50B.04.080 must begin and the employee may become a qualified individual or eligible beneficiary upon meeting the requirements established in this chapter.~~

~~((d)) (c) Failure to begin paying the premium established under RCW 50B.04.080 within 90 days of the occurrence of ((either of)) the events described in ((a) of this) subsection (4) of this section shall result in the payment of any unpaid premiums from the employee, with interest at the rate of one percent per month or fraction thereof, by the employee to the employment security department from the date on which the payment should have begun.~~

~~((5)(a) An exemption granted in accordance with the conditions under subsection (1)(c) of this section must be discontinued within 90 days of an employee changing the employee's nonimmigrant visa for temporary workers status to become a permanent resident or citizen employed in Washington.~~

~~(b) Within 90 days of the employee changing the employee's nonimmigrant visa for temporary workers status to become a permanent resident or citizen employed in Washington, the employee who has received an exemption under subsection (1)(c) of this section shall:~~

~~(i) Notify the employment security department that the employee no longer holds a nonimmigrant visa for temporary workers and is a permanent resident or citizen employed in Washington and the exemption must be discontinued; and~~

~~(ii) Notify the employee's employer that the employee no longer holds a nonimmigrant visa for temporary workers and is a permanent resident or citizen employed in Washington, and that the employer must begin collecting premiums from the employee in accordance with RCW 50B.04.080.~~

~~(c) Upon notification to the employment security department and the employer, premium assessments established under RCW 50B.04.080 must begin and the employee may become a qualified individual or eligible~~

~~beneficiary upon meeting the requirements established in this chapter.~~

~~(d) Failure to begin paying the premium established under RCW 50B.04.080 within 90 days of an employee no longer holding a nonimmigrant visa for temporary workers and becoming a permanent resident or citizen employed in Washington shall result in the payment of any unpaid premiums from the employee, with interest at the rate of one percent per month or fraction thereof, by the employee to the employment security department from the date on which the payment should have begun.~~

~~(6)(a) An exemption granted in accordance with the conditions under subsection (1)(d) of this section must be discontinued within 90 days of an employee establishing a permanent address within Washington as the employee's primary location of residence.~~

~~(b) Within 90 days of the employee establishing a permanent address within Washington as the employee's primary location of residence, the employee who has received an exemption under subsection (1)(d) of this section shall:~~

~~(i) Notify the employment security department that the employee is residing in Washington and the exemption must be discontinued; and~~

~~(ii) Notify the employee's employer that the employee is no longer exempt and that the employer must begin collecting premiums from the employee in accordance with RCW 50B.04.080.~~

~~(c) Upon notification to the employment security department and the employer, premium assessments established under RCW 50B.04.080 must begin and the employee may become a qualified individual or eligible beneficiary upon meeting the requirements established in this chapter.~~

~~(d) Failure to begin paying the premium established under RCW 50B.04.080 within 90 days of an employee establishing a permanent address within Washington as the employee's primary location of residence shall result in the payment of any unpaid premiums from the employee, with interest at the rate of one percent per month or fraction thereof, by the employee to the employment security department from the date on which the payment should have begun.~~

~~(7)) (6) Exempt employees are not entitled to a refund of any premium deductions made before the effective date of an approved exemption, except for premiums collected prior to the effective date of the premium assessment under RCW 50B.04.080.~~

~~((8)) (7) An employee who has received an exemption pursuant to this section shall provide written notification to all current and future employers of an approved exemption.~~

~~((9)) (8) If an exempt employee fails to notify an employer of an exemption, the exempt employee is not entitled to a refund of any premium deductions made before notification is provided, except for premiums collected prior to the effective date of the premium assessment under RCW 50B.04.080.~~

~~((10)) (9) Employers may not deduct premiums after being notified by an employee of an approved exemption issued under this section.~~

(a) Employers shall retain written notifications of exemptions received from employees.

(b) An employer who deducts premiums after being notified by the employee of an exemption is solely responsible for refunding to the employee any premiums deducted after the notification.

(c) The employer is not entitled to a refund from the employment security department for any premiums remitted to the employment security department that were deducted from exempt employees.

~~((11))~~ (10) The provisions of RCW 50B.04.085 do not apply to the exemptions issued pursuant to this section.

~~((12))~~ (11) The employment security department shall adopt rules necessary to implement and administer the activities specified in this section related to the program, including rules on the submission and processing of applications under this section.

Sec. 8. RCW 50B.04.060 and 2024 c 120 s 6 are each amended to read as follows:

(1) Beginning July 1, 2026, approved services must be available and benefits payable to a ~~((registered))~~ long-term services and supports provider on behalf of an eligible beneficiary under this section.

(2) (a) (i) Except for qualified individuals residing outside of Washington as provided in (a) (ii) of this subsection, beginning July 1, 2026, a qualified individual may become an eligible beneficiary by filing an application with the department of social and health services and undergoing an eligibility determination which includes an evaluation that the individual requires assistance with at least three activities of daily living, as defined by the department of social and health services for long-term services and supports programs, which is expected to last for at least 90 days.

(ii) For a qualified individual residing outside of Washington, beginning ~~((January))~~ July 1, 2030, the out-of-state qualified individual may become an eligible beneficiary by filing an application with the department of social and health services and undergoing an eligibility determination. The eligibility determination must include an evaluation that the individual either (A) is unable to perform, without substantial assistance from another individual, at least two of the following activities of daily living for a period of at least 90 days due to a loss of functional capacity: Eating, toileting, transferring, bathing, dressing, or continence, or (B) requires substantial supervision to protect such individual from threats to health and safety due to severe cognitive impairments.

(b) The department of social and health services must engage sufficient qualified assessor capacity, including via contract, so that the determination may be made within 45 days from receipt of a request by a beneficiary to use a benefit.

(3) (a) An eligible beneficiary may receive approved services and benefits through the program in the form of a benefit

unit payable to a ~~((registered))~~ long-term services and supports provider.

(b) Except as limited in RCW 50B.04.050(2), an eligible beneficiary may not receive more than the dollar equivalent of 365 benefit units over the course of the eligible beneficiary's lifetime.

(i) If the department of social and health services reimburses a long-term services and supports provider for approved services provided to an eligible beneficiary and the payment is less than the benefit unit, only the portion of the benefit unit that is used shall be taken into consideration when calculating the person's remaining lifetime limit on receipt of benefits.

(ii) Eligible beneficiaries may combine benefit units to receive more approved services per day as long as the total number of lifetime benefit units has not been exceeded.

Sec. 9. RCW 50B.04.070 and 2024 c 120 s 7 are each amended to read as follows:

(1) ~~((a))~~ Benefits provided under this chapter shall be paid periodically and promptly to long-term services and supports providers who provide approved services to:

~~((1a))~~ (i) Eligible beneficiaries in Washington if the long-term services and supports provider is registered with the department of social and health services; and

~~((1b))~~ (ii) Eligible beneficiaries outside Washington if the long-term services and supports providers meet minimum standards established by the department.

~~((2))~~ (b) The department of social and health services may contract with a third party to administer payments to long-term services and supports providers providing services to eligible beneficiaries whether inside or outside of Washington.

(c) Qualified family members may be paid for approved personal care services in the same way as individual providers, through a licensed home care agency, or through a third option ~~((if))~~ as recommended by the commission ~~((and))~~ if adopted by the department of social and health services.

(2) The department of social and health services shall establish payment methods and procedures that are most appropriate and efficient for the different categories of service providers identified in subsection (1) of this section, including collaboration with other agencies and contracting with third parties, as necessary.

Sec. 10. RCW 50B.04.080 and 2022 c 2 s 1 and 2022 c 1 s 5 are each reenacted and amended to read as follows:

(1) Unless otherwise exempted pursuant to this chapter, beginning July 1, 2023, the employment security department shall assess for each individual in employment with an employer a premium based on the amount of the individual's wages. The initial premium rate is .58 percent of the individual's wages. Beginning January 1, 2026, and biennially thereafter, the premium rate shall be set by the pension funding council at a rate no greater than .58 percent. In addition, the pension funding council must

set the premium rate at the lowest amount necessary to maintain the actuarial solvency of the long-term services and supports trust account created in RCW 50B.04.100 in accordance with recognized insurance principles and designed to attempt to limit fluctuations in the premium rate. To facilitate the premium rate setting the office of the state actuary must perform a biennial actuarial audit and valuation of the fund and make recommendations to the pension funding council.

(2) (a) The employer must collect from the employees the premiums provided under this section through payroll deductions and remit the amounts collected to the employment security department.

(b) In collecting employee premiums through payroll deductions, the employer shall act as the agent of the employees and shall remit the amounts to the employment security department as required by this chapter.

~~(3) ((Nothing in this chapter requires any party to a collective bargaining agreement in existence on October 19, 2017, to reopen negotiations of the agreement or to apply any of the responsibilities under this chapter unless and until the existing agreement is reopened or renegotiated by the parties or expires.~~

(4)) (a) Premiums shall be collected in the manner and at such intervals as provided in this chapter and directed by the employment security department.

(b) To the extent feasible, the employment security department shall use the premium assessment, collection, and reporting procedures in Title 50A RCW.

~~((5))~~ (4) The employment security department shall deposit all premiums collected in this section in the long-term services and supports trust account created in RCW 50B.04.100.

~~((6))~~ (5) Premiums collected in this section are placed in the trust account for the individuals who become eligible for the program.

~~((7))~~ (6) If the premiums established in this section are increased, the legislature shall notify each qualified individual by mail that the person's premiums have been increased, describe the reason for increasing the premiums, and describe the plan for restoring the funds so that premiums are returned to .58 percent of the individual's wages.

Sec. 11. RCW 50B.04.085 and 2021 c 113 s 5 are each amended to read as follows:

(1) An employee who attests that the employee has long-term care insurance purchased before November 1, 2021, may apply for an exemption from the premium assessment under RCW 50B.04.080. ~~((An exempt employee may not become a qualified individual or eligible beneficiary and is permanently ineligible for coverage under this title.))~~

(2) (a) The employment security department must accept applications for exemptions only from October 1, 2021, through December 31, 2022.

(b) Only employees who are eighteen years of age or older may apply for an exemption.

(3) The employment security department is not required to verify the attestation of an employee that the employee has long-term care insurance.

(4) Approved exemptions will take effect on the first day of the quarter immediately following the approval of the exemption.

(5) Exempt employees are not entitled to a refund of any premium deductions made before the effective date of an approved exemption.

(6) An exempt employee must provide written notification to all current and future employers of an approved exemption.

(7) If an exempt employee fails to notify an employer of an exemption, the exempt employee is not entitled to a refund of any premium deductions made before notification is provided.

(8) Employers must not deduct premiums after being notified by an employee of an approved exemption.

(a) Employers must retain written notifications of exemptions received from employees.

(b) An employer who deducts premiums after being notified by the employee of an exemption is solely responsible for refunding to the employee any premiums deducted after the notification.

(c) The employer is not entitled to a refund from the employment security department for any premiums remitted to the employment security department that were deducted from exempt employees.

(9) (a) Except as provided in (b) of this subsection, an exempt employee may not become a qualified individual or eligible beneficiary and is permanently ineligible for coverage under this title.

(b) Prior to July 1, 2028, an employee who has received an approved exemption pursuant to this section may rescind the exemption and participate in the program. The employee must notify the employment security department of the rescission according to procedures established by the employment security department. The employee will be subject to premium assessments under RCW 50B.04.080 or 50B.04.090 upon notification to the employment security department of the rescission. The employee is not responsible for any premiums that would have been assessed prior to the rescission. When deeming a person to be a qualified individual under RCW 50B.04.050, the employment security department may not consider any years in which the rescinding employee had been in exempt status unless the employee had been assessed the premium for a part of the year and the number of hours worked while being assessed met the minimum hour requirement.

(10) The employment security department must adopt rules necessary to implement and administer the activities specified in this section related to the program, including rules on the submission and processing of applications and the rescission of an exemption under this section.

Sec. 12. RCW 50B.04.100 and 2024 c 120 s 8 are each amended to read as follows:

(1) The long-term services and supports trust account is created in the custody of

the state treasurer. All receipts from employers under RCW 50B.04.080 and from out-of-state participants under RCW 50B.04.180, 50B.04.090, and 50B.04.095, delinquent premiums, penalties, and interest received pursuant to sections 13 and 14 of this act, and any funds attributable to savings derived through a waiver with the federal centers for medicare and medicaid services pursuant to RCW 50B.04.130 must be deposited in the account. Expenditures from the account may be used for the administrative activities of the department of social and health services, the health care authority, and the employment security department. Benefits associated with the program must be disbursed from the account by the department of social and health services. Only the secretary of the department of social and health services or the secretary's designee may authorize disbursements from the account. The account is subject to the allotment procedures under chapter 43.88 RCW. An appropriation is required for administrative expenses, but not for benefit payments. The account must provide reimbursement of any amounts from other sources that may have been used for the initial establishment of the program.

(2) The revenue generated pursuant to this chapter shall be utilized to expand long-term care in the state. These funds may not be used either in whole or in part to supplant existing state or county funds for programs that meet the definition of approved services.

(3) The moneys deposited in the account must remain in the account until expended in accordance with the requirements of this chapter. If moneys are appropriated for any purpose other than supporting the long-term services and supports program, the legislature shall notify each qualified individual by mail that the person's premiums have been appropriated for an alternate use, describe the alternate use, and state its plan for restoring the funds so that premiums are not increased and benefits are not reduced.

NEW SECTION. Sec. 13. A new section is added to chapter 50B.04 RCW to read as follows:

(1) In the form and at the times specified in this chapter and by the commissioner of the employment security department, an employer shall make reports, furnish information, and collect and remit premiums as required by this chapter to the employment security department. If the employer is a temporary help company that provides employees on a temporary basis to its customers, the temporary help company is considered the employer for purposes of this section.

(2)(a) An employer must keep at the employer's place of business a record of employment, for a period of six years, from which the information needed by the employment security department for purposes of this chapter may be obtained. This record shall at all times be open to the inspection of the commissioner of the employment security department.

(b) Information obtained under this chapter from employer records is confidential and not open to public inspection, other than to public employees in the performance of their official duties. An interested party, however, shall be supplied with information from employer records to the extent necessary for the proper presentation of the case in question. An employer may authorize inspection of the employer's records by written consent.

(3) The requirements relating to the collection of long-term services and supports trust program premiums are as provided in this chapter. Before issuing a warning letter or collecting penalties, the employment security department shall enforce the collection of premiums through conference and conciliation. These requirements apply to:

(a) An employer that fails under this chapter to make the required reports, or fails to remit the full amount of the premiums when due;

(b) An employer that willfully makes a false statement or misrepresentation regarding a material fact, or willfully fails to report a material fact, to avoid making the required reports or remitting the full amount of the premiums when due under this chapter;

(c) A successor in the manner specified in employment security department rules; and

(d) An officer, member, or owner having control or supervision of payment or reporting of long-term services and supports trust program premiums, or who is charged with the responsibility for the filing of returns, in the manner specified in subsection (4) of this section.

(4)(a) An employer who willfully fails to make the required reports is subject to penalties as follows: (i) For the second occurrence, the penalty is \$75; (ii) for the third occurrence, the penalty is \$150; and (iii) for the fourth occurrence and for each occurrence thereafter, the penalty is \$250.

(b) An employer who willfully fails to remit the full amount of the premiums when due is liable, in addition to the full amount of premiums due and amounts assessed as interest under section 14(3) of this act, to a penalty equal to the premiums and interest.

(c) Any penalties under this section shall be deposited into the account.

(d) For the purposes of this subsection, "willful" means a knowing and intentional action that is neither accidental nor the result of a bona fide dispute.

(e) The employment security department shall enforce the collection of penalties through conference and conciliation.

(5) Appeals of actions under this section are governed by RCW 50B.04.120.

NEW SECTION. Sec. 14. A new section is added to chapter 50B.04 RCW to read as follows:

(1) At any time after the commissioner of the employment security department finds that any premiums, interest, or penalties have become delinquent, the commissioner of the employment security department may issue an order and notice of assessment specifying

the amount due. The order and notice of assessment shall be served upon the delinquent employer in the manner prescribed for the service of a summons in a civil action, or using a method by which the mailing can be tracked or the delivery can be confirmed. Failure of the employer to receive the notice or order, whether served or mailed, shall not release the employer from any tax, or any interest or penalties.

(2) If the commissioner of the employment security department has reason to believe that an employer is insolvent or if any reason exists why the collection of any premiums accrued will be jeopardized by delaying collection, the commissioner of the employment security department may make an immediate assessment of the premiums and may proceed to enforce collection immediately, but interest and penalties shall not begin to accrue upon any premiums until the date when such premiums would normally have become delinquent.

(3) If premiums are not paid on the date on which they are due and payable as prescribed by the commissioner of the employment security department, the whole or part thereof remaining unpaid shall bear interest at the rate of one percent per month or fraction thereof from and after such date until payment plus accrued interest is received by the commissioner of the employment security department. The date as of which payment of premiums, if mailed, is deemed to have been received may be determined by such regulations as the commissioner of the employment security department may prescribe. Interest collected pursuant to this section shall be paid into the account. Interest shall not accrue on premiums from any estate in the hands of a receiver, executor, administrator, trustee in bankruptcy, common law assignee, or other liquidating officer subsequent to the date when such receiver, executor, administrator, trustee in bankruptcy, common law assignee, or other liquidating officer qualifies as such, but premiums accruing with respect to employment of persons by any receiver, executor, administrator, trustee in bankruptcy, common law assignee, or other liquidating officer shall become due and shall draw interest in the same manner as premiums due from other employers. Where adequate information has been furnished to the employment security department and the employment security department has failed to act or has advised the employer of no liability or inability to decide the issue, interest may be waived.

(4) (a) If the amount of premiums, interest, or penalties assessed by the commissioner of the employment security department by order and notice of assessment provided in this chapter is not paid within 10 days after the service or mailing of the order and notice of assessment, the commissioner of the employment security department or a duly authorized representative may collect the amount stated in the assessment by the distraint, seizure, and sale of the property, goods, chattels, and effects of the delinquent employer. Goods and property that are exempt from execution under the laws of this state are

exempt from distraint and sale under this section.

(b) The commissioner of the employment security department, upon making a distraint, shall seize the property and shall make an inventory of the distrained property, a copy of which shall be mailed to the owner of the property or personally delivered to the owner, and shall specify the time and place when the property shall be sold. A notice specifying the property to be sold and the time and place of sale shall be posted in at least two public places in the county in which the seizure has been made. The time of sale shall be not less than 10 nor more than 20 days from the date of posting of the notices. The sale may be adjourned from time to time at the discretion of the commissioner of the employment security department, but not for a time to exceed a total of 60 days. The sale shall be conducted by the commissioner of the employment security department or a representative who shall proceed to sell the property by parcel or by lot at a public auction, and who may set a minimum price to include the expenses of making a levy and of advertising the sale, and if the amount bid for such property at the sale is not equal to the minimum price so fixed, the commissioner of the employment security department or a representative may declare the property to be purchased by the employment security department for the minimum price. In such event the delinquent account shall be credited with the amount for which the property has been sold. Property acquired by the employment security department as prescribed in this subsection (4) may be sold by the commissioner of the employment security department or a representative at public or private sale, and the amount realized shall be placed in the account. In all cases of sale under this subsection (4), the commissioner of the employment security department shall issue a bill of sale or a deed to the purchaser and the bill of sale or deed shall be prima facie evidence of the right of the commissioner of the employment security department to make the sale and conclusive evidence of the regularity of the commissioner of the employment security department proceeding in making the sale, and shall transfer to the purchaser all right, title, and interest of the delinquent employer in the property. The proceeds of any sale under this subsection (4), except in those cases in which the property has been acquired by the employment security department, shall be first applied by the commissioner of the employment security department in satisfaction of the delinquent account, and out of any sum received in excess of the amount of delinquent premiums, interest, and penalties the account shall be reimbursed for the costs of distraint and sale. Any excess amounts held by the commissioner of the employment security department shall be refunded to the delinquent employer. Amounts held by the commissioner of the employment security department that are refundable to a delinquent employer may be subject to seizure or distraint by any other taxing

authority of the state or its political subdivisions.

(5) The commissioner of the employment security department may issue to any person, firm, corporation, political subdivision, or department of the state, a notice and order to withhold and deliver property of any kind when the commissioner of the employment security department has reason to believe that there is in the possession of such person, firm, corporation, political subdivision, or department, property which is due, owing, or belonging to any person, firm, or corporation upon whom the employment security department has served a notice and order of assessment for premiums, interest, or penalties. The effect of a notice to withhold and deliver shall be continuous from the date the notice and order to withhold and deliver is first made until the liability is satisfied or becomes unenforceable because of a lapse of time. The notice and order to withhold and deliver shall be served by the sheriff or the sheriff's deputy of the county in which the service is made, using a method by which the mailing can be tracked or the delivery can be confirmed, or by any duly authorized representative of the commissioner of the employment security department. Any person, firm, corporation, political subdivision, or department upon whom service has been made must answer the notice within 20 days exclusive of the day of service, under oath and in writing, and must truthfully answer the matters inquired of in the notice. In the event there is in the possession of any such person, firm, corporation, political subdivision, or department, any property which may be subject to the claim of the employment security department of the state, the property must be delivered immediately to the commissioner of the employment security department or a representative upon demand to be held in trust by the commissioner of the employment security department for application on the indebtedness involved or for return, without interest, in accordance with final determination of liability or nonliability, or in the alternative, a good and sufficient bond satisfactory to the commissioner of the employment security department must be provided conditioned upon final determination of liability. If any person, firm, or corporation fails to answer an order to withhold and deliver within the time prescribed in this subsection (5), it shall be lawful for the court, after the time to answer the order has expired, to render judgment by default against such person, firm, or corporation for the full amount claimed by the commissioner in the notice to withhold and deliver, together with costs.

(6) Whenever any order and notice of assessment or jeopardy assessment has become final in accordance with the provisions of this chapter the commissioner of the employment security department may file with the clerk of any county within the state a warrant in the amount of the notice of assessment plus interest, penalties, and a filing fee under RCW 36.18.012(10). The clerk of the county in which the warrant is filed shall immediately designate a superior

court cause number for the warrant, and the clerk shall cause to be entered in the judgment docket under the superior court cause number assigned to the warrant, the name of the employer mentioned in the warrant, the amount of the tax, interest, penalties, and filing fee and the date when such warrant was filed. The aggregate amount of the warrant as docketed shall become a lien upon the title to, and interest in all real and personal property of the employer against whom the warrant is issued, the same as a judgment in a civil case duly docketed in the office of such clerk. The warrant so docketed shall be sufficient to support the issuance of writs of execution and writs of garnishment in favor of the state in the manner provided by law in the case of civil judgment, wholly or partially unsatisfied. The clerk of the court shall be entitled to a filing fee under RCW 36.18.012(10), which shall be added to the amount of the warrant, and charged by the commissioner of the employment security department to the employer. A copy of the warrant shall be mailed to the employer using a method by which the mailing can be tracked or the delivery can be confirmed within five days of filing with the clerk.

(7) The claim of the employment security department for any premiums, interest, or penalties not paid when due, shall be a lien prior to all other liens or claims and on a parity with prior tax liens against all property and rights to property, whether real or personal, belonging to the employer. In order to avail itself of the lien hereby created, the employment security department shall file with any county auditor where property of the employer is located a statement and claim of lien specifying the amount of delinquent premiums, interest, and penalties claimed by the employment security department. From the time of filing for record, the amount required to be paid shall constitute a lien upon all property and rights to property, whether real or personal, in the county, owned by the employer or acquired by the employer. The lien shall not be valid against any purchaser, holder of a security interest, mechanic's lien, or judgment lien creditor until notice thereof has been filed with the county auditor. This lien shall be separate and apart from, and in addition to, any other lien or claim created by, or provided for in, this chapter. When any such notice of lien has been so filed, the commissioner of the employment security department may release the lien by filing a certificate of release when it appears that the amount of delinquent premiums, interest, and penalties have been paid, or when the assurance of payment shall be made as the commissioner of the employment security department may deem to be adequate. Fees for filing and releasing the lien provided herein may be charged to the employer and may be collected from the employer utilizing the remedies provided in this chapter for the collection of premiums.

(8) In the event of any distribution of an employer's assets pursuant to an order of any court, including any receivership, probate, legal dissolution, or similar proceeding, or in case of any assignment for

the benefit of creditors, composition, or similar proceeding, premiums, interest, or penalties due shall be a lien upon all the assets of such employer. The lien is prior to all other liens or claims except prior tax liens, other liens provided by this chapter, and claims for remuneration for services of not more than \$250 to each claimant earned within six months of the commencement of the proceeding. The mere existence of a condition of insolvency or the institution of any judicial proceeding for legal dissolution or of any proceeding for distribution of assets shall cause such a lien to attach without action on behalf of the commissioner of the employment security department or the state. In the event of an employer's adjudication in bankruptcy, judicially confirmed extension proposal, or composition, under the federal bankruptcy act of 1898, as amended, premiums, interest, or penalties due shall be entitled to such priority as provided in that act, as amended.

(9)(a) If after due notice, any employer defaults in any payment of premiums, interest, or penalties, the amount due may be collected by civil action in the name of the state, and the employer adjudged in default shall pay the cost of such action. Any lien created by this chapter may be foreclosed by decree of the court in any such action. Civil actions brought under this chapter to collect premiums, interest, or penalties from an employer shall be heard by the court at the earliest possible date and shall be entitled to preference upon the calendar of the court over all other civil actions except petitions for judicial review under this chapter, cases arising under the unemployment compensation laws of this state, and cases arising under the industrial insurance laws of this state.

(b) Any employer that is not a resident of this state and that exercises the privilege of having one or more individuals perform service for it within this state, and any resident employer that exercises that privilege and thereafter removes from this state, shall be deemed thereby to appoint the secretary of state as its agent and attorney for the acceptance of process in any action under this chapter. In instituting such an action against any such employer the commissioner of the employment security department shall cause process or notice to be filed with the secretary of state and the service shall be sufficient service upon the employer, and shall be of the same force and validity as if served upon it personally within this state: PROVIDED, That the commissioner of the employment security department shall immediately send notice of the service of the process or notice, together with a copy thereof, by registered mail, return receipt requested, to such employer at its last known address and the return receipt, the commissioner's affidavit of compliance with the provisions of this section, and a copy of the notice of service shall be appended to the original of the process filed in the court in which such action is pending.

(10) Any employer who is delinquent in the payment of premiums, interest, or penalties may be enjoined upon the suit of

the state of Washington from continuing in business in this state or employing persons herein until the delinquent premiums, interest, and penalties have been paid, or until the employer has furnished a good and sufficient bond in a sum equal to double the amount of premiums, interest, and penalties already delinquent, plus further sums as the court deems adequate to protect the employment security department in the collection of premiums, interest, and penalties which will become due from the employer during the next ensuing calendar year, the bond to be conditioned upon payment of all premiums, interest, and penalties due and owing within thirty days after the expiration of the next ensuing calendar year or at an earlier date as the court may fix. Action under this section may be instituted in the superior court of any county of the state in which the employer resides, has its principal place of business, or where it has anyone performing services for it, whether or not those services constitute employment.

(11) The commissioner of the employment security department may compromise any claim for premiums, interest, or penalties due and owing from an employer in any case in which collection of the full amount due and owing, whether reduced to judgment or otherwise, would be against equity and good conscience. Whenever a compromise is made by the commissioner of the employment security department in the case of a claim for premiums, interest, or penalties, whether reduced to judgment or otherwise, the employment security department shall file a statement of the amount of premiums, interest, and penalties imposed by law and claimed due, attorneys' fees and costs, if any, a complete record of the compromise agreement, and the amount actually paid in accordance with the terms of the compromise agreement. If any such compromise is accepted by the commissioner of the employment security department, within the time stated in the compromise or agreed to, that compromise shall be final and conclusive and except upon showing of fraud or malfeasance or misrepresentation of a material fact the case shall not be reopened as to the agreed upon matters. In any suit, action, or proceeding, such agreement or any determination, collection, payment, adjustment, refund, or credit made in accordance therewith shall not be annulled, modified, set aside, or disregarded.

(12) The commissioner of the employment security department may charge off as uncollectible and no longer an asset of the account, any delinquent premiums, interest, penalties, or credits, if the commissioner of the employment security department is satisfied that there are no cost-effective means of collecting the premiums, interest, penalties, or credits.

NEW SECTION. Sec. 15. A new section is added to chapter 50B.04 RCW to read as follows:

(1) When a qualified individual applies for benefits as provided in RCW 50B.04.060, the department of social and health services must: (a) Ask whether the qualified

individual has supplemental long-term care insurance as provided in chapter 48.--- RCW (the new chapter created in section 41 of this act); and (b) request written consent and the policy issuer's contact information from the qualified individual to share information with the policy issuer for any potential care coordination.

(2) If the individual provides written consent and the policy issuer's contact information, the department of social and health services must notify the policy issuer that the qualified individual has applied for benefits under this chapter and may share information for any potential care coordination.

(3) Only basic demographic information that would allow a person to be identified in the program may be shared if the qualified individual consents to sharing information. No health information or data on claims may be shared.

NEW SECTION. Sec. 16. (1) The department of social and health services, the employment security department, and the health care authority may design and conduct a pilot project to assess the administrative processes and system capabilities for managing eligibility determinations for qualified individuals and distributing payments to long-term services and supports providers. The pilot project may identify persons who are eligible to be qualified individuals and offer them access to benefit units under the program in return for their participation in the pilot project. The pilot project may only be conducted between January 1, 2026, and June 30, 2026. The pilot project may not have more than 500 participants.

(2) When designing and implementing the pilot project, the agencies identified in subsection (1) of this section must provide regular updates to and consider recommendations from the long-term services and supports trust commission. Upon completion of the pilot project, the agencies must provide a summary of the pilot project, including key operational challenges, to the commission. The commission may include any outstanding concerns identified by the pilot project that require a legislative response in the commission's 2027 report.

(3) The employment security department, the department of social and health services, and the health care authority may adopt rules necessary to implement this section.

(4) This section expires July 1, 2027.

NEW SECTION. Sec. 17. The intent of this chapter is to promote the public interest, support the availability of supplemental long-term care coverage, establish standards for supplemental long-term care coverage, facilitate public understanding and comparison of supplemental long-term care contract benefits, protect persons insured under supplemental long-term care insurance policies and certificates, protect applicants for supplemental long-term care policies from unfair or deceptive sales or enrollment practices, and provide

for flexibility and innovation in the development of supplemental long-term care insurance coverage.

NEW SECTION. Sec. 18. (1) This chapter applies to all supplemental long-term care insurance policies, contracts, or riders delivered or issued for delivery in this state on or after May 1, 2026. This chapter does not supersede the obligations of entities subject to this chapter to comply with other applicable laws to the extent that they do not conflict with this chapter, except that laws and regulations designed and intended to apply to medicare supplement insurance policies shall not be applied to supplemental long-term care insurance.

(2) Coverage advertised, marketed, or offered as supplemental long-term care insurance must comply with this chapter. Any coverage, policy, or rider advertised, marketed, or offered as supplemental long-term care or nursing home insurance shall comply with this chapter.

(3) This chapter is not intended to prohibit approval of supplemental long-term care funded through life insurance policies, contracts, or riders, provided the policy meets the definition of supplemental long-term care insurance and provides all required benefits of this chapter.

NEW SECTION. Sec. 19. The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

(1) "Applicant" means: (a) In the case of an individual supplemental long-term care insurance policy, the person who seeks to contract for benefits; and (b) in the case of a group supplemental long-term care insurance policy, the proposed certificate holder.

(2) "Certificate" includes any certificate issued under a group supplemental long-term care insurance policy that has been delivered or issued for delivery in this state.

(3) "Commissioner" means the insurance commissioner of Washington state.

(4) "Issuer" includes insurance companies, fraternal benefit societies, health care service contractors, health maintenance organizations, or other entity delivering or issuing for delivery any supplemental long-term care insurance policy, contract, or rider.

(5) "Group supplemental long-term care insurance" means a supplemental long-term care insurance policy or contract that is delivered or issued for delivery in this state and is issued to:

(a) One or more employers; one or more labor organizations; or a trust or the trustees of a fund established by one or more employers or labor organizations for current or former employees, current or former members of the labor organizations, or a combination of current and former employees or members, or a combination of such employers, labor organizations, trusts, or trustees; or

(b) A professional, trade, or occupational association for its members or

former or retired members, if the association:

(i) Is composed of persons who are or were all actively engaged in the same profession, trade, or occupation; and

(ii) Has been maintained in good faith for purposes other than obtaining insurance; or

(c)(i) An association, trust, or the trustees of a fund established, created, or maintained for the benefit of members of one or more associations. Before advertising, marketing, or offering supplemental long-term care coverage in this state, the association or associations, or the insurer of the association or associations, must file evidence with the commissioner that the association or associations have at the time of such filing at least 100 persons who are members and that the association or associations have been organized and maintained in good faith for purposes other than that of obtaining insurance; have been in active existence for at least one year; and have a constitution and bylaws that provide that:

(A) The association or associations hold regular meetings at least annually to further the purposes of the members;

(B) Except for credit unions, the association or associations collect dues or solicit contributions from members; and

(C) The members have voting privileges and representation on the governing board and committees of the association.

(ii) Thirty days after filing the evidence in accordance with this section, the association or associations will be deemed to have satisfied the organizational requirements, unless the commissioner makes a finding that the association or associations do not satisfy those organizational requirements; or

(d) A group other than as described in (a), (b), or (c) of this subsection subject to a finding by the commissioner that:

(i) The issuance of the group policy is not contrary to the best interest of the public;

(ii) The issuance of the group policy would result in economies of acquisition or administration; and

(iii) The benefits are reasonable in relation to the premiums charged.

(6) "Policy" includes a document such as an insurance policy, contract, subscriber agreement, rider, or endorsement delivered or issued for delivery in this state by an insurer, fraternal benefit society, health care service contractor, health maintenance organization, or any similar entity authorized by the insurance commissioner to transact the business of supplemental long-term care insurance.

(7) "Qualified supplemental long-term care insurance contract" or "federally tax-qualified supplemental long-term care insurance contract" means:

(a) An individual or group insurance contract that meets the requirements of section 7702B(b) of the internal revenue code of 1986, as amended; or

(b) The portion of a life insurance contract that provides supplemental long-term care insurance coverage by rider or as part of the contract and that satisfies the

requirements of sections 7702B(b) and (e) of the internal revenue code of 1986, as amended.

(8) "Supplemental long-term care insurance" means an insurance policy, contract, or rider that is advertised, marketed, offered, or designed to provide coverage for at least 12 consecutive months for a covered person after benefits provided under chapter 50B.04 RCW have been exhausted. Supplemental long-term care insurance may be on an expense incurred, indemnity, prepaid, or other basis, for one or more necessary or medically necessary diagnostic, preventive, therapeutic, rehabilitative, maintenance, or personal care services, provided in a setting other than an acute care unit of a hospital. Supplemental long-term care insurance includes any policy, contract, or rider that provides for payment of benefits based upon cognitive impairment or the loss of functional capacity that supplements benefits provided in chapter 50B.04 RCW.

(a) Supplemental long-term care insurance includes group and individual life insurance policies or riders that provide directly or supplement long-term care insurance and that supplements benefits provided in chapter 50B.04 RCW. However, supplemental long-term care insurance does not include life insurance policies that: (i) Accelerate the death benefit specifically for one or more of the qualifying events of terminal illness, medical conditions requiring extraordinary medical intervention, or permanent institutional confinement; (ii) provide the option of a lump sum payment for those benefits; and (iii) do not condition the benefits or the eligibility for the benefits upon the receipt of long-term care.

(b) Supplemental long-term care insurance also includes qualified supplemental long-term care insurance contracts.

(c) Supplemental long-term care insurance does not include any insurance policy, contract, or rider that is offered primarily to provide coverage for basic medicare supplement, basic hospital expense, basic medical-surgical expense, hospital confinement indemnity, major medical expense, disability income, related income, asset protection, accident only, specified disease, specified accident, or limited benefit health. These may not be marketed to consumers as providing coverage that is supplemental to the long-term care benefits provided in chapter 50B.04 RCW.

NEW SECTION.

Sec. 20.

(1) A supplemental long-term care insurance policy, contract, rider, or certificate form or application form shall not be issued, delivered, or used unless it has been filed with and approved by the commissioner.

(2) Rates, or modification of rates, for supplemental long-term care policies or certificates shall not be used until filed with and approved by the commissioner.

(3) A form or rate shall not knowingly be issued, delivered, or used if the commissioner's approval does not then exist.

NEW SECTION.

Sec. 21.

A group supplemental long-term care insurance policy

may not be offered to a resident of this state under a group policy issued in another state to a group described in section 19(5) (d) of this act, unless this state or another state having statutory and regulatory supplemental long-term care insurance requirements substantially similar to those adopted in this state has made a determination that such requirements have been met.

NEW SECTION.**Sec. 22.**

(1) A supplemental long-term care insurance policy or certificate may not define "preexisting condition" more restrictively than as a condition for which medical advice or treatment was recommended by or received from a provider of health care services, within six months preceding the effective date of coverage of an insured person, unless the policy or certificate applies to group supplemental long-term care insurance under section 19(5) (a), (b), or (c) of this act.

(2) A supplemental long-term care insurance policy or certificate may not exclude coverage for a loss or confinement that is the result of a preexisting condition unless the loss or confinement begins within six months following the effective date of coverage of an insured person, unless the policy or certificate applies to a group as defined in section 19(5)(a) of this act.

(3) The commissioner may extend the limitation periods for specific age group categories in specific policy forms upon finding that the extension is in the best interest of the public.

(4) An issuer may use an application form designed to elicit the complete health history of an applicant and underwrite in accordance with that issuer's established underwriting standards, based on the answers on that application. Unless otherwise provided in the policy or certificate and regardless of whether it is disclosed on the application, a preexisting condition need not be covered until the waiting period expires.

(5) A supplemental long-term care insurance policy or certificate may not exclude or use waivers or riders to exclude, limit, or reduce coverage or benefits for specifically named or described preexisting diseases or physical conditions beyond the waiting period.

NEW SECTION.**Sec. 23.**

(1) No supplemental long-term care insurance policy may:

(a) Be canceled, nonrenewed, or otherwise terminated on the grounds of the age or the deterioration of the mental or physical health of the insured individual or certificate holder;

(b) Contain a provision establishing a new waiting period in the event existing coverage is converted to or replaced by a new or other form within the same company, except with respect to an increase in benefits voluntarily selected by the insured individual or group policyholder;

(c) Provide coverage for skilled nursing care only or provide significantly more

coverage for skilled care in a facility than coverage for lower levels of care;

(d) Condition eligibility for any benefits on a prior hospitalization requirement;

(e) Condition eligibility for benefits provided in an institutional care setting on the receipt of a higher level of institutional care;

(f) Condition eligibility for any benefits other than waiver of premium, postconfinement, postacute care, or recuperative benefits on a prior institutionalization requirement;

(g) Include a postconfinement, postacute care, or recuperative benefit unless:

(i) Such requirement is clearly labeled in a separate paragraph of the policy or certificate entitled "Limitations or Conditions on Eligibility for Benefits"; and

(ii) Such limitations or conditions specify any required number of days of preconfinement or postconfinement;

(h) Condition eligibility for noninstitutional benefits on the prior receipt of institutional care;

(i)(i) Provide for a deductible that is greater than the maximum dollar equivalent provided in RCW 50B.04.060(3)(b), including inflation adjustments provided in RCW 50B.04.010(3), without the limitation provided in RCW 50B.04.050(2). The issuer may provide for a deductible that is less than the maximum dollar equivalent provided in RCW 50B.04.060(3)(b), especially for a policyholder born before 1968;

(ii) The issuer must accept notice from the department of social and health services that the policyholder has exhausted the benefits provided under chapter 50B.04 RCW as evidence of satisfying the deductible. However, for a policyholder born before 1968, the department must provide the amount of benefits paid under chapter 50B.04 RCW as evidence of payment toward the deductible;

(j) Include an elimination period of greater than 12 months. Any period of time the policyholder is considered an eligible beneficiary as defined in RCW 50B.04.010 must count toward any elimination period in a supplemental long-term care insurance policy. If the policy includes a deductible and an elimination period, the policy may provide that the elimination period is satisfied after the later of when the deductible or the elimination period has been met; and

(k) Require a policyholder to undergo a functional assessment to satisfy a benefit trigger to determine that the elimination period has begun or ended. However, the issuer may require the policyholder to undergo a functional assessment and apply a benefit trigger for purposes of approving a claim and authorizing benefits.

(2) A supplemental long-term care insurance policy or certificate may be field-issued if the compensation to the field issuer is not based on the number of policies or certificates issued. For purposes of this section, "field-issued" means a policy or certificate issued by a producer or a third-party administrator of the policy pursuant to the underwriting authority by an issuer and using the issuer's underwriting guidelines.

NEW SECTION. **Sec. 24.**

(1) Supplemental long-term care insurance applicants may return a policy or certificate for any reason within 30 days after its delivery and to have the premium refunded.

(2) All supplemental long-term care insurance policies and certificates must have a notice prominently printed on or attached to the first page of the policy stating that the applicant may return the policy or certificate within 30 days after its delivery and to have the premium refunded.

(3) Refunds or denials of applications must be made within 30 days of the return or denial.

(4) This section does not apply to certificates issued pursuant to a policy issued to a group defined in section 19(5) (a) of this act.

NEW SECTION. **Sec. 25.**

(1) An outline of coverage must be delivered to a prospective applicant for supplemental long-term care insurance at the time of initial solicitation through means that prominently direct the attention of the recipient to the document and its purpose.

(a) The commissioner must prescribe a standard format, including style, arrangement, overall appearance, and the content of an outline of coverage. The outline of coverage must also include a disclosure:

(i) Of how the supplemental long-term care insurance interacts with benefits provided in chapter 50B.04 RCW and any potential gaps in coverage or discontinuities of care between benefits provided under chapter 50B.04 RCW and the policy;

(ii) That the premiums may increase over time and an explanation of the conditions that may result in an increase in premiums;

(iii) If the policyholder's circumstances change or premiums increase and the policyholder is unable or unwilling to pay the increased premiums, the options available to the consumer, including a reduction in benefits and nonforfeiture of premiums;

(iv) That premiums continue after retirement;

(v) When premium payments are no longer required under the policy, known as a waiver of premiums; and

(vi) That the purchase of the policy does not qualify the policyholder to apply to be exempt from premium assessments under RCW 50B.04.085.

(b) When an insurance producer makes a solicitation in person, the insurance producer must deliver an outline of coverage before presenting an application or enrollment form.

(c) In a direct response solicitation, the outline of coverage must be presented with an application or enrollment form. The disclosures required under (a) of this subsection are required in any marketing materials.

(d) If a policy is issued to a group as defined in section 19(5) (a) of this act, an outline of coverage is not required to be

delivered, if the information that the commissioner requires to be included in the outline of coverage is in other materials relating to enrollment. Upon request, any such materials must be made available to the commissioner.

(2) If an issuer approves an application for a supplemental long-term care insurance contract or certificate, the issuer must deliver the contract or certificate of insurance to the applicant within 30 days after the date of approval. A policy summary must be delivered with an individual life insurance policy that provides supplemental long-term care benefits within the policy or by rider. In a direct response solicitation, the issuer must deliver the policy summary, upon request, before delivery of the policy, if the applicant requests a summary.

(a) The policy summary must include:

(i) An explanation of how the supplemental long-term care benefit interacts with other components of the policy, including deductions from any applicable death benefits;

(ii) An illustration of the amount of benefits, the length of benefits, and the guaranteed lifetime benefits if any, for each covered person;

(iii) Any exclusions, reductions, and limitations on benefits of supplemental long-term care;

(iv) A statement that any supplemental long-term care inflation protection option required by section 32 of this act is not available under this policy; and

(v) If applicable to the policy type, the summary must also include:

(A) A disclosure of the effects of exercising other rights under the policy;

(B) A disclosure of guarantees related to long-term care costs of insurance charges; and

(C) Current and projected maximum lifetime benefits.

(b) The provisions of the policy summary may be incorporated into a basic illustration required under chapter 48.23A RCW, or into the policy summary which is required under rules adopted by the commissioner.

NEW SECTION. **Sec. 26.**

A supplemental long-term care insurance policy, contract, or rider must:

(1) Allow the policyholder options for reduction of benefits or nonforfeiture of premiums as provided in section 32 of this act if the premiums increase or the policyholder's circumstances change and the policyholder is unable or unwilling to pay the increased premiums;

(2) Allow for continuity of coverage of care settings and providers, including family providers, that the policyholder was receiving as benefits under the program provided in chapter 50B.04 RCW unless there is substantial clinical or other information showing that the current care setting or provider cannot meet the care and safety needs of the policyholder. If the issuer makes a determination that the care setting or providers are not suited to meeting the care and safety needs of the policyholder, the issuer may require a change of care

setting or provider under the policy, effective 90 days after the transition from the benefits provided under chapter 50B.04 RCW. The policyholder may appeal the determination through an independent third-party review as tracked by the commissioner. The issuer may audit for fraudulent claims where the care being claimed is not being provided; and

(3) Cover family providers, provided they are suited to meet the care and safety needs of the policyholder.

NEW SECTION. Sec. 27. (1) When a policyholder purchases a supplemental long-term care insurance policy, the issuer must request written consent from the policyholder to share information with the department of social and health services. If the policyholder provides written consent, the issuer must inform the department of social and health services that the policyholder has purchased a supplemental long-term care insurance policy and share any information with the department for the purposes of any potential care coordination.

(2) Only basic demographic information that would allow a person to be identified in the program provided in chapter 50B.04 RCW may be shared if the individual consents to sharing information. No health care information as defined in RCW 70.02.010 or data on claims may be shared.

NEW SECTION. Sec. 28. If a supplemental long-term care benefit funded through a life insurance policy by the acceleration of the death benefit is in benefit payment status, a monthly report must be provided to the policyholder. The report must include:

(1) A record of all supplemental long-term care benefits paid out during the month;

(2) An explanation of any changes in the policy resulting from paying the supplemental long-term care benefits, such as a change in the death benefit or cash values; and

(3) The amount of supplemental long-term care benefits that remain to be paid.

NEW SECTION. Sec. 29. Within 30 business days after receipt of all the requested additional information, an insurer must pay a claim for benefits under a supplemental long-term care insurance policy or certificate if it is a clean claim, or send a written notice that the insurer is declining to pay all or part of the claim and the specific reason or reasons for denial.

NEW SECTION. Sec. 30. (1) An issuer may rescind a supplemental long-term care insurance policy or certificate or deny an otherwise valid supplemental long-term care insurance claim if:

(a) A policy or certificate has been in force for less than six months and upon a showing of misrepresentation that is material to the acceptance for coverage; or

(b) A policy or certificate has been in force for at least six months but less than

two years, upon a showing of misrepresentation that is both material to the acceptance for coverage and that pertains to the condition for which benefits are sought.

(2) After a policy or certificate has been in force for two years it is not contestable upon the grounds of misrepresentation alone. Such a policy or certificate may be contested only upon a showing that the insured knowingly and intentionally misrepresented relevant facts relating to the insured's health.

(3) An issuer's payments for benefits under a supplemental long-term care insurance policy or certificate may not be recovered by the issuer if the policy or certificate is rescinded.

(4) This section does not apply to the remaining death benefit of a life insurance policy that accelerates benefits for supplemental long-term care that are governed by RCW 48.23.050 the state's life insurance incontestability clause. In all other situations, this section applies to life insurance policies that accelerate benefits for supplemental long-term care.

NEW SECTION. Sec. 31. (1) The commissioner must establish minimum standards for inflation protection features.

(2) An issuer must comply with the rules adopted by the commissioner that establish minimum standards for inflation protection features.

NEW SECTION. Sec. 32. (1) Except as provided by this section, a supplemental long-term care insurance policy may not be delivered or issued for delivery in this state unless the policyholder or certificate holder has been offered the option of purchasing a policy or certificate that includes a nonforfeiture benefit. The offer of a nonforfeiture benefit may be in the form of a rider that is attached to the policy. If a policyholder or certificate holder declines the nonforfeiture benefit, the issuer must provide a contingent benefit upon lapse that is available for a specified period of time following a substantial increase in premium rates.

(2) If a group supplemental long-term care insurance policy is issued, the offer required in subsection (1) of this section must be made to the group policyholder. However, if the policy is issued as group supplemental long-term care insurance as defined in section 19(5)(d) of this act other than to a continuing care retirement community or other similar entity, the offering must be made to each proposed certificate holder.

(3) The commissioner must adopt rules specifying the type or types of nonforfeiture benefits to be offered as part of supplemental long-term care insurance policies and certificates, the standards for nonforfeiture benefits, and the rules regarding contingent benefit upon lapse, including a determination of the specified period of time during which a contingent benefit upon lapse will be available and the substantial premium rate increase that triggers a contingent benefit upon lapse.

NEW SECTION. Sec. 33. (1) A person may not sell, solicit, or negotiate supplemental long-term care insurance unless the person is appropriately licensed as an insurance producer and has successfully completed supplemental long-term care coverage education that meets the requirements of this section and:

(a) Has successfully completed long-term care coverage education that meets the requirements of RCW 48.83.130; and

(b) Has completed an approved one-hour course on supplemental long-term care insurance that includes education on:

(i) The provisions of chapter 50B.04 RCW and any rules adopted to implement the long-term services and supports trust program;

(ii) The relationship between benefits offered under chapter 50B.04 RCW, qualified state long-term care insurance partnership programs, and other public and private coverage of long-term care services, including medicaid; and

(iii) This chapter.

(2) The insurance producer education required by this section may not include training that is issuer or company product-specific or that includes any sales or marketing information, materials, or training, other than those required by state or federal law.

(3) Issuers must obtain verification that an insurance producer receives training required by this section before that producer is permitted to sell, solicit, or otherwise negotiate the issuer's supplemental long-term care insurance products.

(4) Issuers must maintain records subject to the state's record retention requirements and make evidence of that verification available to the commissioner upon request.

(5)(a) Issuers must maintain records with respect to the training of its producers concerning the distribution of its long-term care partnership policies that will allow the commissioner to provide assurance to the state department of social and health services, medicaid division, that insurance producers engaged in the sale of supplemental long-term care insurance contracts have received the training required by this section and any rules adopted by the commissioner, and that producers have demonstrated an understanding of the partnership policies and their relationship to benefits offered under chapter 50B.04 RCW and public and private coverage of long-term care, including medicaid, in this state.

(b) These records must be maintained in accordance with the state's record retention requirements and be made available to the commissioner upon request.

NEW SECTION. Sec. 34. (1) Issuers and their agents, if any, must determine whether issuing supplemental long-term care insurance coverage to a particular person is appropriate, except in the case of a life insurance policy that accelerates benefits for supplemental long-term care.

(2) An issuer must:

(a) Develop and use suitability standards to determine whether the purchase or

replacement of supplemental long-term care coverage is appropriate for the needs of the applicant or insured, using a best interest standard. The issuers and their agents must act in the best interests of the applicant or policyholder under the circumstances known at the time the recommendation is made, without putting the issuer or agent's financial interests ahead of the interests of the applicant or policyholder;

(b) Train its agents in the use of the issuer's suitability standards; and

(c) Maintain a copy of its suitability standards and make the standards available for inspection, upon request.

(3) The following must be considered when determining whether the applicant meets the issuer's suitability standards:

(a) The ability of the applicant to pay for the proposed coverage and any other relevant financial information related to the purchase of or payment for coverage;

(b) The applicant's goals and needs with respect to supplemental long-term care and the advantages and disadvantages of supplemental long-term care coverage to meet those goals or needs; and

(c) The values, benefits, and costs of the applicant's existing health or long-term care coverage, if any, when compared to the values, benefits, and costs of the recommended purchase or replacement.

(4) The sale or transfer of any suitability information provided to the issuer or agent by the applicant to any other person or business entity is prohibited.

(5)(a) The commissioner must adopt rules on forms of consumer-friendly personal worksheets that issuers and their agents must use for applications for supplemental long-term care coverage.

(b) The commissioner may require each issuer to file its current forms of suitability standards and personal worksheets with the commissioner.

NEW SECTION. Sec. 35. A person engaged in the issuance or solicitation of supplemental long-term care coverage may not engage in unfair methods of competition or unfair or deceptive acts or practices, as such methods, acts, or practices are defined in chapter 48.30 RCW, or as defined by the commissioner.

NEW SECTION. Sec. 36. An issuer or an insurance producer who violates a law or rule relating to the regulation of supplemental long-term care insurance or its marketing is subject to a fine of up to three times the amount of the commission paid for each policy involved in the violation or \$10,000, whichever is greater.

NEW SECTION. Sec. 37. (1) The commissioner must adopt rules that include standards for full and fair disclosure setting forth the manner, content, and required disclosures for the sale of supplemental long-term care insurance policies, terms of renewability, initial and subsequent conditions of eligibility, nonduplication of coverage provisions,

coverage of dependents, preexisting conditions, termination of insurance, continuation or conversion, probationary periods, limitations, exceptions, reductions, elimination periods, requirements for replacement, recurrent conditions, and definitions of terms. The commissioner must adopt rules establishing loss ratio standards for supplemental long-term care insurance policies. The commissioner must adopt rules to promote premium adequacy and to protect policyholders in the event of proposed substantial rate increases, and to establish minimum standards for producer education, marketing practices, producer compensation, producer testing, penalties, and reporting practices for supplemental long-term care insurance.

(2) The commissioner must adopt rules establishing standards protecting patient privacy rights, rights to receive confidential health care services, and standards for an issuer's timely review of a claim denial upon request of a covered person.

(3) The commissioner must adopt by rule prompt payment requirements for supplemental long-term care insurance. The rules must include a definition of a "claim" and a definition of "clean claim." In adopting the rules, the commissioner must consider the prompt payment requirements in long-term care insurance model acts developed by the national association of insurance commissioners.

(4) The commissioner may adopt reasonable rules to carry out this chapter.

NEW SECTION. Sec. 38. (1) The commissioner must:

(a) Develop a consumer education guide designed to educate consumers and help them make informed decisions as to the purchase of supplemental long-term care insurance policies provided under this chapter; and

(b) Expand programs to educate consumers as to the supplemental long-term care insurance policies provided under this chapter, with a focus on the middle-income market. If allowable under federal law, the commissioner must expand the statewide health insurance benefits advisor program to provide the consumer education.

(2) The guide and programs should:

(a) Provide additional information and counseling for consumers born before 1968. This information and counseling should educate these consumers as to potential out-of-pocket costs they may be subject to before supplemental long-term care insurance will begin paying claims and strategies for managing the gap between benefits payable under chapter 50B.04 RCW and coverage under supplemental long-term care insurance.

(b) Support consumers in assessing the tradeoffs between various elimination period options and premium rates.

(c) Educate consumers on budgeting any benefits available under chapter 50B.04 RCW carefully to reduce the likelihood and size of any potential gap between those benefits and the supplemental long-term care insurance.

NEW SECTION. Sec. 39. A new section is added to chapter 48.83 RCW to read as follows:

This chapter does not apply to supplemental long-term care insurance as defined in section 19 of this act.

NEW SECTION. Sec. 40. RCW 50B.04.040 (Long-term services and supports council—Benefit unit adjustment) and 2019 c 363 s 5 are each repealed.

NEW SECTION. Sec. 41. Sections 17 through 38 of this act constitute a new chapter in Title 48 RCW.

NEW SECTION. Sec. 42. If any provision of this act or its application to any person or circumstance is held invalid, the remainder of the act or the application of the provision to other persons or circumstances is not affected.

Sec. 43. RCW 50B.04.140 and 2022 c 1 s 7 are each amended to read as follows:

Beginning December 1, 2028, and annually thereafter, and in compliance with RCW 43.01.036, the commission must report to the legislature on the program, including:

(1) Projected and actual program participation;

(2) Adequacy of premium rates;

(3) Fund balances;

(4) Benefits paid;

(5) Demographic information on program participants, including age, gender, race, ethnicity, geographic distribution by county, and legislative district (~~and employment sector~~); and

(6) The extent to which the operation of the program has resulted in savings to the medicaid program by avoiding costs that would have otherwise been the responsibility of the state.

NEW SECTION. Sec. 44. A new section is added to chapter 50B.04 RCW to read as follows:

If Washington is successful in obtaining a waiver from the federal centers for medicare and medicaid services that results in shared savings because of long-term services and supports spending, the amount of shared savings shall be deposited into the long-term services and supports trust account created in RCW 50B.04.100.

Sec. 45. RCW 74.39.007 and 2022 c 86 s 1 are each amended to read as follows:

The definitions in this section apply throughout this section, RCW ((~~74.39.007~~)) 74.39.050, 74.39.070, 43.190.060, and section 1, chapter 336, Laws of 1999 unless the context clearly requires otherwise.

(1) "Self-directed care" means the process in which an adult person, who is prevented by a functional disability from performing a manual function related to health care that an individual would otherwise perform for himself or herself, chooses to direct and supervise a paid personal aide to perform those tasks.

(2) "Personal aide" means an individual, working privately ((~~or~~)) as an individual provider as defined in RCW 74.39A.240, or as a qualified family member paid through the long-term services and supports trust as described in RCW 50B.04.010, who acts at the direction of an adult person with a functional disability living in his or her own home to assist with the physical performance of a health care task, as described in RCW 74.39.050, that persons without a functional disability can perform themselves.

Sec. 46. RCW 70.127.040 and 2024 c 259 s 4 are each amended to read as follows:

The following are not subject to regulation for the purposes of this chapter:

(1) A family member providing home health, hospice, or home care services;

(2) A person who provides only meal services in an individual's permanent or temporary residence;

(3) An individual providing home care through a direct agreement with a recipient of care in an individual's permanent or temporary residence;

(4) A person furnishing or delivering home medical supplies or equipment that does not involve the provision of services beyond those necessary to deliver, set up, and monitor the proper functioning of the equipment and educate the user on its proper use;

(5) A person who provides services through a contract with a licensed agency;

(6) An employee or volunteer of a licensed agency who provides services only as an employee or volunteer;

(7) Facilities and institutions, including but not limited to nursing homes under chapter 18.51 RCW, hospitals under chapter 70.41 RCW, adult family homes under chapter 70.128 RCW, assisted living facilities under chapter 18.20 RCW, developmental disability residential programs under chapter 71A.12 RCW, other entities licensed under chapter 71.12 RCW, or other licensed facilities and institutions, only when providing services to persons residing within the facility or institution;

(8) Local and combined city-county health departments providing services under chapters 70.05 and 70.08 RCW;

(9) An individual providing care to ill individuals, individuals with disabilities, or vulnerable individuals through a contract with the department of social and health services;

(10) Nursing homes, hospitals, or other institutions, agencies, organizations, or persons that contract with licensed home health, hospice, or home care agencies for the delivery of services;

(11) In-home assessments of an ill individual, an individual with a disability, or a vulnerable individual that does not result in regular ongoing care at home;

(12) Services conducted by and for the adherents of a church or religious denomination that rely upon spiritual means alone through prayer for healing in accordance with the tenets and practices of such church or religious denomination and

the bona fide religious beliefs genuinely held by such adherents;

(13) A medicare-approved dialysis center operating a medicare-approved home dialysis program;

(14) A person providing case management services. For the purposes of this subsection, "case management" means the assessment, coordination, authorization, planning, training, and monitoring of home health, hospice, and home care, and does not include the direct provision of care to an individual;

(15) Pharmacies licensed under RCW 18.64.043 that deliver prescription drugs and durable medical equipment that does not involve the use of professional services beyond those authorized to be performed by licensed pharmacists pursuant to chapter 18.64 RCW and those necessary to set up and monitor the proper functioning of the equipment and educate the person on its proper use;

(16) A volunteer hospice complying with the requirements of RCW 70.127.050;

(17) A person who provides home care services without compensation;

(18) Nursing homes that provide telephone or web-based transitional care management services;

(19) A rural health clinic providing health services in a home health shortage area as declared by the department pursuant to 42 C.F.R. Sec. 405.2416; ((and))

(20) Hospital at-home services provided by a hospital pursuant to RCW 70.41.550;

(21) A consumer directed employer as described in RCW 74.39A.500; and

(22) An entity contracted with the department of social and health services as a financial services agency and who only serves clients of in-home long-term care workers who are qualified family members as described in RCW 50B.04.010.

NEW SECTION. **Sec. 47.** Sections 17 through 39 of this act take effect May 1, 2026.

NEW SECTION. **Sec. 48.** Sections 12 through 14 of this act take effect January 1, 2027.

NEW SECTION. **Sec. 49.** Sections 1 through 11, 15, 16, and 40 through 46 of this act take effect January 1, 2026."

Correct the title.

Signed by Representatives Bergquist, Chair; Cortes, Vice Chair; Eslick, Ranking Minority Member; Burnett, Assistant Ranking Minority Member; Bernbaum; Dent; Goodman; Hill; Ortiz-Self; Penner and Taylor.

Referred to Committee on Appropriations

March 28, 2025

SSB 5408

Prime Sponsor, Labor & Commerce:
Allowing for corrections to wage and salary disclosures. Reported by Committee on Labor & Workplace Standards

MAJORITY recommendation: Do pass as amended.

Strike everything after the enacting clause and insert the following:

"Sec. 1. RCW 49.58.110 and 2022 c 242 s 1 are each amended to read as follows:

(1) The employer must disclose in each posting for each job opening the wage amount or scale or salary range, and a general description of all of the benefits and other compensation to be offered to the hired applicant. If an employer uses a third party platform or service for the posting and provides the information required by this subsection to the platform or service, then the platform or service is responsible for providing the disclosure required by this subsection, unless the employer directs and controls the publication of the contents of the posting through a registered account with the platform or service. For the purposes of this section, "posting" means any solicitation intended to recruit job applicants for a specific available position, including recruitment done directly by an employer or indirectly through a third party, and includes any postings done electronically, or with a printed hard copy, that includes qualifications for desired applicants. "Posting" does not include a solicitation for recruiting job applicants that is digitally replicated and published without an employer's consent.

(2) Upon request of an employee offered an internal transfer to a new position or promotion, the employer must provide the wage amount or scale or salary range for the employee's new position.

(3) This section only applies to: (a) Employers with 15 or more employees; and (b) any third party platform or service responsible for a posting for an employer with 15 or more employees as provided in subsection (1) of this section.

(4) ((A job applicant or an employee is entitled to the remedies in RCW 49.58.060 and 49.58.070 for violations of this section. Recovery of any wages and interest must be calculated from the first date wages were owed to the employee.))

(a) The department shall investigate if a job applicant or employee files a complaint with the department alleging a violation of this section or if the department has reason to believe that an employer or third party platform or service has committed a violation of this section. If the director determines that a violation occurred, the director shall attempt to resolve the violation by conference and conciliation. If no agreement is reached to resolve the violation, the director may issue a citation and notice of assessment and order the employer or third party platform or service to pay each affected job applicant or employee statutory damages of no less than \$100 and no more than \$5,000 per violation. In determining the amount of statutory damages, the department shall consider the following: Whether the violation was committed willfully or the violation is a repeat violation; the size of the employer or third party platform or service; the amount necessary to deter future

noncompliance; the purposes of this chapter; and any other factor deemed appropriate by the department. In addition to statutory damages, the director may:

(i) Order payment of the department's costs of investigation and enforcement to the department;

(ii) Assess a civil penalty of up to \$500 for a first violation or up to \$1,000 for a repeat violation; and

(iii) Order actual damages, reinstatement, injunctive relief, or other appropriate relief for an employee injured by a violation of subsection (2) of this section.

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

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

(5)(a) A job applicant or employee may bring a civil action against an employer or third party platform or service for a violation of this section. A prevailing job applicant or employee is entitled to statutory damages of no less than \$100 and no more than \$5,000 per violation, plus reasonable attorneys' fees and costs. In determining the amount of statutory damages, the court shall consider the following: Whether the violation was committed willfully or the violation is a repeat violation; the size of the employer or third party platform or service; the amount necessary to deter future noncompliance; the purposes of this chapter; and any other factor deemed appropriate by the court. The court may also order actual damages, reinstatement, injunctive relief, and other appropriate remedies for an employee injured by a violation of subsection (2) of this section.

(b) The job applicant or employee shall bring a civil action within three years of the date of the alleged violation of this section regardless of whether the job applicant or employee pursued an administrative complaint. Filing a civil action under this subsection terminates the director's processing of the complaint under subsection (4) of this section. A job applicant or employee may be awarded damages by the department under subsection (4) of this section or the court under subsection (5) of this section, but not both.

(6) The administrative remedies and private right of action under this section constitute the exclusive remedies for violations of this section. The remedies under RCW 49.58.060 and 49.58.070 are not available for violations of this section.

(7) The department may adopt rules for purposes of implementing and enforcing this section."

Correct the title.

Signed by Representatives Berry, Chair; Fosse, Vice Chair; Scott, Vice Chair; Ybarra, Assistant Ranking Minority Member; Bronoske; Obras and Ortiz-Self.

MINORITY recommendation: Without recommendation. Signed by Representatives Schmidt, Ranking Minority Member; and McEntire.

Referred to Committee on Rules for second reading

March 28, 2025

ESSB 5486 Prime Sponsor, Law & Justice: Concerning open motion picture captioning in motion picture theaters. Reported by Committee on Civil Rights & Judiciary

MAJORITY recommendation: Do pass as amended.

Strike everything after the enacting clause and insert the following:

"NEW SECTION. Sec. 1. A new section is added to chapter 49.60 RCW to read as follows:

(1) A place of public accommodation that is a motion picture theater shall provide access to fully operational and well-maintained closed captioning technology for the general public for each screening of a motion picture that is produced and available with closed captioning as required by Title III of the federal Americans with disabilities act.

(2) If a motion picture is produced with open captioning content and distributed to motion picture theaters, a motion picture theater company that controls, operates, owns, or leases five or more motion picture theaters in the state shall provide open captioning screenings of such motion picture that has at least five scheduled screenings at that theater, provided that the theater has digital projection systems that support open captioning files. Such open captioning screenings must occur within each of the time periods set forth below:

(a) Within each of the first two weeks of such a motion picture's release, the motion picture theater shall provide at least two open captioning screenings, of which at least one must begin between 5:59 p.m. and 11:01 p.m. on Fridays or between 10:59 a.m. and 11:01 p.m. on Saturdays or Sundays.

(b) Within each week after the first two weeks of such a motion picture's release, the motion picture theater shall provide at least one open captioning screening per week, which must begin between 5:59 p.m. and 10:01 p.m. on Mondays, Tuesdays, Wednesdays, or Thursdays; between 5:59 p.m. and 11:01 p.m. on Fridays; or between 10:59 a.m. and 11:01 p.m. on Saturdays or Sundays.

(3) If a motion picture is produced with open captioning content and distributed to motion picture theaters, a motion picture theater company that controls, operates, owns, or leases four or fewer motion picture theaters in the state shall, at each theater that has digital projection systems that support open captioning files:

(a) Provide an open captioning screening within eight calendar days after receiving a request; or

(b) Offer open captioning consistent with the requirements for motion picture theaters in subsection (2) of this section.

(4) Nothing in this section shall prevent a motion picture theater from offering more open captioning screenings than required by subsections (2) and (3) of this section.

(5) Motion picture theaters shall provide contact information on their websites for the purpose of receiving and fulfilling requests for open captioning screenings.

(6) If an open captioning screening of a motion picture overlaps with one or more other open captioning screenings of the same motion picture at the same motion picture theater, no more than one such motion picture screening may be counted toward the minimum number of screenings required by this section, except where it is not practicable to avoid such overlap.

(7) A motion picture theater shall advertise the date and time of open captioning screenings in the same manner as the motion picture theater advertises all other motion picture screenings and indicate which screenings will include open captioning by using the character symbol "OC."

(8) A motion picture theater shall maintain documents sufficient to demonstrate compliance with the requirements of this section for a period of at least one year.

(9) This section does not apply to drive-in theaters.

(10) For purposes of this section:

(a) "Closed captioning" means the written display of a movie's dialogue or transcript and may include nonspeech information such as music, character identities, and other sounds or sound effects by means of a personal captioning device that delivers captions to individual patrons.

(b) "Motion picture theater" means an establishment in which feature motion pictures are regularly exhibited to the public for an admission charge.

(c) "Motion picture theater company" means any individual or business entity that operates one or more motion picture theaters.

(d) "Open captioning" means the written, on-screen display of a motion picture's dialogue and nonspeech information, which may include music, the identity of the character speaking, or other sounds and sound effects.

NEW SECTION. Sec. 2. This act takes effect January 1, 2026.

NEW SECTION. Sec. 3. This act may be known and cited as the John Waldo act."

Correct the title.

Signed by Representatives Taylor, Chair; Farivar, Vice Chair; Burnett; Entenman; Goodman; Peterson; Thai and Walen.

MINORITY recommendation: Do not pass. Signed by Representative Jacobsen.

MINORITY recommendation: Without recommendation. Signed by Representatives Walsh, Ranking Minority Member; Abell, Assistant Ranking Minority Member; and Graham.

Referred to Committee on Rules for second reading

March 28, 2025

ESSB 5525

Prime Sponsor, Labor & Commerce:
Concerning employment loss due to
businesses closing or mass layoffs. Reported
by Committee on Labor & Workplace
Standards

MAJORITY recommendation: Do pass as amended.

Strike everything after the enacting clause and insert the following:

"NEW SECTION. Sec. 1. The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

(1) "Affected employee" means an employee who may reasonably expect to experience an employment loss because of a proposed business closing or mass layoff by an employer.

(2) "Aggrieved employee" means an employee who has worked for the employer ordering the business closing or mass layoff and who, because of the employer's failure to comply with the requirements of this act, did not receive timely notice either directly or through the employee's representative.

(3) "Bargaining representative" means an exclusive representative of employees under the national labor relations act, 29 U.S.C. Sec. 151 et seq., or the railway labor act, 45 U.S.C. Sec. 151 et seq.

(4) "Business closing" means the permanent or temporary shutdown of a single site of employment of one or more facilities or operating units that will result in an employment loss for 50 or more employees, excluding part-time employees.

(5) "Commissioner" means the commissioner of the employment security department.

(6) "Department" means the employment security department.

(7) "Employee" means a person employed in this state by an employer. "Employee" includes part-time employees.

(8) "Employer" means a person who employs 50 or more employees in this state, excluding part-time employees. "Employer" does not include the state or any political subdivision thereof, including any unit of local government.

(9) (a) "Employment loss" means:

(i) An employment termination, other than a discharge for cause, voluntary separation, or retirement;

(ii) A layoff exceeding six months; or

(iii) A reduction in hours of more than 50 percent of work of individual employees during each month of a six-month period.

(b) "Employment loss" does not include instances when a business closing or mass layoff is the result of the relocation or consolidation of part or all of the employer's business and, before the business closing or mass layoff, the employer offers to transfer the employee to a different site of employment within a reasonable commuting distance, as defined by the department, with no more than a six-month break in employment.

(10) "Mass layoff" means a reduction in employment force that is not the result of a business closing and results in an

employment loss during any 30-day period of 50 or more employees, excluding part-time employees.

(11) "Part-time employee" means an employee who is employed for an average of fewer than 20 hours per week, or an employee who has been employed for fewer than six of the twelve months preceding the date on which notice is required. However, if an applicable collective bargaining agreement defines a part-time employee, such definition shall supersede the definition in this subsection.

(12) "Single site of employment" means a single location or a group of contiguous locations, such as a group of structures that form a campus or business park or separate facilities across the street from each other.

NEW SECTION. Sec. 2. (1) (a) Subject to section 3 of this act, an employer may not order a business closing or a mass layoff until the end of a 60-day period that begins after the employer, pursuant to this section, serves written notice of such action to the department and to the affected employee or, if the employee is represented by a union, to the employee's bargaining representative.

(b) An employer who has previously announced and carried out a short-term mass layoff of three months or less that is extended beyond three months due to business circumstances not reasonably foreseeable at the time of the initial mass layoff is required to give notice when it becomes reasonably foreseeable that the extension is required. A mass layoff extending beyond three months from the date the mass layoff commenced for any other reason must be treated as an employment loss from the date of commencement of the initial mass layoff.

(c) In the case of the sale of part or all of a business, the seller is responsible for providing notice of any business closing or mass layoff which will take place up to and on the effective date of the sale. The buyer is responsible for providing notice of any business closing or mass layoff that will take place thereafter.

(2) Notice from the employer to the department or affected employees or, if the employees are represented, the employees' bargaining representative must be in written form, include the elements required, as they exist on the effective date of this section, by the federal worker adjustment and retraining notification act, 29 U.S.C. Sec. 2101 et seq., and include the following:

(a) The name and address of the employment site where the business closing or mass layoff will occur, and the name and contact information of a company official to contact for further information;

(b) A statement whether the planned action is expected to be permanent or temporary and, if the entire business is to be closed, a statement to that effect. If the planned action is expected to be temporary, the statement must also include whether the planned action is expected to last longer or shorter than three months;

(c) The expected date of the first employment loss and the anticipated schedule for employment losses;

(d) The job titles of positions to be affected and the names of the employees currently holding the affected jobs. The notice to the department must also include the addresses of the affected employees; and

(e) Whether the mass layoff or business closing is the result of, or will result in, the relocation or contracting out of the employer's operations or the employees' positions.

(3) The employer must provide additional notice of the date or schedule of dates of a planned business closing or mass layoff extended beyond the date of any period announced in the original notice.

NEW SECTION. Sec. 3. (1) An employer is not required to comply with the notice requirements under section 2 of this act if:

(a)(i) At the time the notice would have been required, the employer was actively seeking capital or business;

(ii) The capital or business sought, if obtained, would have enabled the employer to avoid or postpone the business closing or mass layoff; and

(iii) The employer reasonably and in good faith believed that giving the notice required by section 2 of this act would have precluded the employer from obtaining the needed capital or business;

(b) The mass layoff or business closing is caused by business circumstances that were not reasonably foreseeable at the time the notice would have been required. The unforeseeable business circumstances must be caused by a sudden, dramatic, and unexpected action or condition outside of the employer's control;

(c) The mass layoff or business closing is due to a natural disaster, such as a flood, earthquake, drought, storm, tornado, or similar effects of nature; or

(d) The mass layoff occurs at:

(i) A construction project and the affected employees were hired with the understanding that their employment was limited to the duration of a particular portion of that construction project; or

(ii) A multiemployer construction project and the only affected employees are subject to a full union referral or dispatch system.

(2) If an exception under this section applies for only part of the 60-day notice window, notice is required at the time the exception no longer applies. If notice is not provided, the employer is liable for each day notice is not provided pursuant to sections 4 and 5 of this act.

(3) The department may not determine an exception under this section applies unless the employer meets the documentation and other requirements established by the department pursuant to section 7 of this act.

NEW SECTION. Sec. 4. (1) An employer that orders a business closing or mass layoff without providing a notice required by section 2 of this act is liable to each aggrieved employee who suffers an employment loss because of the closing or layoff for:

(a) Back pay for each day of violation not less than the higher of:

(i) The average regular rate of compensation received by the employee during the last three years of the employee's employment; or

(ii) The employee's final rate of compensation; and

(b) The value of the cost of any benefits to which the employee would have been entitled had their employment not been lost, including the cost of any medical expenses incurred by the employee that would have been covered under an employee benefit plan.

(2) Liability under this section must be calculated for the period of the employer's violation up to a maximum of 60 days.

(3) The amount for which an employer is liable under this section must be reduced by:

(a) Any wages paid by the employer to the employee during the period of the violation;

(b) Any voluntary and unconditional payment by the employer to the employee that is not required by any legal obligation;

(c) The amount paid to the employee pursuant to the federal worker adjustment and retraining notification act, 29 U.S.C. Sec. 2101 et seq.; and

(d) Any payment by the employer to a third party or trustee, such as premiums for health benefits or payments to a defined contribution pension plan, on behalf and attributable to the employee for the period of the violation.

(4)(a) The department, an aggrieved employee, or the bargaining representative of the aggrieved employee may bring a civil action on behalf of the person, other persons similarly situated, or both, in any court of competent jurisdiction within three years of the alleged violation. The court may award reasonable attorneys' fees as part of costs to any plaintiff who prevails in a civil action brought under this chapter.

(b) If the court determines that an employer conducted a reasonable investigation in good faith and had reasonable grounds to believe that its conduct was not a violation of this chapter, the court may reduce the amount of any penalty it would otherwise impose against the employer under this chapter.

(c) This chapter does not grant any court the authority to enjoin a mass layoff or business closing.

NEW SECTION. Sec. 5. (1) An employer who fails to give the notice required by section 2 of this act to the department is subject to a civil penalty of not more than \$500 for each day of the employer's violation. However, the employer is not subject to a civil penalty under this section if the employer pays to all applicable employees the amounts for which the employer is liable under section 4 of this act within three weeks from the date the employer orders the mass layoff, relocation, or termination.

(2) Any civil penalty paid by the employer under the federal worker adjustment and retraining notification act, 29 U.S.C. Sec. 2101 et seq., must be considered a

payment of the civil penalty under this section.

(3) All penalties recovered under this section must be paid into the state treasury and credited to the general fund.

NEW SECTION. **Sec. 6.** Except in the cases exempted under section 3(1) (b) through (d) of this act, an employer may not include an employee in an order of a mass layoff if the employee is currently on paid family or medical leave under Title 50A RCW.

NEW SECTION. **Sec. 7.** The department shall administer and enforce the provisions of this chapter and may adopt rules to carry out its purpose. Rules adopted pursuant to this section must include documentation requirements for the exceptions in section 3 of this act.

NEW SECTION. **Sec. 8.** This act may be known and cited as the securing timely notification and benefits for laid-off employees act.

NEW SECTION. **Sec. 9.** Sections 1 through 8 of this act constitute a new chapter in Title 49 RCW.

NEW SECTION. **Sec. 10.** If any provision of this act or its application to any person or circumstance is held invalid, the remainder of the act or the application of the provision to other persons or circumstances is not affected."

Correct the title.

Signed by Representatives Berry, Chair; Fosse, Vice Chair; Scott, Vice Chair; Bronoske; Obras and Ortiz-Self.

MINORITY recommendation: Do not pass. Signed by Representatives Schmidt, Ranking Minority Member; Ybarra, Assistant Ranking Minority Member; and McEntire.

Referred to Committee on Rules for second reading

March 28, 2025

ESSB 5694 Prime Sponsor, Labor & Commerce: Establishing a statewide boiler operator certification. Reported by Committee on Labor & Workplace Standards

MAJORITY recommendation: Do pass as amended.

Strike everything after the enacting clause and insert the following:

"NEW SECTION. **Sec. 1.** The legislature finds that there are only three jurisdictions that regulate the safe operation of boilers by certified boiler operators. The national board of boiler and pressure vessel inspectors has advised that trained boiler operators are essential to avoiding potential risks to personnel, the public, and property.

The national board stated that "The primary concern in the operation of boilers, regardless of pressure or type, is safety. Too often, automatic features lead owners

and the general public to believe that the equipment will function without worker oversight, maintenance, operation, and repair. A boiler can fail regardless of its level of automation and a boiler failure can lead to catastrophic results. Even the automatic controls must be properly maintained and tested at specific intervals to keep them functioning properly."

The legislature further finds that ensuring boiler safety is critical and the best way to achieve this goal is through the unification of the existing certification and training expectations for the entire state to ensure portability of the certification and that the workers in this field possess the necessary skills, training, and abilities for the safe operation, maintenance, and repair of boilers. This act is intended not to create a drastically new system, but to utilize the currently recognized certification programs for certification of all workers. A worker who retains certification from any jurisdiction having the authority, and approved by the board, to administer an approved boiler operator certification program is intended to be considered appropriately certified and compliant with this act. The role of the department of labor and industries is intended to be to enforce that these certification requirements are complied with.

NEW SECTION. **Sec. 2.** A new section is added to chapter 70.79 RCW to read as follows:

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

(1) "Board" means the board of boiler rules established pursuant to RCW 70.79.010.

(2) "Department" means the department of labor and industries.

Sec. 3. RCW 70.79.040 and 1951 c 32 s 4 are each amended to read as follows:

(1) The board shall promulgate rules and regulations for the safe and proper installation, repair, use, and operation of boilers, and for the safe and proper installation and repair of unfired pressure vessels which were in use or installed ready for use in this state prior to the date upon which the first rules and regulations under this chapter pertaining to existing installations became effective, or during the ~~((twelve months))~~ 12-month period immediately thereafter.

(2)(a) The department shall adopt rules necessary to implement a certification program for boiler operators who operate and maintain boilers, including the duties and responsibilities for the certified boiler operators. The rules must be adopted in compliance with the administrative procedure act, chapter 34.05 RCW. Initial rules adopted under this subsection must take effect on January 1, 2028.

(b) The rules adopted under (a) of this subsection must include the initial fees for the issuance and renewal of boiler operation certifications. Any changes to the initial fees must be adopted in rule by the board. The fees authorized by this subsection must

cover, but not exceed, the costs of issuing and renewing the certifications and of administering and enforcing the boiler operator certification requirements of this chapter.

Sec. 4. RCW 70.79.090 and 2021 c 65 s 67 are each amended to read as follows:

The following boilers and unfired pressure vessels shall be exempt from the requirements of RCW 70.79.220 ~~((and))~~, 70.79.240 through 70.79.330, and sections 6 through 11 of this act:

(1) Boilers or unfired pressure vessels located on farms and used solely for agricultural purposes;

(2) Unfired pressure vessels that are part of fertilizer applicator rigs designed and used exclusively for fertilization in the conduct of agricultural operations;

(3) Steam boilers used exclusively for heating purposes carrying a pressure of not more than ~~((fifteen))~~ 15 pounds per square inch gauge and which are located in private residences or in apartment houses of less than six families;

(4) Hot water heating boilers carrying a pressure of not more than ~~((thirty))~~ 30 pounds per square inch and which are located in private residences or in apartment houses of less than six families;

(5) Approved pressure vessels (hot water heaters, hot water storage tanks, hot water supply boilers, and hot water heating boilers listed by a nationally recognized testing agency), with approved safety devices including a pressure relief valve, with a nominal water containing capacity of ~~((one hundred twenty))~~ 120 gallons or less having a heat input of ~~((two hundred thousand b.t.u.'s per hour))~~ 200,000 Btu/h or less, at pressure of ~~((one hundred sixty))~~ 160 pounds per square inch or less, and at temperatures of ~~((two hundred ten))~~ 210 degrees Fahrenheit or less: PROVIDED, HOWEVER, That such pressure vessels are not installed in schools, child care centers, public and private hospitals, nursing homes, assisted living facilities, churches, public buildings owned or leased and maintained by the state or any political subdivision thereof, and assembly halls;

(6) Unfired pressure vessels containing only water under pressure for domestic supply purposes, including those containing air, the compression of which serves only as a cushion or airlift pumping systems, when located in private residences or in apartment houses of less than six families, or in public water systems as defined in RCW 70A.120.020;

(7) Unfired pressure vessels containing liquefied petroleum gases.

Sec. 5. RCW 70.79.110 and 1951 c 32 s 11 are each amended to read as follows:

The chief inspector, if authorized by the director of the department ~~((of labor and industries))~~ is hereby charged, directed and empowered:

(1) To cause the prosecution of all violators of the provisions of this chapter;

(2) To issue, or to suspend, or revoke for cause, inspection certificates as provided for in RCW 70.79.290;

(3) To take action necessary for the enforcement of the laws of the state governing the use of boilers and unfired pressure vessels and of the rules and regulations of the board;

(4) To keep a complete record of the type, dimensions, maximum allowable working pressure, age, condition, location, and date of the last recorded internal inspection of all boilers and unfired pressure vessels to which this chapter applies;

(5) To publish and distribute, among manufacturers and others requesting them, copies of the rules and regulations adopted by the board.

(6) To issue, suspend, or revoke for cause boiler operator certifications issued under this chapter.

NEW SECTION. Sec. 6. A new section is added to chapter 70.79 RCW to read as follows:

(1) The department, with consent of the board, shall prepare examinations to be administered to applicants for boiler operator certification. The examination must be constructed to determine:

(a) Whether the applicant possesses varied knowledge of the technical information and practical procedures that are identified with the level of boiler operation; and

(b) Whether the applicant is familiar with the applicable national and international codes, this chapter, and the administrative rules of the department pertaining to boiler operation and general maintenance.

(2) The department may enter into a contract with a nationally recognized testing agency to develop, administer, and score any examinations required by this section. All applicants must, before taking an examination, pay the required examination fee. The department shall set the examination fee by contract with a nationally recognized testing agency, if applicable. The fee must cover, but not exceed, the costs of preparing and administering the examination and the materials necessary to conduct the practical elements of the examination. The department shall approve training courses for examinations provided by this section.

(3) The department shall certify the results of the examinations and must notify the applicant in writing whether the applicant has passed or failed. Any applicant who has failed the examination may retake the examination pursuant to the terms set by the department in rule. The department may not limit the number of times a person may take the examination.

(4) The department must establish by rule the acceptable experience levels and requirements necessary for an applicant to be eligible to take the boiler operator certification examinations subject to the following:

(a) For a grade I boiler operator certification, the applicant must furnish to the department evidence of qualification that the applicant has:

(i) An aggregate of five years' experience operating high or low pressure boiler plants, or equivalent experience;

(ii) Completed a program of study in a recognized school of technology and has an aggregate of three years' experience operating high or low pressure boiler plants or equivalent experience; or

(iii) Completed a program of study in a recognized training program and has an aggregate of four years' experience operating high or low pressure boiler plants or equivalent experience.

(b) For a grade II boiler operator certification, the applicant must furnish to the department evidence of qualification that the applicant has:

(i) An aggregate of four years' experience operating high or low pressure boiler plants, or equivalent experience;

(ii) Completed a program of study in a recognized school of technology and has an aggregate of two years' experience operating high or low pressure boiler plants or equivalent experience; or

(iii) Completed a program of study in a recognized training program and has an aggregate of three years' experience operating high or low pressure boiler plants or equivalent experience.

(c) For a grade III boiler operator certification, the applicant must furnish to the department evidence of qualification that the applicant has:

(i) An aggregate of three years' experience operating high or low pressure boiler plants or equivalent experience;

(ii) Completed a program of study in a recognized school of technology and has an aggregate of one year experience operating high or low pressure boiler plants or equivalent experience; or

(iii) Completed a program of study in a recognized training program and has an aggregate of two years' experience operating high or low pressure boiler plants or equivalent experience.

(d) For a grade IV boiler operator certification, the applicant must furnish to the department evidence of qualification that the applicant has:

(i) An aggregate of one year of experience operating high or low pressure boiler plants or equivalent experience;

(ii) Completed a program of study in a recognized school of technology and has an aggregate of 80 hours observation experience operating high or low pressure boiler plants or equivalent experience; or

(iii) Completed a program of study in a recognized training program and has an aggregate of 120 hours observation experience operating high or low pressure boiler plants or equivalent experience.

(e) For a grade V boiler operator certification, the applicant must furnish evidence of qualification of examination as required by the department.

(5) The department shall issue a boiler operator certification to any person who passes the examination established under this section and meets any other applicable requirements established in rule by the department.

(6) The department shall, by rule, establish the requisite level, not less than

eight hours every four years, of continuing education units required for renewal of boiler operator certification.

NEW SECTION. Sec. 7. A new section is added to chapter 70.79 RCW to read as follows:

(1) After the adoption of rules by the department relating to boiler operator certification, a city performing certification of boiler operators within its jurisdiction may continue the administration of its boiler operator certification program if it:

(a) Has adopted ordinances with requirements equal to, or higher than, the requirements for the operation of boilers and the certification of boiler operators established in this chapter; and

(b) Actively enforces the ordinances adopted under (a) of this subsection.

(2) After the adoption of rules by the department relating to boiler operator certification, as required in RCW 70.79.040, and until January 1, 2030, a boiler operator certification obtained from any city covered under subsection (1) of this section has the same force and effect as the state boiler operator certification and allows the holder of the certification to perform boiler operator work in this state. However, this subsection does not prohibit a city covered under subsection (1) of this section from requiring its own boiler operator certificate within its jurisdiction.

(3) The department shall adopt rules for the removal of city certification programs that do not adhere to the requirements of this chapter and the rules adopted by the department.

(4) This chapter does not limit any city's authority to charge fees necessary to implement a program under subsection (1) of this section.

NEW SECTION. Sec. 8. A new section is added to chapter 70.79 RCW to read as follows:

No examination may be required of any applicant for a boiler operator certification who, on December 31, 2027, was engaged in a bona fide business or trade of boiler operation and maintenance, held a valid certificate or license issued by a political subdivision of the state, and whose certification was valid at the time of making the application for the certificate. To qualify for state boiler operator certification without passing the state examination, applicants qualifying under this section must apply by October 1, 2028. Applicants qualifying under this section shall be issued a boiler operator certification by the department upon making an application as provided in the rules adopted by the department.

NEW SECTION. Sec. 9. A new section is added to chapter 70.79 RCW to read as follows:

(1) The department may grant temporary boiler operator permits in lieu of boiler operator certifications whenever a boiler operator coming into the state of Washington

from another state requests from the department a temporary permit to engage in the trade of boiler operation as a certified boiler operator during the period of time between filing an application for a boiler operator certificate and taking the examination provided for in section 6 of this act.

(2) The temporary permit may include a photograph of the boiler operator.

(3) No temporary permit may be issued to:

(a) Any person who has failed to pass the examination for a boiler operator certification; or

(b) Any applicant under this section who has not furnished the department with the required evidence of experience or education required under section 6 of this act.

NEW SECTION. **Sec. 10.** A new section is added to chapter 70.79 RCW to read as follows:

(1) The department may revoke or suspend a boiler operator certification for any of the following reasons:

(a) The certification was obtained through error or fraud;

(b) The certificate holder is judged to be incompetent to carry on the trade of boiler operation and maintenance at the level of boiler operation identified on the holder's certification;

(c) The certificate holder has violated any provision of this chapter or any rule adopted under this chapter.

(2) Before a boiler operator certification is revoked or suspended, the department shall send written notice using a method by which the mailing can be tracked or the delivery confirmed to the certificate holder's last known address. The notice must list the allegations against the certificate holder and give the certificate holder the opportunity to request, within 20 days of receiving the notice, a hearing before the board. At the hearing, the department and the certificate holder may produce witnesses and give testimony. The hearing must be conducted in accordance with chapter 34.05 RCW. The board shall render its decision based upon the testimony and evidence presented and shall notify the parties immediately upon reaching its decision. A majority of the board is necessary to render a decision.

(3) The department may deny renewal of a boiler operator certification issued under this chapter if the applicant for renewal owes outstanding penalties for a final judgment under this chapter. The department shall notify the applicant of the denial using a method by which the mailing can be tracked or the delivery confirmed to the address on the application. Applicants may appeal the denied renewal of a boiler operator certification to the board. The appeal must be filed within 20 days after service of the notice of the denied renewal to the applicant by filing a written notice of appeal with the chief boiler inspector. The hearing and review procedures shall be conducted by the board in accordance with chapter 34.05 RCW.

(4) The department shall immediately suspend the boiler operator certificate of a

person who has been certified pursuant to RCW 74.20A.324 by the department of social and health services as a person who is not in compliance with a support order. If the person has continued to meet all other requirements for reinstatement during the suspension, reissuance of the certificate shall be automatic upon the department's receipt of a release issued by the department of social and health services stating that the licensee is in compliance with the order.

NEW SECTION. **Sec. 11.** A new section is added to chapter 70.79 RCW to read as follows:

Sections 6 through 10 of this act do not apply to:

(1) Individuals employed by an owner or operator of a refinery that is an accredited national board owner/user organization;

(2) Steam boilers or unfired pressure vessels that are part of an electric generating facility that produces qualified biomass energy as defined in RCW 19.285.030; or

(3) Individuals employed at an electric generating facility owned or operated by one or more electric utilities as defined in RCW 19.280.020.

Sec. 12. RCW 70.79.320 and 2011 c 301 s 21 are each amended to read as follows:

(1) It shall be unlawful for any person, firm, partnership, or corporation to operate under pressure in this state a boiler or unfired pressure vessel, to which this chapter applies, without a valid inspection certificate as provided for in this chapter.

(2) Beginning January 1, 2029, it is unlawful for any person, firm, partnership, corporation, or other entity to operate a boiler covered under this chapter without a valid boiler operator certification as required in this chapter.

(3) The department may assess a penalty against a person violating a provision of this chapter. The penalty shall be not more than ~~((five hundred dollars))~~ \$500. Each day that the violation continues is a separate violation and is subject to a separate penalty.

~~((3))~~ (4) The department may not assess a penalty until it adopts rules describing the method it will use to calculate penalties for various violations.

~~((4))~~ (5) The department shall notify the violator of its action, and the reasons for its action, in writing. The department shall send the notice using a method by which the mailing can be tracked or the delivery can be confirmed to the violator that a hearing may be requested under RCW 70.79.361. The hearing shall not stay the effect of the penalty.

NEW SECTION. **Sec. 13.** RCW 70.79.050 (Rules and regulations—Effect) and 1951 c 32 s 5 are each repealed."

Correct the title.

Signed by Representatives Berry, Chair; Fosse, Vice Chair; Scott, Vice Chair; Schmidt, Ranking Minority Member;

Ybarra, Assistant Ranking Minority Member; Bronoske; McEntire; Obras and Ortiz-Self.

Referred to Committee on Appropriations

March 28, 2025

E2SSB 5745 Prime Sponsor, Ways & Means: Concerning legal representation under the involuntary treatment act. Reported by Committee on Civil Rights & Judiciary

MAJORITY recommendation: Do pass. Signed by Representatives Taylor, Chair; Farivar, Vice Chair; Entenman; Goodman; Peterson; Thai and Walen.

MINORITY recommendation: Do not pass. Signed by Representatives Walsh, Ranking Minority Member; Abell, Assistant Ranking Minority Member; and Jacobsen.

MINORITY recommendation: Without recommendation. Signed by Representatives Burnett; and Graham.

Referred to Committee on Appropriations

March 28, 2025

ESSB 5752 Prime Sponsor, Ways & Means: Modifying child care and early childhood development programs. Reported by Committee on Early Learning & Human Services

MAJORITY recommendation: Do pass as amended.

Strike everything after the enacting clause and insert the following:

"Sec. 1. RCW 43.216.556 and 2021 c 199 s 208 are each amended to read as follows:

(1) Funding for the program of early learning established under this chapter must be appropriated to the department. The department shall distribute funding to approved early childhood education and assistance program contractors on the basis of eligible children enrolled.

(2) The program shall be implemented in phases, so that full implementation is achieved in the ~~((2026-27))~~ 2030-31 school year.

(3) Funding shall continue to be phased in each year until full statewide implementation of the early learning program is achieved in the ~~((2026-27))~~ 2030-31 school year, at which time any eligible child is entitled to be enrolled in the program. Entitlement under this section is voluntary enrollment.

(4) School districts and approved community-based early learning providers may contract with the department to provide services under the program. The department shall collaborate with school districts, community-based providers, and educational service districts to promote an adequate supply of approved providers.

Sec. 2. RCW 43.216.505 and 2024 c 225 s 2 are each amended to read as follows:

Unless the context clearly requires otherwise, the definitions in this section apply throughout RCW 43.216.500 through 43.216.559, 43.216.900, and 43.216.901.

(1) "Advisory committee" means the advisory committee under RCW 43.216.520.

(2) "Approved programs" means those state-supported education and special assistance programs which are recognized by the department as meeting the minimum program rules adopted by the department to qualify under RCW 43.216.500 through 43.216.550, 43.216.900, and 43.216.901 and are designated as eligible for funding by the department under RCW 43.216.530 and 43.216.540.

(3) "Comprehensive" means an assistance program that focuses on the needs of the child and includes education, health, and family support services.

(4) "Eligible child" means a three to five-year old child who is not age-eligible for kindergarten, is not a participant in a federal or state program providing comprehensive services, and who:

(a) Has a family with an income at or below 50 percent of the state median income adjusted for family size;

(b) Is experiencing homelessness;

(c) Has participated in early head start or a successor federal program providing comprehensive services for children from birth through two years of age, the early support for infants and toddlers program or received class C developmental services, the birth to three early childhood education and assistance program, or the early childhood intervention and prevention services program;

(d) Is eligible for special education due to disability under RCW 28A.155.020;

~~((e))~~ ~~((Is a member of an assistance unit that is eligible for or is receiving basic food benefits under the federal supplemental nutrition assistance program or the state food assistance program;~~

~~((f))~~ ~~((Is Indian as defined in rule by the department after consultation and agreement with Washington state's federally recognized tribes pursuant to RCW 43.216.5052 and is at or below 100 percent of the state median income adjusted for family size; or~~

~~((g))~~ ~~((f))~~ Meets criteria under rules adopted by the department if the number of such children equals not more than ten percent of the total enrollment in the early childhood program. Preference for enrollment in this group shall be given to children from families with the lowest income, children in foster care, or to eligible children from families with multiple needs.

(5) "Experiencing homelessness" means a child without a fixed, regular, and adequate nighttime residence as described in the federal McKinney-Vento homeless assistance act (Title 42 U.S.C., chapter 119, subchapter VI, part B) as it existed on January 1, 2021.

(6) "Family support services" means providing opportunities for parents to:

(a) Actively participate in their child's early childhood program;

(b) Increase their knowledge of child development and parenting skills;

(c) Further their education and training;

(d) Increase their ability to use needed services in the community;

(e) Increase their self-reliance; and

(f) Connect with culturally competent, disability positive therapists and supports where appropriate.

Sec. 3. RCW 43.216.578 and 2024 c 225 s 5 are each amended to read as follows:

(1) ~~((Within resources available under the federal preschool development grant birth to five grant award received in December 2018))~~ Subject to the availability of amounts appropriated for this specific purpose, the department shall develop a plan for phased implementation of a birth to three early childhood education and assistance program pilot project for eligible children under thirty-six months old. Funds to implement the pilot project may include a combination of federal, state, or private sources.

(2) The department may adopt rules to implement the pilot project and may waive or adapt early childhood education and assistance program requirements when necessary to allow for the operation of the birth to three early childhood education and assistance program. The department shall consider early head start rules and regulations when developing the provider and family eligibility requirements and program requirements. Any deviations from early head start standards, rules, or regulations must be identified and explained by the department in its annual report under subsection (6) of this section.

(3)(a) Upon securing adequate funds to begin implementation, the pilot project programs must be delivered through child care centers and family home providers who meet minimum licensing standards and are enrolled in the early achievers program.

(b) The department must determine minimum early achievers ratings scores for programs participating in the pilot project.

(4) When selecting pilot project locations for service delivery, the department may allow each pilot project location to have up to three classrooms per location. When selecting and approving pilot project locations, the department shall attempt to select a combination of rural, urban, and suburban locations. The department shall prioritize locations with programs currently operating early head start, head start, or the early childhood education and assistance program.

(5) ~~((Until November 1, 2024, to be eligible for the birth to three early childhood education and assistance program, a child's family income must be at or below one hundred thirty percent of the federal poverty level and the child must be under thirty-six months old. Beginning November 1, 2024, to))~~ (a) To be eligible for the birth to three early childhood education and assistance program, a child must be under 36 months old and either:

~~((a))~~ (i) From a family with a household income at or below 130 percent of the federal poverty level; or

~~((b))~~ (ii) A member of an assistance unit that is eligible for or is receiving basic food benefits under the federal supplemental nutrition assistance program or the state food assistance program.

(b) Enrollment of children in the birth to three early childhood education and assistance program is as space is available and subject to the availability of amounts appropriated for this specific purpose.

(6) Beginning November 1, 2020, and each November 1st thereafter during pilot project activity, the department shall submit an annual report to the governor and legislature that includes a status update that describes the planning work completed, the status of funds secured, and any implementation activities of the pilot project. Implementation activity reports must include a description of the participating programs and number of children and families served.

Sec. 4. RCW 43.216.578 and 2024 c 225 s 6 are each amended to read as follows:

(1) Subject to the availability of amounts appropriated for this specific purpose, the department shall administer a birth to three early childhood education and assistance program for eligible children under thirty-six months old. Funds to implement the program may include a combination of federal, state, or private sources.

(2) The department may adopt rules to implement the program and may waive or adapt early childhood education and assistance program requirements when necessary to allow for the operation of the birth to three early childhood education and assistance program. The department shall consider early head start rules and regulations when developing the provider and family eligibility requirements and program requirements.

(3)(a) The birth to three early childhood education and assistance program must be delivered through child care centers and family home providers who meet minimum licensing standards and are enrolled in the early achievers program.

(b) The department must determine minimum early achievers ratings scores for participating contractors.

(4) (a) To be eligible for the birth to three early childhood education and assistance program, a child must be under 36 months old and either:

~~((a))~~ (i) From a family with a household income at or below 50 percent of the state median income; or

~~((b))~~ (ii) A member of an assistance unit that is eligible for or is receiving basic food benefits under the federal supplemental nutrition assistance program or the state food assistance program.

(b) Enrollment of children in the birth to three early childhood education and assistance program is as space is available and subject to the availability of amounts appropriated for this specific purpose.

Sec. 5. RCW 43.216.802 and 2024 c 225 s 1 and 2024 c 67 s 2 are each reenacted and amended to read as follows:

(1) It is the intent of the legislature to increase working families' access to affordable, high quality child care and to support the expansion of the workforce to support businesses and the statewide economy.

(2) A family is eligible for working connections child care when the household's annual income is at or below 60 percent of

the state median income adjusted for family size and:

(a) The child receiving care is: (i) Less than 13 years of age; or (ii) less than 19 years of age and has a verified special need according to department rule or is under court supervision; and

(b) The household meets all other program eligibility requirements established in this chapter or in rule by the department as authorized by RCW 43.216.055 or 43.216.065 or any other authority granted by this chapter.

(3) Beginning July 1, ~~((2025))~~2029, a family is eligible for working connections child care when the household's annual income is above 60 percent and at or below 75 percent of the state median income adjusted for family size and:

(a) The child receiving care is: (i) Less than 13 years of age; or (ii) less than 19 years of age and has a verified special need according to department rule or is under court supervision; and

(b) The household meets all other program eligibility requirements established in this chapter or in rule by the department as authorized by RCW 43.216.055 or 43.216.065 or any other authority granted by this chapter.

(4) Beginning July 1, ~~((2027))~~2031, and subject to the availability of amounts appropriated for this specific purpose, a family is eligible for working connections child care when the household's annual income is above 75 percent of the state median income and is at or below 85 percent of the state median income adjusted for family size and:

(a) The child receiving care is: (i) Less than 13 years of age; or (ii) less than 19 years of age and has a verified special need according to department rule or is under court supervision; and

(b) The household meets all other program eligibility requirements established in this chapter or in rule by the department as authorized by RCW 43.216.055 or 43.216.065 or any other authority granted by this chapter.

(5) Beginning November 1, 2024, when an applicant or consumer is a member of an assistance unit that is eligible for or receiving basic food benefits under the federal supplemental nutrition assistance program or the state food assistance program the department must determine that the household income eligibility requirements in this section are met.

(6) The department must adopt rules to implement this section, including an income phase-out eligibility period.

(7) The department may not consider the citizenship status of an applicant or consumer's child when determining eligibility for working connections child care benefits.

(8) The income eligibility requirements in subsections (2) through (4) of this section do not apply to households eligible for the working connections child care program under RCW 43.216.808, 43.216.810, ~~((43.216.812,))~~ and 43.216.814.

NEW SECTION.

Sec. 6. (1) In accordance with RCW 43.216.800, authorizations for a working connections child care subsidy are effective for 12 months and any changes related to eligibility in this act only apply to new applications and reapplications. The changes related to eligibility in this act do not apply to consumers who were authorized for a working connections child care subsidy before July 1, 2025 until the next reapplication.

(2) This section expires December 31, 2027.

Sec. 7. RCW 43.216.590 and 2021 c 199 s 304 are each amended to read as follows:

(1) ~~((Beginning July 1, 2022))~~ Subject to the availability of amounts appropriated for this specific purpose, the department shall provide supports to aid eligible providers in providing trauma-informed care. Trauma-informed care supports may be used by eligible providers for the following purposes:

(a) Additional compensation for individual staff who have an infant and early childhood mental health or other child development specialty credential;

(b) Trauma-informed professional development and training;

(c) The purchase of screening tools and assessment materials;

(d) Supportive services for children with complex needs that are offered as fee-for-service within local communities; or

(e) Other related expenses.

(2) This section does not interfere with, impede, or in any way diminish the right of family child care providers to bargain collectively with the state through the exclusive bargaining representatives as provided for under RCW 41.56.028.

(3) The department must adopt rules to implement this section.

~~((43))~~(4) For the purposes of this section, "eligible provider" means: (a) An employee or owner of a licensed or certified child care center or outdoor nature-based care accepting state subsidy; (b) an employee or owner of a licensed family home provider accepting state subsidy; (c) a contractor or provider of the early childhood education and assistance program or birth to three early childhood education and assistance program; (d) a license-exempt child care program; or (e) an early achievers coach.

Sec. 8. RCW 43.216.090 and 2021 c 199 s 309 are each amended to read as follows:

(1) ~~((The))~~ Subject to the availability of amounts appropriated for this specific purpose, the department shall administer or contract for infant and early childhood mental health consultation services to child care providers and early learning providers participating in the early achievers program.

(2) ~~((Beginning July 1, 2021))~~ Subject to the availability of amounts appropriated for this specific purpose, the department ~~((of children, youth, and families))~~ must have or contract for one infant and early childhood mental health consultation coordinator and

must enter into a contractual agreement with an organization providing coaching services to early achievers program participants to hire at least 12 qualified infant and early childhood mental health consultants. The department shall determine, in collaboration with the statewide child care resource and referral network, where the additional consultants should be sited based on factors such as the total provider numbers overlaid with indicators of highest need. The infant and early childhood mental health consultants must support early achievers program coaches and child care providers by providing resources, information, and guidance regarding challenging behavior and expulsions and may travel to assist providers in serving families and children with severe behavioral needs.

(3) The department shall provide, or contract with an entity to provide, reflective supervision and professional development for infant and early childhood mental health consultants to meet national competency standards.

(4) As capacity allows, the department may provide access to infant and early childhood mental health consultation services to caregivers and licensed or certified, military, and tribal early learning providers, license-exempt family, friend, and neighbor care providers, and families with children expelled or at risk of expulsion from child care.

Sec. 9. RCW 43.216.592 and 2021 c 199 s 305 are each amended to read as follows:

(1) ~~((Beginning July 1, 2022))~~ Subject to the availability of amounts appropriated for this specific purpose, the department shall establish a dual language designation and provide subsidy rate enhancements or site-specific grants for licensed or certified child care providers who are accepting state subsidy ~~((or))~~ or early childhood education and assistance program contractors; or birth to three early childhood education and assistance program contractors. It is the intent of the legislature to allow uses of rate enhancements or site-specific grants to include increased wages for individual staff who provide bilingual instruction, professional development training, the purchase of dual language and culturally appropriate curricula and accompanying training programs, instructional materials, or other related expenses.

(2) The department must consult with a culturally and linguistically diverse stakeholder advisory group to develop criteria for the dual language designation.

(3) This section does not interfere with, impede, or in any way diminish the right of family child care providers to bargain collectively with the state through the exclusive bargaining representatives as provided for under RCW 41.56.028.

(4) The department must adopt rules to implement this section.

Sec. 10. RCW 43.216.512 and 2024 c 225 s 4 are each amended to read as follows:

(1) The department shall adopt rules that allow the enrollment of children in the early childhood education and assistance

program, as space is available, if the number of such children equals not more than 25 percent of total statewide enrollment, when the child is not eligible under RCW 43.216.505 and ~~((+))~~

~~((a) Has))~~ has a family income level above 36 percent of the state median income but at or below 50 percent of the state median income adjusted for family size and the child meets at least one of the risk factor criterion described in subsection (2) of this section ~~((; or~~

~~((b) Is a member of an assistance unit that is eligible for or is receiving basic food benefits under the federal supplemental nutrition assistance program or the state food assistance program)).~~

(2) Children enrolled in the early childhood education and assistance program pursuant to this section must be prioritized for available funded slots according to a prioritization system adopted in rule by the department that considers risk factors that have a disproportionate effect on kindergarten readiness and school performance, including:

(a) Family income as a percent of the state median income;

(b) Child welfare system involvement;

~~((c) ((Eligible for services under part C of the federal individuals with disabilities education act but not eligible for services under part B of the federal individuals with disabilities education act;~~

~~((d))~~ Domestic violence;

~~((e))~~ (d) English as a second language;

~~((f))~~ (e) Expulsion from an early learning setting;

~~((g))~~ (f) A parent who is incarcerated;

~~((h))~~ (g) A parent with a behavioral health treatment need; and

~~((i))~~ (h) Other risk factors determined by the department to be linked by research to school performance.

(3) Children enrolled in the early childhood education and assistance program under this section are not considered eligible children as defined in RCW 43.216.505 and are not considered to be part of the state-funded entitlement required in RCW 43.216.556.

(4) This section expires August 1, 2030.

NEW SECTION. Sec. 11. A new section is added to chapter 43.216 RCW under the subchapter heading "subsidized child care" to read as follows:

(1) The department shall adopt a rule that requires prospective payment to child care providers who accept child care subsidies to occur when child care is expected to begin.

(2) The department shall adopt a rule that prohibits child care providers who accept child care subsidies from claiming a prospective payment when a child has not attended at least one day within the authorization period in the previous month.

NEW SECTION. Sec. 12. A new section is added to chapter 43.216 RCW under the subchapter heading "subsidized child care" to read as follows:

By June 1st of every even-numbered year, the department shall publish a cost of

quality child care and market rate study and submit the study to the relevant committees of the legislature in compliance with RCW 43.01.036.

Sec. 13. RCW 43.216.800 and 2024 c 67 s 1 are each amended to read as follows:

(1) The department shall establish and implement policies in the working connections child care program to promote stability and quality of care for children from low-income households. These policies shall focus on supporting school readiness for young learners. Policies for the expenditure of funds constituting the working connections child care program must be consistent with the outcome measures established by the department and the standards established in this section intended to promote stability, quality, and continuity of early care and education programming.

(2) As recommended by P.L. 113-186, authorizations for the working connections child care subsidy are effective for 12 months.

~~((a) A household's 12-month authorization begins on the date that child care is expected to begin.~~

~~(b) If a newly eligible household does not begin care within 12 months of being determined eligible by the department, the household must reapply in order to qualify for subsidy.)~~

(3)(a) The department must extend the homeless grace period, as adopted in department rule as of January 1, 2020, from a four-month grace period to a 12-month grace period.

(b) For the purposes of this subsection, "homeless" means being without a fixed, regular, and adequate nighttime residence as described in the federal McKinney-Vento homeless assistance act (42 U.S.C. Sec. 11434a) as it existed on January 1, 2020.

~~((4) For purposes of this section, "authorization" means a transaction created by the department that allows a child care provider to claim payment for care. The department may adjust an authorization based on a household's eligibility status.)~~

NEW SECTION. Sec. 14. The following acts or parts of acts are each repealed:

RCW 43.216.812 (Expanded eligibility—Child care employees) and 2024 c 282 s 2, 2024 c 67 s 7, & 2023 c 222 s 2.

NEW SECTION. Sec. 15. (1) The department of children, youth, and families must partner with a school district and a metropolitan park district to conduct a pilot to increase access to school-age-only child care programs. The pilot must explore processes and system changes to decrease the administrative, regulatory, and financial burdens on school-age-only child care providers operating in public school buildings.

(2) The pilot site must be in a city west of the Cascade mountain range with a population between 215,000 and 250,000 residents and the capacity to serve at least 27,000 students. The park district of the

partner site must be willing to provide up to \$300,000 in funding to support the work of the partnership, with the total determined after negotiating the workload. The parties may negotiate additional funding by mutual consent, and may also negotiate the addition of other school districts or child care providers by mutual consent.

(3) The pilot must operate in at least three school buildings that had a licensed school-age-only child care site in operation during the 2024-2025 school year.

(4) The pilot must:

(a) Explore and test the feasibility and impact of licensing all child-friendly areas in school buildings;

(b) Explore and test methods for streamlining access to the working connections child care program so that the school district, the park district, and their child care partners can expand access for families. Areas of focus must include, but are not limited to, the process of verifying student eligibility and certifying attendance for child care subsidies, and authorizing direct subsidy payments to the licensed public-sector child care provider; and

(c) Identify processes, systems, administrative laws, and statutes, that may need to be added, modified, or eliminated in order to support the objectives identified in (a) and (b) of this subsection.

(5) By July 1, 2028, and in compliance with RCW 43.01.036, the department of children, youth, and families must submit a report regarding the pilot to the legislature that includes the pilot's successes and challenges, any recommended changes to regulatory requirements, and the pilot's outcomes for child care program staff, school staff, and students.

(6) This section expires July 1, 2029.

NEW SECTION. Sec. 16. Except for sections 2 and 4 of this act, this act is necessary for the immediate preservation of the public peace, health, or safety, or support of the state government and its existing public institutions, and takes effect July 1, 2025.

NEW SECTION. Sec. 17. Section 3 of this act expires July 1, 2026.

NEW SECTION. Sec. 18. (1) Section 4 of this act takes effect July 1, 2026.

(2) Section 2 of this act takes effect August 1, 2030.

Sec. 19. 2021 c 199 s 604 (uncodified) is amended to read as follows:

~~((Sections 204 through 206 and 403 of this act take))~~ (1) Sections 204 through 206 of this act take effect July 1, 2025.

(2) Section 403 of this act takes effect July 1, 2026.

Sec. 20. 2024 c 225 s 7 (uncodified) is amended to read as follows:

(1) Section 2 of this act takes effect August 1, 2030.

~~((Sections 4 and))~~ (2) Section 4 of this act takes effect July 1, 2025.

(3) Section 6 of this act ~~((take))~~ takes effect July 1, 2026.

Sec. 21. 2024 c 225 s 8 (uncodified) is amended to read as follows:

(1) Section 3 of this act expires July 1, 2025.

~~((Sections 3 and))~~ (2) Section 5 of this act ~~((expire))~~ expires July 1, 2026."

Correct the title.

Signed by Representatives Bergquist, Chair; Cortes, Vice Chair; Eslick, Ranking Minority Member; Bernbaum; Dent; Goodman; Ortiz-Self and Taylor.

MINORITY recommendation: Do not pass. Signed by Representative Penner.

MINORITY recommendation: Without recommendation. Signed by Representatives Burnett, Assistant Ranking Minority Member; and Hill.

Referred to Committee on Appropriations

There being no objection, the bills listed on the day's committee reports under the fifth order of business were referred to the committees so designated.

There being no objection, the House adjourned until 10:30 a.m., Wednesday, April 2, 2025, the 80th Day of the 2025 Regular Session.

LAURIE JINKINS, Speaker

BERNARD DEAN, Chief Clerk

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5021	Committee Report	1
5023-S	Committee Report	2
5061-S2	Committee Report	2
5148-S2	Committee Report	2
5149-S	Committee Report	2
5161-S	Introduction & 1st Reading	1
5163-S	Committee Report	2
5265-S	Committee Report	2
5291-S	Committee Report	2
5408-S	Committee Report	22
5486-S	Committee Report	24
5525-S	Committee Report	25
5694-S	Committee Report	27
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5752-S	Committee Report	31
5800	Introduction & 1st Reading	1
5801-S	Introduction & 1st Reading	1

