

THIRTY EIGHTH DAY

House Chamber, Olympia, Wednesday, February 19, 2014

The House was called to order at 10:00 a.m. by the Speaker (Representative Orwall presiding). The Clerk called the roll and a quorum was present.

The flags were escorted to the rostrum by the Nisei Veterans Committee Color Guard, comprised of Dale Kaku, Allen Nakamoto, Tom Kometani, Bob Nakamura, and Frank Shinoda. The Speaker (Representative Orwall presiding) led the Chamber in the Pledge of Allegiance. The prayer was offered by Reverend Derek Nakano, Blaine Memorial United Methodist Church, Washington.

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

RESOLUTION

HOUSE RESOLUTION NO. 4684, by Representatives Stonier, Santos, and Zeiger

WHEREAS, On February 19, 1942, President Franklin D. Roosevelt issued Executive Order 9066 which authorized the military to forcibly remove and incarcerate more than 120,000 persons of Japanese ancestry from the West Coast, including 12,000 Japanese-American residents of Washington State; and

WHEREAS, The first Civilian Evacuation Order gave Japanese-Americans from Bainbridge Island less than one week to leave behind homes, farms, businesses, friends, and family to report to hastily constructed detention centers like Camp Harmony on the grounds of the Western Washington Fair in Puyallup; and

WHEREAS, This drastic course of action allegedly aimed to prevent acts of espionage and sabotage by Japanese-Americans who were deemed untrustworthy and disloyal to the United States; and

WHEREAS, On March 23, 1943, the War Department organized a segregated unit of Japanese-Americans, many of whom reported for military duty from concentration camps surrounded by barbed wire in which they and their families were detained; and

WHEREAS, More than 12,000 volunteers responded to questions of their loyalty and patriotism by amassing a battle record unparalleled in U.S. military history including: Seven Presidential Unit Citations; 21 Medals of Honor; 29 Distinguished Service Crosses; 1 Distinguished Service Medal; 588 Silver Stars; more than 4,000 Bronze Stars; 22 Legion of Merit Medals; 15 Soldier's Medals; 9,486 Purple Hearts; 16 decorations from France and Italy; and a Congressional Gold Medal awarded collectively to the 442nd Regimental Combat Unit, the 100th Infantry Battalion, and the Military Intelligence Service, United States Army; and

WHEREAS, Equally loyal and patriotic Japanese-Americans fought to protect our constitutional rights and liberties through dissent, like University of Washington student Gordon Hirabayashi who was arrested, convicted, and imprisoned for defying the military curfew on select civilians and refusing to evacuate when ordered; and

WHEREAS, In 1982, the Congressional Commission on Wartime Relocation and Internment of Civilians found "no military or security reason for the internment" of persons of Japanese ancestry, but determined it "was caused by racial prejudice, war hysteria, and a failure of political leadership"; and

WHEREAS, As a result of this travesty of justice, Japanese-Americans suffered immense economic loss of property and assets, immeasurable physical and psychological harm, and were deprived of their constitutional liberties without due process of law; and

WHEREAS, In 1979, newly elected Congressman Mike Lowry of Washington State introduced H.R. 5977 to provide reparations and an apology to former Japanese-American internees, thus initiating a ten-year legislative quest that ended when President Ronald Reagan signed the Civil Liberties Act of 1988; and

WHEREAS, Five years earlier, the Washington State Legislature enacted and Governor John Spellman signed similar legislation sponsored by State Senators George Fleming, Jack Jones, Jim McDermott, Kent Pullen, and Phil Talmadge to provide token compensatory redress to forty state workers who lost their jobs due to the wartime incarceration of Japanese-Americans; and

WHEREAS, Throughout Washington State, Japanese-American survivors of the European and Asian battlefields of World War II and of American concentration camps live their golden years quietly, in unassuming contrast to their extraordinary acts of patriotism and valor;

NOW, THEREFORE, BE IT RESOLVED, That the House of Representatives, along with the people of Washington, pause to acknowledge the seventy-second anniversary of the signing of Executive Order 9066, to recognize and honor the heroism, sacrifice, patience, and loyalty of the Japanese-American World War II veterans and internees, and to remember the lessons and blessing of liberty and justice for all; and

BE IT FURTHER RESOLVED, That copies of this resolution be immediately transmitted by the Chief Clerk of the House of Representatives to the Nisei Veterans Committee, the Military Intelligence Service – Northwest Association, the Japanese American Citizens League, the Japanese Cultural & Community Center of Washington State, and the Wing Luke Museum of the Asian Pacific American Experience.

Representative Stonier moved adoption of HOUSE RESOLUTION NO. 4684

Representatives Stonier, Zeiger and Santos spoke in favor of the adoption of the resolution.

HOUSE RESOLUTION NO. 4684 was adopted.

SPEAKER'S PRIVILEGE

The Speaker (Representative Orwall presiding) introduced Commander Allen Nakamoto and members of the Nisei Veteran's Committee, City of Auburn Councilmember John Holman, Representatives of the Japanese American Citizen's League – Olympia, Seattle and Pacific Northwest Chapter, Nikkei Concerns, and Commission on Asian Pacific American Affairs to the Chamber and asked the members to acknowledge them.

The Speaker (Representative Orwall presiding) further recognized Mr. Hiro Nishimura, Mr. Tak Matsui and Mr. Sam Mitsui, WWII Veterans and recipients of the Congressional Gold

Medal awarded collectively to the 442nd Regimental Combat Team and Military Intelligence Service.

February 18, 2014

MESSAGES FROM THE SENATE

February 17, 2014

MR. SPEAKER:

The Senate has passed:

SECOND ENGROSSED SUBSTITUTE SENATE BILL NO. 5785
 ENGROSSED SUBSTITUTE SENATE BILL NO. 5972
 ENGROSSED SECOND SUBSTITUTE SENATE BILL NO. 6126
 ENGROSSED SUBSTITUTE SENATE BILL NO. 6242
 ENGROSSED SENATE BILL NO. 6248
 ENGROSSED SUBSTITUTE SENATE BILL NO. 6272
 ENGROSSED SUBSTITUTE SENATE BILL NO. 6286
 ENGROSSED SECOND SUBSTITUTE SENATE BILL NO. 6423
 ENGROSSED SENATE BILL NO. 6458
 ENGROSSED SUBSTITUTE SENATE BILL NO. 6517

and the same are herewith transmitted.

Hunter G. Goodman, Secretary

February 18, 2014

MR. SPEAKER:

The Senate has passed:

SUBSTITUTE SENATE BILL NO. 5123
 SUBSTITUTE SENATE BILL NO. 5173
 SUBSTITUTE SENATE BILL NO. 5334
 ENGROSSED SENATE BILL NO. 5514
 SUBSTITUTE SENATE BILL NO. 5872
 SENATE BILL NO. 5956
 SENATE BILL NO. 6010
 SENATE BILL NO. 6011
 SUBSTITUTE SENATE BILL NO. 6017
 ENGROSSED SUBSTITUTE SENATE BILL NO. 6041
 SUBSTITUTE SENATE BILL NO. 6060
 SENATE BILL NO. 6077
 SENATE BILL NO. 6122
 SUBSTITUTE SENATE BILL NO. 6150
 ENGROSSED SENATE BILL NO. 6194
 SUBSTITUTE SENATE BILL NO. 6226
 SUBSTITUTE SENATE BILL NO. 6237
 SUBSTITUTE SENATE BILL NO. 6273
 SUBSTITUTE SENATE BILL NO. 6283
 SENATE BILL NO. 6284
 SENATE BILL NO. 6328
 SUBSTITUTE SENATE BILL NO. 6333
 SENATE BILL NO. 6338
 SUBSTITUTE SENATE BILL NO. 6418
 SENATE BILL NO. 6445
 SUBSTITUTE SENATE BILL NO. 6453
 SENATE BILL NO. 6464
 ENGROSSED SENATE BILL NO. 6549
 ENGROSSED SENATE BILL NO. 6553
 SUBSTITUTE SENATE BILL NO. 6558
 SENATE JOINT MEMORIAL NO. 8015

and the same are herewith transmitted.

Hunter G. Goodman, Secretary

February 18, 2014

MR. SPEAKER:

The Senate has passed:

SUBSTITUTE SENATE BILL NO. 6028

and the same are herewith transmitted.

Hunter G. Goodman, Secretary

MR. SPEAKER:

The Senate has passed:

ENGROSSED SUBSTITUTE SENATE BILL NO. 5731
 ENGROSSED SUBSTITUTE SENATE BILL NO. 5889
 ENGROSSED SENATE BILL NO. 5964
 ENGROSSED SUBSTITUTE SENATE BILL NO. 6008
 ENGROSSED SUBSTITUTE SENATE BILL NO. 6052
 ENGROSSED SUBSTITUTE SENATE BILL NO. 6265
 ENGROSSED SUBSTITUTE SENATE BILL NO. 6388
 ENGROSSED SENATE BILL NO. 6501

and the same are herewith transmitted.

Hunter G. Goodman, Secretary

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

INTRODUCTION & FIRST READING

HB 2790 by Representatives Hunter, Chandler and Cody

AN ACT Relating to adjusting timelines regarding the hospital safety net assessment; and amending RCW 74.60.030, 74.60.120, and 74.60.130.

Referred to Committee on Appropriations.

ESSB 5020 by Senate Committee on Law & Justice (originally sponsored by Senators Sheldon and Carrell)

AN ACT Relating to indigent defense; amending RCW 10.101.020 and 2.70.020; and reenacting and amending RCW 10.101.010.

Referred to Committee on Judiciary.

SB 5112 by Senators Holmquist Newbry, Sheldon, Braun and Hewitt

AN ACT Relating to independent medical exam and consultation and vocational rehabilitation assessment scheduling authority for qualified retrospective rating plan employers and groups; amending RCW 51.04.1101; and adding a new section to chapter 51.18 RCW.

Referred to Committee on Labor & Workforce Development.

SB 5158 by Senators Braun, Holmquist Newbry, Becker, Bailey, Roach, Sheldon, Dammeier, Schoesler and Honeyford

AN ACT Relating to minimum wage and overtime compensation complaints; and adding a new section to chapter 49.46 RCW.

Referred to Committee on Labor & Workforce Development.

SSB 5467 by Senate Committee on Transportation (originally sponsored by Senators King, Eide, Litzow and Harper)

AN ACT Relating to vehicle owner list furnishment requirements; amending RCW 46.12.630; and adding a new section to chapter 46.68 RCW.

Referred to Committee on Transportation.

SSB 5859 by Senate Committee on Ways & Means (originally sponsored by Senators Braun, Hatfield, Holmquist Newbry and Hargrove)

AN ACT Relating to providing enhanced payment to small rural hospitals that meet the criteria of a sole community hospital; amending RCW 74.09.5225; and creating a new section.

Referred to Committee on Health Care & Wellness.

SB 5957 by Senators Honeyford and Mullet

AN ACT Relating to the renewal of parking privileges for persons with disabilities; and amending RCW 46.19.040.

Referred to Committee on Transportation.

2SSB 5958 by Senate Committee on Ways & Means (originally sponsored by Senators McAuliffe, Hargrove, Rolfes, Mullet, Hasegawa, Chase, McCoy, Fraser, Kline, Fain, Hill, Keiser, King and Rivers)

AN ACT Relating to holding state agencies accountable for providing opportunities for certain students to participate in transition services; and adding a new section to chapter 28A.155 RCW.

Referred to Committee on Education.

SSB 5975 by Senate Committee on Governmental Operations (originally sponsored by Senators Conway, Bailey, Braun, Hobbs, Rolfes and McAuliffe)

AN ACT Relating to the veterans innovations program; amending RCW 43.60A.160, 43.60A.175, and 43.60A.185; and repealing RCW 43.60A.165, 43.60A.170, 43.131.405, and 43.131.406.

Referred to Committee on Community Development, Housing & Tribal Affairs.

SSB 6014 by Senate Committee on Law & Justice (originally sponsored by Senators Roach and Fain)

AN ACT Relating to operation of a vessel under the influence of an intoxicant; and amending RCW 79A.60.040 and 79A.60.700.

Referred to Committee on Public Safety.

SB 6025 by Senators O'Ban and Roach

AN ACT Relating to body armor; amending RCW 9.94A.030, 9.94A.533, and 9.94A.728; adding a new section to chapter 9.94A RCW; prescribing penalties; and providing an effective date.

Referred to Committee on Public Safety.

SSB 6050 by Senate Committee on Health Care (originally sponsored by Senators O'Ban, Becker, Pedersen, Keiser, Dammeier, Darneille, Baumgartner, Rolfes, Kohl-Welles, Parlette, Hill and Brown)

AN ACT Relating to communication of mammographic breast density information to patients; and adding a new section to chapter 70.54 RCW.

Referred to Committee on Health Care & Wellness.

SSB 6064 by Senate Committee on Early Learning & K-12 Education (originally sponsored by Senators Litzow, Fain, Dammeier, Hobbs, Hill, Becker, Tom and Braun)

AN ACT Relating to the definition of school day; and creating a new section.

Referred to Committee on Education.

SB 6079 by Senators Hatfield and Honeyford

AN ACT Relating to extending the dairy inspection program assessment expiration date; amending RCW 15.36.551; and providing an expiration date.

Referred to Committee on Agriculture & Natural Resources.

SB 6093 by Senators Rolfes, Dammeier, Billig, Kohl-Welles and McAuliffe

AN ACT Relating to allowing valid portable background check clearance cards issued by the department of early learning to be used by certain educational employees and their contractors for purposes of their background check requirements; and amending RCW 28A.400.303 and 28A.410.010.

Referred to Committee on Education.

SB 6114 by Senators Benton and Cleveland

AN ACT Relating to local government treasury practices and procedures; and amending RCW 36.29.020, 36.29.022, 36.29.190, and 39.72.010.

Referred to Committee on Local Government.

SB 6125 by Senators Benton, Sheldon, Braun, Angel, Dammeier, O'Ban, Schoesler, Padden, Becker, Bailey and Honeyford

AN ACT Relating to eminent domain; and adding a new section to chapter 8.25 RCW.

Referred to Committee on Judiciary.

SB 6138 by Senators Bailey, Pedersen, Parlette and Kline

AN ACT Relating to credential renewal requirements for dental professionals; and amending RCW 18.260.090.

Referred to Committee on Health Care & Wellness.

SB 6141 by Senators Roach, Hasegawa, Fain, Hobbs, Hatfield, Honeyford and Tom

AN ACT Relating to confidentiality of certain records filed with the utilities and transportation commission or the

attorney general; amending RCW 42.56.330; and adding a new section to chapter 81.77 RCW.

Referred to Committee on Government Operations & Elections.

SB 6180 by Senators Braun, Holmquist Newbry, Padden, Sheldon, Brown, Schoesler, Rivers and Parlette

AN ACT Relating to consolidating designated forest lands and open space timber lands for ease of administration; amending RCW 84.33.035, 84.33.130, 84.33.140, 84.33.145, 84.34.030, 84.34.041, 84.34.070, 84.34.330, 84.34.340, and 84.34.370; and adding a new section to chapter 84.34 RCW.

Referred to Committee on Agriculture & Natural Resources.

SB 6206 by Senators Honeyford, Conway and Holmquist Newbry

AN ACT Relating to telecommunications installations; amending RCW 19.28.400; and declaring an emergency.

Referred to Committee on Labor & Workforce Development.

SSB 6211 by Senate Committee on Human Services & Corrections (originally sponsored by Senators Fain, Padden, Sheldon, O'Ban, Becker, Dammeier, Brown, Honeyford, Hill and Benton)

AN ACT Relating to the termination of basic food benefits to incarcerated persons; amending RCW 70.48.100; adding a new section to chapter 74.08 RCW; and providing an effective date.

Referred to Committee on Early Learning & Human Services.

SSB 6279 by Senate Committee on Law & Justice (originally sponsored by Senators Kline, Padden, O'Ban, Pedersen and Tom)

AN ACT Relating to creating effective and timely access to magistrates for purposes of reviewing search warrant applications; amending RCW 9A.72.085; adding a new section to chapter 2.20 RCW; adding a new section to chapter 10.79 RCW; and creating a new section.

Referred to Committee on Judiciary.

SB 6415 by Senators Fain, Angel, Tom, Dammeier, Hill, Becker, Eide, Hobbs, King, Brown, Bailey, Litzow, Schoesler, Braun and Rolfes

AN ACT Relating to consecutive sentences for driving under the influence or physical control of a vehicle under the influence of intoxicating liquor, marijuana, or any drug; and amending RCW 9.94A.589, 46.20.740, and 46.20.750.

Referred to Committee on Public Safety.

SB 6424 by Senators Roach, McAuliffe, Litzow, Fain, Bailey, Mullet, Hasegawa and Tom

AN ACT Relating to establishing a state seal of biliteracy for high school students; amending RCW 28A.230.125; adding a new section to chapter 28A.300 RCW; and creating a new section.

Referred to Committee on Education.

ESSB 6511 by Senate Committee on Health Care (originally sponsored by Senators Becker and King)

AN ACT Relating to prior authorization of health care services; and adding a new section to chapter 48.165 RCW.

Referred to Committee on Health Care & Wellness.

SB 6514 by Senators Kohl-Welles, Hewitt, Holmquist Newbry, Hatfield, King, Schoesler, Keiser, Tom and Kline

AN ACT Relating to modifying the definition of qualifying farmers markets for the purposes of serving and sampling beer and wine; and amending RCW 66.24.170, 66.24.175, and 66.24.244.

Referred to Committee on Government Accountability & Oversight.

SSB 6516 by Senate Committee on Ways & Means (originally sponsored by Senators Honeyford, Keiser, Ericksen, Braun and Chase)

AN ACT Relating to creating a joint legislative task force to study financing options for water supply, flood control, and storm water projects; amending RCW 43.155.050; creating a new section; making appropriations; and declaring an emergency.

Referred to Committee on Capital Budget.

SB 6519 by Senators Litzow, Hobbs, Keiser and McAuliffe

AN ACT Relating to the reporting of public school employees' insurance benefits; amending RCW 48.02.210, 41.05.655, and 42.56.400; reenacting and amending RCW 42.56.400; providing an effective date; and providing an expiration date.

Referred to Committee on Appropriations.

SB 6555 by Senators Litzow, Hill, Tom, Hobbs, Dammeier, Rivers and Fain

AN ACT Relating to systematic reviews of education investments; and adding new sections to chapter 28A.150 RCW.

Referred to Committee on Appropriations Subcommittee on Education.

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

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

SECOND READING

HOUSE BILL NO. 2572, by Representative Cody

Concerning the effectiveness of health care purchasing and transforming the health care delivery system.

The bill was read the second time.

There being no objection, Second Substitute House Bill No. 2572 was substituted for House Bill No. 2572 and the second substitute bill was placed on the second reading calendar.

SECOND SUBSTITUTE HOUSE BILL NO. 2572 was read the second time.

Representative Cody moved the adoption of amendment (809):

Strike everything after the enacting clause and insert the following:

NEW SECTION. Sec. 1. (1) The legislature finds that the state of Washington has an opportunity to transform its health care delivery system through multipayer payment reform, the development of a statewide comprehensive prevention framework, and other state-led initiatives in line with the state health care innovation plan.

(2) The state health care innovation plan establishes the following primary drivers of health transformation, each with individual key actions that are necessary to achieve the objective:

(a) Improve health overall by building healthy communities and people through prevention and early mitigation of disease throughout the lifespan;

(b) Improve chronic illness care through better integration and strengthening of linkages between the health care delivery system and community, particularly for individuals with physical and behavioral comorbidities; and

(c) Advance value-based purchasing across the community, and lead by example in transforming how the state purchases health care services.

(3) The legislature intends to facilitate the implementation of these improvements by:

(a) Establishing an all-payer claims database that improves transparency for patients, providers, hospitals, and purchasers;

(b) Developing standard statewide performance and quality measures to inform purchasing and set benchmarks;

(c) Supporting the initiatives of regional collaboratives to achieve healthy communities and populations, improve health care quality, and lower costs;

(d) Disseminating evidence-based training, tools, and other resources to providers and hospitals; and

(e) Supporting integration of services for physical health, behavioral health, and chemical dependency by restructuring medicaid procurement.

NEW SECTION. Sec. 2. (1) The health care authority is responsible for coordination, implementation, and administration of interagency efforts and local collaborations of public and private organizations to implement the state health care innovation plan.

(2) By January 1, 2015, and January 1st of each year through January 1, 2019, the health care authority shall coordinate and submit a status report to the appropriate committees of the legislature regarding implementation of the innovation plan. The report must summarize any actions taken to implement the innovation plan, progress toward achieving the aims of the innovation plan, and anticipated future implementation efforts. In addition, the health care authority shall submit any recommendations for legislation necessary to implement the innovation plan.

NEW SECTION. Sec. 3. A new section is added to chapter 41.05 RCW to read as follows:

(1) An accountable collaborative for health is a regionally based, voluntary collaborative designated by the authority, the purpose of which is to align actions and initiatives of a diverse coalition of

members to achieve healthy communities and populations, improve health care quality, and lower costs. "Accountable collaborative for health" is a term used to recognize entities that are currently active and those that may become active that perform the functions described in this section. This term is used only to assist in directing funding or other support that may be available to these local entities. The designation of an entity as an accountable collaborative for health is not intended to create an additional government entity.

(2) By September 1, 2014, the authority shall establish boundaries for up to nine regions for accountable collaboratives for health as provided in this subsection. Counties, through the Washington state association of counties, must be given the opportunity to propose the boundaries of the regions. If counties do not submit proposed boundaries for the regions by July 1, 2014, the task force on the adult behavioral health system created by section 1, chapter 338, Laws of 2013 shall submit proposed boundaries to the authority by August 1, 2014. The boundaries must be based on county borders and must be consistent with medicaid procurement regions.

(3) The authority shall develop a process for designating an entity as an accountable collaborative for health. An entity seeking designation is eligible if:

(a) It is a nonprofit or public-private partnership;

(b) Its membership is broad and incorporates key stakeholders, such as the long-term care system, the health care delivery system, behavioral health, social supports and services, primary care and specialty providers, hospitals, consumers, small and large employers, health plans, and public health, with no single entity or organizational cohort serving in a majority capacity; and

(c) It demonstrates an ongoing capacity to:

(i) Lead health improvement activities within the region with other local systems to improve health outcomes and the overall health of the community, improve health care quality, and lower costs;

(ii) Distribute tools and resources from the health extension program created in section 6 of this act; and

(iii) Act in alignment with statewide health care initiatives by using the statewide all-payer health care claims database created in section 9 of this act, the statewide health performance and quality measures developed pursuant to section 13 of this act, and outcome measures reflecting local health needs as identified by the accountable collaborative for health.

(4) The authority may designate more than one accountable collaborative for health in any region that consists of more than one county, but an accountable collaborative for health may not cross the regional boundaries defined by the authority or overlap with another accountable collaborative for health.

(5) An entity designated by the authority as an accountable collaborative for health must convene key stakeholders to:

(a) Review existing data, including data collected through the community health assessment process;

(b) Evaluate the region's progress toward the objectives of the national healthy people 2020 initiative and the priorities identified in community health assessments and community health improvement plans;

(c) Assess the region's capacity to address chronic care needs, including the needs of persons with co-occurring disorders;

(d) Review available funding and resources; and

(e) Identify and prioritize or reaffirm regional health care needs and prevention strategies and develop a plan or use an existing plan to address those needs.

(6) For purposes of this section and section 4 of this act, the authority may only adopt rules that are necessary to implement this section and section 4 of this act.

NEW SECTION. Sec. 4. A new section is added to chapter 41.05 RCW to read as follows:

(1) The authority shall, subject to the availability of amounts appropriated or grants received for this specific purpose, award grants

to support the development of accountable collaboratives for health. Grants may only be used for start-up costs.

(2) An entity may be eligible for a grant under this section if it has been designated as an accountable collaborative for health under section 3 of this act. A grant application must, at a minimum:

(a) Identify the geographic region served by the applicant;

(b) Demonstrate how the applicant's structure and operation reflect the interests of and are accountable to the region and the state for health improvement; and

(c) Indicate the size of the grant being requested and describe how the money will be spent.

(3) In awarding grants under this section, the authority shall consider the extent to which the applicant will:

(a) Further the purposes of state health care purchasing as described in sections 1 and 17 of this act;

(b) Base decisions on public input and an active collaboration among key community partners, including, but not limited to, local governments, housing providers, school districts, early learning regional coalitions, large and small businesses, labor organizations, health and human service organizations, tribal governments, health carriers, providers, hospitals, public health agencies, and consumers;

(c) Match the grant funding with funds from other sources; and

(d) Demonstrate capability for sustainability without reliance on state general fund appropriations.

(4) The authority may prioritize applications that commit to providing at least one dollar in matching funds for each grant dollar awarded.

(5) Before grant funds are disbursed, the authority and the applicant must agree on performance requirements and the consequences for failing to meet those requirements. The performance requirements must be aligned with the purposes of state health care purchasing as described in sections 1 and 17 of this act.

NEW SECTION. Sec. 5. A new section is added to chapter 41.05 RCW to read as follows:

Any entity designated as an accountable collaborative for health pursuant to section 3 of this act shall submit a report to the appropriate committees of the legislature and the authority beginning December 1, 2015, and December 1st of each year through December 1, 2019. The report must:

(1) Describe the regional health care needs identified by the entity and key stakeholders to date, the plan developed to address those needs, any actions taken by the entity and other stakeholders pursuant to the plan, and any measurable progress toward meeting those needs;

(2) Identify any grant funds received by the entity pursuant to section 4 of this act; and

(3) For the final report, demonstrate the entity's capability for sustainability without reliance on state general fund appropriations.

NEW SECTION. Sec. 6. A new section is added to chapter 43.70 RCW to read as follows:

(1) Subject to the availability of amounts appropriated for this specific purpose, the department shall establish a health extension program to provide training, tools, and technical assistance to primary care, behavioral health, and other providers. The program must emphasize high quality preventive, chronic disease, and behavioral health care that is comprehensive and evidence-based. If the department contracts for services under this section, it may only contract with an organization that has demonstrated the ability to provide educational services to providers, clinics, and hospitals on the topics listed in subsection (2) of this section.

(2) The health extension program must coordinate dissemination of evidence-based tools and resources that promote:

(a) Integration of physical and behavioral health;

(b) Clinical information systems with sharing and organization of patient data;

(c) Clinical decision support to promote evidence-based care;

(d) Reports of the Robert Bree collaborative created by RCW 70.250.050 and findings of health technology assessments under RCW 70.14.080 through 70.14.130;

(e) Methods of formal assessment;

(f) Support for patients managing their own conditions;

(g) Identification and use of resources that are available in the community for patients and their families, including community health workers; and

(h) Practice transformation, including, but not limited to, team-based care, shared decision making, use of population level health data and management, and quality improvement linked to common statewide performance measures.

(3) The department may adopt rules necessary to implement this section, but may not adopt rules, policies, or procedures beyond the scope of authority granted in this section.

NEW SECTION. Sec. 7. The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

(1) "Authority" means the health care authority.

(2) "Carrier" and "health carrier" have the same meaning as in RCW 48.43.005.

(3) "Claims data" means the data required by section 10 of this act to be submitted to the database, as defined by the director in rule. "Claims data" includes, but is not limited to:

(a) Claims data for fully insured plans; and

(b) Claims data related to health care coverage and services funded, in whole or in part, in the omnibus appropriations act, including coverage and services funded by appropriated and nonappropriated state and federal moneys.

(4) "Data supplier" means a health carrier or an employer that provides health insurance to its employees. It does not include any entity, other than a state or local governmental entity, that is self-insured.

(5) "Database" means the statewide all-payer health care claims database established in section 9 of this act.

(6) "Director" means the director of financial management.

(7) "Lead organization" means the organization selected under section 9 of this act.

(8) "Office" means the office of financial management.

NEW SECTION. Sec. 8. The legislature finds that:

(1) The activities authorized by this chapter will require collaboration among state agencies and local governments that purchase health care, private health carriers, third-party purchasers, health care providers, and hospitals. These activities will identify strategies to increase the quality and effectiveness of health care delivered in Washington state and are therefore in the best interest of the public.

(2) The benefits of collaboration, together with active state supervision, outweigh potential adverse impacts. Therefore, the legislature intends to exempt from state antitrust laws, and provide immunity through the state action doctrine from federal antitrust laws, activities that are undertaken, reviewed, and approved by the office pursuant to this chapter that might otherwise be constrained by such laws. The legislature does not intend and does not authorize any person or entity to engage in activities not provided for by this chapter, and the legislature neither exempts nor provides immunity for such activities including, but not limited to, agreements among competing providers or carriers to set prices or specific levels of reimbursement for health care services.

NEW SECTION. Sec. 9. (1) The office shall establish a statewide all-payer health care claims database to support transparent public reporting of health care information. The database must improve transparency to: Assist patients, providers, and hospitals to make informed choices about care; enable providers, hospitals, and communities to improve by benchmarking their performance against that of others by focusing on best practices; enable purchasers to identify value, build expectations into their purchasing strategy, and

reward improvements over time; and promote competition based on quality and cost.

(2) The director shall select a lead organization to coordinate and manage the database. The lead organization is responsible for internal governance, management, funding, and operations of the database. At the direction of the office, the lead organization shall:

(a) Collect claims data from data suppliers as provided in section 10 of this act;

(b) Design data collection mechanisms with consideration for the time and cost involved in collection and the benefits that measurement would achieve;

(c) Ensure protection of collected data and store and use any data with patient-specific information in a manner that protects patient privacy;

(d) Consistent with the requirements of this chapter, make information from the database available as a resource for public and private entities, including carriers, employers, providers, hospitals, and purchasers of health care;

(e) Report performance on cost and quality pursuant to section 14 of this act using, but not limited to, the performance measures developed under section 13 of this act;

(f) Develop protocols and policies to ensure the quality of data releases;

(g) Develop a plan for the financial sustainability of the database and charge fees not to exceed five thousand dollars for reports and data files as needed to fund the database. Any fees must be approved by the office and must be comparable across data requesters and users; and

(h) Convene advisory committees with the approval and participation of the office, including: (i) A committee on data policy development; and (ii) a committee to establish a data release process consistent with the requirements of this chapter and to provide advice regarding formal data release requests. The advisory committees must include representation from key provider, hospital, payer, public health, health maintenance organization, purchaser, and consumer organizations.

NEW SECTION. Sec. 10. (1) Data suppliers must submit claims data to the database within the time frames established by the director in rule and in accordance with procedures established by the lead organization.

(2) An entity that is not a data supplier but that chooses to participate in the database shall require any third-party administrator utilized by the entity's plan to release, at no additional cost, any claims data related to persons receiving health coverage from the plan.

(3) Each data supplier shall submit an annual status report to the office regarding its compliance with this section. The report to the legislature required by section 2 of this act must include a summary of these status reports.

NEW SECTION. Sec. 11. (1) The claims data provided to the database, the database itself, including the data compilation, and any raw data received from the database are not public records and are exempt from public disclosure under chapter 42.56 RCW.

(2) Claims data obtained in the course of activities undertaken pursuant to or supported under this chapter are not subject to subpoena or similar compulsory process in any civil or criminal, judicial, or administrative proceeding, nor may any individual or organization with lawful access to data under this chapter be compelled to testify with regard to such data, except that data pertaining to a party in litigation may be subject to subpoena or similar compulsory process in an action brought by or on behalf of such individual to enforce any liability arising under this chapter.

NEW SECTION. Sec. 12. (1) Except as otherwise required by law, claims or other data from the database shall only be available for retrieval in original or processed form to public and private requesters pursuant to this section and shall be made available within a reasonable time after the request.

(2) Except as otherwise required by law, the office shall direct the lead organization to maintain the confidentiality of claims or other data it collects for the database that include direct and indirect patient identifiers. Any agency, researcher, or other person that receives claims or other data under this section containing direct or indirect patient identifiers must also maintain confidentiality and may not release such claims or other data except as consistent with this section. The office shall oversee the lead organization's release of data as follows:

(a) Claims or other data that include direct or indirect patient identifiers, as specifically defined in rule, may be released to:

(i) Federal, state, and local government agencies upon receipt of a signed data use agreement with the office and the lead organization; and

(ii) Researchers with approval of an institutional review board upon receipt of a signed confidentiality agreement with the office and the lead organization.

(b) Claims or other data that do not contain direct patient identifiers but that may contain indirect patient identifiers may be released to agencies, researchers, and other persons upon receipt of a signed data use agreement with the lead organization.

(c) Claims or other data that do not contain direct or indirect patient identifiers may be released upon request.

(3) Recipients of claims or other data under subsection (2)(a) or (b) of this section must agree in a data use agreement or a confidentiality agreement to, at a minimum:

(a) Take steps to protect direct and indirect patient identifying information as described in the agreement; and

(b) Not redisclose the data except as authorized in the agreement consistent with the purpose of the agreement or as otherwise required by law.

(4) Recipients of the claims or other data under subsection (2)(b) of this section must not attempt to determine the identity of persons whose information is included in the data set or use the claims or other data in any manner that identifies the individuals or their families.

(5) For purposes of this section, the following definitions apply unless the context clearly requires otherwise.

(a) "Direct patient identifier" means information that identifies a patient.

(b) "Indirect patient identifier" means information that may identify a patient when combined with other information.

NEW SECTION. Sec. 13. (1) There is created a performance measures committee, the purpose of which is to identify and recommend standard statewide measures of health performance to inform public and private health care purchasers and set benchmarks to track costs and improvements in health outcomes. The committee shall coordinate its activities and recommendations with the lead organization selected under section 9 of this act.

(2) Members of the committee must include representation from state agencies, small and large employers, health plans, patient groups, consumers, academic experts on health care measurement, hospitals, physicians, and other providers. The governor shall appoint the members of the committee, except that a statewide association representing hospitals may appoint a member representing hospitals and a statewide association representing physicians may appoint a member representing physicians. The governor shall ensure that members represent diverse geographic locations and both rural and urban communities. The chief executive officer of the lead organization must also serve on the committee. The committee must be chaired by the director of the authority.

(3) The committee shall develop a transparent process for selecting performance measures, and the process must include opportunities for public comment.

(4) By January 1, 2015, the committee shall submit the performance measures to the authority. The measures must include dimensions of:

- (a) Prevention and screening;
- (b) Effective management of chronic conditions;
- (c) Key health outcomes;
- (d) Care coordination and patient safety; and
- (e) Use of the lowest cost, highest quality care for acute conditions.

(5) The committee shall develop a measure set that:

- (a) Is of manageable size;
- (b) Is based on readily available claims and clinical data;

(c) Gives preference to nationally reported measures and, where nationally reported measures may not be appropriate, measures used by the health benefit exchange and state agencies that purchase health care;

(d) Focuses on the overall performance of the system, including outcomes and total cost;

(e) Is aligned with the governor's performance management system measures and common measure requirements specific to medicaid delivery systems under RCW 70.320.020 and 43.20A.895;

(f) Considers the needs of different stakeholders and the populations served; and

(g) Is usable by multiple payers, providers, hospitals, purchasers, public health, and communities as part of health improvement, care improvement, provider payment systems, benefit design, and administrative simplification for providers and hospitals.

(6) State agencies shall use the measure set developed under this section to inform purchasing decisions and set benchmarks.

(7) The committee shall establish a public process to periodically evaluate the measure set and make additions or changes to the measure set as needed.

NEW SECTION. Sec. 14. (1) Under the supervision of the office, the lead organization shall prepare health care data reports using the database and the statewide health performance and quality measure set, including only those measures that can be completed with readily available claims data. Prior to releasing any health care data reports that use claims data, the lead organization must submit the reports to the office for review and approval.

(2)(a) Health care data reports prepared by the lead organization that use claims data must assist the legislature and the public with awareness and promotion of transparency in the health care market by reporting on:

(i) Whether providers and health systems deliver efficient, high quality care; and

(ii) Geographic and other variations in medical care and costs as demonstrated by data available to the lead organization.

(b) Measures in the health care data reports should be stratified by demography, income, language, health status, and geography when feasible with available data to identify disparities in care and successful efforts to reduce disparities.

(c) Comparisons of costs among providers and health care systems must account for differences in acuity of patients, as appropriate and feasible, and must take into consideration the cost impact of subsidization for uninsured and governmental patients, as well as teaching expenses, when feasible with available data.

(3) The lead organization may not publish any data or health care data reports that:

(a) Directly or indirectly identify patients; or

(b) Disclose specific terms of contracts, discounts, or fixed reimbursement arrangements or other specific reimbursement arrangements between an individual provider and a specific payer.

(4) The lead organization may not release a report that compares and identifies providers, hospitals, or data suppliers unless it:

(a) Allows the data supplier, the hospital, or the provider to verify the accuracy of the information submitted to the lead organization and

submit to the lead organization any corrections of errors with supporting evidence and comments within forty-five days of receipt of the report; and

(b) Corrects data found to be in error within a reasonable amount of time.

(5) The office and the lead organization may use claims data to identify and make available information on payers, providers, and facilities, but may not use claims data to recommend or incentivize direct contracting between providers and employers.

(6) The lead organization shall ensure that no individual data supplier comprises more than twenty-five percent of the claims data used in any report or other analysis generated from the database. For purposes of this subsection, a "data supplier" means a carrier and any self-insured employer that uses the carrier's provider contracts.

NEW SECTION. Sec. 15. (1) The director shall adopt any rules necessary to implement this chapter, including:

(a) Definitions of claim and data files that data suppliers must submit to the database, including: Files for covered medical services, pharmacy claims, and dental claims; member eligibility and enrollment data; and provider data with necessary identifiers;

(b) Deadlines for submission of claim files;

(c) Penalties for failure to submit claim files as required;

(d) Procedures for ensuring that all data received from data suppliers are securely collected and stored in compliance with state and federal law; and

(e) Procedures for ensuring compliance with state and federal privacy laws.

(2) The director may not adopt rules, policies, or procedures beyond the authority granted in this chapter.

NEW SECTION. Sec. 16. A new section is added to chapter 48.02 RCW to read as follows:

(1) The commissioner may not use data acquired from the statewide all-payer health care claims database created in section 9 of this act for purposes of reviewing rates pursuant to this title.

(2) The commissioner's authority to access data from any other source for rate review pursuant to this title is not otherwise curtailed, even if that data may have been separately submitted to the statewide all-payer health care claims database.

NEW SECTION. Sec. 17. A new section is added to chapter 74.09 RCW to read as follows:

(1) Consistent with the implementation of the state health care innovation plan and the provisions of RCW 70.320.020, the authority and the department shall restructure medicaid procurement of health care services and agreements with managed care systems on a phased basis to better support integrated physical health, mental health, and chemical dependency treatment. By January 1, 2019, medicaid services provided under this chapter and chapters 71.24, 71.36, and 70.96A RCW must be fully integrated in a managed health care system that provides mental health, chemical dependency, and medical care services to medicaid clients. The authority and the department shall develop and utilize innovative mechanisms to promote and sustain integrated clinical models of physical and behavioral health care such as: Practice transformation support and resources; workforce capacity and flexibility; shared clinical information sharing, tools, resources, and training; and outcome-based payments to providers and hospitals.

(2) The authority and the department shall incorporate the following principles into future medicaid procurement efforts aimed at integrating the delivery of physical and behavioral health services:

(a) Facilitating equitable access to effective behavioral health services for adults and children is a state priority;

(b) Recognition that the delivery of better integrated, person-centered care to meet enrollees' physical and behavioral health care needs is a shared responsibility of contracted regional support networks, managed health care systems, service providers, hospitals, the state, and communities;

(c) Medicaid purchasing must support delivery of integrated, person-centered care that addresses the spectrum of individuals' health needs in the context of the communities in which they live and with the availability of care continuity as their health needs change;

(d) Accountability for the client outcomes established in RCW 43.20A.895 and 71.36.025 and performance measures linked to those outcomes;

(e) Medicaid benefit design must recognize that adequate preventive care, crisis intervention, and support services promote a recovery- focused approach;

(f) Evidence-based care interventions and continuous quality improvement must be enforced through contract specifications and performance measures, including the statewide measure set under section 13 of this act, that provide meaningful integration at the patient care level with broadly distributed accountability for results;

(g) Active purchasing and oversight of medicaid managed care contracts is a state responsibility;

(h) A deliberate and flexible system change plan with identified benchmarks and periodic readiness reviews will promote system stability, provide continuity of treatment for patients, and protect essential existing behavioral health system infrastructure and capacity; and

(i) Community and organizational readiness are key determinants of implementation timing; a phased approach is therefore desirable.

(3) The principles identified in subsection (2) of this section are not intended to create an individual entitlement to services.

Sec. 18. RCW 42.56.360 and 2013 c 19 s 47 are each amended to read as follows:

(1) The following health care information is exempt from disclosure under this chapter:

(a) Information obtained by the pharmacy quality assurance commission as provided in RCW 69.45.090;

(b) Information obtained by the pharmacy quality assurance commission or the department of health and its representatives as provided in RCW 69.41.044, 69.41.280, and 18.64.420;

(c) Information and documents created specifically for, and collected and maintained by a quality improvement committee under RCW 43.70.510, 70.230.080, or 70.41.200, or by a peer review committee under RCW 4.24.250, or by a quality assurance committee pursuant to RCW 74.42.640 or 18.20.390, or by a hospital, as defined in RCW 43.70.056, for reporting of health care-associated infections under RCW 43.70.056, a notification of an incident under RCW 70.56.040(5), and reports regarding adverse events under RCW 70.56.020(2)(b), regardless of which agency is in possession of the information and documents;

(d)(i) Proprietary financial and commercial information that the submitting entity, with review by the department of health, specifically identifies at the time it is submitted and that is provided to or obtained by the department of health in connection with an application for, or the supervision of, an antitrust exemption sought by the submitting entity under RCW 43.72.310;

(ii) If a request for such information is received, the submitting entity must be notified of the request. Within ten business days of receipt of the notice, the submitting entity shall provide a written statement of the continuing need for confidentiality, which shall be provided to the requester. Upon receipt of such notice, the department of health shall continue to treat information designated under this subsection (1)(d) as exempt from disclosure;

(iii) If the requester initiates an action to compel disclosure under this chapter, the submitting entity must be joined as a party to demonstrate the continuing need for confidentiality;

(e) Records of the entity obtained in an action under RCW 18.71.300 through 18.71.340;

(f) Complaints filed under chapter 18.130 RCW after July 27, 1997, to the extent provided in RCW 18.130.095(1);

(g) Information obtained by the department of health under chapter 70.225 RCW;

(h) Information collected by the department of health under chapter 70.245 RCW except as provided in RCW 70.245.150;

(i) Cardiac and stroke system performance data submitted to national, state, or local data collection systems under RCW 70.168.150(2)(b); ~~((and))~~

(j) All documents, including completed forms, received pursuant to a wellness program under RCW 41.04.362, but not statistical reports that do not identify an individual; and

(k) Data and information exempt from disclosure under section 11 of this act.

(2) Chapter 70.02 RCW applies to public inspection and copying of health care information of patients.

(3)(a) Documents related to infant mortality reviews conducted pursuant to RCW 70.05.170 are exempt from disclosure as provided for in RCW 70.05.170(3).

(b)(i) If an agency provides copies of public records to another agency that are exempt from public disclosure under this subsection (3), those records remain exempt to the same extent the records were exempt in the possession of the originating entity.

(ii) For notice purposes only, agencies providing exempt records under this subsection (3) to other agencies may mark any exempt records as "exempt" so that the receiving agency is aware of the exemption, however whether or not a record is marked exempt does not affect whether the record is actually exempt from disclosure.

Sec. 19. RCW 70.02.045 and 2000 c 5 s 2 are each amended to read as follows:

Third-party payors shall not release health care information disclosed under this chapter, except as required by chapter 43.--- RCW (the new chapter created in section 21 of this act) and to the extent that health care providers are authorized to do so under RCW 70.02.050.

NEW SECTION. **Sec. 20.** 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.

NEW SECTION. **Sec. 21.** Sections 7 through 15 of this act constitute a new chapter in Title 43 RCW.

NEW SECTION. **Sec. 22.** Sections 3 through 5 of this act expire July 1, 2020."

Correct the title.

Representatives Cody and Schmick spoke in favor of the adoption of the amendment.

Amendment (809) was adopted.

The bill was ordered engrossed.

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

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

Representatives Klippert, Wilcox, Pike, Haler, Scott and Manweller spoke against the passage of the bill.

MOTIONS

On motion of Representative Van De Wege, Representative Hansen was excused. On motion of Representative Harris, Representative Dahlquist was excused.

The Speaker (Representative Orwall presiding) stated the question before the House to be the final passage of Engrossed Second Substitute House Bill No. 2572.

ROLL CALL

The Clerk called the roll on the final passage of Engrossed Second Substitute House Bill No. 2572, and the bill passed the House by the following vote: Yeas, 55; Nays, 41; Absent, 0; Excused, 2.

Voting yea: Representatives Appleton, Bergquist, Blake, Carlyle, Clibborn, Cody, Dunshee, Farrell, Fey, Fitzgibbon, Freeman, Goodman, Green, Gregerson, Habib, Haigh, Hudgins, Hunter, Hurst, Jinkins, Kagi, Kirby, Lytton, Moeller, Morrell, Morris, Moscoso, Ormsby, Ortiz-Self, Orwall, Pettigrew, Pollet, Reykdal, Riccelli, Roberts, Robinson, Ryu, S. Hunt, Santos, Sawyer, Schmick, Seaquist, Sells, Senn, Springer, Stanford, Stonier, Sullivan, Takko, Tarleton, Tharinger, Van De Wege, Walkinshaw, Wylie and Mr. Speaker.

Voting nay: Representatives Buys, Chandler, Christian, Condotta, DeBolt, Fagan, G. Hunt, Haler, Hargrove, Harris,

Hawkins, Hayes, Holy, Hope, Johnson, Klippert, Kochmar, Kretz, Kristiansen, MacEwen, Magendanz, Manweller, Muri, Nealey, Orcutt, Overstreet, Parker, Pike, Rodne, Ross, Scott, Shea, Short, Smith, Taylor, Vick, Walsh, Warnick, Wilcox, Young and Zeiger.

Excused: Representatives Dahlquist and Hansen.

ENGROSSED SECOND SUBSTITUTE HOUSE BILL NO. 2572, having received the necessary constitutional majority, was declared passed.

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

There being no objection, the House adjourned until 9:55 a.m., February 20, 2014, the 39th Day of the Regular Session.

FRANK CHOPP, Speaker

BARBARA BAKER, Chief Clerk

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