

SIXTY EIGHTH LEGISLATURE - REGULAR SESSION

EIGHTY NINTH DAY

House Chamber, Olympia, Friday, April 7, 2023

The House was called to order at 9:00 a.m. by the Speaker (Representative Bronoske presiding). The Clerk called the roll and a quorum was present.

The flags were escorted to the rostrum by a Sergeant at Arms Color Guard, Moe Alkhazraji and Zainab Khan. The Speaker (Representative Bronoske presiding) led the Chamber in the Pledge of Allegiance. The prayer was offered by Pastor Allen Jones, Motion Church, Puyallup.

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

RESOLUTION

HOUSE RESOLUTION NO. 2023-4638, by Representatives Corry, Ormsby, Riccelli, Schmick, Dye, Graham, Schmidt, Sandlin, Christian, Chandler, Ybarra, Dent, and Barnard

WHEREAS, The House of Representatives, on behalf of the people, recognize and honor the life and achievements of William D. "Bill" Hyslop, a Spokane native who served twice as United States Attorney for Eastern Washington; and

WHEREAS, Bill was born on March 22, 1951, the son of Thomas and Catherine Hyslop; and

WHEREAS, Bill graduated from Shadle Park High School, later attending Washington State University, graduating in 1973, and then earning his law degree from Gonzaga University in 1980. He was a lifelong Cougar fan and president of the WSU Alumni Association; and

WHEREAS, Bill practiced law with great distinction in Spokane for more than 40 years, with the firm of Lukins & Annis; and

WHEREAS, Bill was appointed to serve as United States Attorney for the Eastern District of Washington by President George H. W. Bush, serving from 1991 to 1993, and then was appointed a second time when President Donald Trump named him to the post from 2019 to 2021; and

WHEREAS, Bill was actively engaged in the civic process. He spent countless hours working for improvements in education on the federal and state level; and

WHEREAS, Bill earnestly believed that everyone should have equal access to the justice system, and that access to justice was a nonpartisan issue of concern for all human beings. He served on the board of Legal Foundation of Washington — which promotes accessibility to the judicial system and legal services for low-income individuals; and

WHEREAS, Bill served as chair of the Council on Public Defense, calling for a rule change to the Washington State Supreme Court to impose caseload standards for public defenders — putting Washington state at the forefront of ensuring criminal justice defendants receive fair representation; and

WHEREAS, Bill dedicated decades of service to local and state bar associations, including the Board of Governors, receiving the Smithmoore P. Myers Professionalism Award in 2008, an honor only bestowed upon those who exhibit the utmost integrity in the legal profession; Bill was honored to serve as the Spokane County Bar President in 1999 and the President of the Washington State Bar Association in 2015. His service was always achieved with grace, dignity, and honor; and

WHEREAS, Bill loved Spokane and Washington state, contributing countless hours to several community efforts, including the arena replacement, and the Spokane Public Schools capital improvement campaign, remaining active in his community even after his retirement; and

WHEREAS, Bill was a proud supporter of local law enforcement and a passionate advocate for opioid fentanyl awareness in Eastern Washington, helping found the Spokane Alliance for Fentanyl Education; and

WHEREAS, Bill expressed a deep-seated thankfulness and gratitude for life. He was a steadfast family man who took great delight in spending time with his wife, children, and grandchildren; and

WHEREAS, Bill died unexpectedly on Sunday, September 11, 2022; and

WHEREAS, Bill humbly served others throughout his life as a beloved family member, loyal friend, and dedicated public servant; and

WHEREAS, Bill leaves behind his wife, Deborah, and children Jeffrey and Kathleen, as well as three grandchildren, who all adored him;

NOW, THEREFORE, BE IT RESOLVED, That the House of Representatives, on behalf of the people of the State of Washington, recognize and honor the life and work of William D. "Bill" Hyslop; and

BE IT FURTHER RESOLVED, That a copy of this resolution be immediately transmitted by the Chief Clerk of the House of Representatives and to William "Bill" Hyslop's family.

There being no objection, HOUSE RESOLUTION NO. 4638 was adopted.

RESOLUTION

HOUSE RESOLUTION NO. 2023-4639, by Representative Couture

WHEREAS, As Washingtonians, we owe a debt of gratitude to all members of the armed forces, but in particular, the few remaining members of the greatest generation who served in World War II; and

WHEREAS, One of those individuals is Shelton's Burton Stoltz, turning 95 years old this month; his dedication to service and commitment to hard work, solidifies his status as one of the best among us; and

WHEREAS, Mr. Stoltz was born near Ennis, Montana on April 11th, 1928; and

WHEREAS, Mr. Stoltz enlisted in the Navy in 1943, serving with distinction in the Pacific campaign during World War II, earning the following medals: Asiatic-Pacific Campaign, The American Theater Campaign, Navy Good Conduct, and World War II Victory medal, finally being honorably discharged in 1949; and

WHEREAS, Mr. Stoltz returned to his family ranch, ensuring the country's food security for 25 years, subsequently moving to Washington State and pursuing a career as the entrepreneur of a mechanic's shop for five years, eventually to be employed and retire from Lang's Manufacturing in Redmond, Washington after 15 years of service. He then continued his career at Pioneer Elementary in Shelton, Washington, where he ensured proper maintenance and sanitation for school children for an additional 20 years into his 80s; and

WHEREAS, Burton Stoltz retired for a second time and spent eight years in the Pioneer Elementary school reading to children, helping inspire the next generation;

NOW, THEREFORE, BE IT RESOLVED, That the House of Representatives express its thanks and deepest appreciation to Mr. Burton Stoltz for his life of dedication and service as a World War II veteran, and an honorable Washingtonian and American; and

BE IT FURTHER RESOLVED, That copies of this resolution be immediately transmitted by the Chief Clerk of the House of Representatives to Burton Stoltz, and his daughter, Susan Wichers.

There being no objection, HOUSE RESOLUTION NO. 4639 was adopted.

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

MESSAGES FROM THE SENATE

Thursday, April 6, 2023

Mme. Speaker:

The Senate has passed:

HOUSE BILL NO. 1030
HOUSE BILL NO. 1031
ENGROSSED SUBSTITUTE HOUSE BILL NO. 1073
SUBSTITUTE HOUSE BILL NO. 1255
SUBSTITUTE HOUSE BILL NO. 1275
ENGROSSED SUBSTITUTE HOUSE BILL NO. 1311
HOUSE BILL NO. 1370
SUBSTITUTE HOUSE BILL NO. 1590
HOUSE BILL NO. 1707
HOUSE BILL NO. 1792

and the same are herewith transmitted.

Colleen Rust, Deputy Secretary

Thursday, April 6, 2023

Mme. Speaker:

The President has signed:

ENGROSSED SUBSTITUTE HOUSE BILL NO. 1048
SUBSTITUTE HOUSE BILL NO. 1069
ENGROSSED HOUSE BILL NO. 1210
SUBSTITUTE HOUSE BILL NO. 1254
ENGROSSED HOUSE BILL NO. 1274
SECOND SUBSTITUTE HOUSE BILL NO. 1522
HOUSE BILL NO. 1624

and the same are herewith transmitted.

Colleen Rust, Deputy Secretary

Thursday, April 6, 2023

Mme. Speaker:

The President has signed:

SENATE BILL NO. 5088
SENATE BILL NO. 5113
SENATE BILL NO. 5163
SUBSTITUTE SENATE BILL NO. 5170
SUBSTITUTE SENATE BILL NO. 5176
SUBSTITUTE SENATE BILL NO. 5229
SUBSTITUTE SENATE BILL NO. 5304
ENGROSSED SUBSTITUTE SENATE BILL NO. 5320
ENGROSSED SENATE BILL NO. 5336
SENATE BILL NO. 5385
ENGROSSED SUBSTITUTE SENATE BILL NO. 5512
SUBSTITUTE SENATE BILL NO. 5538
SUBSTITUTE SENATE BILL NO. 5547
SUBSTITUTE SENATE BILL NO. 5604

and the same are herewith transmitted.

Colleen Rust, Deputy Secretary

Thursday, April 6, 2023

Mme. Speaker:

The President has signed:

SENATE CONCURRENT RESOLUTION NO. 8407

and the same is herewith transmitted.

Sarah Bannister, Secretary

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

INTRODUCTION & FIRST READING

SSB 5742 by Senate Committee on Transportation (originally sponsored by Kauffman, Lias and Lovick)

AN ACT Relating to codifying certain existing grant programs at the department of transportation; adding new sections to chapter 47.66 RCW; adding new sections to chapter 47.76 RCW; and adding a new section to chapter 47.04 RCW.

Referred to Committee on Transportation.

SB 5763 by Senators Lias, King, Shewmake and Holy

AN ACT Relating to increasing existing bond authority for 2015 connecting Washington projects and improvements; amending RCW 47.10.889; and creating a new section.

Referred to Committee on Transportation.

SB 5765 by Senators Lias, King, Cleveland and Holy

AN ACT Relating to tolling authorization for the Interstate 5 bridge replacement project; amending RCW 43.84.092 and 43.84.092; reenacting and amending RCW 47.56.810; adding new sections to chapter 47.56 RCW; creating new sections; repealing RCW 47.56.892; providing an effective date; providing a contingent effective date; and providing an expiration date.

Referred to Committee on Transportation.

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

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

SECOND READING

ENGROSSED SUBSTITUTE SENATE BILL NO. 5528, by Senate Committee on Labor & Commerce (originally sponsored by Stanford)

Concerning retainage requirements for private construction projects.

The bill was read the second time.

There being no objection, the committee striking amendment by the Committee on Labor & Workplace Standards was adopted. For Committee amendment, see Journal, Day 80, Wednesday, March 29, 2023.

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

Representatives Berry and Schmidt spoke in favor of the passage of the bill.

MOTIONS

On motion of Representative Ramel, Representative Ortiz-Self was excused.

On motion of Representative Griffey, Representative Volz was excused.

The Speaker (Representative Bronoske presiding) stated the question before the House to be the final passage of Engrossed Substitute Senate Bill No. 5528, as amended by the House.

ROLL CALL

The Clerk called the roll on the final passage of Engrossed Substitute Senate Bill No. 5528, as amended by the House, and the bill passed the House by the following vote: Yeas, 96; Nays, 0; Absent, 0; Excused, 2

Voting Yea: Representatives Abbarno, Alvarado, Barkis, Barnard, Bateman, Berg, Bergquist, Berry, Bronoske, Caldier, Callan, Chambers, Chandler, Chapman, Cheney, Chopp, Christian, Connors, Corry, Cortes, Couture, Davis, Dent, Doglio, Donaghy, Duerr, Dye, Entenman, Eslick, Farivar, Fey, Fitzgibbon, Fosse, Goehner, Goodman, Graham, Gregerson, Griffey, Hackney, Hansen, Harris, Hutchins, Jacobsen, Klicker, Kloba, Kretz, Leavitt, Lekanoff, Low, Macri, Maycumber, McClintock, McEntire, Mena, Morgan, Mosbrucker, Orcutt, Ormsby, Orwall, Paul, Peterson, Pollet, Ramel, Ramos, Reed, Reeves, Riccelli, Robertson, Rude, Rule, Ryu, Sandlin, Santos, Schmick, Schmidt, Senn, Shavers, Simmons, Slatter, Springer, Stearns, Steele, Stokesbary, Stonier, Street, Taylor, Thai, Tharinger, Timmons, Walen, Walsh, Waters, Wilcox, Wylie, Ybarra and Mme. Speaker

Excused: Representatives Ortiz-Self and Volz

ENGROSSED SUBSTITUTE SENATE BILL NO. 5528, as amended by the House, having received the necessary constitutional majority, was declared passed.

SENATE BILL NO. 5347, by Senators Wagoner, Pedersen, Dhingra, Kuderer and Wilson, C.

Concerning access to abstract driving records.

The bill was read the second time.

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

Representatives Barkis and Donaghy spoke in favor of the passage of the bill.

The Speaker (Representative Bronoske presiding) stated the question before the House to be the final passage of Senate Bill No. 5347.

ROLL CALL

The Clerk called the roll on the final passage of Senate Bill No. 5347, and the bill passed the House by the following vote: Yeas, 96; Nays, 0; Absent, 0; Excused, 2

Voting Yea: Representatives Abbarno, Alvarado, Barkis, Barnard, Bateman, Berg, Bergquist, Berry, Bronoske, Caldier, Callan, Chambers, Chandler, Chapman, Cheney, Chopp, Christian, Connors, Corry, Cortes, Couture, Davis, Dent, Doglio, Donaghy, Duerr, Dye, Entenman, Eslick, Farivar, Fey, Fitzgibbon, Fosse, Goehner, Goodman, Graham, Gregerson, Griffey, Hackney, Hansen, Harris, Hutchins, Jacobsen, Klicker, Kloba, Kretz, Leavitt, Lekanoff, Low, Macri, Maycumber, McClintock, McEntire, Mena, Morgan, Mosbrucker, Orcutt, Ormsby, Orwall, Paul, Peterson, Pollet, Ramel, Ramos, Reed, Reeves, Riccelli, Robertson, Rude, Rule, Ryu, Sandlin, Santos, Schmick, Schmidt, Senn, Shavers, Simmons, Slatter, Springer, Stearns, Steele, Stokesbary, Stonier, Street, Taylor, Thai, Tharinger, Timmons, Walen, Walsh, Waters, Wilcox, Wylie, Ybarra and Mme. Speaker

Excused: Representatives Ortiz-Self and Volz

SENATE BILL NO. 5347, having received the necessary constitutional majority, was declared passed.

ENGROSSED SECOND SUBSTITUTE SENATE BILL NO. 5278, by Senate Committee on Ways & Means (originally sponsored by Wilson, L., Fortunato, Lovick, Muzzall, Robinson, Shewmake, Torres, Warnick and Wilson, C.)

Implementing audit recommendations to reduce barriers to home care aide certification.

The bill was read the second time.

There being no objection, the committee striking amendment by the Committee on Postsecondary Education & Workforce was adopted. For Committee amendment, see Journal, Day 79, Tuesday, March 28, 2023.

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

Representatives Chambers and Alvarado spoke in favor of the passage of the bill.

The Speaker (Representative Bronoske presiding) stated the question before the House to be the final passage of Engrossed Second Substitute Senate Bill No. 5278, as amended by the House.

ROLL CALL

The Clerk called the roll on the final passage of Engrossed Second Substitute Senate Bill No. 5278, as amended by the House, and the bill passed the House by the following vote: Yeas, 96; Nays, 0; Absent, 0; Excused, 2

Voting Yea: Representatives Abbarno, Alvarado, Barkis, Barnard, Bateman, Berg, Bergquist, Berry, Bronoske, Caldier, Callan, Chambers, Chandler, Chapman, Cheney, Chopp, Christian, Connors, Corry, Cortes, Couture, Davis, Dent, Doglio, Donaghy, Duerr, Dye, Entenman, Eslick, Farivar, Fey, Fitzgibbon, Fosse, Goehner, Goodman, Graham, Gregerson, Griffey, Hackney, Hansen, Harris, Hutchins, Jacobsen, Klicker, Kloba, Kretz, Leavitt, Lekanoff, Low, Macri, Maycumber, McClintock, McEntire, Mena, Morgan, Mosbrucker, Orcutt, Ormsby, Orwall, Paul, Peterson, Pollet, Ramel, Ramos, Reed, Reeves, Riccelli, Robertson, Rude, Rule, Ryu, Sandlin, Santos, Schmick, Schmidt, Senn, Shavers, Simmons, Slatter, Springer, Stearns, Steele, Stokesbary, Stonier, Street, Taylor, Thai, Tharinger, Timmons, Walen, Walsh, Waters, Wilcox, Wylie, Ybarra and Mme. Speaker

Excused: Representatives Ortiz-Self and Volz

ENGROSSED SECOND SUBSTITUTE SENATE BILL NO. 5278, as amended by the House, having received the necessary constitutional majority, was declared passed.

SENATE BILL NO. 5242, by Senators Cleveland, Robinson, Dhingra, Frame, Hasegawa, Hunt, Keiser, Lovelett, Nobles, Pedersen, Randall, Saldaña, Salomon, Stanford, Valdez, Wellman and Wilson, C.

Prohibiting cost sharing for abortion.

The bill was read the second time.

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

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

Representative Barnard spoke against the passage of the bill.

The Speaker (Representative Bronoske presiding) stated the question before the House to be the final passage of Senate Bill No. 5242.

ROLL CALL

The Clerk called the roll on the final passage of Senate Bill No. 5242, and the bill passed the House by the following vote: Yeas, 57; Nays, 39; Absent, 0; Excused, 2

Voting Yea: Representatives Alvarado, Bateman, Berg, Bergquist, Berry, Bronoske, Callan, Chapman, Chopp, Cortes, Davis, Doglio, Donaghy, Duerr, Entenman, Farivar, Fey, Fitzgibbon, Fosse, Goodman, Gregerson, Hackney, Hansen, Kloba, Leavitt, Lekanoff, Macri, Mena, Morgan, Ormsby, Orwall, Paul, Peterson, Pollet, Ramel, Ramos, Reed, Reeves, Riccelli, Rule, Ryu, Santos, Senn, Shavers, Simmons, Slatter, Springer, Stearns, Stonier, Street, Taylor, Thai, Tharinger, Timmons, Walen, Wylie and Mme. Speaker

Voting Nay: Representatives Abbarno, Barkis, Barnard, Calder, Chambers, Chandler, Cheney, Christian, Connors, Corry, Couture, Dent, Dye, Eslick, Goehner, Graham, Griffey, Harris, Hutchins, Jacobsen, Klicker, Kretz, Low, Maycumber, McClintock, McEntire, Mosbrucker, Orcutt, Robertson, Rude, Sandlin, Schmick, Schmidt, Steele, Stokesbary, Walsh, Waters, Wilcox and Ybarra

Excused: Representatives Ortiz-Self and Volz

SENATE BILL NO. 5242, having received the necessary constitutional majority, was declared passed.

SUBSTITUTE SENATE BILL NO. 5396, by Senate Committee on Health & Long Term Care (originally sponsored by Wilson, L., Boehnke, Frame, Hunt, Kauffman, Kuderer, Rivers, Rolfes, Shewmake, Valdez and Warnick)

Concerning cost sharing for diagnostic and supplemental breast examinations.

The bill was read the second time.

There being no objection, the committee striking amendment by the Committee on Appropriations was adopted. For Committee amendment, see Journal, Day 86, Tuesday, April 4, 2023.

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

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

Representative Schmick spoke against the passage of the bill.

The Speaker (Representative Bronoske presiding) stated the question before the House to be the final passage of Substitute Senate Bill No. 5396, as amended by the House.

ROLL CALL

The Clerk called the roll on the final passage of Substitute Senate Bill No. 5396, as amended by the House, and the bill passed the House by the following vote: Yeas, 90; Nays, 6; Absent, 0; Excused, 2

Voting Yea: Representatives Abbarno, Alvarado, Barkis, Barnard, Bateman, Berg, Bergquist, Berry, Bronoske, Calder, Callan, Chambers, Chandler, Chapman, Cheney, Chopp, Christian, Connors, Corry, Cortes, Couture, Davis, Dent, Doglio, Donaghy, Duerr, Dye, Entenman, Farivar, Fey, Fitzgibbon, Fosse, Goehner, Goodman, Graham, Gregerson, Griffey, Hackney, Hansen, Harris, Hutchins, Klicker, Kloba, Kretz, Leavitt, Lekanoff, Low, Macri, Maycumber, McClintock, Mena, Morgan, Mosbrucker, Ormsby, Orwall, Paul, Peterson, Pollet, Ramel, Ramos, Reed, Reeves, Riccelli, Robertson, Rude, Rule, Ryu, Sandlin, Santos, Schmidt, Senn, Shavers, Simmons, Slatter, Springer, Stearns, Steele, Stokesbary, Stonier, Street, Taylor, Thai, Tharinger, Timmons, Walen, Waters, Wilcox, Wylie, Ybarra and Mme. Speaker

Voting Nay: Representatives Eslick, Jacobsen, McEntire, Orcutt, Schmick and Walsh

Excused: Representatives Ortiz-Self and Volz

SUBSTITUTE SENATE BILL NO. 5396, as amended by the House, having received the necessary constitutional majority, was declared passed.

ENGROSSED SECOND SUBSTITUTE SENATE BILL NO. 5367, by Senate Committee on Ways & Means (originally sponsored by Robinson, Schoesler, Conway, Dozier, Keiser, Saldaña and Wellman)

Concerning the regulation of products containing THC.

The bill was read the second time.

There being no objection, the committee striking amendment by the Committee on Regulated Substances & Gaming was before the House for purpose of amendment. For Committee amendment, see Journal, Day 86, Tuesday, April 4, 2023.

Representative Reeves moved the adoption of amendment (578) to the committee striking amendment:

On page 12, line 13, after "chapter" insert "or as permitted under an agreement between the state and a tribe entered into under RCW 43.06.490"

On page 12, line 17, after "(2)" strike "Any" and insert "Except as permitted under an agreement between the state and a tribe entered into under RCW 43.06.490, any"

Representatives Reeves and Chambers spoke in favor of the adoption of the amendment to the committee striking amendment.

Amendment (578) to the committee striking amendment was adopted.

The committee striking amendment, as amended, was adopted.

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

Representatives Chambers and Wylie spoke in favor of the passage of the bill.

Representative Walsh spoke against the passage of the bill.

The Speaker (Representative Bronoske presiding) stated the question before the House to be the final passage of Engrossed Second Substitute Senate Bill No. 5367, as amended by the House.

ROLL CALL

The Clerk called the roll on the final passage of Engrossed Second Substitute Senate Bill No. 5367, as amended by the House, and the bill passed the House by the following vote: Yeas, 93; Nays, 3; Absent, 0; Excused, 2

Voting Yea: Representatives Abbarno, Alvarado, Barkis, Barnard, Bateman, Berg, Bergquist, Berry, Bronoske, Calder, Callan, Chambers, Chandler, Chapman, Cheney, Chopp, Christian, Connors, Corry, Cortes, Couture, Davis, Dent, Doglio, Donaghy, Duerr, Dye, Entenman, Eslick, Farivar, Fey, Fitzgibbon, Fosse, Goehner, Goodman, Graham, Gregerson, Griffey, Hackney, Hansen, Harris, Hutchins, Jacobsen, Klicker, Kloba, Kretz, Leavitt, Lekanoff, Low, Macri, Maycumber, McClintock, Mena, Mosbrucker, Orcutt, Ormsby, Orwall, Paul, Peterson, Pollet, Ramel, Ramos, Reed, Reeves, Riccelli, Robertson, Rude, Rule, Ryu, Sandlin, Santos, Schmick, Schmidt, Senn, Shavers, Simmons, Slatter, Springer, Stearns, Steele, Stokesbary, Stonier, Street,

Taylor, Thai, Tharinger, Timmons, Walen, Waters, Wilcox, Wylie, Ybarra and Mme. Speaker

Voting Nay: Representatives McEntire, Morgan and Walsh
Excused: Representatives Ortiz-Self and Volz

ENGROSSED SECOND SUBSTITUTE SENATE BILL NO. 5367, as amended by the House, having received the necessary constitutional majority, was declared passed.

ENGROSSED SUBSTITUTE SENATE BILL NO. 5365, by Senate Committee on Labor & Commerce (originally sponsored by Saldaña, Lias, Billig, Dhingra, Hunt, Lovelett, Nguyen, Pedersen, Randall, Robinson, Stanford, Valdez, Wellman and Wilson, C.)

Preventing use of vapor and tobacco products by minors.

The bill was read the second time.

There being no objection, the committee striking amendment by the Committee on Regulated Substances & Gaming was before the House for purpose of amendment. For Committee amendment, see Journal, Day 78, Monday, March 27, 2023.

Representative Reeves moved the adoption of amendment (580) to the committee striking amendment:

On page 2, beginning on line 18 of the striking amendment, strike all of subsection (3)

On page 2, beginning on line 36 of the striking amendment, strike all of subsection (3)

On page 6, line 16 of the striking amendment, after "(b)" insert "Any enforcement officer who detains a person for the purpose of enforcing the provisions of this chapter and RCW 26.28.080 and 82.24.500 must collect the following information for each fiscal year since 2018:

(i) The total number of interactions where an enforcement officer detained a person;

(ii) Information on the nature of each interaction, including the duration of the interaction, the justification for the interaction, the number of such persons who were under 18 years of age, the number of such persons who were over 18 but under 21 years of age, and whether any citation or warning was issued;

(iii) How many interactions converted to administrative violation notices; and

(iv) How many of the interactions and administrative violation notices converted to retailer education and violations.

(c) The board must compile the information collected pursuant to (b) of this subsection, along with any associated demographic data in the possession of the board, and conduct a comparative analysis of all interactions of enforcement officers with persons detained for the purpose of enforcing Title 66 RCW and chapter 69.50 RCW into a statewide report and provide the report to the appropriate committees of the legislature by December 1, 2023, and annually thereafter.

(d) All enforcement officers of the board who enforce the provisions of this section and will have interactions with persons under the age of 18 years old must begin receiving training from the United States department of justice office of juvenile

justice and delinquency prevention prior to July 1, 2024.

(e)"

On page 8, line 9 of the striking amendment, after "(b)" insert "Any enforcement officer who detains a person for the purpose of enforcing the provisions of this chapter and RCW 26.28.080 and 82.24.500 must collect the following information for each fiscal year since 2018:

(i) The total number of interactions where an enforcement officer detained a person;

(ii) Information on the nature of each interaction, including the duration of the interaction, the justification for the interaction, the number of such persons who were under 18 years of age, the number of such persons who were over 18 but under 21 years of age, and whether any citation or warning was issued;

(iii) How many interactions converted to administrative violation notices; and

(iv) How many of the interactions and administrative violation notices converted to retailer education and violations.

(c) The board must compile the information collected pursuant to (b) of this subsection, along with any associated demographic data in the possession of the board, and conduct a comparative analysis of all interactions of enforcement officers with persons detained for the purpose of enforcing Title 66 RCW and chapter 69.50 RCW into a statewide report and provide the report to the appropriate committees of the legislature by December 1, 2023, and annually thereafter.

(d) All enforcement officers of the board who enforce the provisions of this section and will have interactions with persons under the age of 18 years old must begin receiving training from the United States department of justice office of juvenile justice and delinquency prevention prior to July 1, 2024.

(e)"

Representatives Reeves and Chambers spoke in favor of the adoption of the amendment to the committee striking amendment.

Amendment (580) to the committee striking amendment was adopted.

The committee striking amendment, as amended, was adopted.

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

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

Representative Chambers spoke against the passage of the bill.

The Speaker (Representative Bronoske presiding) stated the question before the House to be the final passage of Engrossed Substitute Senate Bill No. 5365, as amended by the House.

ROLL CALL

The Clerk called the roll on the final passage of Engrossed Substitute Senate Bill No. 5365, as amended by the House, and the

bill passed the House by the following vote: Yeas, 57; Nays, 39; Absent, 0; Excused, 2

Voting Yea: Representatives Alvarado, Bateman, Berg, Bergquist, Berry, Bronoske, Callan, Chopp, Cortes, Davis, Doglio, Donaghy, Duerr, Entenman, Farivar, Fey, Fitzgibbon, Fosse, Goodman, Gregerson, Hackney, Hansen, Harris, Kloba, Leavitt, Lekanoff, Macri, Mena, Morgan, Ormsby, Orwall, Paul, Peterson, Pollet, Ramel, Ramos, Reed, Reeves, Riccelli, Rule, Ryu, Santos, Senn, Shavers, Simmons, Slatter, Springer, Stearns, Stonier, Street, Taylor, Thai, Tharinger, Timmons, Walen, Wylie and Mme. Speaker

Voting Nay: Representatives Abbarno, Barkis, Barnard, Caldier, Chambers, Chandler, Chapman, Cheney, Christian, Connors, Corry, Couture, Dent, Dye, Eslick, Goehner, Graham, Griffey, Hutchins, Jacobsen, Klicker, Kretz, Low, Maycumber, McClintock, McEntire, Mosbrucker, Orcutt, Robertson, Rude, Sandlin, Schmick, Schmidt, Steele, Stokesbary, Walsh, Waters, Wilcox and Ybarra

Excused: Representatives Ortiz-Self and Volz

ENGROSSED SUBSTITUTE SENATE BILL NO. 5365, as amended by the House, having received the necessary constitutional majority, was declared passed.

RECONSIDERATION

There being no objection, the House immediately reconsidered the vote by which ENGROSSED SECOND SUBSTITUTE SENATE BILL NO. 5367, as amended by the House, passed the House.

The Speaker stated the question before the House to be the final passage of Engrossed Second Substitute Senate Bill No. 5367, as amended by the House, on reconsideration.

ROLL CALL

The Clerk called the roll on the final passage of Engrossed Second Substitute Senate Bill No. 5367, as amended by the House, on reconsideration, and the bill passed the House by the following vote: Yeas, 90; Nays, 6; Absent, 0; Excused, 2

Voting Yea: Representatives Abbarno, Alvarado, Barkis, Barnard, Bateman, Berg, Bergquist, Berry, Bronoske, Caldier, Callan, Chambers, Chapman, Cheney, Chopp, Christian, Connors, Corry, Cortes, Couture, Davis, Dent, Doglio, Donaghy, Duerr, Dye, Entenman, Eslick, Farivar, Fey, Fitzgibbon, Fosse, Goehner, Goodman, Graham, Gregerson, Griffey, Hackney, Hansen, Harris, Hutchins, Jacobsen, Klicker, Kloba, Kretz, Leavitt, Lekanoff, Low, Macri, Maycumber, McClintock, Mosbrucker, Orcutt, Ormsby, Orwall, Paul, Peterson, Pollet, Ramel, Ramos, Reed, Reeves, Riccelli, Robertson, Rude, Rule, Ryu, Sandlin, Santos, Schmick, Senn, Shavers, Simmons, Slatter, Springer, Stearns, Steele, Stokesbary, Stonier, Street, Taylor, Thai, Tharinger, Timmons, Walen, Waters, Wilcox, Wylie, Ybarra and Mme. Speaker

Voting Nay: Representatives Chandler, McEntire, Mena, Morgan, Schmidt and Walsh

Excused: Representatives Ortiz-Self and Volz

ENGROSSED SECOND SUBSTITUTE SENATE BILL NO. 5367, as amended by the House, on reconsideration, having received the necessary constitutional majority, was declared passed.

SUBSTITUTE SENATE BILL NO. 5581, by Senate Committee on Health & Long Term Care (originally sponsored by Muzzall, Robinson, Braun, Rivers, Warnick, Cleveland, Hasegawa, Kuderer, Lovelett, Shewmake, Wilson, C., Wilson, J. and Wilson, L.)

Developing strategies to reduce or eliminate deductibles for maternal support services and postpartum care.

The bill was read the second time.

There being no objection, the committee striking amendment by the Committee on Health Care & Wellness was before the

House for purpose of amendment. For Committee amendment, see Journal, Day 75, Friday, March 24, 2023.

Representative Bateman moved the adoption of amendment (582) to the committee striking amendment:

On page 1, line 4 of the striking amendment, after "commissioner" insert ", in consultation with health carriers, health care providers, and consumers in this state,"

Representatives Bateman and Schmick spoke in favor of the adoption of the amendment to the committee striking amendment.

Amendment (582) to the committee striking amendment was adopted.

The committee striking amendment, as amended, was adopted.

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

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

The Speaker (Representative Bronoske presiding) stated the question before the House to be the final passage of Substitute Senate Bill No. 5581, as amended by the House.

ROLL CALL

The Clerk called the roll on the final passage of Substitute Senate Bill No. 5581, as amended by the House, and the bill passed the House by the following vote: Yeas, 96; Nays, 0; Absent, 0; Excused, 2

Voting Yea: Representatives Abbarno, Alvarado, Barkis, Barnard, Bateman, Berg, Bergquist, Berry, Bronoske, Caldier, Callan, Chambers, Chandler, Chapman, Cheney, Chopp, Christian, Connors, Corry, Cortes, Couture, Davis, Dent, Doglio, Donaghy, Duerr, Dye, Entenman, Eslick, Farivar, Fey, Fitzgibbon, Fosse, Goehner, Goodman, Graham, Gregerson, Griffey, Hackney, Hansen, Harris, Hutchins, Jacobsen, Klicker, Kloba, Kretz, Leavitt, Lekanoff, Low, Macri, Maycumber, McClintock, McEntire, Mena, Morgan, Mosbrucker, Orcutt, Ormsby, Orwall, Paul, Peterson, Pollet, Ramel, Ramos, Reed, Reeves, Riccelli, Robertson, Rude, Rule, Ryu, Sandlin, Santos, Schmick, Schmidt, Senn, Shavers, Simmons, Slatter, Springer, Stearns, Steele, Stokesbary, Stonier, Street, Taylor, Thai, Tharinger, Timmons, Walen, Walsh, Waters, Wilcox, Wylie, Ybarra and Mme. Speaker

Excused: Representatives Ortiz-Self and Volz

SUBSTITUTE SENATE BILL NO. 5581, as amended by the House, having received the necessary constitutional majority, was declared passed.

ENGROSSED SUBSTITUTE SENATE BILL NO. 5284, by Senate Committee on State Government & Elections (originally sponsored by Nguyen, Billig, Frame, Hunt, Keiser, Kuderer, Shewmake and Wilson, C.)

Concerning campaign finance disclosure.

The bill was read the second time.

There being no objection, the committee striking amendment by the Committee on State Government & Tribal Relations was before the House for purpose of amendment. For Committee amendment, see Journal, Day 75, Friday, March 24, 2023.

Representative Pollet moved the adoption of amendment (583) to the committee striking amendment:

On page 13, beginning on line 19, after "received" strike all material through "way" on line 25 and insert "~~((a certification from any partnership, association, corporation, organization, or other combination of persons making a contribution reportable under this section that:~~

~~(i) The contribution is not financed in any part by a foreign national; and~~

~~(ii) Foreign nationals are not involved in making decisions regarding the contribution in any way))all of the certifications regarding foreign nationals that are required under RCW 42.17A.418, or a statement that no contributions were large enough to require a certification"~~

On page 14, after line 27, insert the following:

"Sec. 8. RCW 42.17A.418 and 2020 c 152 s 10 are each amended to read as follows:

(1) Each candidate or political committee that has accepted ~~((a contribution))~~one or more contributions in an election cycle that in the aggregate exceed the threshold amount in subsection (4) of this section, and each out-of-state committee that has accepted ((a contribution))one or more contributions in an election cycle reportable under RCW 42.17A.250 that in the aggregate exceed that same threshold, from a partnership, association, corporation, organization, or other combination of persons, must receive a certification from ~~((each))~~the contributor that:

(a) The ~~((contribution is))~~contributions are not financed in any part by a foreign national; and

(b) Foreign nationals are not involved in making decisions regarding the contributions in any way.

(2) The certifications must be maintained for a period of no less than three years after the date of the applicable election.

(3) At the request of the commission, each candidate or committee required to comply with subsection (1) of this section must provide to the commission copies of the certifications maintained under this section.

(4) The threshold amount to trigger the requirement for foreign national certifications in this section is the sum of the contribution limits to a candidate for legislative office for the primary plus for the general election, as provided in RCW 42.17A.405(2).

Sec. 9. RCW 42.17A.240 and 2020 c 152 s 3 are each amended to read as follows:

Each report required under RCW 42.17A.235 (1) through (4) must be certified as correct by the treasurer and the candidate and shall disclose the following, except an incidental committee only must disclose and certify as correct the information required under subsections (2)(d) and (7) of this section:

(1) The funds on hand at the beginning of the period;

(2) The name and address of each person who has made one or more contributions during the period, together with the money value and date of each contribution and the aggregate value of all contributions

received from each person during the campaign, or in the case of a continuing political committee, the current calendar year, with the following exceptions:

(a) Pledges in the aggregate of less than one hundred dollars from any one person need not be reported;

(b) Income that results from a fund-raising activity conducted in accordance with RCW 42.17A.230 may be reported as one lump sum, with the exception of that portion received from persons whose names and addresses are required to be included in the report required by RCW 42.17A.230;

(c) Contributions of no more than twenty-five dollars in the aggregate from any one person during the election campaign may be reported as one lump sum if the treasurer maintains a separate and private list of the name, address, and amount of each such contributor;

(d) Payments received by an incidental committee from any one person need not be reported unless the person is one of the committee's ten largest sources of payments received, including any persons tied as the tenth largest source of payments received, during the current calendar year, and the value of the cumulative payments received from that person during the current calendar year is ten thousand dollars or greater. For payments to incidental committees from multiple persons received in aggregated form, any payment of more than ten thousand dollars from any single person must be reported, but the aggregated payment itself may not be reported. The commission may suspend or modify reporting requirements for payments received by an incidental committee in cases of manifestly unreasonable hardship under this chapter;

(e) Payments from private foundations organized under section 501(c)(3) of the internal revenue code to an incidental committee do not have to be reported if:

(i) The private foundation is contracting with the incidental committee for a specific purpose other than election campaign purposes;

(ii) Use of the funds for election campaign purposes is explicitly prohibited by contract; and

(iii) Funding from the private foundation represents less than twenty-five percent of the incidental committee's total budget;

(f) Commentary or analysis on a ballot proposition by an incidental committee is not considered a contribution if it does not advocate specifically to vote for or against the ballot proposition; and

(g) The money value of contributions of postage is the face value of the postage;

(3) Each loan, promissory note, or security instrument to be used by or for the benefit of the candidate or political committee made by any person, including the names and addresses of the lender and each person liable directly, indirectly or contingently and the date and amount of each such loan, promissory note, or security instrument;

(4) All other contributions not otherwise listed or exempted;

(5) A statement that the candidate or political committee has received ~~((a certification from any partnership,~~

~~association, corporation, organization, or other combination of persons making a contribution to the candidate or political committee that:~~

~~(a) The contribution is not financed in any part by a foreign national; and~~

~~(b) Foreign nationals are not involved in making decisions regarding the contribution in any way)all of the certifications regarding foreign nationals that are required under RCW 42.17A.418, or a statement that no contributions were large enough to require a certification;~~

(6) The name and address of each candidate or political committee to which any transfer of funds was made, including the amounts and dates of the transfers;

(7) The name and address of each person to whom an expenditure was made in the aggregate amount of more than fifty dollars during the period covered by this report, the amount, date, and purpose of each expenditure, and the total sum of all expenditures. An incidental committee only must report on expenditures, made and reportable as contributions as defined in RCW 42.17A.005, to election campaigns. For purposes of this subsection, commentary or analysis on a ballot proposition by an incidental committee is not considered an expenditure if it does not advocate specifically to vote for or against the ballot proposition;

(8) The name, address, and electronic contact information of each person to whom an expenditure was made for soliciting or procuring signatures on an initiative or referendum petition, the amount of the compensation to each person, and the total expenditures made for this purpose. Such expenditures shall be reported under this subsection in addition to what is required to be reported under subsection (7) of this section;

(9) (a) The name and address of any person and the amount owed for any debt with a value of more than seven hundred fifty dollars that has not been paid for any invoices submitted, goods received, or services performed, within five business days during the period within thirty days before an election, or within ten business days during any other period.

(b) For purposes of this subsection, debt does not include regularly recurring expenditures of the same amount that have already been reported at least once and that are not late or outstanding;

(10) The surplus or deficit of contributions over expenditures;

(11) The disposition made in accordance with RCW 42.17A.430 of any surplus funds; and

(12) Any other information required by the commission by rule in conformance with the policies and purposes of this chapter.

Sec. 10. RCW 42.17A.250 and 2020 c 152 s 4 are each amended to read as follows:

(1) An out-of-state political committee organized for the purpose of supporting or opposing candidates or ballot propositions in another state that is not otherwise required to report under RCW 42.17A.205 through 42.17A.240 shall report as required

in this section when it makes an expenditure supporting or opposing a Washington state candidate or political committee. The committee shall file with the commission a statement disclosing:

(a) Its name and address;

(b) The purposes of the out-of-state committee;

(c) The names, addresses, and titles of its officers or, if it has no officers, the names, addresses, and the titles of its responsible leaders;

(d) The name, office sought, and party affiliation of each candidate in the state of Washington whom the out-of-state committee is supporting or opposing and, if the committee is supporting or opposing the entire ticket of any party, the name of the party;

(e) The ballot proposition supported or opposed in the state of Washington, if any, and whether the committee is in favor of or opposed to that proposition;

(f) The name and address of each person residing in the state of Washington or corporation that has a place of business in the state of Washington who has made one or more contributions in the aggregate of more than twenty-five dollars to the out-of-state committee during the current calendar year, together with the money value and date of the contributions;

(g) The name, address, and employer of each person or corporation residing outside the state of Washington who has made one or more contributions in the aggregate of more than two thousand five hundred fifty dollars to the out-of-state committee during the current calendar year, together with the money value and date of the contributions. Annually, the commission must modify the two thousand five hundred fifty dollar limit in this subsection based on percentage change in the implicit price deflator for personal consumption expenditures for the United States as published for the most recent twelve-month period by the bureau of economic analysis of the federal department of commerce;

(h) The name and address of each person in the state of Washington to whom an expenditure was made by the out-of-state committee with respect to a candidate or political committee in the aggregate amount of more than fifty dollars, the amount, date, and purpose of the expenditure, and the total sum of the expenditures;

(i) A statement that the out-of-state committee has received ~~((a certification from any partnership, association, corporation, organization, or other combination of persons making a contribution reportable under this section that:~~

~~(i) The contribution is not financed in any part by a foreign national; and~~

~~(ii) Foreign nationals are not involved in making decisions regarding the contribution in any way))all of the certifications regarding foreign nationals that are required under RCW 42.17A.418, or a statement that no contributions were large enough to require a certification; and~~

(j) Any other information as the commission may prescribe by rule in keeping with the policies and purposes of this chapter.

(2) Each statement shall be filed no later than the tenth day of the month following any month in which a contribution or other expenditure reportable under subsection (1) of this section is made. An out-of-state committee incurring an obligation to file additional statements in a calendar year may satisfy the obligation by timely filing reports that supplement previously filed information."

Representatives Pollet and Abbarno spoke in favor of the adoption of the amendment to the committee striking amendment.

Amendment (583) to the committee striking amendment was adopted.

The committee striking amendment, as amended, was adopted.

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

Representatives Ramos and Abbarno spoke in favor of the passage of the bill.

The Speaker (Representative Bronoske presiding) stated the question before the House to be the final passage of Engrossed Substitute Senate Bill No. 5284, as amended by the House.

ROLL CALL

The Clerk called the roll on the final passage of Engrossed Substitute Senate Bill No. 5284, as amended by the House, and the bill passed the House by the following vote: Yeas, 97; Nays, 0; Absent, 0; Excused, 1

Voting Yea: Representatives Abbarno, Alvarado, Barkis, Barnard, Bateman, Berg, Bergquist, Berry, Bronoske, Caldier, Callan, Chambers, Chandler, Chapman, Cheney, Chopp, Christian, Connors, Corry, Cortes, Couture, Davis, Dent, Doglio, Donaghy, Duerr, Dye, Entenman, Eslick, Farivar, Fey, Fitzgibbon, Fosse, Goehner, Goodman, Graham, Gregerson, Griffey, Hackney, Hansen, Harris, Hutchins, Jacobsen, Klicker, Kloba, Kretz, Leavitt, Lekanoff, Low, Macri, Maycumber, McClintock, McEntire, Mena, Morgan, Mosbrucker, Orcutt, Ormsby, Orwall, Paul, Peterson, Pollet, Ramel, Ramos, Reed, Reeves, Riccelli, Robertson, Rude, Rule, Ryu, Sandlin, Santos, Schmick, Schmidt, Senn, Shavers, Simmons, Slatter, Springer, Stearns, Steele, Stokesbary, Stonier, Street, Taylor, Thai, Tharinger, Timmons, Volz, Walen, Walsh, Waters, Wilcox, Wylie, Ybarra and Mme. Speaker

Excused: Representative Ortiz-Self

ENGROSSED SUBSTITUTE SENATE BILL NO. 5284, as amended by the House, having received the necessary constitutional majority, was declared passed.

SUBSTITUTE SENATE BILL NO. 5415, by Senate Committee on Law & Justice (originally sponsored by Trudeau, Pedersen, Dhingra, Saldaña, Valdez and Wilson, C.)

Concerning public defense services for persons committed as not guilty by reason of insanity.

The bill was read the second time.

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

Representatives Farivar and Cheney spoke in favor of the passage of the bill.

The Speaker (Representative Bronoske presiding) stated the question before the House to be the final passage of Substitute Senate Bill No. 5415.

ROLL CALL

The Clerk called the roll on the final passage of Substitute Senate Bill No. 5415, and the bill passed the House by the following vote: Yeas, 96; Nays, 1; Absent, 0; Excused, 1

Voting Yea: Representatives Abbarno, Alvarado, Barkis, Barnard, Bateman, Berg, Bergquist, Berry, Bronoske, Caldier, Callan, Chambers, Chandler, Chapman, Cheney, Chopp, Christian, Connors, Corry, Cortes, Couture, Davis, Dent, Doglio, Donaghy, Duerr, Dye, Entenman, Eslick, Farivar, Fey, Fitzgibbon, Fosse, Goehner, Goodman, Graham, Gregerson, Griffey, Hackney, Hansen, Harris, Hutchins, Jacobsen, Klicker, Kloba, Kretz, Leavitt, Lekanoff, Low, Macri, Maycumber, McClintock, McEntire, Mena, Morgan, Mosbrucker, Orcutt, Ormsby, Orwall, Paul, Peterson, Pollet, Ramel, Ramos, Reed, Reeves, Riccelli, Robertson, Rude, Rule, Ryu, Sandlin, Santos, Schmick, Schmidt, Senn, Shavers, Simmons, Slatter, Springer, Stearns, Steele, Stokesbary, Stonier, Street, Taylor, Thai, Tharinger, Timmons, Volz, Walen, Walsh, Waters, Wilcox, Wylie, Ybarra and Mme. Speaker

Voting Nay: Representative Senn

Excused: Representative Ortiz-Self

SUBSTITUTE SENATE BILL NO. 5415, having received the necessary constitutional majority, was declared passed.

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

MOTION

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

SUBSTITUTE SENATE BILL NO. 5087
 ENGROSSED SECOND SUBSTITUTE SENATE BILL NO. 5112
 ENGROSSED SUBSTITUTE SENATE BILL NO. 5197
 ENGROSSED SUBSTITUTE SENATE BILL NO. 5217
 SENATE BILL NO. 5452
 HOUSE BILL NO. 1851
 HOUSE BILL NO. 1853
 SECOND SUBSTITUTE SENATE BILL NO. 5128
 ENGROSSED SECOND SUBSTITUTE SENATE BILL NO. 5243
 SENATE BILL NO. 5369
 ENGROSSED SUBSTITUTE SENATE BILL NO. 5515
 SENATE BILL NO. 5531
 SENATE BILL NO. 5550
 SECOND SUBSTITUTE SENATE BILL NO. 5593
 SENATE BILL NO. 5683
 ENGROSSED SECOND SUBSTITUTE SENATE BILL NO. 5080
 SECOND SUBSTITUTE SENATE BILL NO. 5454
 SECOND SUBSTITUTE SENATE BILL NO. 5268
 ENGROSSED SENATE BILL NO. 5534
 SUBSTITUTE SENATE BILL NO. 5078
 SENATE BILL NO. 5282
 SECOND SUBSTITUTE SENATE BILL NO. 5290
 SUBSTITUTE SENATE BILL NO. 5145
 SUBSTITUTE SENATE BILL NO. 5353
 SECOND SUBSTITUTE SENATE BILL NO. 5502
 SECOND SUBSTITUTE SENATE BILL NO. 5532
 ENGROSSED SECOND SUBSTITUTE SENATE BILL NO. 5582

The Speaker assumed the chair.

SIGNED BY THE SPEAKER

The Speaker signed the following bills:

SENATE BILL NO. 5088
 SENATE BILL NO. 5113
 SENATE BILL NO. 5163
 SUBSTITUTE SENATE BILL NO. 5170

SUBSTITUTE SENATE BILL NO. 5176
 SUBSTITUTE SENATE BILL NO. 5229
 SUBSTITUTE SENATE BILL NO. 5304
 ENGROSSED SUBSTITUTE SENATE BILL NO. 5320
 ENGROSSED SENATE BILL NO. 5336
 SENATE BILL NO. 5385
 ENGROSSED SUBSTITUTE SENATE BILL NO. 5512
 SUBSTITUTE SENATE BILL NO. 5538
 SUBSTITUTE SENATE BILL NO. 5547
 SUBSTITUTE SENATE BILL NO. 5604
 SENATE CONCURRENT RESOLUTION NO. 8407

The Speaker called upon Representative Orwall to preside.

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

MESSAGES FROM THE SENATE

Friday, April 7, 2023

Mme. Speaker:

The Senate has passed:

SUBSTITUTE HOUSE BILL NO. 1323
 HOUSE BILL NO. 1712
 HOUSE BILL NO. 1730

and the same are herewith transmitted.

Colleen Rust, Deputy Secretary

Friday, April 7, 2023

Mme. Speaker:

The President has signed:

HOUSE BILL NO. 1023
 ENGROSSED SUBSTITUTE HOUSE BILL NO. 1051
 HOUSE BILL NO. 1259

and the same are herewith transmitted.

Colleen Rust, Deputy Secretary

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

SECOND READING

ENGROSSED SECOND SUBSTITUTE SENATE BILL NO. 5045, by Senate Committee on Ways & Means (originally sponsored by Kuderer, Dhingra, Holy, Hunt, Liias, Nguyen, Nobles, Randall, Rolfes, Shewmake, Wellman and Wilson, C.)

Incentivizing rental of accessory dwelling units to low-income households.

The bill was read the second time.

Representative Orcutt moved the adoption of amendment (560):

On page 3, after line 4, insert the following:

"(d) This subsection (2) does not apply to any state property tax levy."

Representatives Orcutt, Walsh and Orcutt (again) spoke in favor of the adoption of the amendment.

Representative Peterson spoke against the adoption of the amendment.

Division was demanded and the demand was sustained. The Speaker (Representative Orwall presiding) divided the House. The result was 42 - YEAS; 54 - NAYS.

Amendment (560) was not adopted.

Representative Peterson moved the adoption of amendment (585):

On page 3, after line 4, insert the following:

"(d) A county legislative authority that has opted to exempt accessory dwelling units under this subsection (2) shall establish policies to assist and support tenants upon expiration of an exemption granted under this subsection."

Representatives Peterson and Klicker spoke in favor of the adoption of the amendment.

Amendment (585) was adopted.

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

Representatives Peterson and Kloba spoke in favor of the passage of the bill.

Representatives Klicker, Orcutt, Walsh and Jacobsen spoke against the passage of the bill.

The Speaker (Representative Orwall presiding) stated the question before the House to be the final passage of Engrossed Second Substitute Senate Bill No. 5045, as amended by the House.

ROLL CALL

The Clerk called the roll on the final passage of Engrossed Second Substitute Senate Bill No. 5045, as amended by the House, and the bill passed the House by the following vote: Yeas, 59; Nays, 38; Absent, 0; Excused, 1

Voting Yea: Representatives Alvarado, Bateman, Berg, Bergquist, Berry, Bronoske, Callan, Chandler, Chopp, Cortes, Davis, Doglio, Donaghy, Duerr, Entenman, Farivar, Fey, Fitzgibbon, Fosse, Goehner, Goodman, Gregerson, Hackney, Hansen, Kloba, Leavitt, Lekanoff, Macri, Mena, Morgan, Ormsby, Orwall, Paul, Peterson, Pollet, Ramel, Ramos, Reed, Reeves, Riccelli, Rule, Ryu, Santos, Shavers, Simmons, Slatter, Springer, Stearns, Steele, Stokesbary, Stonier, Street, Taylor, Thai, Tharinger, Timmons, Walen, Wylie and Mme. Speaker

Voting Nay: Representatives Abbarno, Barkis, Barnard, Caldier, Chambers, Chapman, Cheney, Christian, Connors, Corry, Couture, Dent, Dye, Eslick, Graham, Griffey, Harris, Hutchins, Jacobsen, Klicker, Kretz, Low, Maycumber, McClintock, McEntire, Mosbrucker, Orcutt, Robertson, Rude, Sandlin, Schmick, Schmidt, Senn, Volz, Walsh, Waters, Wilcox and Ybarra
 Excused: Representative Ortiz-Self

ENGROSSED SECOND SUBSTITUTE SENATE BILL NO. 5045, as amended by the House, having received the necessary constitutional majority, was declared passed.

SENATE BILL NO. 5531, by Senators King, Shewmake and Nobles

Concerning special use permits for milk product haulers.

The bill was read the second time.

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

Representatives Low, Timmons, Corry and Hackney spoke in favor of the passage of the bill.

The Speaker (Representative Orwall presiding) stated the question before the House to be the final passage of Senate Bill No. 5531.

ROLL CALL

The Clerk called the roll on the final passage of Senate Bill No. 5531, and the bill passed the House by the following vote: Yeas, 93; Nays, 4; Absent, 0; Excused, 1

Voting Yea: Representatives Abbarno, Barkis, Barnard, Bateman, Bergquist, Bronoske, Caldier, Callan, Chambers, Chandler, Chapman, Cheney, Chopp, Christian, Connors, Corry, Cortes, Couture, Davis, Dent, Doglio, Donaghy, Duerr, Dye, Entenman, Eslick, Farivar, Fey, Fitzgibbon, Fosse, Goehner, Goodman, Graham, Gregerson, Griffey, Hackney, Hansen, Harris, Hutchins, Jacobsen, Klicker, Kloba, Kretz, Leavitt, Lekanoff, Low, Macri, Maycumber, McClintock, McEntire, Mena, Morgan, Mosbrucker, Orcutt, Ormsby, Orwall, Paul, Peterson, Pollet, Ramel, Ramos, Reeves, Riccelli, Robertson, Rude, Rule, Ryu, Sandlin, Santos, Schmick, Schmidt, Senn, Shavers, Simmons, Slatter, Springer, Stearns, Steele, Stokesbary, Stonier, Street, Taylor, Thai, Tharinger, Timmons, Volz, Walen, Walsh, Waters, Wilcox, Wylie, Ybarra and Mme. Speaker

Voting Nay: Representatives Alvarado, Berg, Berry and Reed
Excused: Representative Ortiz-Self

SENATE BILL NO. 5531, having received the necessary constitutional majority, was declared passed.

SECOND SUBSTITUTE SENATE BILL NO. 5454, by Senate Committee on Ways & Means (originally sponsored by Cleveland, Robinson, King, Keiser, Van De Wege, Conway, Kuderer, Liias, Nguyen, Shewmake, Stanford and Valdez)

Concerning industrial insurance coverage for posttraumatic stress disorders affecting registered nurses.

The bill was read the second time.

There being no objection, the committee striking amendment by the Committee on Appropriations was adopted. For Committee amendment, see Journal, Day 86, Tuesday, April 4, 2023.

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

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

Representative Connors spoke against the passage of the bill.

The Speaker (Representative Orwall presiding) stated the question before the House to be the final passage of Second Substitute Senate Bill No. 5454, as amended by the House.

ROLL CALL

The Clerk called the roll on the final passage of Second Substitute Senate Bill No. 5454, as amended by the House, and the bill passed the House by the following vote: Yeas, 57; Nays, 40; Absent, 0; Excused, 1

Voting Yea: Representatives Abbarno, Alvarado, Bateman, Berg, Bergquist, Berry, Bronoske, Callan, Chandler, Chapman, Chopp, Cortes, Davis, Doglio, Donaghy, Duerr, Eslick, Farivar, Fey, Fitzgibbon, Fosse, Goodman, Gregerson, Hackney, Hansen, Kloba, Leavitt, Lekanoff, Low, Macri, Mena, Morgan, Ormsby, Orwall, Paul, Peterson, Pollet, Ramel, Ramos, Reed, Reeves, Riccelli, Rule, Ryu, Santos, Senn, Shavers, Simmons, Slatter, Stearns, Stonier, Street, Taylor, Tharinger, Timmons, Wylie and Mme. Speaker

Voting Nay: Representatives Barkis, Barnard, Caldier, Chambers, Cheney, Christian, Connors, Corry, Couture, Dent, Dye,

Entenman, Goehner, Graham, Griffey, Harris, Hutchins, Jacobsen, Klicker, Kretz, Maycumber, McClintock, McEntire, Mosbrucker, Orcutt, Robertson, Rude, Sandlin, Schmick, Schmidt, Springer, Steele, Stokesbary, Thai, Volz, Walen, Walsh, Waters, Wilcox and Ybarra

Excused: Representative Ortiz-Self

SECOND SUBSTITUTE SENATE BILL NO. 5454, as amended by the House, having received the necessary constitutional majority, was declared passed.

SENATE BILL NO. 5683, by Senators Kauffman, Hasegawa, Kuderer, Liias, Lovelett, Lovick, Nguyen, Nobles, Pedersen, Saldaña, Schoesler, Stanford, Valdez and Wilson, C.

Concerning child-specific foster care licenses for placement of Indian children.

The bill was read the second time.

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

Representatives Stearns and Eslick spoke in favor of the passage of the bill.

The Speaker (Representative Orwall presiding) stated the question before the House to be the final passage of Senate Bill No. 5683.

ROLL CALL

The Clerk called the roll on the final passage of Senate Bill No. 5683, and the bill passed the House by the following vote: Yeas, 97; Nays, 0; Absent, 0; Excused, 1

Voting Yea: Representatives Abbarno, Alvarado, Barkis, Barnard, Bateman, Berg, Bergquist, Berry, Bronoske, Caldier, Callan, Chambers, Chandler, Chapman, Cheney, Chopp, Christian, Connors, Corry, Cortes, Couture, Davis, Dent, Doglio, Donaghy, Duerr, Dye, Entenman, Eslick, Farivar, Fey, Fitzgibbon, Fosse, Goehner, Goodman, Graham, Gregerson, Griffey, Hackney, Hansen, Harris, Hutchins, Jacobsen, Klicker, Kloba, Kretz, Leavitt, Lekanoff, Low, Macri, Maycumber, McClintock, McEntire, Mena, Morgan, Mosbrucker, Orcutt, Ormsby, Orwall, Paul, Peterson, Pollet, Ramel, Ramos, Reed, Reeves, Riccelli, Robertson, Rude, Rule, Ryu, Sandlin, Santos, Schmick, Schmidt, Senn, Shavers, Simmons, Slatter, Springer, Stearns, Steele, Stokesbary, Stonier, Street, Taylor, Thai, Tharinger, Timmons, Volz, Walen, Walsh, Waters, Wilcox, Wylie, Ybarra and Mme. Speaker

Excused: Representative Ortiz-Self

SENATE BILL NO. 5683, having received the necessary constitutional majority, was declared passed.

HOUSE BILL NO. 1851, by Representatives Callan, Macri, Bergquist and Gregerson

Implementing the first approach skills training program.

The bill was read the second time.

There being no objection, Substitute House Bill No. 1851 was substituted for House Bill No. 1851 and the substitute bill was placed on the second reading calendar.

SUBSTITUTE HOUSE BILL NO. 1851 was read the second time.

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

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

The Speaker (Representative Orwall presiding) stated the question before the House to be the final passage of Substitute House Bill No. 1851.

ROLL CALL

The Clerk called the roll on the final passage of Substitute House Bill No. 1851, and the bill passed the House by the following vote: Yeas, 97; Nays, 0; Absent, 0; Excused, 1

Voting Yea: Representatives Abbarno, Alvarado, Barkis, Barnard, Bateman, Berg, Bergquist, Berry, Bronoske, Caldier, Callan, Chambers, Chandler, Chapman, Cheney, Chopp, Christian, Connors, Corry, Cortes, Couture, Davis, Dent, Doglio, Donaghy, Duerr, Dye, Entenman, Eslick, Farivar, Fey, Fitzgibbon, Fosse, Goehner, Goodman, Graham, Gregerson, Griffey, Hackney, Hansen, Harris, Hutchins, Jacobsen, Klicker, Kloba, Kretz, Leavitt, Lekanoff, Low, Macri, Maycumber, McClintock, McEntire, Mena, Morgan, Mosbrucker, Orcutt, Ormsby, Orwall, Paul, Peterson, Pollet, Ramel, Ramos, Reed, Reeves, Riccelli, Robertson, Rude, Rule, Ryu, Sandlin, Santos, Schmick, Schmidt, Senn, Shavers, Simmons, Slatter, Springer, Stearns, Steele, Stokesbary, Stonier, Street, Taylor, Thai, Tharinger, Timmons, Volz, Walen, Walsh, Waters, Wilcox, Wylie, Ybarra and Mme. Speaker

Excused: Representative Ortiz-Self

SUBSTITUTE HOUSE BILL NO. 1851, having received the necessary constitutional majority, was declared passed.

ENGROSSED SECOND SUBSTITUTE SENATE BILL NO. 5582, by Senate Committee on Ways & Means (originally sponsored by Holy, Randall, Rivers, Robinson, Dozier, King, Conway, Shewmake, Padden, Lovick, Gildon, Muzzall, Lovelett, Mullet, Nobles, Saldaña, Valdez, Van De Wege, Wellman, Wilson, C. and Wilson, L.)

Reducing barriers and expanding educational opportunities to increase the supply of nurses in Washington.

The bill was read the second time.

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

Representatives Ybarra and Slatter spoke in favor of the passage of the bill.

The Speaker (Representative Orwall presiding) stated the question before the House to be the final passage of Engrossed Second Substitute Senate Bill No. 5582.

ROLL CALL

The Clerk called the roll on the final passage of Engrossed Second Substitute Senate Bill No. 5582, and the bill passed the House by the following vote: Yeas, 97; Nays, 0; Absent, 0; Excused, 1

Voting Yea: Representatives Abbarno, Alvarado, Barkis, Barnard, Bateman, Berg, Bergquist, Berry, Bronoske, Caldier, Callan, Chambers, Chandler, Chapman, Cheney, Chopp, Christian, Connors, Corry, Cortes, Couture, Davis, Dent, Doglio, Donaghy, Duerr, Dye, Entenman, Eslick, Farivar, Fey, Fitzgibbon, Fosse, Goehner, Goodman, Graham, Gregerson, Griffey, Hackney, Hansen, Harris, Hutchins, Jacobsen, Klicker, Kloba, Kretz, Leavitt, Lekanoff, Low, Macri, Maycumber, McClintock, McEntire, Mena, Morgan, Mosbrucker, Orcutt, Ormsby, Orwall, Paul, Peterson, Pollet, Ramel, Ramos, Reed, Reeves, Riccelli, Robertson, Rude, Rule, Ryu, Sandlin, Santos, Schmick, Schmidt, Senn, Shavers, Simmons, Slatter, Springer, Stearns, Steele, Stokesbary, Stonier, Street, Taylor, Thai, Tharinger, Timmons, Volz, Walen, Walsh, Waters, Wilcox, Wylie, Ybarra and Mme. Speaker

Excused: Representative Ortiz-Self

ENGROSSED SECOND SUBSTITUTE SENATE BILL NO. 5582, having received the necessary constitutional majority, was declared passed.

SUBSTITUTE SENATE BILL NO. 5720, by Senate Committee on Business, Financial Services, Gaming & Trade (originally sponsored by Stanford)

Concerning risk mitigation in property insurance.

The bill was read the second time.

There being no objection, the committee striking amendment by the Committee on Consumer Protection & Business was before the House for purpose of amendment. For Committee amendment, see Journal, Day 80, Wednesday, March 29, 2023.

Representative Santos moved the adoption of amendment (587) to the committee striking amendment:

On page 2, beginning on line 24 of the striking amendment, strike all of subsection (8)

Correct any internal references accordingly.

Representatives Santos and Corry spoke in favor of the adoption of the amendment to the committee striking amendment.

Amendment (587) to the committee striking amendment was adopted.

The committee striking amendment, as amended, was adopted.

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

Representatives Santos and Corry spoke in favor of the passage of the bill.

The Speaker (Representative Orwall presiding) stated the question before the House to be the final passage of Substitute Senate Bill No. 5720, as amended by the House.

ROLL CALL

The Clerk called the roll on the final passage of Substitute Senate Bill No. 5720, as amended by the House, and the bill passed the House by the following vote: Yeas, 97; Nays, 0; Absent, 0; Excused, 1

Voting Yea: Representatives Abbarno, Alvarado, Barkis, Barnard, Bateman, Berg, Bergquist, Berry, Bronoske, Caldier, Callan, Chambers, Chandler, Chapman, Cheney, Chopp, Christian, Connors, Corry, Cortes, Couture, Davis, Dent, Doglio, Donaghy, Duerr, Dye, Entenman, Eslick, Farivar, Fey, Fitzgibbon, Fosse, Goehner, Goodman, Graham, Gregerson, Griffey, Hackney, Hansen, Harris, Hutchins, Jacobsen, Klicker, Kloba, Kretz, Leavitt, Lekanoff, Low, Macri, Maycumber, McClintock, McEntire, Mena, Morgan, Mosbrucker, Orcutt, Ormsby, Orwall, Paul, Peterson, Pollet, Ramel, Ramos, Reed, Reeves, Riccelli, Robertson, Rude, Rule, Ryu, Sandlin, Santos, Schmick, Schmidt, Senn, Shavers, Simmons, Slatter, Springer, Stearns, Steele, Stokesbary, Stonier, Street, Taylor, Thai, Tharinger, Timmons, Volz, Walen, Walsh, Waters, Wilcox, Wylie, Ybarra and Mme. Speaker

Excused: Representative Ortiz-Self

SUBSTITUTE SENATE BILL NO. 5720, as amended by the House, having received the necessary constitutional majority, was declared passed.

SENATE BILL NO. 5369, by Senators Billig, Padden, Short, Shewmake, Schoesler, Lovelett, Conway, Boehnke,

Salomon, Nguyen, Van De Wege, Wagoner, Dhingra, Dozier, Hasegawa, Hunt, Keiser, Randall, Torres and Valdez

Reassessing standards for polychlorinated biphenyls in consumer products.

The bill was read the second time.

There being no objection, the committee striking amendment by the Committee on Appropriations was adopted. For Committee amendment, see Journal, Day 86, Tuesday, April 4, 2023.

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

Representatives Doglio and Dye spoke in favor of the passage of the bill.

The Speaker (Representative Orwall presiding) stated the question before the House to be the final passage of Senate Bill No. 5369, as amended by the House.

ROLL CALL

The Clerk called the roll on the final passage of Senate Bill No. 5369, as amended by the House, and the bill passed the House by the following vote: Yeas, 97; Nays, 0; Absent, 0; Excused, 1

Voting Yea: Representatives Abbarno, Alvarado, Barkis, Barnard, Bateman, Berg, Bergquist, Berry, Bronoske, Caldier, Callan, Chambers, Chandler, Chapman, Cheney, Chopp, Christian, Connors, Corry, Cortes, Couture, Davis, Dent, Doglio, Donaghy, Duerr, Dye, Entenman, Eslick, Farivar, Fey, Fitzgibbon, Fosse, Goehner, Goodman, Graham, Gregerson, Griffey, Hackney, Hansen, Harris, Hutchins, Jacobsen, Klicker, Kloba, Kretz, Leavitt, Lekanoff, Low, Macri, Maycumber, McClintock, McEntire, Mena, Morgan, Mosbrucker, Orcutt, Ormsby, Orwall, Paul, Peterson, Pollet, Ramel, Ramos, Reed, Reeves, Riccelli, Robertson, Rude, Rule, Ryu, Sandlin, Santos, Schmick, Schmidt, Senn, Shavers, Simmons, Slatter, Springer, Stearns, Steele, Stokesbary, Stonier, Street, Taylor, Thai, Tharinger, Timmons, Volz, Walen, Walsh, Waters, Wilcox, Wylie, Ybarra and Mme. Speaker

Excused: Representative Ortiz-Self

SENATE BILL NO. 5369, as amended by the House, having received the necessary constitutional majority, was declared passed.

The Speaker assumed the chair.

SIGNED BY THE SPEAKER

The Speaker signed the following bills:

HOUSE BILL NO. 1030
HOUSE BILL NO. 1031
ENGROSSED SUBSTITUTE HOUSE BILL NO. 1073
SUBSTITUTE HOUSE BILL NO. 1255
SUBSTITUTE HOUSE BILL NO. 1275
ENGROSSED SUBSTITUTE HOUSE BILL NO. 1311
SUBSTITUTE HOUSE BILL NO. 1323
HOUSE BILL NO. 1370
SUBSTITUTE HOUSE BILL NO. 1590
HOUSE BILL NO. 1707
HOUSE BILL NO. 1712
HOUSE BILL NO. 1730
HOUSE BILL NO. 1792

The Speaker called upon Representative Orwall to preside.

SECOND READING

ENGROSSED SECOND SUBSTITUTE SENATE BILL NO. 5112, by Senate Committee on Transportation (originally sponsored by Hunt, Hasegawa, Kuderer, Valdez, Wilson, C. and Wilson, J.)

Updating processes related to voter registration.

The bill was read the second time.

There being no objection, the committee striking amendment by the Committee on Transportation was adopted. For Committee amendment, see Journal, Day 85, Monday, April 3, 2023.

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

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

Representatives Abbarno, Hutchins, Chambers and Christian spoke against the passage of the bill.

The Speaker (Representative Orwall presiding) stated the question before the House to be the final passage of Engrossed Second Substitute Senate Bill No. 5112, as amended by the House.

ROLL CALL

The Clerk called the roll on the final passage of Engrossed Second Substitute Senate Bill No. 5112, as amended by the House, and the bill passed the House by the following vote: Yeas, 57; Nays, 40; Absent, 0; Excused, 1

Voting Yea: Representatives Alvarado, Bateman, Berg, Bergquist, Berry, Bronoske, Callan, Chapman, Chopp, Cortes, Davis, Doglio, Donaghy, Duerr, Entenman, Farivar, Fey, Fitzgibbon, Fosse, Goodman, Gregerson, Hackney, Hansen, Kloba, Leavitt, Lekanoff, Macri, Mena, Morgan, Ormsby, Orwall, Paul, Peterson, Pollet, Ramel, Ramos, Reed, Reeves, Riccelli, Rule, Ryu, Santos, Senn, Shavers, Simmons, Slatter, Springer, Stearns, Stonier, Street, Taylor, Thai, Tharinger, Timmons, Walen, Wylie and Mme. Speaker

Voting Nay: Representatives Abbarno, Barkis, Barnard, Caldier, Chambers, Chandler, Cheney, Christian, Connors, Corry, Couture, Dent, Dye, Eslick, Goehner, Graham, Griffey, Harris, Hutchins, Jacobsen, Klicker, Kretz, Low, Maycumber, McClintock, McEntire, Mosbrucker, Orcutt, Robertson, Rude, Sandlin, Schmick, Schmidt, Steele, Stokesbary, Volz, Walsh, Waters, Wilcox and Ybarra

Excused: Representative Ortiz-Self

ENGROSSED SECOND SUBSTITUTE SENATE BILL NO. 5112, as amended by the House, having received the necessary constitutional majority, was declared passed.

ENGROSSED SUBSTITUTE SENATE BILL NO. 5173, by Senate Committee on Law & Justice (originally sponsored by Stanford, Hasegawa, Kuderer, Pedersen, Saldaña and Trudeau)

Concerning property exempt from execution.

The bill was read the second time.

There being no objection, the committee striking amendment by the Committee on Civil Rights & Judiciary was before the House for purpose of amendment. For Committee amendment, see Journal, Day 80, Wednesday, March 29, 2023.

With the consent of the House, amendments (570), (571), (572) and (573) were withdrawn.

Representative Hansen moved the adoption of amendment (597) to the committee striking amendment:

On page 4, beginning on line 3, after "(3)" strike all material through "issue" on line 36 and insert "In the case of married persons, each spouse is entitled to the exemptions provided in this section, which

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

Representatives Senn and Eslick spoke in favor of the passage of the bill.

The Speaker (Representative Orwall presiding) stated the question before the House to be the final passage of Engrossed Substitute Senate Bill No. 5515, as amended by the House.

ROLL CALL

The Clerk called the roll on the final passage of Engrossed Substitute Senate Bill No. 5515, as amended by the House, and the bill passed the House by the following vote: Yeas, 93; Nays, 4; Absent, 0; Excused, 1

Voting Yea: Representatives Abbarno, Alvarado, Barkis, Barnard, Bateman, Berg, Bergquist, Berry, Bronoske, Caldier, Callan, Chambers, Chandler, Chapman, Cheney, Chopp, Connors, Corry, Cortes, Couture, Davis, Dent, Doglio, Donaghy, Duerr, Dye, Entenman, Eslick, Farivar, Fey, Fitzgibbon, Fosse, Goehner, Goodman, Gregerson, Griffey, Hackney, Hansen, Harris, Hutchins, Klicker, Kloba, Kretz, Leavitt, Lekanoff, Low, Macri, Maycumber, McClintock, McEntire, Mena, Morgan, Mosbrucker, Orcutt, Ormsby, Orwall, Paul, Peterson, Pollet, Ramel, Ramos, Reed, Reeves, Riccelli, Robertson, Rude, Rule, Ryu, Sandlin, Santos, Schmick, Senn, Shavers, Simmons, Slatter, Springer, Stearns, Steele, Stokesbary, Stonier, Street, Taylor, Thai, Tharinger, Timmons, Volz, Walen, Walsh, Waters, Wilcox, Wylie, Ybarra and Mme. Speaker

Voting Nay: Representatives Christian, Graham, Jacobsen and Schmidt

Excused: Representative Ortiz-Self

ENGROSSED SUBSTITUTE SENATE BILL NO. 5515, as amended by the House, having received the necessary constitutional majority, was declared passed.

SENATE BILL NO. 5452, by Senators Shewmake, Billig, Hasegawa, Kuderer, Liias, Nguyen, Pedersen, Saldaña and Valdez

Authorizing impact fee revenue to fund improvements to bicycle and pedestrian facilities.

The bill was read the second time.

Representative Jacobsen moved the adoption of amendment (518):

On page 2, line 2, after "options." insert "The legislature intends for property owners only to be charged impact fees for routes accessible by walking or bicycling from their homes."

On page 3, after line 20, insert the following:

"Sec. 1. RCW 82.02.050 and 2015 c 241 s 1 are each amended to read as follows:

(1) It is the intent of the legislature:

(a) To ensure that adequate facilities are available to serve new growth and development;

(b) To promote orderly growth and development by establishing standards by which counties, cities, and towns may require, by ordinance, that new growth and development pay a proportionate share of the cost of new facilities needed to serve new growth and development; and

(c) To ensure that impact fees are imposed through established procedures and criteria so that specific developments do

not pay arbitrary fees or duplicative fees for the same impact.

(2) Counties, cities, and towns that are required or choose to plan under RCW 36.70A.040 are authorized to impose impact fees on development activity as part of the financing for public facilities, provided that the financing for system improvements to serve new development must provide for a balance between impact fees and other sources of public funds and cannot rely solely on impact fees.

(3) (a) (i) Counties, cities, and towns collecting impact fees must, by September 1, 2016, adopt and maintain a system for the deferred collection of impact fees for single-family detached and attached residential construction. The deferral system must include a process by which an applicant for a building permit for a single-family detached or attached residence may request a deferral of the full impact fee payment. The deferral system offered by a county, city, or town under this subsection (3) must include one or more of the following options:

(A) Deferring collection of the impact fee payment until final inspection;

(B) Deferring collection of the impact fee payment until certificate of occupancy or equivalent certification; or

(C) Deferring collection of the impact fee payment until the time of closing of the first sale of the property occurring after the issuance of the applicable building permit.

(ii) Counties, cities, and towns utilizing the deferral process required by this subsection (3) (a) may withhold certification of final inspection, certificate of occupancy, or equivalent certification until the impact fees have been paid in full.

(iii) The amount of impact fees that may be deferred under this subsection (3) must be determined by the fees in effect at the time the applicant applies for a deferral.

(iv) Unless an agreement to the contrary is reached between the buyer and seller, the payment of impact fees due at closing of a sale must be made from the seller's proceeds. In the absence of an agreement to the contrary, the seller bears strict liability for the payment of the impact fees.

(b) The term of an impact fee deferral under this subsection (3) may not exceed eighteen months from the date of building permit issuance.

(c) Except as may otherwise be authorized in accordance with (f) of this subsection (3), an applicant seeking a deferral under this subsection (3) must grant and record a deferred impact fee lien against the property in favor of the county, city, or town in the amount of the deferred impact fee. The deferred impact fee lien, which must include the legal description, tax account number, and address of the property, must also be:

(i) In a form approved by the county, city, or town;

(ii) Signed by all owners of the property, with all signatures acknowledged as required for a deed, and recorded in the county where the property is located;

(iii) Binding on all successors in title after the recordation; and

(iv) Junior and subordinate to one mortgage for the purpose of construction upon the same real property granted by the person who applied for the deferral of impact fees.

(d)(i) If impact fees are not paid in accordance with a deferral authorized by this subsection (3), and in accordance with the term provisions established in (b) of this subsection (3), the county, city, or town may institute foreclosure proceedings in accordance with chapter 61.12 RCW.

(ii) If the county, city, or town does not institute foreclosure proceedings for unpaid school impact fees within forty-five days after receiving notice from a school district requesting that it do so, the district may institute foreclosure proceedings with respect to the unpaid impact fees.

(e)(i) Upon receipt of final payment of all deferred impact fees for a property, the county, city, or town must execute a release of deferred impact fee lien for the property. The property owner at the time of the release, at his or her expense, is responsible for recording the lien release.

(ii) The extinguishment of a deferred impact fee lien by the foreclosure of a lien having priority does not affect the obligation to pay the impact fees as a condition of final inspection, certificate of occupancy, or equivalent certification, or at the time of closing of the first sale.

(f) A county, city, or town with an impact fee deferral process on or before April 1, 2015, is exempt from the requirements of this subsection (3) if the deferral process delays all impact fees and remains in effect after September 1, 2016.

(g)(i) Each applicant for a single-family residential construction permit, in accordance with his or her contractor registration number or other unique identification number, is entitled to annually receive deferrals under this subsection (3) for the first twenty single-family residential construction building permits per county, city, or town. A county, city, or town, however, may elect, by ordinance, to defer more than twenty single-family residential construction building permits for an applicant. If the county, city, or town collects impact fees on behalf of one or more school districts for which the collection of impact fees could be delayed, the county, city, or town must consult with the district or districts about the additional deferrals. A county, city, or town considering additional deferrals must give substantial weight to recommendations of each applicable school district regarding the number of additional deferrals. If the county, city, or town disagrees with the recommendations of one or more school districts, the county, city, or town must provide the district or districts with a written rationale for its decision.

(ii) For purposes of this subsection (3)(g), an "applicant" includes an entity that controls the applicant, is controlled by the applicant, or is under common control with the applicant.

(h) Counties, cities, and towns may collect reasonable administrative fees to implement this subsection (3) from permit applicants who are seeking to delay the payment of impact fees under this subsection (3).

(i) In accordance with RCW *44.28.812 and 43.31.980, counties, cities, and towns must cooperate with and provide requested data, materials, and assistance to the department of commerce and the joint legislative audit and review committee.

(4) The impact fees:

(a) Shall only be imposed for system improvements that are reasonably related to the new development;

(b) Shall not exceed a proportionate share of the costs of system improvements that are reasonably related to the new development; ~~((and))~~

(c) Shall be used for system improvements that will reasonably benefit the new development; ~~and~~

(d) Shall only be imposed on new development to pay for a bicycle and pedestrian facility designed with multimodal commuting as an intended use when there is a bikeable or walkable route connecting the bicycle and pedestrian facility and the new development.

(5)(a) Impact fees may be collected and spent only for the public facilities defined in RCW 82.02.090 which are addressed by a capital facilities plan element of a comprehensive land use plan adopted pursuant to the provisions of RCW 36.70A.070 or the provisions for comprehensive plan adoption contained in chapter 36.70, 35.63, or 35A.63 RCW. After the date a county, city, or town is required to adopt its development regulations under chapter 36.70A RCW, continued authorization to collect and expend impact fees is contingent on the county, city, or town adopting or revising a comprehensive plan in compliance with RCW 36.70A.070, and on the capital facilities plan identifying:

(i) Deficiencies in public facilities serving existing development and the means by which existing deficiencies will be eliminated within a reasonable period of time;

(ii) Additional demands placed on existing public facilities by new development; and

(iii) Additional public facility improvements required to serve new development.

(b) If the capital facilities plan of the county, city, or town is complete other than for the inclusion of those elements which are the responsibility of a special district, the county, city, or town may impose impact fees to address those public facility needs for which the county, city, or town is responsible."

Correct the title.

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

Representative Duerr spoke against the adoption of the amendment.

Amendment (518) was not adopted.

Representative Goehner moved the adoption of amendment (552):

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

"It is the intent of the legislature to assist local governments to avoid inequitable treatment. A local government may not require a property owner to install bicycle and pedestrian facilities within or abutting the property and also to pay impact fees for bicycle and pedestrian facilities that are not located on the property. To avoid this, the local government must provide a credit."

On page 3, after line 20, insert the following:

"Sec. 1. RCW 82.02.060 and 2021 c 72 s 1 are each amended to read as follows:

The local ordinance by which impact fees are imposed:

(1) Shall include a schedule of impact fees which shall be adopted for each type of development activity that is subject to impact fees, specifying the amount of the impact fee to be imposed for each type of system improvement. The schedule shall be based upon a formula or other method of calculating such impact fees. In determining proportionate share, the formula or other method of calculating impact fees shall incorporate, among other things, the following:

(a) The cost of public facilities necessitated by new development;

(b) An adjustment to the cost of the public facilities for past or future payments made or reasonably anticipated to be made by new development to pay for particular system improvements in the form of user fees, debt service payments, taxes, or other payments earmarked for or proratable to the particular system improvement;

(c) The availability of other means of funding public facility improvements;

(d) The cost of existing public facilities improvements; and

(e) The methods by which public facilities improvements were financed;

(2) May provide an exemption for low-income housing, and other development activities with broad public purposes, including development of an early learning facility, from these impact fees, provided that the impact fees for such development activity shall be paid from public funds other than impact fee accounts;

(3) (a) May not impose an impact fee on development activities of an early learning facility greater than that imposed on commercial retail or commercial office development activities that generate a similar number, volume, type, and duration of vehicle trips;

(b) When a facility or development has more than one use, the limitations in this subsection (3) or the exemption applicable to an early learning facility in subsections (2) and (4) of this section only apply to that portion that is developed as an early learning facility. The impact fee assessed on an early learning facility in such a development or facility may not exceed the

least of the impact fees assessed on comparable businesses in the facility or development;

(4) May provide an exemption from impact fees for low-income housing or for early learning facilities. Local governments that grant exemptions for low-income housing or for early learning facilities under this subsection (4) may either: Grant a partial exemption of not more than eighty percent of impact fees, in which case there is no explicit requirement to pay the exempted portion of the fee from public funds other than impact fee accounts; or provide a full waiver, in which case the remaining percentage of the exempted fee must be paid from public funds other than impact fee accounts, except as provided in (b) of this subsection. These exemptions are subject to the following requirements:

(a) An exemption for low-income housing granted under subsection (2) of this section or this subsection (4) must be conditioned upon requiring the developer to record a covenant that, except as provided otherwise by this subsection, prohibits using the property for any purpose other than for low-income housing. At a minimum, the covenant must address price restrictions and household income limits for the low-income housing, and that if the property is converted to a use other than for low-income housing, the property owner must pay the applicable impact fees in effect at the time of conversion;

(b) An exemption for early learning facilities granted under subsection (2) of this section or this subsection (4) may be a full waiver without an explicit requirement to pay the exempted portion of the fee from public funds other than impact fee accounts if the local government requires the developer to record a covenant that requires that at least 25 percent of the children and families using the early learning facility qualify for state subsidized child care, including early childhood education and assistance under chapter 43.216 RCW, and that provides that if the property is converted to a use other than for an early learning facility, the property owner must pay the applicable impact fees in effect at the time of conversion, and that also provides that if at no point during a calendar year does the early learning facility achieve the required percentage of children and families qualified for state subsidized child care using the early learning facility, the property owner must pay 20 percent of the impact fee that would have been imposed on the development had there not been an exemption within 90 days of the local government notifying the property owner of the breach, and any balance remaining thereafter shall be a lien on the property; and

(c) Covenants required by (a) and (b) of this subsection must be recorded with the applicable county auditor or recording officer. A local government granting an exemption under subsection (2) of this section or this subsection (4) for low-income housing or an early learning facility may not collect revenue lost through granting an exemption by increasing impact fees unrelated to the exemption. A school

district who receives school impact fees must approve any exemption under subsection (2) of this section or this subsection (4);

(5) Shall provide a credit for the value of any dedication of land for, improvement to, or new construction of any system improvements provided by the developer, to facilities that are identified in the capital facilities plan and that are required by the county, city, or town as a condition of approving the development activity;

(6) Shall provide a credit for the value of any bicycle and pedestrian facilities installed or provided by the developer or property owner that are on or abutting the development against any impact fee assessed in whole or in part to pay for bicycle and pedestrian facilities that were designed with multimodal commuting as an intended use;

(7) Shall allow the county, city, or town imposing the impact fees to adjust the standard impact fee at the time the fee is imposed to consider unusual circumstances in specific cases to ensure that impact fees are imposed fairly;

~~((7))~~(8) Shall include a provision for calculating the amount of the fee to be imposed on a particular development that permits consideration of studies and data submitted by the developer to adjust the amount of the fee;

~~((8))~~(9) Shall establish one or more reasonable service areas within which it shall calculate and impose impact fees for various land use categories per unit of development; and

~~((9))~~(10) May provide for the imposition of an impact fee for system improvement costs previously incurred by a county, city, or town to the extent that new growth and development will be served by the previously constructed improvements provided such fee shall not be imposed to make up for any system improvement deficiencies.

For purposes of this section, "low-income housing" means housing with a monthly housing expense, that is no greater than thirty percent of eighty percent of the median family income adjusted for family size, for the county where the project is located, as reported by the United States department of housing and urban development.

For the purposes of this section, "early learning facility" has the same meaning as in RCW 43.31.565."

Correct the title.

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

Representative Duerr spoke against the adoption of the amendment.

Division was demanded and the demand was sustained. The Speaker (Representative Orwall presiding) divided the House. The result was 41 - YEAS; 54 - NAYS.

Amendment (552) was not adopted.

Representative Griffey moved the adoption of amendment (564):

On page 2, line 2, after "options." insert "In providing this increased flexibility, it is not the intent of the legislature to authorize a local government to impose an impact fee on a property owner more than once for the same facility."

On page 3, after line 20, insert the following:

"Sec. 1. RCW 82.02.100 and 2011 c 331 s 3 are each amended to read as follows:

(1) A person required to pay a fee pursuant to RCW 43.21C.060 for system improvements shall not be required to pay an impact fee under RCW 82.02.050 through 82.02.090 for those same system improvements.

(2) A person installing a residential fire sprinkler system in a single-family home shall not be required to pay the fire operations portion of the impact fee. The exempted fire operations impact fee shall not include the proportionate share related to the delivery of emergency medical services.

(3) A person required to pay an impact fee for a bicycle and pedestrian facility designed with multimodal commuting as an intended use that qualifies as a public facility under RCW 82.02.090(7)(a) may not be assessed any additional impact fee for the same facility, regardless of whether the facility would also qualify as a public facility under RCW 82.02.090(7)(b), (c), or (d)."

Correct the title.

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

Representative Duerr spoke against the adoption of the amendment.

Division was demanded and the demand was sustained. The Speaker (Representative Orwall presiding) divided the House. The result was 41 - YEAS; 53 - NAYS.

Amendment (564) was not adopted.

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

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

Representatives Goehner, Christian and Jacobsen spoke against the passage of the bill.

The Speaker (Representative Orwall presiding) stated the question before the House to be the final passage of Senate Bill No. 5452.

ROLL CALL

The Clerk called the roll on the final passage of Senate Bill No. 5452, and the bill passed the House by the following vote: Yeas, 57; Nays, 40; Absent, 0; Excused, 1

Voting Yea: Representatives Alvarado, Bateman, Berg, Bergquist, Berry, Bronoske, Callan, Chapman, Chopp, Cortes, Davis, Doglio, Donaghy, Duerr, Entenman, Farivar, Fey, Fitzgibbon, Fosse, Goodman, Gregerson, Hackney, Hansen, Kloba, Leavitt, Lekanoff, Macri, Mena, Morgan, Ormsby, Orwall, Paul, Peterson, Pollet, Ramel, Ramos, Reed, Reeves, Riccelli, Rule, Ryu, Santos, Senn, Shavers, Simmons, Slatter, Springer, Stearns,

Stonier, Street, Taylor, Thai, Tharinger, Timmons, Walen, Wylie and Mme. Speaker

Voting Nay: Representatives Abbarno, Barkis, Barnard, Caldier, Chambers, Chandler, Cheney, Christian, Connors, Corry, Couture, Dent, Dye, Eslick, Goehner, Graham, Griffey, Harris, Hutchins, Jacobsen, Klicker, Kretz, Low, Maycumber, McClintock, McEntire, Mosbrucker, Orcutt, Robertson, Rude, Sandlin, Schmick, Schmidt, Steele, Stokesbary, Volz, Walsh, Waters, Wilcox and Ybarra

Excused: Representative Ortiz-Self

SENATE BILL NO. 5452, having received the necessary constitutional majority, was declared passed.

ENGROSSED SUBSTITUTE SENATE BILL NO. 5197, by Senate Committee on Housing (originally sponsored by Kuderer, Saldaña, Frame, Nguyen, Nobles, Wellman and Wilson, C.)

Addressing landlord-tenant relations by providing technical changes to eviction notice forms and modifying certain eviction processes.

The bill was read the second time.

There being no objection, the committee striking amendment by the Committee on Housing was adopted. For Committee amendment, see Journal, Day 73, Wednesday, March 22, 2023.

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

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

Representatives Barkis, Jacobsen and Christian spoke against the passage of the bill.

The Speaker (Representative Orwall presiding) stated the question before the House to be the final passage of Engrossed Substitute Senate Bill No. 5197, as amended by the House.

ROLL CALL

The Clerk called the roll on the final passage of Engrossed Substitute Senate Bill No. 5197, as amended by the House, and the bill passed the House by the following vote: Yeas, 57; Nays, 40; Absent, 0; Excused, 1

Voting Yea: Representatives Alvarado, Bateman, Berg, Bergquist, Berry, Bronoske, Callan, Chopp, Cortes, Davis, Doglio, Donaghy, Duerr, Entenman, Farivar, Fey, Fitzgibbon, Fosse, Goodman, Gregerson, Hackney, Hansen, Harris, Hutchins, Klicker, Kloba, Kretz, Leavitt, Lekanoff, Low, Macri, Maycumber, McClintock, McEntire, Mena, Morgan, Ormsby, Orwall, Paul, Peterson, Pollet, Ramel, Ramos, Reed, Reeves, Riccelli, Rule, Ryu, Santos, Senn, Shavers, Simmons, Slatter, Springer, Stearns, Stonier, Street, Taylor, Thai, Tharinger, Timmons, Walen, Wilcox, Wylie and Mme. Speaker

Voting Nay: Representatives Abbarno, Barkis, Barnard, Caldier, Chambers, Chandler, Chapman, Cheney, Christian, Connors, Corry, Couture, Dent, Dye, Eslick, Goehner, Graham, Griffey, Harris, Hutchins, Jacobsen, Klicker, Kretz, Low, Maycumber, McClintock, McEntire, Mosbrucker, Orcutt, Robertson, Rude, Sandlin, Schmick, Schmidt, Steele, Stokesbary, Volz, Walsh, Waters and Ybarra

Excused: Representative Ortiz-Self

ENGROSSED SUBSTITUTE SENATE BILL NO. 5197, as amended by the House, having received the necessary constitutional majority, was declared passed.

STATEMENT FOR THE JOURNAL

I intended to vote NAY on Engrossed Substitute Senate Bill No. 5197.

Representative Wilcox, 2nd District

SECOND READING

SECOND SUBSTITUTE SENATE BILL NO. 5128, by Senate Committee on Ways & Means (originally sponsored by Trudeau, Dhingra, Billig, Hasegawa, Hunt, Kuderer, Pedersen, Stanford, Valdez, Wellman and Wilson, C.)

Concerning jury diversity.

The bill was read the second time.

There being no objection, the committee striking amendment by the Committee on Civil Rights & Judiciary was adopted. For Committee amendment, see Journal, Day 86, Tuesday, April 4, 2023.

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

Representatives Hansen and Walsh spoke in favor of the passage of the bill.

The Speaker (Representative Orwall presiding) stated the question before the House to be the final passage of Second Substitute Senate Bill No. 5128, as amended by the House.

ROLL CALL

The Clerk called the roll on the final passage of Second Substitute Senate Bill No. 5128, as amended by the House, and the bill passed the House by the following vote: Yeas, 89; Nays, 8; Absent, 0; Excused, 1

Voting Yea: Representatives Abbarno, Alvarado, Barkis, Barnard, Bateman, Berg, Bergquist, Berry, Bronoske, Caldier, Callan, Chambers, Chapman, Cheney, Chopp, Christian, Connors, Cortes, Couture, Davis, Dent, Doglio, Donaghy, Duerr, Entenman, Eslick, Farivar, Fey, Fitzgibbon, Fosse, Goodman, Gregerson, Griffey, Hackney, Hansen, Harris, Hutchins, Klicker, Kloba, Kretz, Leavitt, Lekanoff, Low, Macri, Maycumber, McClintock, McEntire, Mena, Morgan, Mosbrucker, Orcutt, Ormsby, Orwall, Paul, Peterson, Pollet, Ramel, Ramos, Reed, Reeves, Riccelli, Robertson, Rude, Rule, Ryu, Sandlin, Santos, Schmidt, Senn, Shavers, Simmons, Slatter, Springer, Stearns, Stokesbary, Stonier, Street, Taylor, Thai, Tharinger, Timmons, Volz, Walen, Walsh, Waters, Wilcox, Wylie, Ybarra and Mme. Speaker

Voting Nay: Representatives Chandler, Corry, Dye, Goehner, Graham, Jacobsen, Schmick and Steele
Excused: Representative Ortiz-Self

SECOND SUBSTITUTE SENATE BILL NO. 5128, as amended by the House, having received the necessary constitutional majority, was declared passed.

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

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

MESSAGE FROM THE SENATE

Friday, April 7, 2023

Mme. Speaker:

The President has signed:

SENATE BILL NO. 5066
SENATE BILL NO. 5070
SENATE BILL NO. 5084
SENATE BILL NO. 5131

ENGROSSED SECOND SUBSTITUTE SENATE BILL NO. 5236
SUBSTITUTE SENATE BILL NO. 5238

SUBSTITUTE SENATE BILL NO. 5286
 SENATE BILL NO. 5390
 SUBSTITUTE SENATE BILL NO. 5453
 SUBSTITUTE SENATE BILL NO. 5499
 SECOND SUBSTITUTE SENATE BILL NO. 5518
 SUBSTITUTE SENATE BILL NO. 5542

and the same are herewith transmitted.

Colleen Rust, Deputy Secretary

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

SECOND READING

SECOND SUBSTITUTE SENATE BILL NO. 5134, by Senate Committee on Ways & Means (originally sponsored by Wilson, C., Dhingra, Frame, Hasegawa, Kuderer, Nguyen, Nobles, Randall, Saldaña and Wellman)

Concerning reentry services and supports.

The bill was read the second time.

There being no objection, the committee striking amendment by the Committee on Appropriations was before the House for purpose of amendment. For Committee amendment, see Journal, Day 86, Tuesday, April 4, 2023.

Representative Ormsby moved the adoption of amendment (599) to the committee striking amendment:

On page 1, beginning on line 18 of the striking amendment, strike all of section 2

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

Representatives Ormsby and Mosbrucker spoke in favor of the adoption of the amendment to the committee striking amendment.

Amendment (599) to the committee striking amendment was adopted.

The committee striking amendment, as amended, was adopted.

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

Representatives Davis and Mosbrucker spoke in favor of the passage of the bill.

The Speaker (Representative Bronoske presiding) stated the question before the House to be the final passage of Second Substitute Senate Bill No. 5134, as amended by the House.

ROLL CALL

The Clerk called the roll on the final passage of Second Substitute Senate Bill No. 5134, as amended by the House, and the bill passed the House by the following vote: Yeas, 97; Nays, 0; Absent, 0; Excused, 1

Voting Yea: Representatives Abbarno, Alvarado, Barkis, Barnard, Bateman, Berg, Bergquist, Berry, Bronoske, Calder, Callan, Chambers, Chandler, Chapman, Cheney, Chopp, Christian, Connors, Corry, Cortes, Couture, Davis, Dent, Doglio, Donaghy, Duerr, Dye, Entenman, Eslick, Farivar, Fey, Fitzgibbon, Fosse, Goehner, Goodman, Graham, Gregerson, Griffey, Hackney, Hansen, Harris, Hutchins, Jacobsen, Klicker, Kloba, Kretz, Leavitt, Lekanoff, Low, Macri, Maycumber, McClintock, McEntire, Mena, Morgan, Mosbrucker, Orcutt, Ormsby, Orwall, Paul, Peterson,

Pollet, Ramel, Ramos, Reed, Reeves, Riccelli, Robertson, Rude, Rule, Ryu, Sandlin, Santos, Schmick, Schmidt, Senn, Shavers, Simmons, Slatter, Springer, Stearns, Steele, Stokesbary, Stonier, Street, Taylor, Thai, Tharinger, Timmons, Volz, Walen, Walsh, Waters, Wilcox, Wylie, Ybarra and Mme. Speaker
 Excused: Representative Ortiz-Self

SECOND SUBSTITUTE SENATE BILL NO. 5134, as amended by the House, having received the necessary constitutional majority, was declared passed.

SENATE BILL NO. 5550, by Senators Liias, Randall, Valdez, Lovick, Wilson, C., Lovelett, Kauffman, Shewmake, Hasegawa, Hunt, Keiser, Nguyen, Nobles, Robinson and Van De Wege

Addressing workforce development issues, including cultural issues, at the Washington state ferries.

The bill was read the second time.

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

Representatives Paul and Barkis spoke in favor of the passage of the bill.

There being no objection, the House deferred action on SENATE BILL NO. 5550, and the bill held its place on the third reading calendar.

SENATE BILL NO. 5282, by Senators Valdez, MacEwen, Gildon, Liias and Nguyen

Authorizing vehicle dealers to file a report of sale.

The bill was read the second time.

There being no objection, the committee striking amendment by the Committee on Transportation was adopted. For Committee amendment, see Journal, Day 86, Tuesday, April 4, 2023.

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

Representatives Timmons and Hutchins spoke in favor of the passage of the bill.

The Speaker (Representative Bronoske presiding) stated the question before the House to be the final passage of Senate Bill No. 5282, as amended by the House.

ROLL CALL

The Clerk called the roll on the final passage of Senate Bill No. 5282, as amended by the House, and the bill passed the House by the following vote: Yeas, 97; Nays, 0; Absent, 0; Excused, 1

Voting Yea: Representatives Abbarno, Alvarado, Barkis, Barnard, Bateman, Berg, Bergquist, Berry, Bronoske, Calder, Callan, Chambers, Chandler, Chapman, Cheney, Chopp, Christian, Connors, Corry, Cortes, Couture, Davis, Dent, Doglio, Donaghy, Duerr, Dye, Entenman, Eslick, Farivar, Fey, Fitzgibbon, Fosse, Goehner, Goodman, Graham, Gregerson, Griffey, Hackney, Hansen, Harris, Hutchins, Jacobsen, Klicker, Kloba, Kretz, Leavitt, Lekanoff, Low, Macri, Maycumber, McClintock, McEntire, Mena, Morgan, Mosbrucker, Orcutt, Ormsby, Orwall, Paul, Peterson, Pollet, Ramel, Ramos, Reed, Reeves, Riccelli, Robertson, Rude, Rule, Ryu, Sandlin, Santos, Schmick, Schmidt, Senn, Shavers, Simmons, Slatter, Springer, Stearns, Steele, Stokesbary, Stonier, Street, Taylor, Thai, Tharinger, Timmons, Volz, Walen, Walsh, Waters, Wilcox, Wylie, Ybarra and Mme. Speaker

Excused: Representative Ortiz-Self

SENATE BILL NO. 5282, as amended by the House, having received the necessary constitutional majority, was declared passed.

The Speaker assumed the chair.

SECOND SUBSTITUTE SENATE BILL NO. 5120, by Senate Committee on Ways & Means (originally sponsored by Dhingra, Wagoner, Braun, Frame, Hasegawa, Keiser, Kuderer, Nguyen, Nobles, Pedersen, Randall, Saldaña, Shewmake, Stanford, Warnick, Wellman and Wilson, C.)

Establishing crisis relief centers in Washington state.

The bill was read the second time.

Representative Ormsby moved the adoption of the striking amendment (589):

Strike everything after the enacting clause and insert the following:

"Sec. 1. RCW 71.24.025 and 2021 c 302 s 402 are each reenacted and amended to read as follows:

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

(1) "988 crisis hotline" means the universal telephone number within the United States designated for the purpose of the national suicide prevention and mental health crisis hotline system operating through the national suicide prevention lifeline.

(2) "Acutely mentally ill" means a condition which is limited to a short-term severe crisis episode of:

(a) A mental disorder as defined in RCW 71.05.020 or, in the case of a child, as defined in RCW 71.34.020;

(b) Being gravely disabled as defined in RCW 71.05.020 or, in the case of a child, a gravely disabled minor as defined in RCW 71.34.020; or

(c) Presenting a likelihood of serious harm as defined in RCW 71.05.020 or, in the case of a child, as defined in RCW 71.34.020.

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

(4) "Approved substance use disorder treatment program" means a program for persons with a substance use disorder provided by a treatment program licensed or certified by the department as meeting standards adopted under this chapter.

(5) "Authority" means the Washington state health care authority.

(6) "Available resources" means funds appropriated for the purpose of providing community behavioral health programs, federal funds, except those provided according to Title XIX of the Social Security Act, and state funds appropriated under this chapter or chapter 71.05 RCW by the legislature during any biennium for the purpose of providing residential services,

resource management services, community support services, and other behavioral health services. This does not include funds appropriated for the purpose of operating and administering the state psychiatric hospitals.

(7) "Behavioral health administrative services organization" means an entity contracted with the authority to administer behavioral health services and programs under RCW 71.24.381, including crisis services and administration of chapter 71.05 RCW, the involuntary treatment act, for all individuals in a defined regional service area.

(8) "Behavioral health aide" means a counselor, health educator, and advocate who helps address individual and community-based behavioral health needs, including those related to alcohol, drug, and tobacco abuse as well as mental health problems such as grief, depression, suicide, and related issues and is certified by a community health aide program of the Indian health service or one or more tribes or tribal organizations consistent with the provisions of 25 U.S.C. Sec. 16161 and RCW 43.71B.010 (7) and (8).

(9) "Behavioral health provider" means a person licensed under chapter 18.57, 18.71, 18.71A, 18.83, 18.205, 18.225, or 18.79 RCW, as it applies to registered nurses and advanced registered nurse practitioners.

(10) "Behavioral health services" means mental health services, substance use disorder treatment services, and co-occurring disorder treatment services as described in this chapter and chapter 71.36 RCW (~~and substance use disorder treatment services as described in this chapter~~) that, depending on the type of service, are provided by licensed or certified behavioral health agencies, behavioral health providers, or integrated into other health care providers.

(11) "Child" means a person under the age of eighteen years.

(12) "Chronically mentally ill adult" or "adult who is chronically mentally ill" means an adult who has a mental disorder and meets at least one of the following criteria:

(a) Has undergone two or more episodes of hospital care for a mental disorder within the preceding two years; or

(b) Has experienced a continuous psychiatric hospitalization or residential treatment exceeding six months' duration within the preceding year; or

(c) Has been unable to engage in any substantial gainful activity by reason of any mental disorder which has lasted for a continuous period of not less than twelve months. "Substantial gainful activity" shall be defined by the authority by rule consistent with Public Law 92-603, as amended.

(13) "Clubhouse" means a community-based program that provides rehabilitation services and is licensed or certified by the department.

(14) "Community behavioral health program" means all expenditures, services, activities, or programs, including reasonable administration and overhead, designed and conducted to prevent or treat

substance use disorder, mental illness, or both in the community behavioral health system.

(15) "Community behavioral health service delivery system" means public, private, or tribal agencies that provide services specifically to persons with mental disorders, substance use disorders, or both, as defined under RCW 71.05.020 and receive funding from public sources.

(16) "Community support services" means services authorized, planned, and coordinated through resource management services including, at a minimum, assessment, diagnosis, emergency crisis intervention available twenty-four hours, seven days a week, prescreening determinations for persons who are mentally ill being considered for placement in nursing homes as required by federal law, screening for patients being considered for admission to residential services, diagnosis and treatment for children who are acutely mentally ill or severely emotionally or behaviorally disturbed discovered under screening through the federal Title XIX early and periodic screening, diagnosis, and treatment program, investigation, legal, and other nonresidential services under chapter 71.05 RCW, case management services, psychiatric treatment including medication supervision, counseling, psychotherapy, assuring transfer of relevant patient information between service providers, recovery services, and other services determined by behavioral health administrative services organizations.

(17) "Consensus-based" means a program or practice that has general support among treatment providers and experts, based on experience or professional literature, and may have anecdotal or case study support, or that is agreed but not possible to perform studies with random assignment and controlled groups.

(18) "County authority" means the board of county commissioners, county council, or county executive having authority to establish a behavioral health administrative services organization, or two or more of the county authorities specified in this subsection which have entered into an agreement to establish a behavioral health administrative services organization.

(19) "Crisis call center hub" means a state-designated center participating in the national suicide prevention lifeline network to respond to statewide or regional 988 calls that meets the requirements of RCW 71.24.890.

(20) "Crisis stabilization services" means services such as 23-hour crisis (~~stabilization units based on the living room model~~) relief centers, crisis stabilization units (~~as provided in RCW 71.05.020, triage facilities as provided in RCW 71.05.020~~), short-term respite facilities, peer-run respite services, and same-day walk-in behavioral health services, including within the overall crisis system components that operate like hospital emergency departments that accept all walk-ins, and ambulance, fire, and police drop-offs, or determine the need for involuntary hospitalization of an individual.

(21) "Department" means the department of health.

(22) "Designated crisis responder" has the same meaning as in RCW 71.05.020.

(23) "Director" means the director of the authority.

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

(25) "Early adopter" means a regional service area for which all of the county authorities have requested that the authority purchase medical and behavioral health services through a managed care health system as defined under RCW 71.24.380(~~(+6)~~) (7).

(26) "Emerging best practice" or "promising practice" means a program or practice that, based on statistical analyses or a well established theory of change, shows potential for meeting the evidence-based or research-based criteria, which may include the use of a program that is evidence-based for outcomes other than those listed in subsection (27) of this section.

(27) "Evidence-based" means a program or practice that has been tested in heterogeneous or intended populations with multiple randomized, or statistically controlled evaluations, or both; or one large multiple site randomized, or statistically controlled evaluation, or both, where the weight of the evidence from a systemic review demonstrates sustained improvements in at least one outcome. "Evidence-based" also means a program or practice that can be implemented with a set of procedures to allow successful replication in Washington and, when possible, is determined to be cost-beneficial.

(28) "Indian health care provider" means a health care program operated by the Indian health service or by a tribe, tribal organization, or urban Indian organization as those terms are defined in the Indian health care improvement act (25 U.S.C. Sec. 1603).

(29) "Intensive behavioral health treatment facility" means a community-based specialized residential treatment facility for individuals with behavioral health conditions, including individuals discharging from or being diverted from state and local hospitals, whose impairment or behaviors do not meet, or no longer meet, criteria for involuntary inpatient commitment under chapter 71.05 RCW, but whose care needs cannot be met in other community-based placement settings.

(30) "Licensed or certified behavioral health agency" means:

(a) An entity licensed or certified according to this chapter or chapter 71.05 RCW;

(b) An entity deemed to meet state minimum standards as a result of accreditation by a recognized behavioral health accrediting body recognized and

having a current agreement with the department; or

(c) An entity with a tribal attestation that it meets state minimum standards for a licensed or certified behavioral health agency.

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

(32) "Long-term inpatient care" means inpatient services for persons committed for, or voluntarily receiving intensive treatment for, periods of ninety days or greater under chapter 71.05 RCW. "Long-term inpatient care" as used in this chapter does not include: (a) Services for individuals committed under chapter 71.05 RCW who are receiving services pursuant to a conditional release or a court-ordered less restrictive alternative to detention; or (b) services for individuals voluntarily receiving less restrictive alternative treatment on the grounds of the state hospital.

(33) "Managed care organization" means an organization, having a certificate of authority or certificate of registration from the office of the insurance commissioner, that contracts with the authority under a comprehensive risk contract to provide prepaid health care services to enrollees under the authority's managed care programs under chapter 74.09 RCW.

(34) "Mental health peer-run respite center" means a peer-run program to serve individuals in need of voluntary, short-term, noncrisis services that focus on recovery and wellness.

(35) Mental health "treatment records" include registration and all other records concerning persons who are receiving or who at any time have received services for mental illness, which are maintained by the department of social and health services or the authority, by behavioral health administrative services organizations and their staffs, by managed care organizations and their staffs, or by treatment facilities. "Treatment records" do not include notes or records maintained for personal use by a person providing treatment services for the entities listed in this subsection, or a treatment facility if the notes or records are not available to others.

(36) "Mentally ill persons," "persons who are mentally ill," and "the mentally ill" mean persons and conditions defined in subsections (2), (12), (44), and (45) of this section.

(37) "Mobile rapid response crisis team" means a team that provides professional on-site community-based intervention such as outreach, de-escalation, stabilization, resource connection, and follow-up support for individuals who are experiencing a behavioral health crisis, that shall include certified peer counselors as a best practice to the extent practicable based on workforce availability, and that meets standards for response times established by the authority.

(38) "Recovery" means a process of change through which individuals improve their health and wellness, live a self-directed

life, and strive to reach their full potential.

(39) "Research-based" means a program or practice that has been tested with a single randomized, or statistically controlled evaluation, or both, demonstrating sustained desirable outcomes; or where the weight of the evidence from a systemic review supports sustained outcomes as described in subsection (27) of this section but does not meet the full criteria for evidence-based.

(40) "Residential services" means a complete range of residences and supports authorized by resource management services and which may involve a facility, a distinct part thereof, or services which support community living, for persons who are acutely mentally ill, adults who are chronically mentally ill, children who are severely emotionally disturbed, or adults who are seriously disturbed and determined by the behavioral health administrative services organization or managed care organization to be at risk of becoming acutely or chronically mentally ill. The services shall include at least evaluation and treatment services as defined in chapter 71.05 RCW, acute crisis respite care, long-term adaptive and rehabilitative care, and supervised and supported living services, and shall also include any residential services developed to service persons who are mentally ill in nursing homes, residential treatment facilities, assisted living facilities, and adult family homes, and may include outpatient services provided as an element in a package of services in a supported housing model. Residential services for children in out-of-home placements related to their mental disorder shall not include the costs of food and shelter, except for children's long-term residential facilities existing prior to January 1, 1991.

(41) "Resilience" means the personal and community qualities that enable individuals to rebound from adversity, trauma, tragedy, threats, or other stresses, and to live productive lives.

(42) "Resource management services" mean the planning, coordination, and authorization of residential services and community support services administered pursuant to an individual service plan for: (a) Adults and children who are acutely mentally ill; (b) adults who are chronically mentally ill; (c) children who are severely emotionally disturbed; or (d) adults who are seriously disturbed and determined by a behavioral health administrative services organization or managed care organization to be at risk of becoming acutely or chronically mentally ill. Such planning, coordination, and authorization shall include mental health screening for children eligible under the federal Title XIX early and periodic screening, diagnosis, and treatment program. Resource management services include seven day a week, twenty-four hour a day availability of information regarding enrollment of adults and children who are mentally ill in services and their individual service plan to designated crisis responders, evaluation and treatment facilities, and others as determined by the behavioral health administrative services

organization or managed care organization, as applicable.

(43) "Secretary" means the secretary of the department of health.

(44) "Seriously disturbed person" means a person who:

(a) Is gravely disabled or presents a likelihood of serious harm to himself or herself or others, or to the property of others, as a result of a mental disorder as defined in chapter 71.05 RCW;

(b) Has been on conditional release status, or under a less restrictive alternative order, at some time during the preceding two years from an evaluation and treatment facility or a state mental health hospital;

(c) Has a mental disorder which causes major impairment in several areas of daily living;

(d) Exhibits suicidal preoccupation or attempts; or

(e) Is a child diagnosed by a mental health professional, as defined in chapter 71.34 RCW, as experiencing a mental disorder which is clearly interfering with the child's functioning in family or school or with peers or is clearly interfering with the child's personality development and learning.

(45) "Severely emotionally disturbed child" or "child who is severely emotionally disturbed" means a child who has been determined by the behavioral health administrative services organization or managed care organization, if applicable, to be experiencing a mental disorder as defined in chapter 71.34 RCW, including those mental disorders that result in a behavioral or conduct disorder, that is clearly interfering with the child's functioning in family or school or with peers and who meets at least one of the following criteria:

(a) Has undergone inpatient treatment or placement outside of the home related to a mental disorder within the last two years;

(b) Has undergone involuntary treatment under chapter 71.34 RCW within the last two years;

(c) Is currently served by at least one of the following child-serving systems: Juvenile justice, child-protection/welfare, special education, or developmental disabilities;

(d) Is at risk of escalating maladjustment due to:

(i) Chronic family dysfunction involving a caretaker who is mentally ill or inadequate;

(ii) Changes in custodial adult;

(iii) Going to, residing in, or returning from any placement outside of the home, for example, psychiatric hospital, short-term inpatient, residential treatment, group or foster home, or a correctional facility;

(iv) Subject to repeated physical abuse or neglect;

(v) Drug or alcohol abuse; or

(vi) Homelessness.

(46) "State minimum standards" means minimum requirements established by rules adopted and necessary to implement this chapter by:

(a) The authority for:

(i) Delivery of mental health and substance use disorder services; and

(ii) Community support services and resource management services;

(b) The department of health for:

(i) Licensed or certified behavioral health agencies for the purpose of providing mental health or substance use disorder programs and services, or both;

(ii) Licensed behavioral health providers for the provision of mental health or substance use disorder services, or both; and

(iii) Residential services.

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

(48) "Tribe," for the purposes of this section, means a federally recognized Indian tribe.

(49) "23-hour crisis relief center" means a community-based facility or portion of a facility serving adults, which is authorized by the department of health to participate in the pilot project in section 2 of this act and open 24 hours a day, seven days a week, offering access to mental health and substance use care for no more than 23 hours and 59 minutes at a time per patient, and which accepts all behavioral health crisis walk-ins drop-offs from first responders, and individuals referred through the 988 system regardless of behavioral health acuity, and meets the requirements under section 2 of this act.

(50) "Crisis stabilization unit" has the same meaning as under RCW 71.05.020.

(51) "First responders" includes ambulance, fire, mobile rapid response crisis team, coresponder team, designated crisis responder, fire department mobile integrated health team, community assistance referral and education services program under RCW 35.21.930, and law enforcement personnel.

NEW SECTION. Sec. 2. A new section is added to chapter 71.24 RCW to read as follows:

(1) The secretary shall authorize up to five 23-hour crisis relief centers that meet state minimum standards to participate in a pilot program between January 1, 2024, and January 1, 2029. The participating 23-hour crisis relief centers shall be located in different geographic areas of the state with varying levels of population density. The department shall create guidelines for participation in the pilot program, in consultation with the authority, by January 1, 2024.

(2) The guidelines, at a minimum, must require the participating 23-hour crisis relief center to:

(a) Offer walk-in options and drop-off options for first responders and persons referred through the 988 system, without a requirement for medical clearance for these individuals. The facility must be structured to have the capacity to accept admissions 90 percent of the time when the facility is not at its full capacity, and to have a no-

refusal policy for law enforcement, with instances of declined admission and the reasons for the declines tracked and made available to the department;

(b) Provide services to address mental health and substance use crisis issues;

(c) Maintain capacity to screen for physical health needs, deliver minor wound care for nonlife-threatening wounds, and provide care for most minor physical or basic health needs that can be addressed without need for medical diagnosis or health care prescriber orders, with an identified pathway to transfer the person to more medically appropriate services if needed;

(d) Be staffed 24 hours a day, seven days a week, with a multidisciplinary team capable of meeting the needs of individuals experiencing all levels of crisis in the community, which includes access to a prescriber and the ability to dispense medications appropriate for participating 23-hour crisis relief center clients;

(e) Screen all individuals for suicide risk and engage in comprehensive suicide risk assessment and planning when clinically indicated;

(f) Screen all individuals for violence risk and engage in comprehensive violence risk assessment and planning when clinically indicated;

(g) Limit patient stays to a maximum of 23 hours and 59 minutes except for patients waiting on a designated crisis responder evaluation or making an imminent transition to another setting as part of an established aftercare plan. Exceptions to the time limit made under this subsection shall not cause a participating 23-hour crisis relief center to be classified as a residential treatment facility under RCW 71.12.455;

(h) Maintain relationships with entities capable of providing for reasonably anticipated ongoing service needs of clients, unless the licensee itself provides sufficient services; and

(i) When appropriate, coordinate connection to ongoing care.

(3) The guidelines, at a minimum, must develop standards for determining medical stability before an emergency medical services drop-off.

(4) The guidelines must include standards for the number of recliner chairs that may be authorized in a participating 23-hour crisis relief center and the appropriate variance for temporarily exceeding that number in order to provide the no-refusal policy for law enforcement.

(5) The department shall specify physical environment standards for the construction review process that are responsive to the unique characteristics of the types of interventions used to provide care for all levels of acuity in facilities operating under the 23-hour crisis relief center pilot project model.

(6) The department shall coordinate with the authority and department of social and health services to establish guidelines that prohibit facilities that are licensed or required to be licensed under chapter 18.51, 18.20, 70.97, 72.36, or 70.128 RCW from discharging or transferring a resident to a participating 23-hour crisis relief center.

(7) The department shall coordinate with the authority to establish guidelines that prohibit a hospital that is licensed under chapter 70.41 RCW from discharging or transferring a patient to a participating 23-hour crisis relief center unless the hospital has a formal relationship with the participating 23-hour crisis relief center.

(8) The authority shall take steps necessary to make participating 23-hour crisis relief center services, including on-site physical health care, eligible for medicaid billing to the maximum extent allowed by federal law.

(9) The department shall conduct an assessment of the 23-hour crisis relief center pilot program with information related to: the number of clients served; the extent to which clients entered as self-referrals, were brought in by a first responder, or were referred through the 988 system; the physical health needs of the clients upon arrival; the average length of stay of the clients; and the subsequent destination of the clients following their stay at the participating 23-hour crisis relief center. The department shall submit a report to the governor and each chamber of the legislature by December 1, 2029, with findings from the assessment and recommendations on whether the 23-hour crisis relief centers should be made permanent, statewide implementation, and any changes to the operational standards for the 23-hour crisis relief centers to better meet the needs of the clients.

Sec. 3. RCW 71.05.020 and 2022 c 210 s 1 are each amended to read as follows:

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

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

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

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

(4) "Approved substance use disorder treatment program" means a program for persons with a substance use disorder provided by a treatment program certified by the department as meeting standards adopted under chapter 71.24 RCW;

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

(6) "Authority" means the Washington state health care authority;

(7) "Behavioral health disorder" means either a mental disorder as defined in this section, a substance use disorder as defined in this section, or a co-occurring mental disorder and substance use disorder;

(8) "Behavioral health service provider" means a public or private agency that provides mental health, substance use disorder, or co-occurring disorder services to persons with behavioral health disorders as defined under this section and receives funding from public sources. This includes, but is not limited to: Hospitals licensed under chapter 70.41 RCW; evaluation and treatment facilities as defined in this section; community mental health service delivery systems or community behavioral health programs as defined in RCW 71.24.025; licensed or certified behavioral health agencies under RCW 71.24.037; facilities conducting competency evaluations and restoration under chapter 10.77 RCW; approved substance use disorder treatment programs as defined in this section; secure withdrawal management and stabilization facilities as defined in this section; and correctional facilities operated by state and local governments;

(9) "Co-occurring disorder specialist" means an individual possessing an enhancement granted by the department of health under chapter 18.205 RCW that certifies the individual to provide substance use disorder counseling subject to the practice limitations under RCW 18.205.105;

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

(11) "Community behavioral health agency" has the same meaning as "licensed or certified behavioral health agency" defined in RCW 71.24.025;

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

(13) "Crisis stabilization unit" means a short-term facility or a portion of a facility licensed or certified by the department, such as an evaluation and treatment facility or a hospital, which has been designed to assess, diagnose, and treat individuals experiencing an acute crisis without the use of long-term hospitalization, or to determine the need for involuntary commitment of an individual;

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

(15) "Department" means the department of health;

(16) "Designated crisis responder" means a mental health professional appointed by the county, by an entity appointed by the county, or by the authority in consultation with a federally recognized Indian tribe or after meeting and conferring with an Indian health care provider, to perform the duties specified in this chapter;

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

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

(19) "Developmental disability" means that condition defined in RCW 71A.10.020(~~(+5)~~) (6);

(20) "Director" means the director of the authority;

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

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

(23) "Evaluation and treatment facility" means any facility which can provide directly, or by direct arrangement with other public or private agencies, emergency evaluation and treatment, outpatient care, and timely and appropriate inpatient care to persons suffering from a mental disorder, and which is licensed or certified as such by the department. The authority may certify single beds as temporary evaluation and treatment beds under RCW 71.05.745. A physically separate and separately operated portion of a state hospital may be designated as an evaluation and treatment facility. A facility which is part of, or operated by, the department of social and health services or any federal agency will not require certification. No correctional institution or facility, or jail, shall be an evaluation and treatment facility within the meaning of this chapter;

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

(25) "Habilitative services" means those services provided by program personnel to assist persons in acquiring and maintaining life skills and in raising their levels of physical, mental, social, and vocational functioning. Habilitative services include education, training for employment, and therapy. The habilitative process shall be undertaken with recognition of the risk to

the public safety presented by the person being assisted as manifested by prior charged criminal conduct;

(26) "Hearing" means any proceeding conducted in open court that conforms to the requirements of RCW 71.05.820;

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

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

(29) "In need of assisted outpatient treatment" refers to a person who meets the criteria for assisted outpatient treatment established under RCW 71.05.148;

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

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

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

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

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

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

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

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

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

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

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

(34) "Less restrictive alternative treatment" means a program of individualized treatment in a less restrictive setting than inpatient treatment that includes the services described in RCW 71.05.585. This term includes: Treatment pursuant to a less restrictive alternative treatment order under RCW 71.05.240 or 71.05.320; treatment pursuant to a conditional release under RCW 71.05.340; and treatment pursuant to an

assisted outpatient treatment order under RCW 71.05.148;

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

(36) "Likelihood of serious harm" means:

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

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

(37) "Medical clearance" means a physician or other health care provider has determined that a person is medically stable and ready for referral to the designated crisis responder;

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

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

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

(41) "Physician assistant" means a person licensed as a physician assistant under chapter 18.71A RCW;

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

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

(44) "Psychiatric advanced registered nurse practitioner" means a person who is licensed as an advanced registered nurse practitioner pursuant to chapter 18.79 RCW; and who is board certified in advanced

practice psychiatric and mental health nursing;

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

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

(47) "Public agency" means any evaluation and treatment facility or institution, secure withdrawal management and stabilization facility, approved substance use disorder treatment program, or hospital which is conducted for, or includes a department or ward conducted for, the care and treatment of persons with behavioral health disorders, if the agency is operated directly by federal, state, county, or municipal government, or a combination of such governments;

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

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

(50) "Secretary" means the secretary of the department of health, or his or her designee;

(51) "Secure withdrawal management and stabilization facility" means a facility operated by either a public or private agency or by the program of an agency which provides care to voluntary individuals and individuals involuntarily detained and committed under this chapter for whom there is a likelihood of serious harm or who are gravely disabled due to the presence of a substance use disorder. Secure withdrawal management and stabilization facilities must:

(a) Provide the following services:

(i) Assessment and treatment, provided by certified substance use disorder professionals or co-occurring disorder specialists;

(ii) Clinical stabilization services;

(iii) Acute or subacute detoxification services for intoxicated individuals; and

(iv) Discharge assistance provided by certified substance use disorder professionals or co-occurring disorder specialists, including facilitating transitions to appropriate voluntary or involuntary inpatient services or to less restrictive alternatives as appropriate for the individual;

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

(c) Be licensed or certified as such by the department of health;

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

(53) "Substance use disorder" means a cluster of cognitive, behavioral, and physiological symptoms indicating that an individual continues using the substance despite significant substance-related

problems. The diagnosis of a substance use disorder is based on a pathological pattern of behaviors related to the use of the substances;

(54) "Substance use disorder professional" means a person certified as a substance use disorder professional by the department of health under chapter 18.205 RCW;

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

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

~~(57) ("Triage facility" means a short-term facility or a portion of a facility licensed or certified by the department, which is designed as a facility to assess and stabilize an individual or determine the need for involuntary commitment of an individual, and must meet department residential treatment facility standards. A triage facility may be structured as a voluntary or involuntary placement facility;~~

~~(58))~~ "Video," unless the context clearly indicates otherwise, means the delivery of behavioral health services through the use of interactive audio and video technology, permitting real-time communication between a person and a designated crisis responder, for the purpose of evaluation. "Video" does not include the use of audio-only telephone, facsimile, email, or store and forward technology. "Store and forward technology" means use of an asynchronous transmission of a person's medical information from a mental health service provider to the designated crisis responder which results in medical diagnosis, consultation, or treatment;

~~((59))~~ (58) "Violent act" means behavior that resulted in homicide, attempted suicide, injury, or substantial loss or damage to property;

(59) "23-hour crisis relief center" has the same meaning as under RCW 71.24.025.

Sec. 4. RCW 71.05.020 and 2022 c 210 s 2 are each amended to read as follows:

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

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

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

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

(4) "Approved substance use disorder treatment program" means a program for persons with a substance use disorder provided by a treatment program certified by the department as meeting standards adopted under chapter 71.24 RCW;

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

(6) "Authority" means the Washington state health care authority;

(7) "Behavioral health disorder" means either a mental disorder as defined in this section, a substance use disorder as defined in this section, or a co-occurring mental disorder and substance use disorder;

(8) "Behavioral health service provider" means a public or private agency that provides mental health, substance use disorder, or co-occurring disorder services to persons with behavioral health disorders as defined under this section and receives funding from public sources. This includes, but is not limited to: Hospitals licensed under chapter 70.41 RCW; evaluation and treatment facilities as defined in this section; community mental health service delivery systems or community behavioral health programs as defined in RCW 71.24.025; licensed or certified behavioral health agencies under RCW 71.24.037; facilities conducting competency evaluations and restoration under chapter 10.77 RCW; approved substance use disorder treatment programs as defined in this section; secure withdrawal management and stabilization facilities as defined in this section; and correctional facilities operated by state and local governments;

(9) "Co-occurring disorder specialist" means an individual possessing an enhancement granted by the department of health under chapter 18.205 RCW that certifies the individual to provide substance use disorder counseling subject to the practice limitations under RCW 18.205.105;

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

(11) "Community behavioral health agency" has the same meaning as "licensed or certified behavioral health agency" defined in RCW 71.24.025;

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

(13) "Crisis stabilization unit" means a short-term facility or a portion of a facility licensed or certified by the department, such as an evaluation and treatment facility or a hospital, which has been designed to assess, diagnose, and treat individuals experiencing an acute crisis without the use of long-term hospitalization, or to determine the need for involuntary commitment of an individual;

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

(15) "Department" means the department of health;

(16) "Designated crisis responder" means a mental health professional appointed by the county, by an entity appointed by the county, or by the authority in consultation with a federally recognized Indian tribe or after meeting and conferring with an Indian health care provider, to perform the duties specified in this chapter;

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

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

(19) "Developmental disability" means that condition defined in RCW 71A.10.020 ~~((45))~~ (6);

(20) "Director" means the director of the authority;

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

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

(23) "Evaluation and treatment facility" means any facility which can provide directly, or by direct arrangement with

other public or private agencies, emergency evaluation and treatment, outpatient care, and timely and appropriate inpatient care to persons suffering from a mental disorder, and which is licensed or certified as such by the department. The authority may certify single beds as temporary evaluation and treatment beds under RCW 71.05.745. A physically separate and separately operated portion of a state hospital may be designated as an evaluation and treatment facility. A facility which is part of, or operated by, the department of social and health services or any federal agency will not require certification. No correctional institution or facility, or jail, shall be an evaluation and treatment facility within the meaning of this chapter;

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

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

(26) "Hearing" means any proceeding conducted in open court that conforms to the requirements of RCW 71.05.820;

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

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

(29) "In need of assisted outpatient treatment" refers to a person who meets the criteria for assisted outpatient treatment established under RCW 71.05.148;

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

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

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

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

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

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

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

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

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

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

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

(34) "Less restrictive alternative treatment" means a program of individualized treatment in a less restrictive setting than inpatient treatment that includes the services described in RCW 71.05.585. This term includes: Treatment pursuant to a less restrictive alternative treatment order under RCW 71.05.240 or 71.05.320; treatment pursuant to a conditional release under RCW 71.05.340; and treatment pursuant to an assisted outpatient treatment order under RCW 71.05.148;

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

(36) "Likelihood of serious harm" means:

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

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

(37) "Medical clearance" means a physician or other health care provider has determined that a person is medically stable and ready for referral to the designated crisis responder;

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

(39) "Mental health professional" means a psychiatrist, psychologist, physician assistant working with a supervising psychiatrist, psychiatric advanced

registered nurse practitioner, psychiatric nurse, or social worker, and such other mental health professionals as may be defined by rules adopted by the secretary pursuant to the provisions of this chapter;

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

(41) "Physician assistant" means a person licensed as a physician assistant under chapter 18.71A RCW;

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

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

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

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

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

(47) "Public agency" means any evaluation and treatment facility or institution, secure withdrawal management and stabilization facility, approved substance use disorder treatment program, or hospital which is conducted for, or includes a department or ward conducted for, the care and treatment of persons with behavioral health disorders, if the agency is operated directly by federal, state, county, or municipal government, or a combination of such governments;

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

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

(50) "Secretary" means the secretary of the department of health, or his or her designee;

(51) "Secure withdrawal management and stabilization facility" means a facility operated by either a public or private

agency or by the program of an agency which provides care to voluntary individuals and individuals involuntarily detained and committed under this chapter for whom there is a likelihood of serious harm or who are gravely disabled due to the presence of a substance use disorder. Secure withdrawal management and stabilization facilities must:

(a) Provide the following services:

(i) Assessment and treatment, provided by certified substance use disorder professionals or co-occurring disorder specialists;

(ii) Clinical stabilization services;

(iii) Acute or subacute detoxification services for intoxicated individuals; and

(iv) Discharge assistance provided by certified substance use disorder professionals or co-occurring disorder specialists, including facilitating transitions to appropriate voluntary or involuntary inpatient services or to less restrictive alternatives as appropriate for the individual;

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

(c) Be licensed or certified as such by the department of health;

(52) "Severe deterioration from safe behavior" means that a person will, if not treated, suffer or continue to suffer severe and abnormal mental, emotional, or physical distress, and this distress is associated with significant impairment of judgment, reason, or behavior;

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

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

(55) "Substance use disorder professional" means a person certified as a substance use disorder professional by the department of health under chapter 18.205 RCW;

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

(57) "Treatment records" include registration and all other records concerning persons who are receiving or who at any time have received services for behavioral health disorders, which are maintained by the department of social and health services, the department, the authority, behavioral health administrative services organizations and their staffs, managed care organizations and their staffs, and by treatment facilities. Treatment records include mental health information

contained in a medical bill including but not limited to mental health drugs, a mental health diagnosis, provider name, and dates of service stemming from a medical service. Treatment records do not include notes or records maintained for personal use by a person providing treatment services for the department of social and health services, the department, the authority, behavioral health administrative services organizations, managed care organizations, or a treatment facility if the notes or records are not available to others;

~~(58) ("Triage facility" means a short-term facility or a portion of a facility licensed or certified by the department, which is designed as a facility to assess and stabilize an individual or determine the need for involuntary commitment of an individual, and must meet department residential treatment facility standards. A triage facility may be structured as a voluntary or involuntary placement facility;~~

~~(59))~~ "Video," unless the context clearly indicates otherwise, means the delivery of behavioral health services through the use of interactive audio and video technology, permitting real-time communication between a person and a designated crisis responder, for the purpose of evaluation. "Video" does not include the use of audio-only telephone, facsimile, email, or store and forward technology. "Store and forward technology" means use of an asynchronous transmission of a person's medical information from a mental health service provider to the designated crisis responder which results in medical diagnosis, consultation, or treatment;

~~((60))~~ (59) "Violent act" means behavior that resulted in homicide, attempted suicide, injury, or substantial loss or damage to property;

(60) "23-hour crisis relief center" has the same meaning as under RCW 71.24.025.

Sec. 5. RCW 71.05.050 and 2020 c 302 s 9 are each amended to read as follows:

(1) Nothing in this chapter shall be construed to limit the right of any person to apply voluntarily to any public or private agency or practitioner for treatment of a behavioral health disorder, either by direct application or by referral. Any person voluntarily admitted for inpatient treatment to any public or private agency shall be released immediately upon his or her request. Any person voluntarily admitted for inpatient treatment to any public or private agency shall orally be advised of the right to immediate discharge, and further advised of such rights in writing as are secured to them pursuant to this chapter and their rights of access to attorneys, courts, and other legal redress. Their condition and status shall be reviewed at least once each one hundred eighty days for evaluation as to the need for further treatment or possible discharge, at which time they shall again be advised of their right to discharge upon request.

(2) If the professional staff of any public or private agency or hospital regards a person voluntarily admitted who requests discharge as presenting, as a result of a behavioral health disorder, an imminent

likelihood of serious harm, or is gravely disabled, they may detain such person for sufficient time to notify the designated crisis responder of such person's condition to enable the designated crisis responder to authorize such person being further held in custody or transported to an evaluation and treatment center, secure withdrawal management and stabilization facility, or approved substance use disorder treatment program pursuant to the provisions of this chapter, which shall in ordinary circumstances be no later than the next judicial day.

(3) If a person is brought to the emergency room of a public or private agency or hospital for observation or treatment, the person refuses voluntary admission, and the professional staff of the public or private agency or hospital regard such person as presenting as a result of a behavioral health disorder an imminent likelihood of serious harm, or as presenting an imminent danger because of grave disability, they may detain such person for sufficient time to notify the designated crisis responder of such person's condition to enable the designated crisis responder to authorize such person being further held in custody or transported to an evaluation treatment center, secure withdrawal management and stabilization facility, or approved substance use disorder treatment program pursuant to the conditions in this chapter, but which time shall be no more than six hours from the time the professional staff notify the designated crisis responder of the need for evaluation, not counting time periods prior to medical clearance.

(4) If a person is brought to or accepted at a 23-hour crisis relief center while participating in the pilot project in section 2 of this act and thereafter refuses to stay voluntarily, and the professional staff of the participating 23-hour crisis relief center regard the person as presenting as a result of a behavioral health disorder an imminent likelihood of serious harm, or presenting as an imminent danger because of grave disability, they may detain the person for sufficient time to enable the designated crisis responder to complete an evaluation, and, if involuntary commitment criteria are met, authorize the person being further held in custody or transported to a hospital emergency department, evaluation and treatment center, secure withdrawal management and stabilization facility, or approved substance use disorder treatment program pursuant to the provisions of this chapter, but which time shall be no more than 12 hours from the time the professional staff notify the designated crisis responder of the need for evaluation.

(5) Dismissal of a commitment petition is not the appropriate remedy for a violation of the timeliness requirements of this section based on the intent of this chapter under RCW 71.05.010 except in the few cases where the facility staff or designated crisis responder has totally disregarded the requirements of this section.

Sec. 6. RCW 71.05.150 and 2022 c 210 s 5 are each amended to read as follows:

(1) When a designated crisis responder receives information alleging that a person, as a result of a behavioral health disorder, presents a likelihood of serious harm or is gravely disabled, the designated crisis responder may, after investigation and evaluation of the specific facts alleged and of the reliability and credibility of any person providing information to initiate detention, if satisfied that the allegations are true and that the person will not voluntarily seek appropriate treatment, file a petition for initial detention under this section. Before filing the petition, the designated crisis responder must personally interview the person, unless the person refuses an interview, and determine whether the person will voluntarily receive appropriate evaluation and treatment at an evaluation and treatment facility, crisis stabilization unit, ~~((triage facility))~~ 23-hour crisis relief center while participating in the pilot project in section 2 of this act, secure withdrawal management and stabilization facility, or approved substance use disorder treatment program. As part of the assessment, the designated crisis responder must attempt to ascertain if the person has executed a mental health advance directive under chapter 71.32 RCW. The interview performed by the designated crisis responder may be conducted by video provided that a licensed health care professional or professional person who can adequately and accurately assist with obtaining any necessary information is present with the person at the time of the interview.

(2)(a) A superior court judge may issue a warrant to detain a person with a behavioral health disorder to a designated evaluation and treatment facility, a secure withdrawal management and stabilization facility, or an approved substance use disorder treatment program, for a period of not more than one hundred twenty hours for evaluation and treatment upon request of a designated crisis responder, subject to (d) of this subsection, whenever it appears to the satisfaction of the judge that:

(i) There is probable cause to support the petition; and

(ii) The person has refused or failed to accept appropriate evaluation and treatment voluntarily.

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

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

(d) A court may not issue an order to detain a person to a secure withdrawal management and stabilization facility or approved substance use disorder treatment program unless there is an available secure withdrawal management and stabilization facility or approved substance use disorder

treatment program that has adequate space for the person.

(e) If the court does not issue an order to detain a person pursuant to this subsection (2), the court shall issue an order to dismiss the initial petition.

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

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

(5) Tribal court orders for involuntary commitment shall be recognized and enforced in accordance with superior court civil rule 82.5.

(6) In any investigation and evaluation of an individual under this section or RCW 71.05.153 in which the designated crisis responder knows, or has reason to know, that the individual is an American Indian or Alaska Native who receives medical or behavioral health services from a tribe within this state, the designated crisis responder shall notify the tribe and Indian health care provider regarding whether or not a petition for initial detention or involuntary outpatient treatment will be filed. Notification shall be made in person or by telephonic or electronic communication to the tribal contact listed in the authority's tribal crisis coordination plan

as soon as possible but no later than three hours subject to the requirements in RCW 70.02.230(2)(ee) and (3). A designated crisis responder may restrict the release of information as necessary to comply with 42 C.F.R. Part 2.

Sec. 7. RCW 71.05.150 and 2022 c 210 s 6 are each amended to read as follows:

(1) When a designated crisis responder receives information alleging that a person, as a result of a behavioral health disorder, presents a likelihood of serious harm or is gravely disabled, the designated crisis responder may, after investigation and evaluation of the specific facts alleged and of the reliability and credibility of any person providing information to initiate detention, if satisfied that the allegations are true and that the person will not voluntarily seek appropriate treatment, file a petition for initial detention under this section. Before filing the petition, the designated crisis responder must personally interview the person, unless the person refuses an interview, and determine whether the person will voluntarily receive appropriate evaluation and treatment at an evaluation and treatment facility, crisis stabilization unit, ~~((triage facility))~~ 23-hour crisis relief center while participating in the pilot project in section 2 of this act, secure withdrawal management and stabilization facility, or approved substance use disorder treatment program. As part of the assessment, the designated crisis responder must attempt to ascertain if the person has executed a mental health advance directive under chapter 71.32 RCW. The interview performed by the designated crisis responder may be conducted by video provided that a licensed health care professional or professional person who can adequately and accurately assist with obtaining any necessary information is present with the person at the time of the interview.

(2)(a) A superior court judge may issue a warrant to detain a person with a behavioral health disorder to a designated evaluation and treatment facility, a secure withdrawal management and stabilization facility, or an approved substance use disorder treatment program, for a period of not more than one hundred twenty hours for evaluation and treatment upon request of a designated crisis responder whenever it appears to the satisfaction of the judge that:

(i) There is probable cause to support the petition; and

(ii) The person has refused or failed to accept appropriate evaluation and treatment voluntarily.

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

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

(d) If the court does not issue an order to detain a person pursuant to this

subsection (2), the court shall issue an order to dismiss the initial petition.

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

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

(5) Tribal court orders for involuntary commitment shall be recognized and enforced in accordance with superior court civil rule 82.5.

(6) In any investigation and evaluation of an individual under this section or RCW 71.05.153 in which the designated crisis responder knows, or has reason to know, that the individual is an American Indian or Alaska Native who receives medical or behavioral health services from a tribe within this state, the designated crisis responder shall notify the tribe and Indian health care provider regarding whether or not a petition for initial detention or involuntary outpatient treatment will be filed. Notification shall be made in person or by telephonic or electronic communication to the tribal contact listed in the authority's tribal crisis coordination plan as soon as possible but no later than three hours subject to the requirements in RCW 70.02.230(2)(ee) and (3). A designated crisis responder may restrict the release of

information as necessary to comply with 42 C.F.R. Part 2.

Sec. 8. RCW 71.05.153 and 2021 c 264 s 3 and 2021 c 125 s 1 are each reenacted and amended to read as follows:

(1) When a designated crisis responder receives information alleging that a person, as the result of a behavioral health disorder, presents an imminent likelihood of serious harm, or is in imminent danger because of being gravely disabled, after investigation and evaluation of the specific facts alleged and of the reliability and credibility of the person or persons providing the information if any, the designated crisis responder may take such person, or cause by oral or written order such person to be taken into emergency custody in an emergency department, evaluation and treatment facility, secure withdrawal management and stabilization facility if available with adequate space for the person, or approved substance use disorder treatment program if available with adequate space for the person, for not more than one hundred twenty hours as described in RCW 71.05.180.

(2) (a) Subject to (b) of this subsection, a peace officer may take or cause such person to be taken into custody and immediately delivered to a ~~((triage facility,))~~ crisis stabilization unit, 23-hour crisis relief center while participating in the pilot project in section 2 of this act, evaluation and treatment facility, secure withdrawal management and stabilization facility, approved substance use disorder treatment program, or the emergency department of a local hospital under ~~((the following circumstances:))~~

~~((i) Pursuant to))~~ subsection (1) of this section ~~((+))~~ or

~~((ii) When))~~ when he or she has reasonable cause to believe that such person is suffering from a behavioral health disorder and presents an imminent likelihood of serious harm or is in imminent danger because of being gravely disabled.

(b) A peace officer's delivery of a person, to a secure withdrawal management and stabilization facility or approved substance use disorder treatment program is subject to the availability of a secure withdrawal management and stabilization facility or approved substance use disorder treatment program with adequate space for the person.

(3) Persons delivered to a crisis stabilization unit, 23-hour crisis relief center while participating in the pilot project in section 2 of this act, evaluation and treatment facility, emergency department of a local hospital, ~~((triage facility that has elected to operate as an involuntary facility,))~~ secure withdrawal management and stabilization facility, or approved substance use disorder treatment program by peace officers pursuant to subsection (2) of this section may be held by the facility for a period of up to twelve hours, not counting time periods prior to medical clearance.

(4) Within three hours after arrival at an emergency department, not counting time periods prior to medical clearance, the

person must be examined by a mental health professional or substance use disorder professional. Within twelve hours of notice of the need for evaluation, not counting time periods prior to medical clearance, the designated crisis responder must determine whether the individual meets detention criteria. In conjunction with this evaluation, the facility where the patient is located must inquire as to a person's veteran status or eligibility for veterans benefits and, if the person appears to be potentially eligible for these benefits, inquire whether the person would be amenable to treatment by the veterans health administration compared to other relevant treatment options. This information must be shared with the designated crisis responder. If the person has been identified as being potentially eligible for veterans health administration services and as being amenable for those services, and if appropriate in light of all reasonably available information about the person's circumstances, the designated crisis responder must first refer the person to the veterans health administration for mental health or substance use disorder treatment at a facility capable of meeting the needs of the person including, but not limited to, the involuntary treatment options available at the Seattle division of the VA Puget Sound health care system. If the person is accepted for treatment by the veterans health administration, and is willing to accept treatment by the veterans health administration as an alternative to other available treatment options, the designated crisis responder, the veterans health administration, and the facility where the patient is located will work to make arrangements to have the person transported to a veterans health administration facility. As part of the assessment, the designated crisis responder must attempt to ascertain if the person has executed a mental health advance directive under chapter 71.32 RCW. The interview performed by the designated crisis responder may be conducted by video provided that a licensed health care professional or professional person who can adequately and accurately assist with obtaining any necessary information is present with the person at the time of the interview. If the individual is detained, the designated crisis responder shall file a petition for detention or a supplemental petition as appropriate and commence service on the designated attorney for the detained person. If the individual is released to the community, the behavioral health service provider shall inform the peace officer of the release within a reasonable period of time after the release if the peace officer has specifically requested notification and provided contact information to the provider.

(5) Dismissal of a commitment petition is not the appropriate remedy for a violation of the timeliness requirements of this section based on the intent of this chapter under RCW 71.05.010 except in the few cases where the facility staff or designated crisis responder has totally disregarded the requirements of this section.

Sec. 9. RCW 71.05.153 and 2021 c 264 s 4 and 2021 c 125 s 2 are each reenacted and amended to read as follows:

(1) When a designated crisis responder receives information alleging that a person, as the result of a behavioral health disorder, presents an imminent likelihood of serious harm, or is in imminent danger because of being gravely disabled, after investigation and evaluation of the specific facts alleged and of the reliability and credibility of the person or persons providing the information if any, the designated crisis responder may take such person, or cause by oral or written order such person to be taken into emergency custody in an emergency department, evaluation and treatment facility, secure withdrawal management and stabilization facility, or approved substance use disorder treatment program, for not more than one hundred twenty hours as described in RCW 71.05.180.

(2) A peace officer may take or cause such person to be taken into custody and immediately delivered to a ~~((triage facility,))~~ crisis stabilization unit, 23-hour crisis relief center while participating in the pilot project in section 2 of this act, evaluation and treatment facility, secure withdrawal management and stabilization facility, approved substance use disorder treatment program, or the emergency department of a local hospital under ~~((the following circumstances:))~~

~~((a) Pursuant to))~~ subsection (1) of this section ~~((+))~~ or

~~((b) When))~~ when he or she has reasonable cause to believe that such person is suffering from a behavioral health disorder and presents an imminent likelihood of serious harm or is in imminent danger because of being gravely disabled.

(3) Persons delivered to a crisis stabilization unit, 23-hour crisis relief center while participating in the pilot project in section 2 of this act, evaluation and treatment facility, emergency department of a local hospital, ~~((triage facility that has elected to operate as an involuntary facility,))~~ secure withdrawal management and stabilization facility, or approved substance use disorder treatment program by peace officers pursuant to subsection (2) of this section may be held by the facility for a period of up to twelve hours, not counting time periods prior to medical clearance.

(4) Within three hours after arrival at an emergency department, not counting time periods prior to medical clearance, the person must be examined by a mental health professional or substance use disorder professional. Within twelve hours of notice of the need for evaluation, not counting time periods prior to medical clearance, the designated crisis responder must determine whether the individual meets detention criteria. In conjunction with this evaluation, the facility where the patient is located must inquire as to a person's veteran status or eligibility for veterans benefits and, if the person appears to be potentially eligible for these benefits, inquire whether the person would be amenable

to treatment by the veterans health administration compared to other relevant treatment options. This information must be shared with the designated crisis responder. If the person has been identified as being potentially eligible for veterans health administration services and as being amenable for those services, and if appropriate in light of all reasonably available information about the person's circumstances, the designated crisis responder must first refer the person to the veterans health administration for mental health or substance use disorder treatment at a facility capable of meeting the needs of the person including, but not limited to, the involuntary treatment options available at the Seattle division of the VA Puget Sound health care system. If the person is accepted for treatment by the veterans health administration, and is willing to accept treatment by the veterans health administration as an alternative to other available treatment options, the designated crisis responder, the veterans health administration, and the facility where the patient is located will work to make arrangements to have the person transported to a veterans health administration facility. As part of the assessment, the designated crisis responder must attempt to ascertain if the person has executed a mental health advance directive under chapter 71.32 RCW. The interview performed by the designated crisis responder may be conducted by video provided that a licensed health care professional or professional person who can adequately and accurately assist with obtaining any necessary information is present with the person at the time of the interview. If the individual is detained, the designated crisis responder shall file a petition for detention or a supplemental petition as appropriate and commence service on the designated attorney for the detained person. If the individual is released to the community, the behavioral health service provider shall inform the peace officer of the release within a reasonable period of time after the release if the peace officer has specifically requested notification and provided contact information to the provider.

(5) Dismissal of a commitment petition is not the appropriate remedy for a violation of the timeliness requirements of this section based on the intent of this chapter under RCW 71.05.010 except in the few cases where the facility staff or designated crisis responder has totally disregarded the requirements of this section.

Sec. 10. RCW 71.05.590 and 2022 c 210 s 23 are each amended to read as follows:

(1) Either an agency or facility designated to monitor or provide services under a less restrictive alternative order or conditional release, or a designated crisis responder, may take action to enforce, modify, or revoke a less restrictive alternative treatment order or conditional release order. The agency, facility, or designated crisis responder must determine that:

(a) The person is failing to adhere to the terms and conditions of the order;

(b) Substantial deterioration in the person's functioning has occurred;

(c) There is evidence of substantial decompensation with a reasonable probability that the decompensation can be reversed by further evaluation, intervention, or treatment; or

(d) The person poses a likelihood of serious harm.

(2) Actions taken under this section must include a flexible range of responses of varying levels of intensity appropriate to the circumstances and consistent with the interests of the individual and the public in personal autonomy, safety, recovery, and compliance. Available actions may include, but are not limited to, any of the following:

(a) To counsel or advise the person as to their rights and responsibilities under the court order, and to offer incentives to motivate compliance;

(b) To increase the intensity of outpatient services provided to the person by increasing the frequency of contacts with the provider, referring the person for an assessment for assertive community services, or by other means;

(c) To request a court hearing for review and modification of the court order. The request must be directed to the court with jurisdiction over the order and specify the circumstances that give rise to the request and what modification is being sought. The county prosecutor shall assist the entity requesting the hearing and issue an appropriate summons to the person. This subsection does not limit the inherent authority of a treatment provider to alter conditions of treatment for clinical reasons, and is intended to be used only when court intervention is necessary or advisable to secure the person's compliance and prevent decompensation or deterioration;

(d) To detain the person for up to 12 hours for evaluation at an agency, facility providing services under the court order, (~~triage facility,~~) crisis stabilization unit, 23-hour crisis relief center while participating in the pilot project in section 2 of this act, emergency department, evaluation and treatment facility, secure withdrawal management and stabilization facility with available space, or an approved substance use disorder treatment program with available space. The purpose of the evaluation is to determine whether modification, revocation, or commitment proceedings are necessary and appropriate to stabilize the person and prevent decompensation, deterioration, or physical harm. Temporary detention for evaluation under this subsection is intended to occur only following a pattern of noncompliance or the failure of reasonable attempts at outreach and engagement, and may occur only when, based on clinical judgment, temporary detention is appropriate. The agency, facility, or designated crisis responder may request assistance from a peace officer for the purposes of temporary detention under this subsection (2)(d). This subsection does not limit the ability or obligation of the agency, facility, or designated crisis responder to pursue revocation procedures

under subsection (5) of this section in appropriate circumstances; and

(e) To initiate revocation procedures under subsection (5) of this section.

(3) A court may supervise a person on an order for less restrictive alternative treatment or a conditional release. While the person is under the order, the court may:

(a) Require appearance in court for periodic reviews; and

(b) Modify the order after considering input from the agency or facility designated to provide or facilitate services. The court may not remand the person into inpatient treatment except as provided under subsection (5) of this section, but may take actions under subsection (2)(a) through (d) of this section.

(4) The facility or agency designated to provide outpatient treatment shall notify the secretary of the department of social and health services or designated crisis responder when a person fails to adhere to terms and conditions of court ordered treatment or experiences substantial deterioration in his or her condition and, as a result, presents an increased likelihood of serious harm.

(5)(a) A designated crisis responder or the secretary of the department of social and health services may, upon their own motion or upon request of the facility or agency designated to provide outpatient care, cause a person to be detained in an evaluation and treatment facility, available secure withdrawal management and stabilization facility with adequate space, or available approved substance use disorder treatment program with adequate space in or near the county in which he or she is receiving outpatient treatment for the purpose of a hearing for revocation of a less restrictive alternative treatment order or conditional release order under this chapter. The designated crisis responder or secretary of the department of social and health services shall file a petition for revocation within 24 hours and serve the person, their guardian, if any, and their attorney. A hearing for revocation of a less restrictive alternative treatment order or conditional release order may be scheduled without detention of the person.

(b) A person detained under this subsection (5) must be held until such time, not exceeding five days, as a hearing can be scheduled to determine whether or not the order for less restrictive alternative treatment or conditional release should be revoked, modified, or retained. If the person is not detained, the hearing must be scheduled within five days of service on the person. The designated crisis responder or the secretary of the department of social and health services may withdraw its petition for revocation at any time before the court hearing.

(c) A person detained under this subsection (5) has the same rights with respect to notice, hearing, and counsel as in any involuntary treatment proceeding, except as specifically set forth in this section. There is no right to jury trial. The venue for proceedings is the county where the petition is filed. Notice of the

filing must be provided to the court that originally ordered commitment, if different from the court where the petition for revocation is filed, within two judicial days of the person's detention.

(d) The issues for the court to determine are whether: (i) The person adhered to the terms and conditions of the order; (ii) substantial deterioration in the person's functioning has occurred; (iii) there is evidence of substantial decompensation with a reasonable probability that the decompensation can be reversed by further inpatient treatment; or (iv) there is a likelihood of serious harm; and, if any of the above conditions apply, whether it is appropriate for the court to reinstate or modify the person's less restrictive alternative treatment order or conditional release order or order the person's detention for inpatient treatment. The person may waive the court hearing and allow the court to enter a stipulated order upon the agreement of all parties. If the court orders detention for inpatient treatment, the treatment period must be for 14 days from the revocation hearing if the less restrictive alternative treatment order or conditional release order was based on a petition under RCW 71.05.148, 71.05.160, or 71.05.230. If the court orders detention for inpatient treatment and the less restrictive alternative treatment order or conditional release order was based on a petition under RCW 71.05.290 or 71.05.320, the number of days remaining on the order must be converted to days of inpatient treatment. A court may not detain a person for inpatient treatment to a secure withdrawal management and stabilization facility or approved substance use disorder treatment program under this subsection unless there is a facility or program available with adequate space for the person.

(6) In determining whether or not to take action under this section the designated crisis responder, agency, or facility must consider the factors specified under RCW 71.05.212 and the court must consider the factors specified under RCW 71.05.245 as they apply to the question of whether to enforce, modify, or revoke a court order for involuntary treatment.

Sec. 11. RCW 71.05.590 and 2022 c 210 s 24 are each amended to read as follows:

(1) Either an agency or facility designated to monitor or provide services under a less restrictive alternative order or conditional release, or a designated crisis responder, may take action to enforce, modify, or revoke a less restrictive alternative treatment order or conditional release order. The agency, facility, or designated crisis responder must determine that:

(a) The person is failing to adhere to the terms and conditions of the order;

(b) Substantial deterioration in the person's functioning has occurred;

(c) There is evidence of substantial decompensation with a reasonable probability that the decompensation can be reversed by further evaluation, intervention, or treatment; or

(d) The person poses a likelihood of serious harm.

(2) Actions taken under this section must include a flexible range of responses of varying levels of intensity appropriate to the circumstances and consistent with the interests of the individual and the public in personal autonomy, safety, recovery, and compliance. Available actions may include, but are not limited to, any of the following:

(a) To counsel or advise the person as to their rights and responsibilities under the court order, and to offer incentives to motivate compliance;

(b) To increase the intensity of outpatient services provided to the person by increasing the frequency of contacts with the provider, referring the person for an assessment for assertive community services, or by other means;

(c) To request a court hearing for review and modification of the court order. The request must be directed to the court with jurisdiction over the order and specify the circumstances that give rise to the request and what modification is being sought. The county prosecutor shall assist ~~((the))~~ the entity requesting the hearing and issue an appropriate summons to the person. This subsection does not limit the inherent authority of a treatment provider to alter conditions of treatment for clinical reasons, and is intended to be used only when court intervention is necessary or advisable to secure the person's compliance and prevent decompensation or deterioration;

(d) To detain the person for up to 12 hours for evaluation at an agency, facility providing services under the court order, ~~((triage facility,))~~ crisis stabilization unit, 23-hour crisis relief center while participating in the pilot project in section 2 of this act, emergency department, evaluation and treatment facility, secure withdrawal management and stabilization facility, or an approved substance use disorder treatment program. The purpose of the evaluation is to determine whether modification, revocation, or commitment proceedings are necessary and appropriate to stabilize the person and prevent decompensation, deterioration, or physical harm. Temporary detention for evaluation under this subsection is intended to occur only following a pattern of noncompliance or the failure of reasonable attempts at outreach and engagement, and may occur only when, based on clinical judgment, temporary detention is appropriate. The agency, facility, or designated crisis responder may request assistance from a peace officer for the purposes of temporary detention under this subsection (2)(d). This subsection does not limit the ability or obligation of the agency, facility, or designated crisis responder to pursue revocation procedures under subsection (5) of this section in appropriate circumstances; and

(e) To initiate revocation procedures under subsection (5) of this section.

(3) A court may supervise a person on an order for less restrictive alternative treatment or a conditional release. While the person is under the order, the court may:

(a) Require appearance in court for periodic reviews; and

(b) Modify the order after considering input from the agency or facility designated to provide or facilitate services. The court may not remand the person into inpatient treatment except as provided under subsection (5) of this section, but may take actions under subsection (2)(a) through (d) of this section.

(4) The facility or agency designated to provide outpatient treatment shall notify the secretary of the department of social and health services or designated crisis responder when a person fails to adhere to terms and conditions of court ordered treatment or experiences substantial deterioration in his or her condition and, as a result, presents an increased likelihood of serious harm.

(5)(a) A designated crisis responder or the secretary of the department of social and health services may, upon their own motion or upon request of the facility or agency designated to provide outpatient care, cause a person to be detained in an evaluation and treatment facility, secure withdrawal management and stabilization facility, or approved substance use disorder treatment program in or near the county in which he or she is receiving outpatient treatment for the purpose of a hearing for revocation of a less restrictive alternative treatment order or conditional release order under this chapter. The designated crisis responder or secretary of the department of social and health services shall file a petition for revocation within 24 hours and serve the person, their guardian, if any, and their attorney. A hearing for revocation of a less restrictive alternative treatment order or conditional release order may be scheduled without detention of the person.

(b) A person detained under this subsection (5) must be held until such time, not exceeding five days, as a hearing can be scheduled to determine whether or not the order for less restrictive alternative treatment or conditional release should be revoked, modified, or retained. If the person is not detained, the hearing must be scheduled within five days of service on the person. The designated crisis responder or the secretary of the department of social and health services may withdraw its petition for revocation at any time before the court hearing.

(c) A person detained under this subsection (5) has the same rights with respect to notice, hearing, and counsel as in any involuntary treatment proceeding, except as specifically set forth in this section. There is no right to jury trial. The venue for proceedings is the county where the petition is filed. Notice of the filing must be provided to the court that originally ordered commitment, if different from the court where the petition for revocation is filed, within two judicial days of the person's detention.

(d) The issues for the court to determine are whether: (i) The person adhered to the terms and conditions of the order; (ii) substantial deterioration in the person's functioning has occurred; (iii) there is evidence of substantial decompensation with

a reasonable probability that the decompensation can be reversed by further inpatient treatment; or (iv) there is a likelihood of serious harm; and, if any of the above conditions apply, whether it is appropriate for the court to reinstate or modify the person's less restrictive alternative treatment order or conditional release order or order the person's detention for inpatient treatment. The person may waive the court hearing and allow the court to enter a stipulated order upon the agreement of all parties. If the court orders detention for inpatient treatment, the treatment period must be for 14 days from the revocation hearing if the less restrictive alternative treatment order or conditional release order was based on a petition under RCW 71.05.148, 71.05.160, or 71.05.230. If the court orders detention for inpatient treatment and the less restrictive alternative treatment order or conditional release order was based on a petition under RCW 71.05.290 or 71.05.320, the number of days remaining on the order must be converted to days of inpatient treatment.

(6) In determining whether or not to take action under this section the designated crisis responder, agency, or facility must consider the factors specified under RCW 71.05.212 and the court must consider the factors specified under RCW 71.05.245 as they apply to the question of whether to enforce, modify, or revoke a court order for involuntary treatment.

Sec. 12. RCW 71.34.020 and 2021 c 264 s 26 are each amended to read as follows:

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

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

(2) "Adolescent" means a minor thirteen years of age or older.

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

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

(5) "Approved substance use disorder treatment program" means a program for minors with substance use disorders provided by a treatment program licensed or certified by the department of health as meeting standards adopted under chapter 71.24 RCW.

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

(7) "Authority" means the Washington state health care authority.

(8) "Behavioral health administrative services organization" has the same meaning as provided in RCW 71.24.025.

(9) "Behavioral health disorder" means either a mental disorder as defined in this section, a substance use disorder as defined in this section, or a co-occurring mental disorder and substance use disorder.

(10) "Child psychiatrist" means a person having a license as a physician and surgeon in this state, who has had graduate training in child psychiatry in a program approved by the American Medical Association or the American Osteopathic Association, and who is board eligible or board certified in child psychiatry.

(11) "Children's mental health specialist" means:

(a) A mental health professional who has completed a minimum of one hundred actual hours, not quarter or semester hours, of specialized training devoted to the study of child development and the treatment of children; and

(b) A mental health professional who has the equivalent of one year of full-time experience in the treatment of children under the supervision of a children's mental health specialist.

(12) "Commitment" means a determination by a judge or court commissioner, made after a commitment hearing, that the minor is in need of inpatient diagnosis, evaluation, or treatment or that the minor is in need of less restrictive alternative treatment.

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

(14) "Co-occurring disorder specialist" means an individual possessing an enhancement granted by the department of health under chapter 18.205 RCW that certifies the individual to provide substance use disorder counseling subject to the practice limitations under RCW 18.205.105.

(15) "Crisis stabilization unit" means a short-term facility or a portion of a facility licensed or certified by the department of health under RCW 71.24.035, such as a residential treatment facility or a hospital, which has been designed to assess, diagnose, and treat individuals experiencing an acute crisis without the use of long-term hospitalization, or to determine the need for involuntary commitment of an individual.

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

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

(18) "Designated crisis responder" has the same meaning as provided in RCW 71.05.020.

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

(20) "Developmental disabilities professional" means a person who has specialized training and three years of experience in directly treating or working

with persons with developmental disabilities and is a psychiatrist, physician assistant working with a supervising psychiatrist, psychologist, psychiatric advanced registered nurse practitioner, or social worker, and such other developmental disabilities professionals as may be defined by rules adopted by the secretary of the department.

(21) "Developmental disability" has the same meaning as defined in RCW 71A.10.020.

(22) "Director" means the director of the authority.

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

(24) "Evaluation and treatment facility" means a public or private facility or unit that is licensed or certified by the department of health to provide emergency, inpatient, residential, or outpatient mental health evaluation and treatment services for minors. A physically separate and separately operated portion of a state hospital may be designated as an evaluation and treatment facility for minors. A facility which is part of or operated by the state or federal agency does not require licensure or certification. No correctional institution or facility, juvenile court detention facility, or jail may be an evaluation and treatment facility within the meaning of this chapter.

(25) "Evaluation and treatment program" means the total system of services and facilities coordinated and approved by a county or combination of counties for the evaluation and treatment of minors under this chapter.

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

(27) "Habilitative services" means those services provided by program personnel to assist minors in acquiring and maintaining life skills and in raising their levels of physical, behavioral, social, and vocational functioning. Habilitative services include education, training for employment, and therapy.

(28) "Hearing" means any proceeding conducted in open court that conforms to the requirements of RCW 71.34.910.

(29) "History of one or more violent acts" refers to the period of time five years prior to the filing of a petition under this chapter, excluding any time spent, but not any violent acts committed, in a mental health facility, a long-term substance use disorder treatment facility, or in confinement as a result of a criminal conviction.

(30) "Individualized service plan" means a plan prepared by a developmental disabilities professional with other

professionals as a team, for a person with developmental disabilities, which states:

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

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

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

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

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

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

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

(31)(a) "Inpatient treatment" means twenty-four-hour-per-day mental health care provided within a general hospital, psychiatric hospital, residential treatment facility licensed or certified by the department of health as an evaluation and treatment facility for minors, secure withdrawal management and stabilization facility for minors, or approved substance use disorder treatment program for minors.

(b) For purposes of family-initiated treatment under RCW 71.34.600 through 71.34.670, "inpatient treatment" has the meaning included in (a) of this subsection and any other residential treatment facility licensed under chapter 71.12 RCW.

(32) "Intoxicated minor" means a minor whose mental or physical functioning is substantially impaired as a result of the use of alcohol or other psychoactive chemicals.

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

(34) "Kinship caregiver" has the same meaning as in RCW 74.13.031(19)(a).

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

(36) "Less restrictive alternative" or "less restrictive setting" means outpatient treatment provided to a minor as a program of individualized treatment in a less restrictive setting than inpatient treatment that includes the services described in RCW 71.34.755, including residential treatment.

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

(38) "Likelihood of serious harm" means:

(a) A substantial risk that: (i) Physical harm will be inflicted by a minor upon his or her own person, as evidenced by threats or attempts to commit suicide or inflict physical harm on oneself; (ii) physical harm will be inflicted by a minor upon another

individual, as evidenced by behavior which has caused such harm or which places another person or persons in reasonable fear of sustaining such harm; or (iii) physical harm will be inflicted by a minor upon the property of others, as evidenced by behavior which has caused substantial loss or damage to the property of others; or

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

(39) "Managed care organization" has the same meaning as provided in RCW 71.24.025.

(40) "Medical clearance" means a physician or other health care provider has determined that a person is medically stable and ready for referral to the designated crisis responder.

(41) "Medical necessity" for inpatient care means a requested service which is reasonably calculated to: (a) Diagnose, correct, cure, or alleviate a mental disorder or substance use disorder; or (b) prevent the progression of a mental disorder or substance use disorder that endangers life or causes suffering and pain, or results in illness or infirmity or threatens to cause or aggravate a disability, or causes physical deformity or malfunction, and there is no adequate less restrictive alternative available.

(42) "Mental disorder" means any organic, mental, or emotional impairment that has substantial adverse effects on an individual's cognitive or volitional functions. The presence of alcohol abuse, drug abuse, juvenile criminal history, antisocial behavior, or intellectual disabilities alone is insufficient to justify a finding of "mental disorder" within the meaning of this section.

(43) "Mental health professional" means a psychiatrist, psychiatric advanced registered nurse practitioner, physician assistant working with a supervising psychiatrist, psychologist, psychiatric nurse, social worker, and such other mental health professionals as defined by rules adopted by the secretary of the department of health under this chapter.

(44) "Minor" means any person under the age of eighteen years.

(45) "Outpatient treatment" means any of the nonresidential services mandated under chapter 71.24 RCW and provided by licensed or certified behavioral health agencies as identified by RCW 71.24.025.

(46)(a) "Parent" has the same meaning as defined in RCW 26.26A.010, including either parent if custody is shared under a joint custody agreement, or a person or agency judicially appointed as legal guardian or custodian of the child.

(b) For purposes of family-initiated treatment under RCW 71.34.600 through 71.34.670, "parent" also includes a person to whom a parent defined in (a) of this subsection has given a signed authorization to make health care decisions for the adolescent, a stepparent who is involved in caring for the adolescent, a kinship caregiver who is involved in caring for the adolescent, or another relative who is responsible for the health care of the adolescent, who may be required to provide a declaration under penalty of perjury stating

that he or she is a relative responsible for the health care of the adolescent pursuant to chapter 5.50 RCW. If a dispute arises between individuals authorized to act as a parent for the purpose of RCW 71.34.600 through 71.34.670, the disagreement must be resolved according to the priority established under RCW 7.70.065(2)(a).

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

(48) "Physician assistant" means a person licensed as a physician assistant under chapter 18.71A RCW.

(49) "Private agency" means any person, partnership, corporation, or association that is not a public agency, whether or not financed in whole or in part by public funds, that constitutes an evaluation and treatment facility or private institution, or hospital, or approved substance use disorder treatment program, that is conducted for, or includes a distinct unit, floor, or ward conducted for, the care and treatment of persons with mental illness, substance use disorders, or both mental illness and substance use disorders.

(50) "Professional person in charge" or "professional person" means a physician, other mental health professional, or other person empowered by an evaluation and treatment facility, secure withdrawal management and stabilization facility, or approved substance use disorder treatment program with authority to make admission and discharge decisions on behalf of that facility.

(51) "Psychiatric nurse" means a registered nurse who has experience in the direct treatment of persons who have a mental illness or who are emotionally disturbed, such experience gained under the supervision of a mental health professional.

(52) "Psychiatrist" means a person having a license as a physician in this state who has completed residency training in psychiatry in a program approved by the American Medical Association or the American Osteopathic Association, and is board eligible or board certified in psychiatry.

(53) "Psychologist" means a person licensed as a psychologist under chapter 18.83 RCW.

(54) "Public agency" means any evaluation and treatment facility or institution, or hospital, or approved substance use disorder treatment program that is conducted for, or includes a distinct unit, floor, or ward conducted for, the care and treatment of persons with mental illness, substance use disorders, or both mental illness and substance use disorders if the agency is operated directly by federal, state, county, or municipal government, or a combination of such governments.

(55) "Release" means legal termination of the commitment under the provisions of this chapter.

(56) "Resource management services" has the meaning given in chapter 71.24 RCW.

(57) "Responsible other" means the minor, the minor's parent or estate, or any other

person legally responsible for support of the minor.

(58) "Secretary" means the secretary of the department or secretary's designee.

(59) "Secure withdrawal management and stabilization facility" means a facility operated by either a public or private agency or by the program of an agency which provides care to voluntary individuals and individuals involuntarily detained and committed under this chapter for whom there is a likelihood of serious harm or who are gravely disabled due to the presence of a substance use disorder. Secure withdrawal management and stabilization facilities must:

(a) Provide the following services:

(i) Assessment and treatment, provided by certified substance use disorder professionals or co-occurring disorder specialists;

(ii) Clinical stabilization services;

(iii) Acute or subacute detoxification services for intoxicated individuals; and

(iv) Discharge assistance provided by certified substance use disorder professionals or co-occurring disorder specialists, including facilitating transitions to appropriate voluntary or involuntary inpatient services or to less restrictive alternatives as appropriate for the individual;

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

(c) Be licensed or certified as such by the department of health.

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

(61) "Start of initial detention" means the time of arrival of the minor at the first evaluation and treatment facility, secure withdrawal management and stabilization facility, or approved substance use disorder treatment program offering inpatient treatment if the minor is being involuntarily detained at the time. With regard to voluntary patients, "start of initial detention" means the time at which the minor gives notice of intent to leave under the provisions of this chapter.

(62) "Store and forward technology" means use of an asynchronous transmission of a person's medical information from a mental health service provider to the designated crisis responder which results in medical diagnosis, consultation, or treatment.

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

(64) "Substance use disorder professional" means a person certified as a substance use disorder professional by the department of health under chapter 18.205 RCW.

(65) "Therapeutic court personnel" means the staff of a mental health court or other therapeutic court which has jurisdiction

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

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

~~(67) ("Triage facility" means a short-term facility or a portion of a facility licensed or certified by the department of health under RCW 71.24.035, which is designed as a facility to assess and stabilize an individual or determine the need for involuntary commitment of an individual, and must meet department of health residential treatment facility standards. A triage facility may be structured as a voluntary or involuntary placement facility.~~

~~(68))~~ "Video" means the delivery of behavioral health services through the use of interactive audio and video technology, permitting real-time communication between a person and a designated crisis responder, for the purpose of evaluation. "Video" does not include the use of audio-only telephone, facsimile, email, or store and forward technology.

~~((69))~~ (68) "Violent act" means behavior that resulted in homicide, attempted suicide, injury, or substantial loss or damage to property.

Sec. 13. RCW 71.34.020 and 2021 c 264 s 28 are each amended to read as follows:

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

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

(2) "Adolescent" means a minor thirteen years of age or older.

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

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

(5) "Approved substance use disorder treatment program" means a program for minors with substance use disorders provided by a treatment program licensed or certified by the department of health as meeting standards adopted under chapter 71.24 RCW.

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

(7) "Authority" means the Washington state health care authority.

(8) "Behavioral health administrative services organization" has the same meaning as provided in RCW 71.24.025.

(9) "Behavioral health disorder" means either a mental disorder as defined in this section, a substance use disorder as defined in this section, or a co-occurring mental disorder and substance use disorder.

(10) "Child psychiatrist" means a person having a license as a physician and surgeon in this state, who has had graduate training in child psychiatry in a program approved by the American Medical Association or the American Osteopathic Association, and who is board eligible or board certified in child psychiatry.

(11) "Children's mental health specialist" means:

(a) A mental health professional who has completed a minimum of one hundred actual hours, not quarter or semester hours, of specialized training devoted to the study of child development and the treatment of children; and

(b) A mental health professional who has the equivalent of one year of full-time experience in the treatment of children under the supervision of a children's mental health specialist.

(12) "Commitment" means a determination by a judge or court commissioner, made after a commitment hearing, that the minor is in need of inpatient diagnosis, evaluation, or treatment or that the minor is in need of less restrictive alternative treatment.

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

(14) "Co-occurring disorder specialist" means an individual possessing an enhancement granted by the department of health under chapter 18.205 RCW that certifies the individual to provide substance use disorder counseling subject to the practice limitations under RCW 18.205.105.

(15) "Crisis stabilization unit" means a short-term facility or a portion of a facility licensed or certified by the department of health under RCW 71.24.035, such as a residential treatment facility or a hospital, which has been designed to assess, diagnose, and treat individuals experiencing an acute crisis without the use of long-term hospitalization, or to determine the need for involuntary commitment of an individual.

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

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

(18) "Designated crisis responder" has the same meaning as provided in RCW 71.05.020.

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

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

(21) "Developmental disability" has the same meaning as defined in RCW 71A.10.020.

(22) "Director" means the director of the authority.

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

(24) "Evaluation and treatment facility" means a public or private facility or unit that is licensed or certified by the department of health to provide emergency, inpatient, residential, or outpatient mental health evaluation and treatment services for minors. A physically separate and separately operated portion of a state hospital may be designated as an evaluation and treatment facility for minors. A facility which is part of or operated by the state or federal agency does not require licensure or certification. No correctional institution or facility, juvenile court detention facility, or jail may be an evaluation and treatment facility within the meaning of this chapter.

(25) "Evaluation and treatment program" means the total system of services and facilities coordinated and approved by a county or combination of counties for the evaluation and treatment of minors under this chapter.

(26) "Gravely disabled minor" means a minor who, as a result of a behavioral health disorder, (a) is in danger of serious physical harm resulting from a failure to provide for his or her essential human needs of health or safety, or (b) manifests severe deterioration from safe behavior evidenced by repeated and escalating loss of cognitive or volitional control over his or her actions and is not receiving such care as is essential for his or her health or safety.

(27) "Habilitative services" means those services provided by program personnel to assist minors in acquiring and maintaining life skills and in raising their levels of physical, behavioral, social, and vocational functioning. Habilitative services include

education, training for employment, and therapy.

(28) "Hearing" means any proceeding conducted in open court that conforms to the requirements of RCW 71.34.910.

(29) "History of one or more violent acts" refers to the period of time five years prior to the filing of a petition under this chapter, excluding any time spent, but not any violent acts committed, in a mental health facility, a long-term substance use disorder treatment facility, or in confinement as a result of a criminal conviction.

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

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

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

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

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

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

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

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

(31) (a) "Inpatient treatment" means twenty-four-hour-per-day mental health care provided within a general hospital, psychiatric hospital, residential treatment facility licensed or certified by the department of health as an evaluation and treatment facility for minors, secure withdrawal management and stabilization facility for minors, or approved substance use disorder treatment program for minors.

(b) For purposes of family-initiated treatment under RCW 71.34.600 through 71.34.670, "inpatient treatment" has the meaning included in (a) of this subsection and any other residential treatment facility licensed under chapter 71.12 RCW.

(32) "Intoxicated minor" means a minor whose mental or physical functioning is substantially impaired as a result of the use of alcohol or other psychoactive chemicals.

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

(34) "Kinship caregiver" has the same meaning as in RCW 74.13.031(19) (a).

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

(36) "Less restrictive alternative" or "less restrictive setting" means outpatient treatment provided to a minor as a program of individualized treatment in a less restrictive setting than inpatient treatment that includes the services described in RCW 71.34.755, including residential treatment.

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

(38) "Likelihood of serious harm" means:

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

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

(39) "Managed care organization" has the same meaning as provided in RCW 71.24.025.

(40) "Medical clearance" means a physician or other health care provider has determined that a person is medically stable and ready for referral to the designated crisis responder.

(41) "Medical necessity" for inpatient care means a requested service which is reasonably calculated to: (a) Diagnose, correct, cure, or alleviate a mental disorder or substance use disorder; or (b) prevent the progression of a mental disorder or substance use disorder that endangers life or causes suffering and pain, or results in illness or infirmity or threatens to cause or aggravate a disability, or causes physical deformity or malfunction, and there is no adequate less restrictive alternative available.

(42) "Mental disorder" means any organic, mental, or emotional impairment that has substantial adverse effects on an individual's cognitive or volitional functions. The presence of alcohol abuse, drug abuse, juvenile criminal history, antisocial behavior, or intellectual disabilities alone is insufficient to justify a finding of "mental disorder" within the meaning of this section.

(43) "Mental health professional" means a psychiatrist, psychiatric advanced registered nurse practitioner, physician assistant working with a supervising psychiatrist, psychologist, psychiatric nurse, social worker, and such other mental health professionals as defined by rules adopted by the secretary of the department of health under this chapter.

(44) "Minor" means any person under the age of eighteen years.

(45) "Outpatient treatment" means any of the nonresidential services mandated under chapter 71.24 RCW and provided by licensed or certified behavioral health agencies as identified by RCW 71.24.025.

(46) (a) "Parent" has the same meaning as defined in RCW 26.26A.010, including either parent if custody is shared under a joint custody agreement, or a person or agency judicially appointed as legal guardian or custodian of the child.

(b) For purposes of family-initiated treatment under RCW 71.34.600 through 71.34.670, "parent" also includes a person to whom a parent defined in (a) of this subsection has given a signed authorization to make health care decisions for the adolescent, a stepparent who is involved in caring for the adolescent, a kinship caregiver who is involved in caring for the adolescent, or another relative who is responsible for the health care of the adolescent, who may be required to provide a declaration under penalty of perjury stating that he or she is a relative responsible for the health care of the adolescent pursuant to chapter 5.50 RCW. If a dispute arises between individuals authorized to act as a parent for the purpose of RCW 71.34.600 through 71.34.670, the disagreement must be resolved according to the priority established under RCW 7.70.065(2)(a).

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

(48) "Physician assistant" means a person licensed as a physician assistant under chapter 18.71A RCW.

(49) "Private agency" means any person, partnership, corporation, or association that is not a public agency, whether or not financed in whole or in part by public funds, that constitutes an evaluation and treatment facility or private institution, or hospital, or approved substance use disorder treatment program, that is conducted for, or includes a distinct unit, floor, or ward conducted for, the care and treatment of persons with mental illness, substance use disorders, or both mental illness and substance use disorders.

(50) "Professional person in charge" or "professional person" means a physician, other mental health professional, or other person empowered by an evaluation and treatment facility, secure withdrawal management and stabilization facility, or approved substance use disorder treatment program with authority to make admission and discharge decisions on behalf of that facility.

(51) "Psychiatric nurse" means a registered nurse who has experience in the direct treatment of persons who have a mental illness or who are emotionally disturbed, such experience gained under the supervision of a mental health professional.

(52) "Psychiatrist" means a person having a license as a physician in this state who has completed residency training in psychiatry in a program approved by the American Medical Association or the American Osteopathic Association, and is board eligible or board certified in psychiatry.

(53) "Psychologist" means a person licensed as a psychologist under chapter 18.83 RCW.

(54) "Public agency" means any evaluation and treatment facility or institution, or hospital, or approved substance use disorder treatment program that is conducted for, or includes a distinct unit, floor, or ward conducted for, the care and treatment of persons with mental illness, substance use disorders, or both mental illness and substance use disorders if the agency is operated directly by federal, state, county, or municipal government, or a combination of such governments.

(55) "Release" means legal termination of the commitment under the provisions of this chapter.

(56) "Resource management services" has the meaning given in chapter 71.24 RCW.

(57) "Responsible other" means the minor, the minor's parent or estate, or any other person legally responsible for support of the minor.

(58) "Secretary" means the secretary of the department or secretary's designee.

(59) "Secure withdrawal management and stabilization facility" means a facility operated by either a public or private agency or by the program of an agency which provides care to voluntary individuals and individuals involuntarily detained and committed under this chapter for whom there is a likelihood of serious harm or who are gravely disabled due to the presence of a substance use disorder. Secure withdrawal management and stabilization facilities must:

(a) Provide the following services:

(i) Assessment and treatment, provided by certified substance use disorder professionals or co-occurring disorder specialists;

(ii) Clinical stabilization services;

(iii) Acute or subacute detoxification services for intoxicated individuals; and

(iv) Discharge assistance provided by certified substance use disorder professionals or co-occurring disorder specialists, including facilitating transitions to appropriate voluntary or involuntary inpatient services or to less restrictive alternatives as appropriate for the individual;

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

(c) Be licensed or certified as such by the department of health.

(60) "Severe deterioration from safe behavior" means that a person will, if not treated, suffer or continue to suffer severe and abnormal mental, emotional, or physical distress, and this distress is associated with significant impairment of judgment, reason, or behavior.

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

(62) "Start of initial detention" means the time of arrival of the minor at the first evaluation and treatment facility, secure withdrawal management and stabilization facility, or approved substance use disorder treatment program offering inpatient treatment if the minor is being involuntarily detained at the time. With regard to voluntary patients, "start of

initial detention" means the time at which the minor gives notice of intent to leave under the provisions of this chapter.

(63) "Store and forward technology" means use of an asynchronous transmission of a person's medical information from a mental health service provider to the designated crisis responder which results in medical diagnosis, consultation, or treatment.

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

(65) "Substance use disorder professional" means a person certified as a substance use disorder professional by the department of health under chapter 18.205 RCW.

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

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

~~(68) ("Triage facility" means a short-term facility or a portion of a facility licensed or certified by the department of health under RCW 71.24.035, which is designed as a facility to assess and stabilize an individual or determine the need for involuntary commitment of an individual, and must meet department of health residential treatment facility standards. A triage facility may be structured as a voluntary or involuntary placement facility.~~

~~(69))~~ "Video" means the delivery of behavioral health services through the use of interactive audio and video technology, permitting real-time communication between a person and a designated crisis responder, for the purpose of evaluation. "Video" does not include the use of audio-only telephone, facsimile, email, or store and forward technology.

~~((70))~~ (69) "Violent act" means behavior that resulted in homicide,

attempted suicide, injury, or substantial loss or damage to property.

Sec. 14. RCW 71.34.351 and 2020 c 302 s 67 are each amended to read as follows:

A peace officer may take or authorize a minor to be taken into custody and immediately delivered to an appropriate (~~(triage facility,)~~) crisis stabilization unit, evaluation and treatment facility, secure withdrawal management and stabilization facility, approved substance use disorder treatment program, or the emergency department of a local hospital when he or she has reasonable cause to believe that such minor is suffering from a behavioral health disorder and presents an imminent likelihood of serious harm or is gravely disabled. Until July 1, 2026, a peace officer's delivery of a minor to a secure withdrawal management and stabilization facility or approved substance use disorder treatment program is subject to the availability of a secure withdrawal management and stabilization facility or approved substance use disorder treatment program with adequate space for the minor.

Sec. 15. RCW 71.05.755 and 2019 c 325 s 3014 are each amended to read as follows:

(1) The authority shall promptly share reports it receives under RCW 71.05.750 with the responsible behavioral health administrative services organization or managed care organization, if applicable. The behavioral health administrative services organization or managed care organization, if applicable, receiving this notification must attempt to engage the person in appropriate services for which the person is eligible and report back within seven days to the authority.

(2) The authority shall track and analyze reports submitted under RCW 71.05.750. The authority must initiate corrective action when appropriate to ensure that each behavioral health administrative services organization or managed care organization, if applicable, has implemented an adequate plan to provide evaluation and treatment services. Corrective actions may include remedies under the authority's contract with such entity. An adequate plan may include development of less restrictive alternatives to involuntary commitment such as (~~(crisis triage,)~~) crisis diversion, voluntary treatment, or prevention programs reasonably calculated to reduce demand for evaluation and treatment under this chapter.

Sec. 16. RCW 71.24.890 and 2021 c 302 s 102 are each amended to read as follows:

(1) Establishing the state crisis call center hubs and enhancing the crisis response system will require collaborative work between the department and the authority within their respective roles. The department shall have primary responsibility for establishing and designating the crisis call center hubs. The authority shall have primary responsibility for developing and implementing the crisis response system and services to support the work of the crisis call center hubs. In any instance in which one agency is identified as the lead, the expectation is that agency will be

communicating and collaborating with the other to ensure seamless, continuous, and effective service delivery within the statewide crisis response system.

(2) The department shall provide adequate funding for the state's crisis call centers to meet an expected increase in the use of the call centers based on the implementation of the 988 crisis hotline. The funding level shall be established at a level anticipated to achieve an in-state call response rate of at least 90 percent by July 22, 2022. The funding level shall be determined by considering standards and cost per call predictions provided by the administrator of the national suicide prevention lifeline, call volume predictions, guidance on crisis call center performance metrics, and necessary technology upgrades.

(3) The department shall adopt rules by July 1, 2023, to establish standards for designation of crisis call centers as crisis call center hubs. The department shall collaborate with the authority and other agencies to assure coordination and availability of services, and shall consider national guidelines for behavioral health crisis care as determined by the federal substance abuse and mental health services administration, national behavioral health accrediting bodies, and national behavioral health provider associations to the extent they are appropriate, and recommendations from the crisis response improvement strategy committee created in RCW 71.24.892.

(4) The department shall designate crisis call center hubs by July 1, 2024. The crisis call center hubs shall provide crisis intervention services, triage, care coordination, referrals, and connections to individuals contacting the 988 crisis hotline from any jurisdiction within Washington 24 hours a day, seven days a week, using the system platform developed under subsection (5) of this section.

(a) To be designated as a crisis call center hub, the applicant must demonstrate to the department the ability to comply with the requirements of this section and to contract to provide crisis call center hub services. The department may revoke the designation of any crisis call center hub that fails to substantially comply with the contract.

(b) The contracts entered shall require designated crisis call center hubs to:

(i) Have an active agreement with the administrator of the national suicide prevention lifeline for participation within its network;

(ii) Meet the requirements for operational and clinical standards established by the department and based upon the national suicide prevention lifeline best practices guidelines and other recognized best practices;

(iii) Employ highly qualified, skilled, and trained clinical staff who have sufficient training and resources to provide empathy to callers in acute distress, de-escalate crises, assess behavioral health disorders and suicide risk, triage to system partners, and provide case management and documentation. Call center staff shall be trained to make every effort to resolve cases in the least restrictive environment

and without law enforcement involvement whenever possible. Call center staff shall coordinate with certified peer counselors to provide follow-up and outreach to callers in distress as available. It is intended for transition planning to include a pathway for continued employment and skill advancement as needed for experienced crisis call center employees;

(iv) Collaborate with the authority, the national suicide prevention lifeline, and veterans crisis line networks to assure consistency of public messaging about the 988 crisis hotline; and

(v) Provide data and reports and participate in evaluations and related quality improvement activities, according to standards established by the department in collaboration with the authority.

(c) The department and the authority shall incorporate recommendations from the crisis response improvement strategy committee created under RCW 71.24.892 in its agreements with crisis call center hubs, as appropriate.

(5) The department and authority must coordinate to develop the technology and platforms necessary to manage and operate the behavioral health crisis response and suicide prevention system. The technologies developed must include:

(a) A new technologically advanced behavioral health and suicide prevention crisis call center system platform using technology demonstrated to be interoperable across crisis and emergency response systems used throughout the state, such as 911 systems, emergency medical services systems, and other nonbehavioral health crisis services, for use in crisis call center hubs designated by the department under subsection (4) of this section. This platform, which shall be fully funded by July 1, 2023, shall be developed by the department and must include the capacity to receive crisis assistance requests through phone calls, texts, chats, and other similar methods of communication that may be developed in the future that promote access to the behavioral health crisis system; and

(b) A behavioral health integrated client referral system capable of providing system coordination information to crisis call center hubs and the other entities involved in behavioral health care. This system shall be developed by the authority.

(6) In developing the new technologies under subsection (5) of this section, the department and the authority must coordinate to designate a primary technology system to provide each of the following:

(a) Access to real-time information relevant to the coordination of behavioral health crisis response and suicide prevention services, including:

(i) Real-time bed availability for all behavioral health bed types and recliner chairs, including but not limited to crisis stabilization services, ~~((triage facilities,))~~ 23-hour crisis relief centers while participating in the pilot project in section 2 of this act, psychiatric inpatient, substance use disorder inpatient, withdrawal management, peer-run respite centers, and crisis respite services, inclusive of both voluntary and involuntary

beds, for use by crisis response workers, first responders, health care providers, emergency departments, and individuals in crisis; and

(ii) Real-time information relevant to the coordination of behavioral health crisis response and suicide prevention services for a person, including the means to access:

(A) Information about any less restrictive alternative treatment orders or mental health advance directives related to the person; and

(B) Information necessary to enable the crisis call center hub to actively collaborate with emergency departments, primary care providers and behavioral health providers within managed care organizations, behavioral health administrative services organizations, and other health care payers to establish a safety plan for the person in accordance with best practices and provide the next steps for the person's transition to follow-up noncrisis care. To establish information-sharing guidelines that fulfill the intent of this section the authority shall consider input from the confidential information compliance and coordination subcommittee established under RCW 71.24.892;

(b) The means to request deployment of appropriate crisis response services, which may include mobile rapid response crisis teams, co-responder teams, designated crisis responders, fire department mobile integrated health teams, or community assistance referral and educational services programs under RCW 35.21.930, according to best practice guidelines established by the authority, and track local response through global positioning technology; ~~((and))~~

(c) The means to track the outcome of the 988 call to enable appropriate follow up, cross-system coordination, and accountability, including as appropriate: (i) Any immediate services dispatched and reports generated from the encounter; (ii) the validation of a safety plan established for the caller in accordance with best practices; (iii) the next steps for the caller to follow in transition to noncrisis follow-up care, including a next-day appointment for callers experiencing urgent, symptomatic behavioral health care needs; and (iv) the means to verify and document whether the caller was successful in making the transition to appropriate noncrisis follow-up care indicated in the safety plan for the person, to be completed either by the care coordinator provided through the person's managed care organization, health plan, or behavioral health administrative services organization, or if such a care coordinator is not available or does not follow through, by the staff of the crisis call center hub;

(d) A means to facilitate actions to verify and document whether the person's transition to follow up noncrisis care was completed and services offered, to be performed by a care coordinator provided through the person's managed care organization, health plan, or behavioral health administrative services organization, or if such a care coordinator is not available or does not follow through, by the staff of the crisis call center hub;

(e) The means to provide geographically, culturally, and linguistically appropriate services to persons who are part of high-risk populations or otherwise have need of specialized services or accommodations, and to document these services or accommodations; and

(f) When appropriate, consultation with tribal governments to ensure coordinated care in government-to-government relationships, and access to dedicated services to tribal members.

(7) To implement this section the department and the authority shall collaborate with the state (~~enhanced~~) 911 coordination office, emergency management division, and military department to develop technology that is demonstrated to be interoperable between the 988 crisis hotline system and crisis and emergency response systems used throughout the state, such as 911 systems, emergency medical services systems, and other nonbehavioral health crisis services, as well as the national suicide prevention lifeline, to assure cohesive interoperability, develop training programs and operations for both 911 public safety telecommunicators and crisis line workers, develop suicide and other behavioral health crisis assessments and intervention strategies, and establish efficient and equitable access to resources via crisis hotlines.

(8) The authority shall:

(a) Collaborate with county authorities and behavioral health administrative services organizations to develop procedures to dispatch behavioral health crisis services in coordination with crisis call center hubs to effectuate the intent of this section;

(b) Establish formal agreements with managed care organizations and behavioral health administrative services organizations by January 1, 2023, to provide for the services, capacities, and coordination necessary to effectuate the intent of this section, which shall include a requirement to arrange next-day appointments for persons contacting the 988 crisis hotline experiencing urgent, symptomatic behavioral health care needs with geographically, culturally, and linguistically appropriate primary care or behavioral health providers within the person's provider network, or, if uninsured, through the person's behavioral health administrative services organization;

(c) Create best practices guidelines by July 1, 2023, for deployment of appropriate and available crisis response services by crisis call center hubs to assist 988 hotline callers to minimize nonessential reliance on emergency room services and the use of law enforcement, considering input from relevant stakeholders and recommendations made by the crisis response improvement strategy committee created under RCW 71.24.892;

(d) Develop procedures to allow appropriate information sharing and communication between and across crisis and emergency response systems for the purpose of real-time crisis care coordination including, but not limited to, deployment of crisis and outgoing services, follow-up

care, and linked, flexible services specific to crisis response; and

(e) Establish guidelines to appropriately serve high-risk populations who request crisis services. The authority shall design these guidelines to promote behavioral health equity for all populations with attention to circumstances of race, ethnicity, gender, socioeconomic status, sexual orientation, and geographic location, and include components such as training requirements for call response workers, policies for transferring such callers to an appropriate specialized center or subnetwork within or external to the national suicide prevention lifeline network, and procedures for referring persons who access the 988 crisis hotline to linguistically and culturally competent care.

Sec. 17. RCW 10.31.110 and 2021 c 311 s 6 are each amended to read as follows:

(1) When a police officer has reasonable cause to believe that the individual has committed acts constituting a crime, and the individual is known by history or consultation with the behavioral health administrative services organization, managed care organization, crisis hotline, local crisis services providers, or community health providers to have a mental disorder or substance use disorder, in addition to existing authority under state law or local policy, as an alternative to arrest, the arresting officer is authorized and encouraged to:

(a) Take the individual to a crisis stabilization unit as defined in RCW 71.05.020. Individuals delivered to a crisis stabilization unit pursuant to this section may be held by the facility for a period of up to twelve hours. The individual must be examined by a mental health professional or substance use disorder professional within three hours of arrival;

(b) Take the individual to a (~~triage facility~~) 23-hour crisis relief center as defined in RCW (~~(71.05.020)~~) 71.24.025 while participating in the pilot project in section 2 of this act. An individual delivered to a (~~triage facility which has elected to operate as an involuntary facility~~) 23-hour crisis relief center may be held up to a period of twelve hours. The individual must be examined by a mental health professional or substance use disorder professional within three hours of arrival;

(c) Refer the individual to a designated crisis responder for evaluation for initial detention and proceeding under chapter 71.05 RCW;

(d) Release the individual upon agreement to voluntary participation in outpatient treatment;

(e) Refer the individual to youth, adult, or geriatric mobile crisis response services, as appropriate; or

(f) Refer the individual to the regional entity responsible to receive referrals in lieu of legal system involvement, including the recovery navigator program described in RCW 71.24.115.

(2) If the individual is released to the community from the facilities in subsection (1)(a) through (c) of this section, the

mental health provider or substance use disorder professional shall make reasonable efforts to inform the arresting officer of the planned release prior to release if the arresting officer has specifically requested notification and provided contact information to the provider.

(3) In deciding whether to refer the individual to treatment under this section, the police officer must be guided by local law enforcement diversion guidelines for behavioral health developed and mutually agreed upon with the prosecuting authority with an opportunity for consultation and comment by the defense bar and disability community. These guidelines must address, at a minimum, the length, seriousness, and recency of the known criminal history of the individual, the mental health history of the individual, if available, the substance use disorder history of the individual, if available, the opinions of a mental health professional, if available, the opinions of a substance use disorder professional, if available, and the circumstances surrounding the commission of the alleged offense. The guidelines must include a process for clearing outstanding warrants or referring the individual for assistance in clearing outstanding warrants, if any, and issuing a new court date, if appropriate, without booking or incarcerating the individual or disqualifying the individual from referral to treatment under this section, and define the circumstances under which such action is permissible. Referrals to services, care, and treatment for substance use disorder must be made in accordance with protocols developed for the recovery navigator program described in RCW 71.24.115.

(4) Any agreement to participate in treatment or services in lieu of jail booking or referring a case for prosecution shall not require individuals to stipulate to any of the alleged facts regarding the criminal activity as a prerequisite to participation in the alternative response described in this section. Any agreement is inadmissible in any criminal or civil proceeding. Such agreements do not create immunity from prosecution for the alleged criminal activity.

(5) If there are required terms of participation in the services or treatment to which an individual was referred under this section, and if the individual violates such terms and is therefore no longer participating in services:

(a) The behavioral health or service provider shall inform the referring law enforcement agency of the violation, if consistent with the terms of the program and applicable law; and

(b) The original charges may be filed or referred to the prosecutor, as appropriate, and the matter may proceed accordingly, unless filing or referring the charges is inconsistent with the terms of a local diversion program or a recovery navigator program described in RCW 71.24.115.

(6) The police officer is immune from liability for any good faith conduct under this section.

(1) If the defendant is charged with a felony and determined to be incompetent, until he or she has regained the competency necessary to understand the proceedings against him or her and assist in his or her own defense, but in any event for a period of no longer than 90 days, the court shall commit the defendant to the custody of the secretary for inpatient competency restoration, or may alternatively order the defendant to receive outpatient competency restoration based on a recommendation from a forensic navigator and input from the parties.

(a) To be eligible for an order for outpatient competency restoration, a defendant must be clinically appropriate and be willing to:

(i) Adhere to medications or receive prescribed intramuscular medication;

(ii) Abstain from alcohol and unprescribed drugs; and

(iii) Comply with urinalysis or breathalyzer monitoring if needed.

(b) If the court orders inpatient competency restoration, the department shall place the defendant in an appropriate facility of the department for competency restoration.

(c) If the court orders outpatient competency restoration, the court shall modify conditions of release as needed to authorize the department to place the person in approved housing, which may include access to supported housing, affiliated with a contracted outpatient competency restoration program. The department, in conjunction with the health care authority, must establish rules for conditions of participation in the outpatient competency restoration program, which must include the defendant being subject to medication management. The court may order regular urinalysis testing. The outpatient competency restoration program shall monitor the defendant during the defendant's placement in the program and report any noncompliance or significant changes with respect to the defendant to the department and, if applicable, the forensic navigator.

(d) If a defendant fails to comply with the restrictions of the outpatient restoration program such that restoration is no longer appropriate in that setting or the defendant is no longer clinically appropriate for outpatient competency restoration, the director of the outpatient competency restoration program shall notify the authority and the department of the need to terminate the outpatient competency restoration placement and intent to request placement for the defendant in an appropriate facility of the department for inpatient competency restoration. The outpatient competency restoration program shall coordinate with the authority, the department, and any law enforcement personnel under (d)(i) of this subsection to ensure that the time period between termination and admission into the inpatient facility is as minimal as possible. The time period for inpatient competency restoration shall be reduced by the time period spent in active treatment within the outpatient competency restoration program, excluding time periods in which the defendant was

absent from the program and all time from notice of termination of the outpatient competency restoration period through the defendant's admission to the facility. The department shall obtain a placement for the defendant within seven days of the notice of intent to terminate the outpatient competency restoration placement.

(i) The department may authorize a peace officer to detain the defendant into emergency custody for transport to the designated inpatient competency restoration facility. If medical clearance is required by the designated competency restoration facility before admission, the peace officer must transport the defendant to a crisis stabilization unit, evaluation and treatment facility, or emergency department of a local hospital (~~(, or triage facility)~~) for medical clearance once a bed is available at the designated inpatient competency restoration facility. The signed outpatient competency restoration order of the court shall serve as authority for the detention of the defendant under this subsection. This subsection does not preclude voluntary transportation of the defendant to a facility for inpatient competency restoration or for medical clearance, or authorize admission of the defendant into jail.

(ii) The department shall notify the court and parties of the defendant's admission for inpatient competency restoration before the close of the next judicial day. The court shall schedule a hearing within five days to review the conditions of release of the defendant and anticipated release from treatment and issue appropriate orders.

(e) The court may not issue an order for outpatient competency restoration unless the department certifies that there is an available appropriate outpatient competency restoration program that has adequate space for the person at the time the order is issued or the court places the defendant under the guidance and control of a professional person identified in the court order.

(2) For a defendant whose highest charge is a class C felony, or a class B felony that is not classified as violent under RCW 9.94A.030, the maximum time allowed for the initial competency restoration period is 45 days if the defendant is referred for inpatient competency restoration, or 90 days if the defendant is referred for outpatient competency restoration, provided that if the outpatient competency restoration placement is terminated and the defendant is subsequently admitted to an inpatient facility, the period of inpatient treatment during the first competency restoration period under this subsection shall not exceed 45 days.

(3) If the court determines or the parties agree before the initial competency restoration period or at any subsequent stage of the proceedings that the defendant is unlikely to regain competency, the court may dismiss the charges without prejudice without ordering the defendant to undergo an initial or further period of competency restoration treatment, in which case the court shall order that the defendant be

referred for evaluation for civil commitment in the manner provided in subsection (5) of this section.

(4) On or before expiration of the initial competency restoration period the court shall conduct a hearing to determine whether the defendant is now competent to stand trial. If the court finds by a preponderance of the evidence that the defendant is incompetent to stand trial, the court may order an extension of the competency restoration period for an additional period of 90 days, but the court must at the same time set a date for a new hearing to determine the defendant's competency to stand trial before the expiration of this second restoration period. The defendant, the defendant's attorney, and the prosecutor have the right to demand that the hearing be before a jury. No extension shall be ordered for a second or third competency restoration period if the defendant's incompetence has been determined by the secretary to be solely the result of a developmental disability which is such that competence is not reasonably likely to be regained during an extension.

(5) At the hearing upon the expiration of the second competency restoration period, or at the end of the first competency restoration period if the defendant is ineligible for a second or third competency restoration period under subsection (4) of this section, if the jury or court finds that the defendant is incompetent to stand trial, the court shall dismiss the charges without prejudice and order the defendant to be committed to a state hospital for up to 120 hours if the defendant has not undergone competency restoration services or has engaged in outpatient competency restoration services and up to 72 hours if the defendant engaged in inpatient competency restoration services starting from admission to the facility, excluding Saturdays, Sundays, and holidays, for evaluation for the purpose of filing a civil commitment petition under chapter 71.05 RCW. However, the court shall not dismiss the charges if the court or jury finds that: (a) The defendant (i) is a substantial danger to other persons; or (ii) presents a substantial likelihood of committing criminal acts jeopardizing public safety or security; and (b) there is a substantial probability that the defendant will regain competency within a reasonable period of time. If the court or jury makes such a finding, the court may extend the period of commitment for up to an additional six months.

(6) Any period of competency restoration treatment under this section includes only the time the defendant is actually at the facility or is actively participating in an outpatient competency restoration program and is in addition to reasonable time for transport to or from the facility.

Sec. 19. RCW 10.77.088 and 2022 c 288 s 5 are each amended to read as follows:

(1) If the defendant is charged with a nonfelony crime which is a serious offense as identified in RCW 10.77.092 and found by the court to be not competent, then the court:

(a) Shall dismiss the proceedings without prejudice and detain the defendant for sufficient time to allow the designated crisis responder to evaluate the defendant and consider initial detention proceedings under chapter 71.05 RCW, unless the prosecutor objects to the dismissal and provides notice of a motion for an order for competency restoration treatment, in which case the court shall schedule a hearing within seven days.

(b) At the hearing, the prosecuting attorney must establish that there is a compelling state interest to order competency restoration treatment for the defendant. The court may consider prior criminal history, prior history in treatment, prior history of violence, the quality and severity of the pending charges, any history that suggests whether competency restoration treatment is likely to be successful, in addition to the factors listed under RCW 10.77.092. If the prosecuting attorney proves by a preponderance of the evidence that there is a compelling state interest in ordering competency restoration treatment, then the court shall issue an order in accordance with subsection (2) of this section.

(2) If a court finds pursuant to subsection (1)(b) of this section that there is a compelling state interest in pursuing competency restoration treatment, the court shall commit the defendant to the custody of the secretary for inpatient competency restoration, or may alternatively order the defendant to receive outpatient competency restoration based on a recommendation from a forensic navigator and input from the parties.

(a) To be eligible for an order for outpatient competency restoration, a defendant must be clinically appropriate and be willing to:

(i) Adhere to medications or receive prescribed intramuscular medication;

(ii) Abstain from alcohol and unprescribed drugs; and

(iii) Comply with urinalysis or breathalyzer monitoring if needed.

(b) If the court orders inpatient competency restoration, the department shall place the defendant in an appropriate facility of the department for competency restoration under subsection (3) of this section.

(c) If the court orders outpatient competency restoration, the court shall modify conditions of release as needed to authorize the department to place the person in approved housing, which may include access to supported housing, affiliated with a contracted outpatient competency restoration program. The department, in conjunction with the health care authority, must establish rules for conditions of participation in the outpatient competency restoration program, which must include the defendant being subject to medication management. The court may order regular urinalysis testing. The outpatient competency restoration program shall monitor the defendant during the defendant's placement in the program and report any noncompliance or significant changes with

respect to the defendant to the department and, if applicable, the forensic navigator.

(d) If a defendant fails to comply with the restrictions of the outpatient competency restoration program such that restoration is no longer appropriate in that setting or the defendant is no longer clinically appropriate for outpatient competency restoration, the director of the outpatient competency restoration program shall notify the authority and the department of the need to terminate the outpatient competency restoration placement and intent to request placement for the defendant in an appropriate facility of the department for inpatient competency restoration. The outpatient competency restoration program shall coordinate with the authority, the department, and any law enforcement personnel under (d)(i) of this subsection to ensure that the time period between termination and admission into the inpatient facility is as minimal as possible. The time period for inpatient competency restoration shall be reduced by the time period spent in active treatment within the outpatient competency restoration program, excluding time periods in which the defendant was absent from the program and all time from notice of termination of the outpatient competency restoration period through the defendant's admission to the facility. The department shall obtain a placement for the defendant within seven days of the notice of intent to terminate the outpatient competency restoration placement.

(i) The department may authorize a peace officer to detain the defendant into emergency custody for transport to the designated inpatient competency restoration facility. If medical clearance is required by the designated competency restoration facility before admission, the peace officer must transport the defendant to a crisis stabilization unit, evaluation and treatment facility, or emergency department of a local hospital (~~or triage facility~~) for medical clearance once a bed is available at the designated inpatient competency restoration facility. The signed outpatient competency restoration order of the court shall serve as authority for the detention of the defendant under this subsection. This subsection does not preclude voluntary transportation of the defendant to a facility for inpatient competency restoration or for medical clearance, or authorize admission of the defendant into jail.

(ii) The department shall notify the court and parties of the defendant's admission for inpatient competency restoration before the close of the next judicial day. The court shall schedule a hearing within five days to review the conditions of release of the defendant and anticipated release from treatment and issue appropriate orders.

(e) The court may not issue an order for outpatient competency restoration unless the department certifies that there is an available appropriate outpatient restoration program that has adequate space for the person at the time the order is issued or the court places the defendant under the

guidance and control of a professional person identified in the court order.

(3) The placement under subsection (2) of this section shall not exceed 29 days if the defendant is ordered to receive inpatient competency restoration, and shall not exceed 90 days if the defendant is ordered to receive outpatient competency restoration. The court may order any combination of this subsection, but the total period of inpatient competency restoration may not exceed 29 days.

(4) If the court has determined or the parties agree that the defendant is unlikely to regain competency, the court may dismiss the charges without prejudice without ordering the defendant to undergo competency restoration treatment, in which case the court shall order that the defendant be referred for evaluation for civil commitment in the manner provided in subsection (5) of this section.

(5)(a) If the proceedings are dismissed under RCW 10.77.084 and the defendant was on conditional release at the time of dismissal, the court shall order the designated crisis responder within that county to evaluate the defendant pursuant to chapter 71.05 RCW. The evaluation may be conducted in any location chosen by the professional.

(b) If the defendant was in custody and not on conditional release at the time of dismissal, the defendant shall be detained and sent to an evaluation and treatment facility for up to 120 hours if the defendant has not undergone competency restoration services or has engaged in outpatient competency restoration services and up to 72 hours if the defendant engaged in inpatient competency restoration services, excluding Saturdays, Sundays, and holidays, for evaluation for purposes of filing a petition under chapter 71.05 RCW. The 120-hour or 72-hour period shall commence upon the next nonholiday weekday following the court order and shall run to the end of the last nonholiday weekday within the 120-hour or 72-hour period.

(6) If the defendant is charged with a nonfelony crime that is not a serious offense as defined in RCW 10.77.092 and found by the court to be not competent, the court may stay or dismiss proceedings and detain the defendant for sufficient time to allow the designated crisis responder to evaluate the defendant and consider initial detention proceedings under chapter 71.05 RCW. The court must give notice to all parties at least 24 hours before the dismissal of any proceeding under this subsection, and provide an opportunity for a hearing on whether to dismiss the proceedings.

(7) If at any time the court dismisses charges under subsections (1) through (6) of this section, the court shall make a finding as to whether the defendant has a history of one or more violent acts. If the court so finds, the defendant is barred from the possession of firearms until a court restores his or her right to possess a firearm under RCW 9.41.047. The court shall state to the defendant and provide written notice that the defendant is barred from the possession of firearms and that the

prohibition remains in effect until a court restores his or her right to possess a firearm under RCW 9.41.047.

(8) Any period of competency restoration treatment under this section includes only the time the defendant is actually at the facility or is actively participating in an outpatient competency restoration program and is in addition to reasonable time for transport to or from the facility.

Sec. 20. RCW 48.43.005 and 2022 c 263 s 2 are each reenacted and amended to read as follows:

Unless otherwise specifically provided, the definitions in this section apply throughout this chapter.

(1) "Adjusted community rate" means the rating method used to establish the premium for health plans adjusted to reflect actuarially demonstrated differences in utilization or cost attributable to geographic region, age, family size, and use of wellness activities.

(2) "Adverse benefit determination" means a denial, reduction, or termination of, or a failure to provide or make payment, in whole or in part, for a benefit, including a denial, reduction, termination, or failure to provide or make payment that is based on a determination of an enrollee's or applicant's eligibility to participate in a plan, and including, with respect to group health plans, a denial, reduction, or termination of, or a failure to provide or make payment, in whole or in part, for a benefit resulting from the application of any utilization review, as well as a failure to cover an item or service for which benefits are otherwise provided because it is determined to be experimental or investigational or not medically necessary or appropriate.

(3) "Air ambulance service" has the same meaning as defined in section 2799A-2 of the public health service act (42 U.S.C. Sec. 300gg-112) and implementing federal regulations in effect on March 31, 2022.

(4) "Allowed amount" means the maximum portion of a billed charge a health carrier will pay, including any applicable enrollee cost-sharing responsibility, for a covered health care service or item rendered by a participating provider or facility or by a nonparticipating provider or facility.

(5) "Applicant" means a person who applies for enrollment in an individual health plan as the subscriber or an enrollee, or the dependent or spouse of a subscriber or enrollee.

(6) "Balance bill" means a bill sent to an enrollee by a nonparticipating provider or facility for health care services provided to the enrollee after the provider or facility's billed amount is not fully reimbursed by the carrier, exclusive of permitted cost-sharing.

(7) "Basic health plan" means the plan described under chapter 70.47 RCW, as revised from time to time.

(8) "Basic health plan model plan" means a health plan as required in RCW 70.47.060(2)(e).

(9) "Basic health plan services" means that schedule of covered health services, including the description of how those

benefits are to be administered, that are required to be delivered to an enrollee under the basic health plan, as revised from time to time.

(10) "Behavioral health emergency services provider" means emergency services provided in the following settings:

(a) A crisis stabilization unit as defined in RCW 71.05.020;

(b) A 23-hour crisis relief center as defined in RCW 71.24.025;

(c) An evaluation and treatment facility that can provide directly, or by direct arrangement with other public or private agencies, emergency evaluation and treatment, outpatient care, and timely and appropriate inpatient care to persons suffering from a mental disorder, and which is licensed or certified as such by the department of health;

~~((e))~~ (d) An agency certified by the department of health under chapter 71.24 RCW to provide outpatient crisis services;

~~((d) A triage facility as defined in RCW 71.05.020;)~~

(e) An agency certified by the department of health under chapter 71.24 RCW to provide medically managed or medically monitored withdrawal management services; or

(f) A mobile rapid response crisis team as defined in RCW 71.24.025 that is contracted with a behavioral health administrative services organization operating under RCW 71.24.045 to provide crisis response services in the behavioral health administrative services organization's service area.

(11) "Board" means the governing board of the Washington health benefit exchange established in chapter 43.71 RCW.

(12) (a) For grandfathered health benefit plans issued before January 1, 2014, and renewed thereafter, "catastrophic health plan" means:

(i) In the case of a contract, agreement, or policy covering a single enrollee, a health benefit plan requiring a calendar year deductible of, at a minimum, one thousand seven hundred fifty dollars and an annual out-of-pocket expense required to be paid under the plan (other than for premiums) for covered benefits of at least three thousand five hundred dollars, both amounts to be adjusted annually by the insurance commissioner; and

(ii) In the case of a contract, agreement, or policy covering more than one enrollee, a health benefit plan requiring a calendar year deductible of, at a minimum, three thousand five hundred dollars and an annual out-of-pocket expense required to be paid under the plan (other than for premiums) for covered benefits of at least six thousand dollars, both amounts to be adjusted annually by the insurance commissioner.

(b) In July 2008, and in each July thereafter, the insurance commissioner shall adjust the minimum deductible and out-of-pocket expense required for a plan to qualify as a catastrophic plan to reflect the percentage change in the consumer price index for medical care for a preceding twelve months, as determined by the United States department of labor. For a plan year beginning in 2014, the out-of-pocket limits

must be adjusted as specified in section 1302(c)(1) of P.L. 111-148 of 2010, as amended. The adjusted amount shall apply on the following January 1st.

(c) For health benefit plans issued on or after January 1, 2014, "catastrophic health plan" means:

(i) A health benefit plan that meets the definition of catastrophic plan set forth in section 1302(e) of P.L. 111-148 of 2010, as amended; or

(ii) A health benefit plan offered outside the exchange marketplace that requires a calendar year deductible or out-of-pocket expenses under the plan, other than for premiums, for covered benefits, that meets or exceeds the commissioner's annual adjustment under (b) of this subsection.

(13) "Certification" means a determination by a review organization that an admission, extension of stay, or other health care service or procedure has been reviewed and, based on the information provided, meets the clinical requirements for medical necessity, appropriateness, level of care, or effectiveness under the auspices of the applicable health benefit plan.

(14) "Concurrent review" means utilization review conducted during a patient's hospital stay or course of treatment.

(15) "Covered person" or "enrollee" means a person covered by a health plan including an enrollee, subscriber, policyholder, beneficiary of a group plan, or individual covered by any other health plan.

(16) "Dependent" means, at a minimum, the enrollee's legal spouse and dependent children who qualify for coverage under the enrollee's health benefit plan.

(17) "Emergency medical condition" means a medical, mental health, or substance use disorder condition manifesting itself by acute symptoms of sufficient severity including, but not limited to, severe pain or emotional distress, such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical, mental health, or substance use disorder treatment attention to result in a condition (a) placing the health of the individual, or with respect to a pregnant woman, the health of the woman or her unborn child, in serious jeopardy, (b) serious impairment to bodily functions, or (c) serious dysfunction of any bodily organ or part.

(18) "Emergency services" means:

(a)(i) A medical screening examination, as required under section 1867 of the social security act (42 U.S.C. Sec. 1395dd), that is within the capability of the emergency department of a hospital, including ancillary services routinely available to the emergency department to evaluate that emergency medical condition;

(ii) Medical examination and treatment, to the extent they are within the capabilities of the staff and facilities available at the hospital, as are required under section 1867 of the social security act (42 U.S.C. Sec. 1395dd) to stabilize the patient. Stabilize, with respect to an

emergency medical condition, has the meaning given in section 1867(e)(3) of the social security act (42 U.S.C. Sec. 1395dd(e)(3)); and

(iii) Covered services provided by staff or facilities of a hospital after the enrollee is stabilized and as part of outpatient observation or an inpatient or outpatient stay with respect to the visit during which screening and stabilization services have been furnished. Poststabilization services relate to medical, mental health, or substance use disorder treatment necessary in the short term to avoid placing the health of the individual, or with respect to a pregnant woman, the health of the woman or her unborn child, in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part; or

(b)(i) A screening examination that is within the capability of a behavioral health emergency services provider including ancillary services routinely available to the behavioral health emergency services provider to evaluate that emergency medical condition;

(ii) Examination and treatment, to the extent they are within the capabilities of the staff and facilities available at the behavioral health emergency services provider, as are required under section 1867 of the social security act (42 U.S.C. Sec. 1395dd) or as would be required under such section if such section applied to behavioral health emergency services providers, to stabilize the patient. Stabilize, with respect to an emergency medical condition, has the meaning given in section 1867(e)(3) of the social security act (42 U.S.C. Sec. 1395dd(e)(3)); and

(iii) Covered behavioral health services provided by staff or facilities of a behavioral health emergency services provider after the enrollee is stabilized and as part of outpatient observation or an inpatient or outpatient stay with respect to the visit during which screening and stabilization services have been furnished. Poststabilization services relate to mental health or substance use disorder treatment necessary in the short term to avoid placing the health of the individual, or with respect to a pregnant woman, the health of the woman or her unborn child, in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part.

(19) "Employee" has the same meaning given to the term, as of January 1, 2008, under section 3(6) of the federal employee retirement income security act of 1974.

(20) "Enrollee point-of-service cost-sharing" or "cost-sharing" means amounts paid to health carriers directly providing services, health care providers, or health care facilities by enrollees and may include copayments, coinsurance, or deductibles.

(21) "Essential health benefit categories" means:

- (a) Ambulatory patient services;
- (b) Emergency services;
- (c) Hospitalization;
- (d) Maternity and newborn care;

(e) Mental health and substance use disorder services, including behavioral health treatment;

(f) Prescription drugs;

(g) Rehabilitative and habilitative services and devices;

(h) Laboratory services;

(i) Preventive and wellness services and chronic disease management; and

(j) Pediatric services, including oral and vision care.

(22) "Exchange" means the Washington health benefit exchange established under chapter 43.71 RCW.

(23) "Final external review decision" means a determination by an independent review organization at the conclusion of an external review.

(24) "Final internal adverse benefit determination" means an adverse benefit determination that has been upheld by a health plan or carrier at the completion of the internal appeals process, or an adverse benefit determination with respect to which the internal appeals process has been exhausted under the exhaustion rules described in RCW 48.43.530 and 48.43.535.

(25) "Grandfathered health plan" means a group health plan or an individual health plan that under section 1251 of the patient protection and affordable care act, P.L. 111-148 (2010) and as amended by the health care and education reconciliation act, P.L. 111-152 (2010) is not subject to subtitles A or C of the act as amended.

(26) "Grievance" means a written complaint submitted by or on behalf of a covered person regarding service delivery issues other than denial of payment for medical services or nonprovision of medical services, including dissatisfaction with medical care, waiting time for medical services, provider or staff attitude or demeanor, or dissatisfaction with service provided by the health carrier.

(27) "Health care facility" or "facility" means hospices licensed under chapter 70.127 RCW, hospitals licensed under chapter 70.41 RCW, rural health care facilities as defined in RCW 70.175.020, psychiatric hospitals licensed under chapter 71.12 RCW, nursing homes licensed under chapter 18.51 RCW, community mental health centers licensed under chapter 71.05 or 71.24 RCW, kidney disease treatment centers licensed under chapter 70.41 RCW, ambulatory diagnostic, treatment, or surgical facilities licensed under chapter 70.41 or 70.230 RCW, drug and alcohol treatment facilities licensed under chapter 70.96A RCW, and home health agencies licensed under chapter 70.127 RCW, and includes such facilities if owned and operated by a political subdivision or instrumentality of the state and such other facilities as required by federal law and implementing regulations.

(28) "Health care provider" or "provider" means:

(a) A person regulated under Title 18 or chapter 70.127 RCW, to practice health or health-related services or otherwise practicing health care services in this state consistent with state law; or

(b) An employee or agent of a person described in (a) of this subsection, acting

in the course and scope of his or her employment.

(29) "Health care service" means that service offered or provided by health care facilities and health care providers relating to the prevention, cure, or treatment of illness, injury, or disease.

(30) "Health carrier" or "carrier" means a disability insurer regulated under chapter 48.20 or 48.21 RCW, a health care service contractor as defined in RCW 48.44.010, or a health maintenance organization as defined in RCW 48.46.020, and includes "issuers" as that term is used in the patient protection and affordable care act (P.L. 111-148).

(31) "Health plan" or "health benefit plan" means any policy, contract, or agreement offered by a health carrier to provide, arrange, reimburse, or pay for health care services except the following:

(a) Long-term care insurance governed by chapter 48.84 or 48.83 RCW;

(b) Medicare supplemental health insurance governed by chapter 48.66 RCW;

(c) Coverage supplemental to the coverage provided under chapter 55, Title 10, United States Code;

(d) Limited health care services offered by limited health care service contractors in accordance with RCW 48.44.035;

(e) Disability income;

(f) Coverage incidental to a property/casualty liability insurance policy such as automobile personal injury protection coverage and homeowner guest medical;

(g) Workers' compensation coverage;

(h) Accident only coverage;

(i) Specified disease or illness-triggered fixed payment insurance, hospital confinement fixed payment insurance, or other fixed payment insurance offered as an independent, noncoordinated benefit;

(j) Employer-sponsored self-funded health plans;

(k) Dental only and vision only coverage;

(l) Plans deemed by the insurance commissioner to have a short-term limited purpose or duration, or to be a student-only plan that is guaranteed renewable while the covered person is enrolled as a regular full-time undergraduate or graduate student at an accredited higher education institution, after a written request for such classification by the carrier and subsequent written approval by the insurance commissioner;

(m) Civilian health and medical program for the veterans affairs administration (CHAMPVA); and

(n) Stand-alone prescription drug coverage that exclusively supplements medicare part D coverage provided through an employer group waiver plan under federal social security act regulation 42 C.F.R. Sec. 423.458(c).

(32) "Individual market" means the market for health insurance coverage offered to individuals other than in connection with a group health plan.

(33) "In-network" or "participating" means a provider or facility that has contracted with a carrier or a carrier's contractor or subcontractor to provide health care services to enrollees and be reimbursed by the carrier at a contracted

rate as payment in full for the health care services, including applicable cost-sharing obligations.

(34) "Material modification" means a change in the actuarial value of the health plan as modified of more than five percent but less than fifteen percent.

(35) "Nonemergency health care services performed by nonparticipating providers at certain participating facilities" means covered items or services other than emergency services with respect to a visit at a participating health care facility, as provided in section 2799A-1(b) of the public health service act (42 U.S.C. Sec. 300gg-111(b)), 45 C.F.R. Sec. 149.30, and 45 C.F.R. Sec. 149.120 as in effect on March 31, 2022.

(36) "Open enrollment" means a period of time as defined in rule to be held at the same time each year, during which applicants may enroll in a carrier's individual health benefit plan without being subject to health screening or otherwise required to provide evidence of insurability as a condition for enrollment.

(37) "Out-of-network" or "nonparticipating" means a provider or facility that has not contracted with a carrier or a carrier's contractor or subcontractor to provide health care services to enrollees.

(38) "Out-of-pocket maximum" or "maximum out-of-pocket" means the maximum amount an enrollee is required to pay in the form of cost-sharing for covered benefits in a plan year, after which the carrier covers the entirety of the allowed amount of covered benefits under the contract of coverage.

(39) "Preexisting condition" means any medical condition, illness, or injury that existed any time prior to the effective date of coverage.

(40) "Premium" means all sums charged, received, or deposited by a health carrier as consideration for a health plan or the continuance of a health plan. Any assessment or any "membership," "policy," "contract," "service," or similar fee or charge made by a health carrier in consideration for a health plan is deemed part of the premium. "Premium" shall not include amounts paid as enrollee point-of-service cost-sharing.

(41)(a) "Protected individual" means:

(i) An adult covered as a dependent on the enrollee's health benefit plan, including an individual enrolled on the health benefit plan of the individual's registered domestic partner; or

(ii) A minor who may obtain health care without the consent of a parent or legal guardian, pursuant to state or federal law.

(b) "Protected individual" does not include an individual deemed not competent to provide informed consent for care under RCW 11.88.010(1)(e).

(42) "Review organization" means a disability insurer regulated under chapter 48.20 or 48.21 RCW, health care service contractor as defined in RCW 48.44.010, or health maintenance organization as defined in RCW 48.46.020, and entities affiliated with, under contract with, or acting on behalf of a health carrier to perform a utilization review.

(43) "Sensitive health care services" means health services related to reproductive health, sexually transmitted diseases, substance use disorder, gender dysphoria, gender affirming care, domestic violence, and mental health.

(44) "Small employer" or "small group" means any person, firm, corporation, partnership, association, political subdivision, sole proprietor, or self-employed individual that is actively engaged in business that employed an average of at least one but no more than fifty employees, during the previous calendar year and employed at least one employee on the first day of the plan year, is not formed primarily for purposes of buying health insurance, and in which a bona fide employer-employee relationship exists. In determining the number of employees, companies that are affiliated companies, or that are eligible to file a combined tax return for purposes of taxation by this state, shall be considered an employer. Subsequent to the issuance of a health plan to a small employer and for the purpose of determining eligibility, the size of a small employer shall be determined annually. Except as otherwise specifically provided, a small employer shall continue to be considered a small employer until the plan anniversary following the date the small employer no longer meets the requirements of this definition. A self-employed individual or sole proprietor who is covered as a group of one must also: (a) Have been employed by the same small employer or small group for at least twelve months prior to application for small group coverage, and (b) verify that he or she derived at least seventy-five percent of his or her income from a trade or business through which the individual or sole proprietor has attempted to earn taxable income and for which he or she has filed the appropriate internal revenue service form 1040, schedule C or F, for the previous taxable year, except a self-employed individual or sole proprietor in an agricultural trade or business, must have derived at least fifty-one percent of his or her income from the trade or business through which the individual or sole proprietor has attempted to earn taxable income and for which he or she has filed the appropriate internal revenue service form 1040, for the previous taxable year.

(45) "Special enrollment" means a defined period of time of not less than thirty-one days, triggered by a specific qualifying event experienced by the applicant, during which applicants may enroll in the carrier's individual health benefit plan without being subject to health screening or otherwise required to provide evidence of insurability as a condition for enrollment.

(46) "Standard health questionnaire" means the standard health questionnaire designated under chapter 48.41 RCW.

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

(48) "Wellness activity" means an explicit program of an activity consistent with department of health guidelines, such as, smoking cessation, injury and accident prevention, reduction of alcohol misuse, appropriate weight reduction, exercise, automobile and motorcycle safety, blood cholesterol reduction, and nutrition education for the purpose of improving enrollee health status and reducing health service costs.

NEW SECTION. Sec. 21. The department of health shall convert the license or certification of any facility licensed or certified by the department to operate as a crisis triage facility to a license or certification for the facility to operate as a crisis stabilization unit by the start of the next licensing or certification period following the effective date of this section.

NEW SECTION. Sec. 22. When making guidelines under section 2 of this act, the department of health shall consult with stakeholders including, but not limited to: The Washington council for behavioral health; WAADAC, the voice for Washington state addiction professionals persons with lived experience of behavioral health crisis; family members with lived experience of caring for someone in behavioral health crisis; the Washington state hospital association; the American college of emergency physicians; behavioral health administrative services organizations; the Washington association of designated crisis responders; the Washington association of sheriffs and police chiefs; and an individual or entity representing emergency medical services.

NEW SECTION. Sec. 23. RCW 71.24.647 (Standards for certification or licensure of triage facilities) and 2018 c 201 s 4056 are each repealed.

NEW SECTION. Sec. 24. Sections 6, 8, and 10 of this act expire July 1, 2026.

NEW SECTION. Sec. 25. Sections 7, 9, and 11 of this act take effect July 1, 2026.

Sec. 26. 2022 c 210 s 31 (uncodified) is amended to read as follows:

(1) Sections 4 and 28, chapter 302, Laws of 2020, sections 13 and 14, chapter 263, Laws of 2021, section 23, chapter 264, Laws of 2021, (~~and~~) sections 2 and 10, chapter 210, Laws of 2022, and section 4, chapter . . . , Laws of 2023 (section 4 of this act) take effect when monthly single-bed certifications authorized under RCW 71.05.745 fall below 200 reports for 3 consecutive months.

(2) The health care authority must provide written notice of the effective date of sections 4 and 28, chapter 302, Laws of 2020, sections 13 and 14, chapter 263, Laws of 2021, section 23, chapter 264, Laws of 2021, (~~and~~) sections 2 and 10, chapter 210, Laws of 2022, and section 4, chapter . . . , Laws of 2023 (section 4 of this act) to affected parties, the chief clerk of the house of representatives, the

secretary of the senate, the office of the code reviser, and others as deemed appropriate by the authority.

Sec. 27. 2021 c 264 s 29 (uncodified) is amended to read as follows:

(1) Sections 64 and 81, chapter 302, Laws of 2020 (~~and, until July 1, 2022, section 27, chapter 264, Laws of 2021 and, beginning July 1, 2022~~), section 28, chapter 264, Laws of 2021, and section 13, chapter . . . , Laws of 2023 (section 13 of this act) take effect when the average wait time for children's long-term inpatient placement admission is 30 days or less for two consecutive quarters.

(2) The health care authority must provide written notice of the effective date of sections 64 and 81, chapter 302, Laws of 2020 (~~and sections 27 and~~), section 28, chapter 264, Laws of 2021, and section 13, chapter . . . , Laws of 2023 (section 13 of this act) to affected parties, the chief clerk of the house of representatives, the secretary of the senate, the office of the code reviser, and others as deemed appropriate by the authority."

Correct the title.

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

The striking amendment (589) was adopted.

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

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

The Speaker stated the question before the House to be the final passage of Second Substitute Senate Bill No. 5120, as amended by the House.

ROLL CALL

The Clerk called the roll on the final passage of Second Substitute Senate Bill No. 5120, as amended by the House, and the bill passed the House by the following vote: Yeas, 97; Nays, 0; Absent, 0; Excused, 1

Voting Yea: Representatives Abbarno, Alvarado, Barkis, Barnard, Bateman, Berg, Bergquist, Berry, Bronoske, Calder, Callan, Chambers, Chandler, Chapman, Cheney, Chopp, Christian, Connors, Corry, Cortes, Couture, Davis, Dent, Doglio, Donaghy, Duerr, Dye, Entenman, Eslick, Farivar, Fey, Fitzgibbon, Fosse, Goehner, Goodman, Graham, Gregerson, Griffey, Hackney, Hansen, Harris, Hutchins, Jacobsen, Klicker, Kloba, Kretz, Leavitt, Lekanoff, Low, Macri, Maycumber, McClintock, McEntire, Mena, Morgan, Mosbrucker, Orcutt, Ormsby, Orwall, Paul, Peterson, Pollet, Ramel, Ramos, Reed, Reeves, Riccelli, Robertson, Rude, Rule, Ryu, Sandlin, Santos, Schmick, Schmidt, Senn, Shavers, Simmons, Slatter, Springer, Stearns, Steele, Stokesbary, Stonier, Street, Taylor, Thai, Tharinger, Timmons, Volz, Walen, Walsh, Waters, Wilcox, Wylie, Ybarra and Mme. Speaker

Excused: Representative Ortiz-Self

SECOND SUBSTITUTE SENATE BILL NO. 5120, as amended by the House, having received the necessary constitutional majority, was declared passed.

SUBSTITUTE SENATE BILL NO. 5087, by Senate Committee on Law & Justice (originally sponsored by Pedersen, Mullet, Billig, Dhingra, Frame, Hasegawa, Hunt,

Kauffman, Kuderer, Liias, Lovelett, Nobles, Saldaña, Stanford and Wellman)

Removing language from the Revised Code of Washington that has been identified by the justices of the supreme court or judges of the superior courts as defects and omissions in the laws pursuant to Article IV, section 25 of the Washington state Constitution.

The bill was read the second time.

Representative Graham moved the adoption of amendment (496):

On page 24, after line 29, insert the following:

"NEW SECTION. Sec. 39. The secretary of state shall submit sections 20 and 21 of this act to the people for their adoption and ratification, or rejection, at the next general election to be held in this state, in accordance with Article II, section 1 of the state Constitution and the laws adopted to facilitate its operation."

Correct the title.

Representatives Graham, Graham (again) and Walsh spoke in favor of the adoption of the amendment.

Representative Hansen spoke against the adoption of the amendment.

Amendment (496) was not adopted.

Representative Walsh moved the adoption of amendment (593):

On page 12, beginning on line 16, strike all of sections 20 and 21

Re-number the remaining sections consecutively and correct any internal references accordingly.

Correct the title.

Representatives Walsh and Graham spoke in favor of the adoption of the amendment.

Representative Hansen spoke against the adoption of the amendment.

Amendment (593) was not adopted.

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

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

Representatives Walsh, Graham, Corry, Hutchins and Cheney spoke against the passage of the bill.

The Speaker stated the question before the House to be the final passage of Substitute Senate Bill No. 5087.

ROLL CALL

The Clerk called the roll on the final passage of Substitute Senate Bill No. 5087, and the bill passed the House by the following vote: Yeas, 58; Nays, 39; Absent, 0; Excused, 1

Voting Yea: Representatives Alvarado, Bateman, Berg, Bergquist, Berry, Bronoske, Callan, Chopp, Cortes, Davis, Doglio,

Donaghy, Duerr, Entenman, Farivar, Fey, Fitzgibbon, Fosse, Goehner, Goodman, Gregerson, Hackney, Hansen, Kloba, Leavitt, Lekanoff, Macri, Mena, Morgan, Ormsby, Orwall, Paul, Peterson, Pollet, Ramel, Ramos, Reed, Reeves, Riccelli, Rude, Rule, Ryu, Santos, Senn, Shavers, Simmons, Slatter, Springer, Stearns, Stonier, Street, Taylor, Thai, Tharinger, Timmons, Walen, Wylie and Mme. Speaker

Voting Nay: Representatives Abbarno, Barkis, Barnard, Caldier, Chambers, Chandler, Chapman, Cheney, Christian, Connors, Corry, Couture, Dent, Dye, Eslick, Graham, Griffey, Harris, Hutchins, Jacobsen, Klicker, Kretz, Low, Maycumber, McClintock, McEntire, Mosbrucker, Orcutt, Robertson, Sandlin, Schmick, Schmidt, Steele, Stokesbary, Volz, Walsh, Waters, Wilcox and Ybarra

Excused: Representative Ortiz-Self

SUBSTITUTE SENATE BILL NO. 5087, having received the necessary constitutional majority, was declared passed.

STATEMENT FOR THE JOURNAL

I intended to vote NAY on Substitute Senate Bill No. 5087.

Representative Goehner, 12th District

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

MOTION

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

SUBSTITUTE SENATE BILL NO. 5127
 SENATE BILL NO. 5459
 ENGROSSED SUBSTITUTE SENATE BILL NO. 5231
 SENATE BILL NO. 5280
 SENATE BILL NO. 5228
 ENGROSSED SUBSTITUTE SENATE BILL NO. 5334
 ENGROSSED SECOND SUBSTITUTE SENATE BILL NO. 5440
 SUBSTITUTE SENATE BILL NO. 5561
 SUBSTITUTE SENATE BILL NO. 5753
 SUBSTITUTE SENATE BILL NO. 5389
 SENATE BILL NO. 5606
 SECOND SUBSTITUTE SENATE BILL NO. 5555
 SECOND SUBSTITUTE SENATE BILL NO. 5425
 SENATE BILL NO. 5283
 ENGROSSED SENATE BILL NO. 5355
 SUBSTITUTE SENATE BILL NO. 5504
 SUBSTITUTE SENATE BILL NO. 5491
 SUBSTITUTE SENATE BILL NO. 5523
 SENATE BILL NO. 5331
 SENATE BILL NO. 5155
 SUBSTITUTE SENATE BILL NO. 5261
 SENATE BILL NO. 5497
 ENGROSSED SENATE BILL NO. 5015
 ENGROSSED SUBSTITUTE SENATE BILL NO. 5371

The Speaker called upon Representative Bronoske to preside.

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

SECOND READING

ENGROSSED SUBSTITUTE SENATE BILL NO. 5082, by Senate Committee on State Government & Elections (originally sponsored by Kuderer, Hunt, Conway, Dhingra, Frame, Hasegawa, Nguyen, Nobles, Pedersen, Rolfes, Valdez, Van De Wege, Wellman and Wilson, C.)

Encouraging electoral participation and making ballots more meaningful by abolishing advisory votes.

The bill was read the second time.

With the consent of the House, amendments (606), (608), (610) and (611) were withdrawn.

Representative Orcutt moved the adoption of amendment (605):

On page 1, beginning on line 8, beginning with "**STATEMENT**" strike all material through "**II**" on page 2, line 3

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

On page 2, line 4, after "**VOTES**" insert "**AND ENACTMENT OF TAX INCREASE CONSENT VOTES**"

NEW SECTION. **Sec. 1.** A new section is added to chapter 29A.72 RCW to read as follows:

(1) For every legislative action raising taxes as defined by RCW 43.135.034 that is not referred to the people by a referendum petition found to be sufficient under RCW 29A.72.250, a measure for a tax increase consent vote is required and shall be placed on the next general election ballot under this chapter. Each tax being increased is subject to a separate vote.

(2) By August 1 of each year, the attorney general must send written notice to the secretary of state of any tax increase subject to a tax increase consent vote. The secretary of state must assign a serial number to the measure within five business days and transmit a copy to the attorney general.

(3) Within five business days of receipt from the secretary of state, the attorney general must formulate a short description of the tax increase consent vote. The description may not exceed thirty-three words and is not subject to appeal. The description must be formulated and displayed on the ballot as follows: "The legislature imposed, without a vote of the people, (identification of tax and description of increase), costing (most up-to-date ten-year cost projection, expressed in dollars and rounded to the nearest million) in its first ten years, for government spending. This tax increase should be ..."

(4) Voters shall be given the option to choose "Repealed" or "Maintained."

(5) After the short description is completed, the attorney general must transmit it to the secretary of state for filing.

(6) If the majority of voters select "Repealed" in a tax increase consent vote under this section, the tax increase may not be implemented or enforced by the state."

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

On page 3, line 4, after ";" insert "and"

On page 3, line 5, after "((" insert "))_."

On page 3, at the beginning of line 6, strike "~~(11)~~" and insert "(11) ("

On page 3, line 20, after "address))" insert "The requirements in this section do not apply to tax increase consent votes. Instead, two pages in the voters' pamphlet shall be provided to each tax increase consent vote, which must include:

(a) The short description of the tax increase consent vote;

(b) The tax increase's most up-to-date ten-year cost projection, including a year-by-year breakdown, by the office of financial management under RCW 43.135.031, and

(c) The names of legislators and how they voted on the tax increase upon final passage, along with the legislators' office email address and phone number, and party affiliation"

On page 3, line 35, after "people-))" insert "This section does not apply to tax increase consent votes."

On page 4, line 11, after ".-")) insert "Tax increase consent votes shall also receive a serial number of a separate series under this section."

On page 4, beginning on line 20, after "measures" strike all material through "people))" on line 21 and insert "and serial numbers and short descriptions of (~~measures submitted for an advisory vote of the people~~) tax increase consent votes"

On page 4, beginning on line 29, after "measures" strike all material through "people))" on line 30 and insert "and measures for (~~an advisory vote of the people~~) a tax increase consent vote"

On page 5, beginning on line 3, after "votes" strike all material through "(7))" on line 4 and insert ") tax increase consent votes;

(7)"

On page 5, line 14, after "PART" strike "III" and insert "II"

On page 5, line 22, after "29A.32.070" insert ", and each tax increase consent vote"

Correct the title.

POINT OF ORDER

Representative Stonier requested a scope and object ruling on amendment (605) to ENGROSSED SUBSTITUTE SENATE BILL NO. 5082.

SPEAKER'S RULING

"The title of the bill is an act relating to encouraging electoral participation and making ballots more meaningful by abolishing advisory votes.

The bill repeals provisions related to the process by which Washington citizens may participate in an advisory vote on whether a tax increase passed by the state Legislature may be repealed or maintained. The vote is non-binding and occurs at the next general election.

Amendment (605) requires a tax increase consent vote at the next general election if the state Legislature raises taxes. The state

may not implement or enforce any tax increase if a majority of voters choose to repeal the tax increase subject to such a vote.

The purpose of the bill is to repeal provisions related to advisory votes on state legislative tax increases. However, the amendment restores a process for voting on state legislative tax increases.

Therefore, the Speaker finds the amendment is beyond the scope and object of the bill.

The point of order is well taken."

Representative Walsh moved the adoption of amendment (609):

On page 4, beginning on line 26, after "numbers" strike ", ballot titles, and public investment impact disclosures" and insert "and ballot titles"

On page 5, line 10, after "9;" strike "and"

On page 5, after line 13, insert the following:

"(4) RCW 29A.72.027 (Public investment impact disclosures) and 2022 c 114 s 2; and

(5) RCW 29A.72.028 (Public investment impact disclosures—Appeal to superior court) and 2022 c 114 s 6.

Sec. 8. RCW 29A.72.050 and 2022 c 114 s 3 are each amended to read as follows:

(1) The ballot title for an initiative to the people, an initiative to the legislature, a referendum bill, or a referendum measure consists of: (a) A statement of the subject of the measure; (b) a concise description of the measure; and (c) a question in the form prescribed in this section for the ballot measure in question. The statement of the subject of a measure must be sufficiently broad to reflect the subject of the measure, sufficiently precise to give notice of the measure's subject matter, and not exceed ten words. The concise description must contain no more than thirty words, be a true and impartial description of the measure's essential contents, clearly identify the proposition to be voted on, and not, to the extent reasonably possible, create prejudice either for or against the measure.

(2) (~~If a public investment impact disclosure is required under RCW 29A.72.027, the disclosure must appear in the middle of the ballot title, after the concise description and before the question. The disclosure is not, however, considered part of the ballot title and is not subject to any of the legal requirements for ballot titles under this chapter.~~

(3)) For an initiative to the people, or for an initiative to the legislature for which the legislature has not proposed an alternative, the ballot title (~~and public investment impact disclosure, if applicable,~~) must be displayed on the ballot substantially as follows:

"Initiative Measure No. . . . concerns (statement of subject). This measure would (concise description). (~~Public investment~~

~~impact disclosure, if applicable~~.) Should this measure be enacted into law?

Yes
No

((4)) (3) For an initiative to the legislature for which the legislature has proposed an alternative, the ballot title ~~((and public investment impact disclosure, if applicable,))~~ must be displayed on the ballot substantially as follows:

"Initiative Measure Nos. . . . andB concern (statement of subject).

Initiative Measure No. would (concise description). ~~((Public investment impact disclosure, if applicable))~~

As an alternative, the legislature has proposed Initiative Measure No.B, which would (concise description). ~~((Public investment impact disclosure, if applicable))~~

1. Should either of these measures be enacted into law?

Yes
No

2. Regardless of whether you voted yes or no above, if one of these measures is enacted, which one should it be?

Measure No.
or
Measure No.

((5)) (4) For a referendum bill submitted to the people by the legislature, the ballot issue ~~((and public investment impact disclosure, if applicable,))~~ must be displayed on the ballot substantially as follows:

"The legislature has passed Bill No. . . . concerning (statement of subject). This bill would (concise description). ~~((Public investment impact disclosure, if applicable))~~ Should this bill be:

Approved
Rejected

((6)) (5) For a referendum measure by state voters on a bill the legislature has passed, the ballot issue ~~((and public investment impact disclosure, if applicable,))~~ must be displayed on the ballot substantially as follows:

"The legislature passed Bill No. . . . concerning (statement of subject) and voters have filed a sufficient referendum petition on this bill. This bill would (concise description). ~~((Public investment impact disclosure, if applicable))~~ Should this bill be:

Approved
Rejected

((7)) (6) The legislature may specify the statement of subject or concise description, or both, in a referendum bill that it refers to the people. The legislature may specify the concise description for an alternative it submits for an initiative to the legislature. If the legislature fails to specify these matters,

the attorney general shall prepare the material that was not specified. The statement of subject and concise description as so provided must be included as part of the ballot title unless changed on appeal.

The attorney general shall specify the statement of subject and concise description for an initiative to the people, an initiative to the legislature, and a referendum measure. The statement of subject and concise description as so provided must be included as part of the ballot title unless changed on appeal."

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

Correct the title.

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

Representative Reed spoke against the adoption of the amendment.

Amendment (609) was not adopted.

Representative Volz moved the adoption of amendment (607):

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

**"PART IV
REFERENDUM CLAUSE**

NEW SECTION. **Sec. 10.** The secretary of state shall submit this act to the people for their adoption and ratification, or rejection, at the next general election to be held in this state, in accordance with Article II, section 1 of the state Constitution and the laws adopted to facilitate its operation."

Correct the title.

Representatives Volz, Volz (again), Walsh, Orcutt, Graham and Chambers spoke in favor of the adoption of the amendment.

Representative Reeves spoke against the adoption of the amendment.

Amendment (607) was not adopted.

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

Representatives Walen, Reeves and Reed spoke in favor of the passage of the bill.

Representatives Abbarno, Orcutt, McEntire, Dye, Chambers, Hutchins, Harris, Walsh and Maycumber spoke against the passage of the bill.

The Speaker (Representative Bronoske presiding) stated the question before the House to be the final passage of Engrossed Substitute Senate Bill No. 5082.

ROLL CALL

The Clerk called the roll on the final passage of Engrossed Substitute Senate Bill No. 5082, and the bill passed the House by the following vote: Yeas, 54; Nays, 43; Absent, 0; Excused, 1

Voting Yea: Representatives Alvarado, Bateman, Berg, Bergquist, Berry, Bronoske, Callan, Chapman, Chopp, Cortes,

Davis, Doglio, Donaghy, Duerr, Entenman, Farivar, Fey, Fitzgibbon, Fosse, Goodman, Gregerson, Hackney, Hansen, Kloba, Leavitt, Lekanoff, Macri, Mena, Morgan, Ormsby, Orwall, Peterson, Pollet, Ramel, Ramos, Reed, Reeves, Riccelli, Ryu, Santos, Senn, Simmons, Slatter, Springer, Stearns, Stonier, Street, Taylor, Thai, Tharinger, Timmons, Walen, Wylie and Mme. Speaker

Voting Nay: Representatives Abbarno, Barkis, Barnard, Caldier, Chambers, Chandler, Cheney, Christian, Connors, Corry, Couture, Dent, Dye, Eslick, Goehner, Graham, Griffey, Harris, Hutchins, Jacobsen, Klicker, Kretz, Low, Maycumber, McClintock, McEntire, Mosbrucker, Orcutt, Paul, Robertson, Rude, Rule, Sandlin, Schmick, Schmidt, Shavers, Steele, Stokesbary, Volz, Walsh, Waters, Wilcox and Ybarra

Excused: Representative Ortiz-Self

ENGROSSED SUBSTITUTE SENATE BILL NO. 5082, having received the necessary constitutional majority, was declared passed.

The Speaker assumed the chair.

SIGNED BY THE SPEAKER

The Speaker signed the following bills:

SENATE BILL NO. 5066
 SENATE BILL NO. 5070
 SENATE BILL NO. 5084
 SENATE BILL NO. 5131
 ENGROSSED SECOND SUBSTITUTE SENATE BILL NO. 5236
 SUBSTITUTE SENATE BILL NO. 5238
 SUBSTITUTE SENATE BILL NO. 5286
 SENATE BILL NO. 5390
 SUBSTITUTE SENATE BILL NO. 5453
 SUBSTITUTE SENATE BILL NO. 5499
 SECOND SUBSTITUTE SENATE BILL NO. 5518
 SUBSTITUTE SENATE BILL NO. 5542

The Speaker called upon Representative Orwall to preside.

SECOND READING

SENATE BILL NO. 5228, by Senators Dhingra, Hunt, Keiser, Lovelett, Lovick, Nguyen, Valdez and Wilson, C.

Providing occupational therapy services for persons with behavioral health disorders.

The bill was read the second time.

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

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

The Speaker (Representative Orwall presiding) stated the question before the House to be the final passage of Senate Bill No. 5228.

ROLL CALL

The Clerk called the roll on the final passage of Senate Bill No. 5228, and the bill passed the House by the following vote: Yeas, 97; Nays, 0; Absent, 0; Excused, 1

Voting Yea: Representatives Abbarno, Alvarado, Barkis, Barnard, Bateman, Berg, Bergquist, Berry, Bronoske, Caldier, Callan, Chambers, Chandler, Chapman, Cheney, Chopp, Christian, Connors, Corry, Cortes, Couture, Davis, Dent, Doglio, Donaghy, Duerr, Dye, Entenman, Eslick, Farivar, Fey, Fitzgibbon, Fosse, Goehner, Goodman, Graham, Gregerson, Griffey, Hackney, Hansen, Harris, Hutchins, Jacobsen, Klicker, Kloba, Kretz, Leavitt, Lekanoff, Low, Macri, Maycumber, McClintock, McEntire, Mena, Morgan, Mosbrucker, Orcutt, Ormsby, Orwall, Paul, Peterson, Pollet, Ramel, Ramos, Reed, Reeves, Riccelli, Robertson, Rude, Rule, Ryu, Sandlin, Santos, Schmick, Schmidt, Senn, Shavers, Simmons, Slatter, Springer, Stearns, Steele, Stokesbary, Stonier,

Morgan, Mosbrucker, Orcutt, Ormsby, Orwall, Paul, Peterson, Pollet, Ramel, Ramos, Reed, Reeves, Riccelli, Robertson, Rude, Rule, Ryu, Sandlin, Santos, Schmick, Schmidt, Senn, Shavers, Simmons, Slatter, Springer, Stearns, Steele, Stokesbary, Stonier, Street, Taylor, Thai, Tharinger, Timmons, Volz, Walen, Walsh, Waters, Wilcox, Wylie, Ybarra and Mme. Speaker

Excused: Representative Ortiz-Self

SENATE BILL NO. 5228, having received the necessary constitutional majority, was declared passed.

ENGROSSED SECOND SUBSTITUTE SENATE BILL NO. 5243, by Senate Committee on Ways & Means (originally sponsored by Wellman, Hunt, Kuderer, Nobles and Wilson, C.)

Concerning high school and beyond planning.

The bill was read the second time.

There being no objection, the committee striking amendment by the Committee on Education was before the House for purpose of amendment. For Committee amendment, see Journal, Day 86, Tuesday, April 4, 2023.

Representative Stonier moved the adoption of amendment (624) to the committee striking amendment:

On page 14, beginning on line 25 of the striking amendment, after "also" strike all material through "tool" on line 29 and insert "ensure that the universal platform will permit transition plans required by RCW 28A.155.220 to be incorporated into the universal platform in a manner that eliminates the need to create duplicate or substantially similar transition plans in other electronic or non-electronic formats"

Representatives Stonier and Couture spoke in favor of the adoption of the amendment to the committee striking amendment.

Amendment (624) to the committee striking amendment was adopted.

The committee striking amendment, as amended, was adopted.

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

Representatives Berg and Rude spoke in favor of the passage of the bill.

The Speaker (Representative Orwall presiding) stated the question before the House to be the final passage of Engrossed Second Substitute Senate Bill No. 5243, as amended by the House.

ROLL CALL

The Clerk called the roll on the final passage of Engrossed Second Substitute Senate Bill No. 5243, as amended by the House, and the bill passed the House by the following vote: Yeas, 97; Nays, 0; Absent, 0; Excused, 1

Voting Yea: Representatives Abbarno, Alvarado, Barkis, Barnard, Bateman, Berg, Bergquist, Berry, Bronoske, Caldier, Callan, Chambers, Chandler, Chapman, Cheney, Chopp, Christian, Connors, Corry, Cortes, Couture, Davis, Dent, Doglio, Donaghy, Duerr, Dye, Entenman, Eslick, Farivar, Fey, Fitzgibbon, Fosse, Goehner, Goodman, Graham, Gregerson, Griffey, Hackney, Hansen, Harris, Hutchins, Jacobsen, Klicker, Kloba, Kretz, Leavitt, Lekanoff, Low, Macri, Maycumber, McClintock, McEntire, Mena, Morgan, Mosbrucker, Orcutt, Ormsby, Orwall, Paul, Peterson, Pollet, Ramel, Ramos, Reed, Reeves, Riccelli, Robertson, Rude, Rule, Ryu, Sandlin, Santos, Schmick, Schmidt, Senn, Shavers, Simmons, Slatter, Springer, Stearns, Steele, Stokesbary, Stonier,

Street, Taylor, Thai, Tharinger, Timmons, Volz, Walen, Walsh, Waters, Wilcox, Wylie, Ybarra and Mme. Speaker
Excused: Representative Ortiz-Self

INGROSSED SECOND SUBSTITUTE SENATE BILL NO. 5243, as amended by the House, having received the necessary constitutional majority, was declared passed.

SENATE BILL NO. 5331, by Senators Conway, Saldaña, Keiser, Lovelett and Wilson, C.

Concerning job search requirements for unemployment insurance benefits.

The bill was read the second time.

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

Representatives Berry and Robertson spoke in favor of the passage of the bill.

The Speaker (Representative Orwall presiding) stated the question before the House to be the final passage of Senate Bill No. 5331.

ROLL CALL

The Clerk called the roll on the final passage of Senate Bill No. 5331, and the bill passed the House by the following vote: Yeas, 82; Nays, 15; Absent, 0; Excused, 1

Voting Yea: Representatives Alvarado, Barkis, Barnard, Bateman, Berg, Bergquist, Berry, Bronoske, Callan, Chambers, Chapman, Cheney, Chopp, Christian, Connors, Cortes, Couture, Davis, Doglio, Donaghy, Duerr, Entenman, Eslick, Farivar, Fey, Fitzgibbon, Fosse, Goehner, Goodman, Gregerson, Griffey, Hackney, Hansen, Harris, Hutchins, Klicker, Kloba, Kretz, Leavitt, Lekanoff, Low, Macri, Maycumber, Mena, Morgan, Ormsby, Orwall, Paul, Peterson, Pollet, Ramel, Ramos, Reed, Reeves, Riccelli, Robertson, Rude, Rule, Ryu, Santos, Schmidt, Senn, Shavers, Simmons, Slatter, Springer, Stearns, Steele, Stokesbary, Stonier, Street, Taylor, Thai, Tharinger, Timmons, Volz, Walen, Waters, Wilcox, Wylie, Ybarra and Mme. Speaker

Voting Nay: Representatives Abbarno, Caldier, Chandler, Corry, Dent, Dye, Graham, Jacobsen, McClintock, McEntire, Mosbrucker, Orcutt, Sandlin, Schmick and Walsh

Excused: Representative Ortiz-Self

SENATE BILL NO. 5331, having received the necessary constitutional majority, was declared passed.

SUBSTITUTE SENATE BILL NO. 5753, by Senate Committee on Transportation (originally sponsored by Shewmake and Lovelett)

Concerning a roadway construction cooperative agreement between the department of transportation and the Lummi Nation.

The bill was read the second time.

There being no objection, the committee striking amendment by the Committee on Transportation was before the House for purpose of amendment. For Committee amendment, see Journal, Day 86, Tuesday, April 4, 2023.

Representative Goehner moved the adoption of amendment (622) to the committee striking amendment:

On page 1, at the beginning of line 8 of the striking amendment, strike "right-of-way acquisition,"

On page 1, beginning on line 28 of the striking amendment, after "design" strike ", acquisition of right-of-way,"

Representatives Goehner and Timmons spoke in favor of the adoption of the amendment to the committee striking amendment.

Amendment (622) to the committee striking amendment was adopted.

The committee striking amendment, as amended, was adopted.

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

Representatives Timmons and Goehner spoke in favor of the passage of the bill.

The Speaker (Representative Orwall presiding) stated the question before the House to be the final passage of Substitute Senate Bill No. 5753, as amended by the House.

ROLL CALL

The Clerk called the roll on the final passage of Substitute Senate Bill No. 5753, as amended by the House, and the bill passed the House by the following vote: Yeas, 92; Nays, 5; Absent, 0; Excused, 1

Voting Yea: Representatives Abbarno, Alvarado, Barkis, Barnard, Bateman, Berg, Bergquist, Berry, Bronoske, Caldier, Callan, Chambers, Chandler, Chapman, Cheney, Chopp, Connors, Corry, Cortes, Couture, Davis, Dent, Doglio, Donaghy, Duerr, Dye, Entenman, Eslick, Farivar, Fey, Fitzgibbon, Fosse, Goehner, Goodman, Graham, Gregerson, Griffey, Hackney, Hansen, Harris, Hutchins, Klicker, Kloba, Kretz, Leavitt, Lekanoff, Low, Macri, Maycumber, McClintock, Mena, Morgan, Mosbrucker, Ormsby, Orwall, Paul, Peterson, Pollet, Ramel, Ramos, Reed, Reeves, Riccelli, Robertson, Rude, Rule, Ryu, Sandlin, Santos, Schmick, Schmidt, Senn, Shavers, Simmons, Slatter, Springer, Stearns, Steele, Stokesbary, Stonier, Street, Taylor, Thai, Tharinger, Timmons, Volz, Walen, Waters, Wilcox, Wylie, Ybarra and Mme. Speaker

Voting Nay: Representatives Christian, Jacobsen, McEntire, Orcutt and Walsh

Excused: Representative Ortiz-Self

SUBSTITUTE SENATE BILL NO. 5753, as amended by the House, having received the necessary constitutional majority, was declared passed.

SENATE BILL NO. 5497, by Senators Wilson, L. and Rolfe

Concerning medicaid expenditures.

The bill was read the second time.

There being no objection, the committee striking amendment by the Committee on Appropriations was adopted. For Committee amendment, see Journal, Day 86, Tuesday, April 4, 2023.

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

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

The Speaker (Representative Orwall presiding) stated the question before the House to be the final passage of Senate Bill No. 5497, as amended by the House.

ROLL CALL

The Clerk called the roll on the final passage of Senate Bill No. 5497, as amended by the House, and the bill passed the House by the following vote: Yeas, 97; Nays, 0; Absent, 0; Excused, 1

Voting Yea: Representatives Abbarno, Alvarado, Barkis, Barnard, Bateman, Berg, Bergquist, Berry, Bronoske, Caldier, Callan, Chambers, Chandler, Chapman, Cheney, Chopp, Christian, Connors, Corry, Cortes, Couture, Davis, Dent, Doglio, Donaghy, Duerr, Dye, Entenman, Eslick, Farivar, Fey, Fitzgibbon, Fosse, Goehner, Goodman, Graham, Gregerson, Griffey, Hackney, Hansen, Harris, Hutchins, Jacobsen, Klicker, Kloba, Kretz, Leavitt, Lekanoff, Low, Macri, Maycumber, McClintock, McEntire, Mena, Morgan, Mosbrucker, Orcutt, Ormsby, Orwall, Paul, Peterson, Pollet, Ramel, Ramos, Reed, Reeves, Riccelli, Robertson, Rude, Rule, Ryu, Sandlin, Santos, Schmick, Schmidt, Senn, Shavers, Simmons, Slatter, Springer, Stearns, Steele, Stokesbary, Stonier, Street, Taylor, Thai, Tharinger, Timmons, Volz, Walen, Walsh, Waters, Wilcox, Wylie, Ybarra and Mme. Speaker

Excused: Representative Ortiz-Self

SENATE BILL NO. 5497, as amended by the House, having received the necessary constitutional majority, was declared passed.

ENGROSSED SENATE BILL NO. 5015, by Senators Fortunato, Gildon, Kuderer and Valdez

Reestablishing the productivity board.

The bill was read the second time.

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

Representatives Abbarno and Ramos spoke in favor of the passage of the bill.

The Speaker (Representative Orwall presiding) stated the question before the House to be the final passage of Engrossed Senate Bill No. 5015.

ROLL CALL

The Clerk called the roll on the final passage of Engrossed Senate Bill No. 5015, and the bill passed the House by the following vote: Yeas, 97; Nays, 0; Absent, 0; Excused, 1

Voting Yea: Representatives Abbarno, Alvarado, Barkis, Barnard, Bateman, Berg, Bergquist, Berry, Bronoske, Caldier, Callan, Chambers, Chandler, Chapman, Cheney, Chopp, Christian, Connors, Corry, Cortes, Couture, Davis, Dent, Doglio, Donaghy, Duerr, Dye, Entenman, Eslick, Farivar, Fey, Fitzgibbon, Fosse, Goehner, Goodman, Graham, Gregerson, Griffey, Hackney, Hansen, Harris, Hutchins, Jacobsen, Klicker, Kloba, Kretz, Leavitt, Lekanoff, Low, Macri, Maycumber, McClintock, McEntire, Mena, Morgan, Mosbrucker, Orcutt, Ormsby, Orwall, Paul, Peterson, Pollet, Ramel, Ramos, Reed, Reeves, Riccelli, Robertson, Rude, Rule, Ryu, Sandlin, Santos, Schmick, Schmidt, Senn, Shavers, Simmons, Slatter, Springer, Stearns, Steele, Stokesbary, Stonier, Street, Taylor, Thai, Tharinger, Timmons, Volz, Walen, Walsh, Waters, Wilcox, Wylie, Ybarra and Mme. Speaker

Excused: Representative Ortiz-Self

ENGROSSED SENATE BILL NO. 5015, having received the necessary constitutional majority, was declared passed.

ENGROSSED SUBSTITUTE SENATE BILL NO. 5217, by Senate Committee on Labor & Commerce (originally sponsored by Dhingra, Kauffman, Keiser, Kuderer, Lovelett, Nguyen, Nobles, Pedersen, Valdez and Wilson, C.)

Concerning the state's ability to regulate certain industries and risk classifications to prevent musculoskeletal injuries and disorders.

The bill was read the second time.

Representative Schmidt moved the adoption of amendment (613):

On page 5, line 4, after "(3)(a)" insert "Prior to adopting rules related to musculoskeletal injuries or disorders, the department must contract with an independent third party to prepare an economic impact statement for all impacted businesses as part of the rule making process.

(b) The economic impact statement must:

(i) Include a brief description of the industries or risk classifications that will be required to comply with the rule; the reporting, recordkeeping, and other compliance requirements of the proposed rule; and the kinds of professional services that a business is likely to need in order to comply with such requirements;

(ii) Analyze the costs of compliance for businesses required to comply with the proposed rule, including costs of equipment, supplies, labor, professional services, and increased administrative costs;

(iii) Estimate any loss of sales or revenue by businesses required to comply with the rule, and the cost per: Employee, hour of labor, or \$100 of sales;

(iv) Estimate the number of businesses that will move out of state and jobs that will be lost as the result of required compliance with the proposed rule; and

(v) Include the steps taken by the department to reduce the costs of the rule on businesses, or reasonable justification for not doing so, and a description of how the department will involve impacted businesses in the development of the rule.

(c) To obtain information for purposes of this subsection, the department may survey a representative sample of affected businesses or trade associations, and should, whenever possible, appoint a committee to assist in the accurate assessment of the economic impact of a proposed rule and the means to reduce the costs imposed on businesses.

(d) The department must post the economic impact statement on the department's website and provide a copy of the statement to any person upon request.

(4) (a) "

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

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

Representative Bronoske spoke against the adoption of the amendment.

Amendment (613) was not adopted.

Representative Connors moved the adoption of amendment (616):

On page 5, beginning on line 4, after "(3)(a)" strike all material through "period" on line 9 and insert "Rules providing standards may only be adopted for industries or risk classifications under this section when both of the following conditions are met:

(i) Compensable workers' compensation claims involved musculoskeletal injuries and disorders at a rate greater than two times the overall state workers' compensation compensable claim rate for musculoskeletal injuries and disorders over a recent five-year period; and

(ii) The rate for the industry or risk classification has not decreased each year over a recent five-year period prior to the department beginning the rule making process"

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

Representative Berry spoke against the adoption of the amendment.

An electronic roll call was requested.

ROLL CALL

The Clerk called the roll on the adoption of amendment (616) and the amendment was not adopted by the following vote: Yeas, 46; Nays, 51; Absent, 0; Excused, 1

Voting Yea: Representatives Abbarno, Barkis, Barnard, Caldier, Chambers, Chandler, Cheney, Christian, Connors, Corry, Couture, Dent, Dye, Eslick, Goehner, Graham, Griffey, Harris, Hutchins, Jacobsen, Klicker, Kretz, Leavitt, Low, Maycumber, McClintock, McEntire, Mosbrucker, Orcutt, Robertson, Rude, Rule, Sandlin, Schmick, Schmidt, Shavers, Springer, Steele, Stokesbary, Timmons, Volz, Walen, Walsh, Waters, Wilcox and Ybarra

Voting Nay: Representatives Alvarado, Bateman, Berg, Bergquist, Berry, Bronoske, Callan, Chapman, Chopp, Cortes, Davis, Doglio, Donaghy, Duerr, Entenman, Farivar, Fey, Fitzgibbon, Fosse, Goodman, Gregerson, Hackney, Hansen, Kloba, Lekanoff, Macri, Mena, Morgan, Ormsby, Orwall, Paul, Peterson, Pollet, Ramel, Ramos, Reed, Reeves, Riccelli, Ryu, Santos, Senn, Simmons, Slatter, Stearns, Stonier, Street, Taylor, Thai, Tharinger, Wylie and Mme. Speaker

Excused: Representative Ortiz-Self

Amendment (616) was not adopted.

Representative Connors moved the adoption of amendment (614):

On page 5, line 5, after "where" insert ": (i) "

On page 5, line 9, after "period" insert "; and (ii) the industry or risk classification has had technical assistance documents for at least five years, created by the department specifically for that industry or risk classification. An employer may not be found in violation of the rules if the employer was relying on the department's most recent technical assistance documents or advice from a technical assistance consultation to comply with the rules"

Representatives Connors, Walsh and Orcutt spoke in favor of the adoption of the amendment.

Representative Doglio spoke against the adoption of the amendment.

An electronic roll call was requested.

ROLL CALL

The Clerk called the roll on the adoption of amendment (614) and the amendment was not adopted by the following vote: Yeas, 45; Nays, 52; Absent, 0; Excused, 1

Voting Yea: Representatives Abbarno, Barkis, Barnard, Caldier, Chambers, Chandler, Cheney, Christian, Connors, Corry, Couture, Dent, Dye, Eslick, Goehner, Graham, Griffey, Harris, Hutchins, Jacobsen, Klicker, Kretz, Leavitt, Low, Maycumber, McClintock, McEntire, Mosbrucker, Orcutt, Robertson, Rude, Rule, Sandlin, Schmick, Schmidt, Springer, Steele, Stokesbary, Timmons, Volz, Walen, Walsh, Waters, Wilcox and Ybarra

Voting Nay: Representatives Alvarado, Bateman, Berg, Bergquist, Berry, Bronoske, Callan, Chapman, Chopp, Cortes, Davis, Doglio, Donaghy, Duerr, Entenman, Farivar, Fey, Fitzgibbon, Fosse, Goodman, Gregerson, Hackney, Hansen, Kloba, Lekanoff, Macri, Mena, Morgan, Ormsby, Orwall, Paul, Peterson, Pollet, Ramel, Ramos, Reed, Reeves, Riccelli, Ryu, Santos, Senn, Shavers, Simmons, Slatter, Stearns, Stonier, Street, Taylor, Thai, Tharinger, Wylie and Mme. Speaker

Excused: Representative Ortiz-Self

Amendment (614) was not adopted.

Representative Robertson moved the adoption of amendment (618):

On page 5, line 37, after "(4)" insert "When the department adopts a specific rule for an industry or risk classification related to preventing musculoskeletal injuries and disorders, the rule may not take effect until after the adjournment of the regular legislative session immediately following the adoption of the rule making order (CR-103P), in order to allow the legislature the opportunity to require the expansion, limitation, or other modification to the final rule on musculoskeletal injuries and disorders.

(5) "

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

On page 6, at the beginning of line 23, strike "120" and insert "365"

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

Representative Berry spoke against the adoption of the amendment.

Amendment (618) was not adopted.

Representative Chambers moved the adoption of amendment (617):

On page 6, line 6, after "including" insert "the least burdensome and least costly"

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

Representative Fosse spoke against the adoption of the amendment.

Amendment (617) was not adopted.

Representative Walsh moved the adoption of amendment (615):

On page 7, after line 35, insert the following:

"NEW SECTION. Sec. 6. The secretary of state shall submit this act to the people for their adoption and ratification, or rejection, at the next general election to be held in this state, in accordance with Article II, section 1 of the state Constitution and the laws adopted to facilitate its operation."

Correct the title.

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

Representative Bronoske spoke against the adoption of the amendment.

An electronic roll call was requested.

ROLL CALL

The Clerk called the roll on the adoption of amendment (615) and the amendment was not adopted by the following vote: Yeas, 44; Nays, 53; Absent, 0; Excused, 1

Voting Yea: Representatives Abbarno, Barkis, Barnard, Caldier, Chambers, Chandler, Cheney, Christian, Connors, Corry, Couture, Dent, Dye, Eslick, Goehner, Graham, Griffey, Harris, Hutchins, Jacobsen, Klicker, Kretz, Leavitt, Low, Maycumber, McClintock, McEntire, Mosbrucker, Orcutt, Robertson, Rude, Rule, Sandlin, Schmick, Schmidt, Shavers, Steele, Stokesbary, Timmons, Volz, Walsh, Waters, Wilcox and Ybarra

Voting Nay: Representatives Alvarado, Bateman, Berg, Bergquist, Berry, Bronoske, Callan, Chapman, Chopp, Cortes, Davis, Doglio, Donaghy, Duerr, Entenman, Farivar, Fey, Fitzgibbon, Fosse, Goodman, Gregerson, Hackney, Hansen, Kloba, Lekanoff, Macri, Mena, Morgan, Ormsby, Orwall, Paul, Peterson, Pollet, Ramel, Ramos, Reed, Reeves, Riccelli, Ryu, Santos, Senn, Simmons, Slatter, Springer, Stearns, Stonier, Street, Taylor, Thai, Tharinger, Walen, Wylie and Mme. Speaker

Excused: Representative Ortiz-Self

Amendment (615) was not adopted.

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

COLLOQUY

Representative Robertson: "Thank you Madame Speaker. I rise to ask if the Chair of the Labor and Workplace Standards Committee will yield to a question."

Speaker: "Will the good member from the 36th yield to a question from the member from the 31st?"

Representative Berry: "Yes."

Representative Robertson: "The bill repeals a law prohibiting the Department of Labor and Industries from adopting rules related ergonomics and musculoskeletal disorders. The bill also authorizes the Department to adopt rules related to preventing musculoskeletal injuries and disorders subject to certain limits.

My question relates to the Department's rulemaking authority. Does the bill authorize the Department to adopt more than one set of rules within a 12-month period for more than one industry or risk classification that did not previously have rules imposed on it?"

Representative Berry: "Thank you for the question, good member from the 31st.

The bill does not limit the Department of Labor and Industries' authority to amend rules related to preventing musculoskeletal injuries and disorders it has already adopted.

However, Section (4), Subsection (2)(a) of the bill does limit the Department's authority to adopt no more than one set of rules within a 12-month period related to preventing musculoskeletal injuries and disorders for one industry or risk classification that did not previously have rules imposed on it.

Therefore, in response to your question, the bill does not authorize the Department to adopt more than one set of rules within a 12-month period for one industry or risk classification that did not previously have rules imposed on it."

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

Representatives Robertson, Schmidt, Chambers, Christian and Walsh spoke against the passage of the bill.

The Speaker (Representative Orwall presiding) stated the question before the House to be the final passage of Engrossed Substitute Senate Bill No. 5217.

ROLL CALL

The Clerk called the roll on the final passage of Engrossed Substitute Senate Bill No. 5217, and the bill passed the House by the following vote: Yeas, 51; Nays, 46; Absent, 0; Excused, 1

Voting Yea: Representatives Alvarado, Bateman, Berg, Bergquist, Berry, Bronoske, Callan, Chopp, Cortes, Davis, Doglio, Donaghy, Duerr, Entenman, Farivar, Fey, Fitzgibbon, Fosse, Goodman, Gregerson, Hackney, Hansen, Kloba, Lekanoff, Macri, Mena, Morgan, Ormsby, Orwall, Paul, Peterson, Pollet, Ramel, Ramos, Reed, Reeves, Riccelli, Rule, Ryu, Santos, Senn, Simmons, Slatter, Stearns, Stonier, Street, Taylor, Thai, Tharinger, Wylie and Mme. Speaker

Voting Nay: Representatives Abbarno, Barkis, Barnard, Caldier, Chambers, Chandler, Chapman, Cheney, Christian, Connors, Corry, Couture, Dent, Dye, Eslick, Goehner, Graham, Griffey, Harris, Hutchins, Jacobsen, Klicker, Kretz, Leavitt, Low, Maycumber, McClintock, McEntire, Mosbrucker, Orcutt, Robertson, Rude, Sandlin, Schmick, Schmidt, Shavers, Springer, Steele, Stokesbary, Timmons, Volz, Walen, Walsh, Waters, Wilcox and Ybarra

Excused: Representative Ortiz-Self

ENGROSSED SUBSTITUTE SENATE BILL NO. 5217, having received the necessary constitutional majority, was declared passed.

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

RECONSIDERATION

There being no objection, the House will reconsider the vote by which ENGROSSED SUBSTITUTE SENATE BILL NO. 5173 passed the House.

THIRD READING

ENGROSSED SUBSTITUTE SENATE BILL NO. 5173, by Senate Committee on Law & Justice (originally sponsored by Stanford, Hasegawa, Kuderer, Pedersen, Saldaña and Trudeau)

Concerning property exempt from execution.

The bill was read the third time.

There being no objection, the rules were suspended, and ENGROSSED SUBSTITUTE SENATE BILL NO. 5173 was returned to second reading for the purpose of amendment.

There being no objection, the House reconsidered the committee striking amendment by the Committee on Civil Rights & Judiciary that is before the House for purpose of amendment. For Committee amendment, see Journal, Day 80, Wednesday, March 29, 2023.

There being no objection, amendment (597) to the committee striking amendment, on reconsideration, was adopted.

There being no objection, amendment (516) to the committee striking amendment, on reconsideration, was not adopted.

The committee striking amendment, as amended, was adopted.

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

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

Representative Walsh spoke against the passage of the bill.

The Speaker (Representative Orwall presiding) stated the question before the House to be the final passage of Engrossed Substitute Senate Bill No. 5173, as amended by the House, on reconsideration.

ROLL CALL

The Clerk called the roll on the final passage of Engrossed Substitute Senate Bill No. 5173, as amended by the House, on reconsideration, and the bill passed the House by the following vote: Yeas, 65; Nays, 32; Absent, 0; Excused, 1

Voting Yea: Representatives Alvarado, Barkis, Barnard, Bateman, Berg, Bergquist, Berry, Bronoske, Caldier, Callan, Chandler, Chapman, Cheney, Chopp, Cortes, Davis, Doglio, Donaghy, Duerr, Entenman, Farivar, Fey, Fitzgibbon, Fosse, Goehner, Goodman, Gregerson, Hackney, Hansen, Hutchins, Kloba, Leavitt, Lekanoff, Macri, Mena, Morgan, Ormsby, Orwall, Paul, Peterson, Pollet, Ramel, Ramos, Reed, Reeves, Riccelli, Rule, Ryu, Santos, Senn, Shavers, Simmons, Slatter, Springer, Stearns, Steele, Stonier, Street, Taylor, Thai, Tharinger, Timmons, Walen, Wylie and Mme. Speaker

Voting Nay: Representatives Abbarno, Chambers, Christian, Connors, Corry, Couture, Dent, Dye, Eslick, Graham, Griffey, Harris, Jacobsen, Klicker, Kretz, Low, Maycumber, McClintock, McEntire, Mosbrucker, Orcutt, Robertson, Rude, Sandlin, Schmick, Schmidt, Stokesbary, Volz, Walsh, Waters, Wilcox and Ybarra

Excused: Representative Ortiz-Self

ENGROSSED SUBSTITUTE SENATE BILL NO. 5173, as amended by the House, on reconsideration, having received the necessary constitutional majority, was declared passed.

RECONSIDERATION

There being no objection, the House immediately reconsidered the vote by which SUBSTITUTE SENATE BILL NO. 5087 passed the House.

The Speaker (Representative Orwall presiding) stated the question before the House to be the final passage of Substitute Senate Bill No. 5087, on reconsideration.

ROLL CALL

The Clerk called the roll on the final passage of Substitute Senate Bill No. 5087, on reconsideration, and the bill passed the House by the following vote: Yeas, 58; Nays, 39; Absent, 0; Excused, 1

Voting Yea: Representatives Alvarado, Bateman, Berg, Bergquist, Berry, Bronoske, Callan, Chapman, Chopp, Cortes, Davis, Doglio, Donaghy, Duerr, Entenman, Farivar, Fey, Fitzgibbon, Fosse, Goodman, Gregerson, Hackney, Hansen, Kloba, Leavitt, Lekanoff, Macri, Mena, Morgan, Ormsby, Orwall, Paul, Peterson, Pollet, Ramel, Ramos, Reed, Reeves, Riccelli, Rude, Rule, Ryu, Santos, Senn, Shavers, Simmons, Slatter, Springer,

Stearns, Stonier, Street, Taylor, Thai, Tharinger, Timmons, Walen, Wylie and Mme. Speaker

Voting Nay: Representatives Abbarno, Barkis, Barnard, Caldier, Chambers, Chandler, Cheney, Christian, Connors, Corry, Couture, Dent, Dye, Eslick, Goehner, Graham, Griffey, Harris, Hutchins, Jacobsen, Klicker, Kretz, Low, Maycumber, McClintock, McEntire, Mosbrucker, Orcutt, Robertson, Sandlin, Schmick, Schmidt, Steele, Stokesbary, Volz, Walsh, Waters, Wilcox and Ybarra

Excused: Representative Ortiz-Self

SUBSTITUTE SENATE BILL NO. 5087, on reconsideration, having received the necessary constitutional majority, was declared passed.

There being no objection, the House adjourned until 9:00 a.m., Monday, April 10, 2023, the 92nd Day of the 2023 Regular Session.

LAURIE JINKINS, Speaker

BERNARD DEAN, Chief Clerk

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1051-S	Messages..... 2	Speaker Signed..... 62
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1275-S	Messages..... 2	Speaker Signed..... 62
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1590-S	Messages..... 2	Second Reading..... 13
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1707	Messages..... 2	Messages..... 2
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1792	Messages..... 2	5127-S
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5228	Second Reading.	62	Amendment Offered.	4
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5231-S	Other Action.	59	Third Reading Final Passage.	13
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5283	Other Action.	59	Other Action.	59
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5593-S2	Other Action.	9
5604-S	Messages.	2
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5606	Other Action.	59
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5720-S	Second Reading.	12
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