

CERTIFICATION OF ENROLLMENT

SUBSTITUTE HOUSE BILL 1281

69th Legislature
2025 Regular Session

Passed by the House March 5, 2025
Yeas 97 Nays 0

**Speaker of the House of
Representatives**

Passed by the Senate April 5, 2025
Yeas 48 Nays 0

President of the Senate

Approved

Governor of the State of Washington

CERTIFICATE

I, Bernard Dean, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **SUBSTITUTE HOUSE BILL 1281** as passed by the House of Representatives and the Senate on the dates hereon set forth.

Chief Clerk

FILED

**Secretary of State
State of Washington**

SUBSTITUTE HOUSE BILL 1281

Passed Legislature - 2025 Regular Session

State of Washington

69th Legislature

2025 Regular Session

By House Civil Rights & Judiciary (originally sponsored by Representatives Goodman, Simmons, and Hill; by request of Statute Law Committee)

READ FIRST TIME 02/13/25.

1 AN ACT Relating to making technical corrections and removing
2 obsolete language from the Revised Code of Washington pursuant to RCW
3 1.08.025; amending RCW 1.16.050, 9.94A.507, 18.225.090, 23B.13.200,
4 23B.13.210, 23B.13.220, 66.04.021, 6.15.060, 9.94A.840, 9.94B.020,
5 9.95.040, 9A.56.120, 12.36.020, 18.73.270, 18.330.040, 19.116.040,
6 19.182.040, 28A.600.385, 28B.20.810, 28B.76.730, 35.82.080,
7 35.82.285, 36.32.440, 38.52.020, 38.52.390, 41.32.345, 41.56.465,
8 41.56.492, 43.20B.670, 43.21A.662, 43.70.670, 43.216.152, 43.330.430,
9 43.330.435, 46.18.205, 46.61.100, 48.20.555, 48.21.375, 51.14.150,
10 59.22.020, 64.34.216, 64.34.316, 64.34.324, 64.34.400, 69.25.030,
11 70.14.050, 70.122.020, 71.09.098, 71A.12.210, 71A.12.220,
12 74.04.00511, 74.04.300, 74.04.670, 79A.05.065, 80.70.020, 88.02.610,
13 18.20.230, 18.50.032, 18.79.010, 18.79.040, 18.79.050, 18.79.070,
14 18.79.080, 18.79.090, 18.79.100, 18.79.110, 18.79.150, 18.79.160,
15 18.79.170, 18.79.180, 18.79.190, 18.79.230, 18.79.240, 18.79.250,
16 18.79.260, 18.79.290, 18.79.310, 18.79.340, 18.79.390, 18.79.400,
17 18.79.410, 18.79.430, 18.79.435, 18.79.440, 18.79.800, 18.79.810,
18 18.88A.020, 18.88A.030, 18.88A.060, 18.88A.080, 18.88A.082,
19 18.88A.085, 18.88A.087, 18.88A.088, 18.88A.090, 18.88A.100,
20 18.88A.210, 18.88B.070, 28A.210.275, 28A.210.280, 28A.210.290,
21 28B.115.020, 41.05.180, 48.20.393, 48.21.225, 48.43.087, 48.44.325,
22 48.46.275, 69.45.010, 69.51A.300, 70.128.210, 74.42.230, 7.68.030,
23 7.68.063, 7.68.080, 9.02.110, 9.02.130, 10.77.175, 11.130.290,

1 11.130.390, 11.130.615, 18.16.260, 18.50.005, 18.50.115, 18.57.040,
2 18.59.100, 18.64.253, 18.64.560, 18.71.030, 18.74.200, 18.89.020,
3 18.130.410, 18.134.010, 18.225.010, 18.250.010, 19.410.010,
4 28A.210.090, 28A.210.275, 28A.210.280, 28A.210.290, 28A.210.305,
5 41.05.177, 41.05.180, 41.24.155, 43.70.470, 46.19.010, 46.61.506,
6 46.61.508, 48.20.392, 48.20.393, 48.21.225, 48.21.227, 48.42.100,
7 48.43.094, 48.43.115, 48.44.325, 48.44.327, 48.46.275, 48.46.277,
8 48.125.200, 50A.05.010, 51.04.030, 51.28.010, 51.28.020, 51.28.025,
9 51.28.055, 51.36.010, 51.48.060, 51.52.010, 68.50.105, 69.41.010,
10 69.41.030, 69.43.135, 69.45.010, 69.50.101, 70.02.010, 70.02.230,
11 70.24.115, 70.30.061, 70.41.410, 70.47.210, 70.48.135, 70.48.490,
12 70.54.400, 70.58A.010, 70.122.051, 70.122.130, 70.128.120,
13 70.180.020, 70.180.040, 70.245.010, 71.05.148, 71.05.154, 71.05.210,
14 71.05.215, 71.05.230, 71.05.290, 71.05.300, 71.05.585, 71.12.540,
15 71.32.110, 71.32.140, 71.32.250, 71.34.720, 71.34.750, 71.34.755,
16 71.34.770, 71.34.815, 72.09.588, 74.09.010, 74.09.725, 74.42.010, and
17 74.42.380; amending 2021 c 167 s 1, 2015 c 207 s 1, 2015 c 70 s 2,
18 2013 c 3 s 1, 2017 c 317 s 12, 2015 2nd sp.s. c 4 s 101, 2020 c 236 s
19 1, 2020 c 133 s 1, 2019 c 393 s 1, and 2007 c 371 s 1 (uncodified);
20 reenacting and amending RCW 19.158.020, 43.21B.110, 90.58.090,
21 18.130.175, 43.21B.300, 43.43.842, 70.41.230, 9.02.170, 9.41.010,
22 10.77.010, 18.360.010, 43.70.442, 51.36.110, 69.51A.010, 70.41.230,
23 71.05.217, 71.32.020, 71.32.260, and 71.34.730; reenacting RCW
24 19.09.085, 28B.76.526, 43.03.230, 43.03.240, 43.03.250, 43.03.265,
25 43.79.195, and 70A.65.030; creating a new section; decodifying RCW
26 15.92.105, 28A.300.2851, 28A.300.807, 43.10.300, and 43.280.091;
27 repealing 2023 c 470 s 3013; providing effective dates; and providing
28 expiration dates.

29 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

30 NEW SECTION. **Sec. 1.** RCW 1.08.025 directs the code reviser,
31 with the approval of the statute law committee, to prepare
32 legislation for submission to the legislature "concerning
33 deficiencies, conflicts, or obsolete provisions" in statutes. This
34 act makes technical, nonsubstantive amendments as follows:

35 (1) Section 1001 of this act places legislatively recognized days
36 in calendar order.

37 (2) Section 1002 of this act corrects a cross reference
38 concerning the sentencing of sex offenders.

1 (3) Section 1003 of this act corrects a drafting error concerning
2 the number of hours of supervised experience for licensed advanced
3 social workers.

4 (4) Section 1004 of this act renumbers a definition section in
5 order to combine two subsections defining the term "commercial
6 telephone solicitor."

7 (5) Sections 1005 through 1007 of this act correct errors in
8 internal references of the Washington business corporation act.

9 (6) Section 1008 of this act removes a duplicative cross
10 reference created by merging multiple amendments.

11 (7) Section 1009 of this act corrects a cross reference
12 concerning the definition of liquor retailers.

13 (8) Section 1010 of this act decodifies sections relating to
14 various groups whose work has concluded.

15 (9) Section 1011 of this act repeals a session law section
16 omitted in error from the repeal of RCW 10.31.115 by chapter 1, Laws
17 of 2023 sp. sess.

18 (10) Sections 2001 through 2051 of this act adjust cross
19 references to reflect recodification of sections and changes in
20 subsection numbering.

21 (11) Sections 3001 through 3011 of this act merge multiple
22 amendments created when sections were amended without reference to
23 other amendments made in the same session.

24 (12) Sections 4001 through 4010 of this act change the term
25 "marijuana" to "cannabis" in uncodified notes published in the
26 Revised Code of Washington.

27 (13) Sections 5001 through 5172 of this act change the term
28 "nursing care quality assurance commission" to "state board of
29 nursing," in accordance with chapter 123, Laws of 2023, and "advanced
30 registered nurse practitioner" to "advanced practice registered
31 nurse," in accordance with chapter 239, Laws of 2024.

32 **PART I**

33 **GENERAL CORRECTIONS**

34 **Sec. 1001.** RCW 1.16.050 and 2024 c 76 s 3 are each amended to
35 read as follows:

36 (1) The following are state legal holidays:

37 (a) Sunday;

38 (b) The first day of January, commonly called New Year's Day;

1 (c) The third Monday of January, celebrated as the anniversary of
2 the birth of Martin Luther King, Jr.;

3 (d) The third Monday of February, to be known as Presidents' Day
4 and celebrated as the anniversary of the births of Abraham Lincoln
5 and George Washington;

6 (e) The last Monday of May, commonly known as Memorial Day;

7 (f) The nineteenth day of June, recognized as Juneteenth, a day
8 of remembrance for the day the African slaves learned of their
9 freedom;

10 (g) The fourth day of July, the anniversary of the Declaration of
11 Independence;

12 (h) The first Monday in September, to be known as Labor Day;

13 (i) The eleventh day of November, to be known as Veterans Day;

14 (j) The fourth Thursday in November, to be known as Thanksgiving
15 Day;

16 (k) The Friday immediately following the fourth Thursday in
17 November, to be known as Native American Heritage Day; and

18 (l) The twenty-fifth day of December, commonly called Christmas
19 Day.

20 (2) Employees of the state and its political subdivisions, except
21 employees of school districts and except those nonclassified
22 employees of institutions of higher education who hold appointments
23 or are employed under contracts to perform services for periods of
24 less than twelve consecutive months, are entitled to one paid holiday
25 per calendar year in addition to those specified in this section.
26 Each employee of the state or its political subdivisions may select
27 the day on which the employee desires to take the additional holiday
28 provided for in this section after consultation with the employer
29 pursuant to guidelines to be promulgated by rule of the appropriate
30 personnel authority, or in the case of local government by ordinance
31 or resolution of the legislative authority.

32 (3) Employees of the state and its political subdivisions,
33 including employees of school districts and those nonclassified
34 employees of institutions of higher education who hold appointments
35 or are employed under contracts to perform services for periods of
36 less than twelve consecutive months, are entitled to two unpaid
37 holidays per calendar year for a reason of faith or conscience or an
38 organized activity conducted under the auspices of a religious
39 denomination, church, or religious organization. This includes
40 employees of public institutions of higher education, including

1 community colleges, technical colleges, and workforce training
2 programs. The employee may select the days on which the employee
3 desires to take the two unpaid holidays after consultation with the
4 employer pursuant to guidelines to be promulgated by rule of the
5 appropriate personnel authority, or in the case of local government
6 by ordinance or resolution of the legislative authority. If an
7 employee prefers to take the two unpaid holidays on specific days for
8 a reason of faith or conscience, or an organized activity conducted
9 under the auspices of a religious denomination, church, or religious
10 organization, the employer must allow the employee to do so unless
11 the employee's absence would impose an undue hardship on the employer
12 or the employee is necessary to maintain public safety. Undue
13 hardship shall have the meaning established in rule by the office of
14 financial management under RCW 43.41.109.

15 (4) If any of the state legal holidays specified in this section
16 are also federal legal holidays but observed on different dates, only
17 the state legal holidays are recognized as a paid legal holiday for
18 employees of the state and its political subdivisions. However, for
19 port districts and the law enforcement and public transit employees
20 of municipal corporations, either the federal or the state legal
21 holiday is recognized as a paid legal holiday, but in no case may
22 both holidays be recognized as a paid legal holiday for employees.

23 (5) Whenever any state legal holiday:

24 (a) Other than Sunday, falls upon a Sunday, the following Monday
25 is the legal holiday; or

26 (b) Falls upon a Saturday, the preceding Friday is the legal
27 holiday.

28 (6) Nothing in this section may be construed to have the effect
29 of adding or deleting the number of paid holidays provided for in an
30 agreement between employees and employers of political subdivisions
31 of the state or as established by ordinance or resolution of the
32 local government legislative authority.

33 (7) The legislature declares that the following days are
34 recognized as provided in this subsection, but may not be considered
35 legal holidays for any purpose:

36 (a) ~~((The thirteenth day of January, recognized as Korean-~~
37 ~~American day;~~

38 ~~(b) The twelfth day of October, recognized as Columbus day;~~

39 ~~(c) The ninth day of April, recognized as former prisoner of war~~
40 ~~recognition day;~~

1 ~~(d) The twenty-sixth day of January, recognized as Washington~~
2 ~~army and air national guard day;~~

3 ~~(e) The seventh day of August, recognized as purple heart~~
4 ~~recipient recognition day;~~

5 ~~(f) The second Sunday in October, recognized as Washington state~~
6 ~~children's day;~~

7 ~~(g) The sixteenth day of April, recognized as Mother Joseph day;~~

8 ~~(h) The fourth day of September, recognized as Marcus Whitman~~
9 ~~day;~~

10 ~~(i) The seventh day of December, recognized as Pearl Harbor~~
11 ~~remembrance day;~~

12 ~~(j) The twenty-seventh day of July, recognized as national Korean~~
13 ~~war veterans armistice day;~~

14 ~~(k) The nineteenth day of February, recognized as civil liberties~~
15 ~~day of remembrance;~~

16 ~~(l) The thirtieth day of March, recognized as welcome home~~
17 ~~Vietnam veterans day;~~

18 ~~(m) The eleventh day of January, recognized as human trafficking~~
19 ~~awareness day;~~

20 ~~(n) The thirty-first day of March, recognized as Cesar Chavez~~
21 ~~day;~~

22 ~~(o) The tenth day of April, recognized as Dolores Huerta day;~~

23 ~~(p) The fourth Saturday of September, recognized as public lands~~
24 ~~day;~~

25 ~~(q) The eighteenth day of December, recognized as blood donor~~
26 ~~day;~~

27 ~~(r) The fifteenth day of May, recognized as water safety day;~~

28 ~~(s) The ninth day of March, recognized as Billy Frank Jr. day;~~
29 ~~and~~

30 ~~(t) The date corresponding with the second new moon following the~~
31 ~~winter solstice, or the third new moon following the winter solstice~~
32 ~~should an intercalary month intervene, recognized as the lunar new~~
33 ~~year)) The eleventh day of January, recognized as human trafficking~~
34 ~~awareness day;~~

35 (b) The thirteenth day of January, recognized as Korean American
36 day;

37 (c) The date corresponding with the second new moon following the
38 winter solstice, or the third new moon following the winter solstice
39 should an intercalary month intervene, recognized as the lunar new
40 year;

1 (d) The twenty-sixth day of January, recognized as Washington
2 army and air national guard day;
3 (e) The nineteenth day of February, recognized as civil liberties
4 day of remembrance;
5 (f) The ninth day of March, recognized as Billy Frank Jr. day;
6 (g) The thirtieth day of March, recognized as welcome home
7 Vietnam veterans day;
8 (h) The thirty-first day of March, recognized as Cesar Chavez
9 day;
10 (i) The ninth day of April, recognized as former prisoner of war
11 recognition day;
12 (j) The tenth day of April, recognized as Dolores Huerta day;
13 (k) The sixteenth day of April, recognized as Mother Joseph day;
14 (l) The fifteenth day of May, recognized as water safety day;
15 (m) The twenty-seventh day of July, recognized as national Korean
16 war veterans armistice day;
17 (n) The seventh day of August, recognized as purple heart
18 recipient recognition day;
19 (o) The fourth day of September, recognized as Marcus Whitman
20 day;
21 (p) The fourth Saturday of September, recognized as public lands
22 day;
23 (q) The second Sunday in October, recognized as Washington state
24 children's day;
25 (r) The twelfth day of October, recognized as Columbus day;
26 (s) The seventh day of December, recognized as Pearl Harbor
27 remembrance day; and
28 (t) The eighteenth day of December, recognized as blood donor
29 day.

30 **Sec. 1002.** RCW 9.94A.507 and 2008 c 231 s 33 are each amended to
31 read as follows:

32 (1) An offender who is not a persistent offender shall be
33 sentenced under this section if the offender:

34 (a) Is convicted of:

35 (i) Rape in the first degree, rape in the second degree, rape of
36 a child in the first degree, child molestation in the first degree,
37 rape of a child in the second degree, or indecent liberties by
38 forcible compulsion;

1 (ii) Any of the following offenses with a finding of sexual
2 motivation: Murder in the first degree, murder in the second degree,
3 homicide by abuse, kidnapping in the first degree, kidnapping in the
4 second degree, assault in the first degree, assault in the second
5 degree, assault of a child in the first degree, assault of a child in
6 the second degree, or burglary in the first degree; or

7 (iii) An attempt to commit any crime listed in this subsection
8 (1)(a); or

9 (b) Has a prior conviction for an offense listed in RCW
10 9.94A.030(~~((31)(b))~~) (37)(b), and is convicted of any sex offense
11 other than failure to register.

12 (2) An offender convicted of rape of a child in the first or
13 second degree or child molestation in the first degree who was
14 seventeen years of age or younger at the time of the offense shall
15 not be sentenced under this section.

16 (3)(a) Upon a finding that the offender is subject to sentencing
17 under this section, the court shall impose a sentence to a maximum
18 term and a minimum term.

19 (b) The maximum term shall consist of the statutory maximum
20 sentence for the offense.

21 (c)(i) Except as provided in (c)(ii) of this subsection, the
22 minimum term shall be either within the standard sentence range for
23 the offense, or outside the standard sentence range pursuant to RCW
24 9.94A.535, if the offender is otherwise eligible for such a sentence.

25 (ii) If the offense that caused the offender to be sentenced
26 under this section was rape of a child in the first degree, rape of a
27 child in the second degree, or child molestation in the first degree,
28 and there has been a finding that the offense was predatory under RCW
29 9.94A.836, the minimum term shall be either the maximum of the
30 standard sentence range for the offense or twenty-five years,
31 whichever is greater. If the offense that caused the offender to be
32 sentenced under this section was rape in the first degree, rape in
33 the second degree, indecent liberties by forcible compulsion, or
34 kidnapping in the first degree with sexual motivation, and there has
35 been a finding that the victim was under the age of fifteen at the
36 time of the offense under RCW 9.94A.837, the minimum term shall be
37 either the maximum of the standard sentence range for the offense or
38 twenty-five years, whichever is greater. If the offense that caused
39 the offender to be sentenced under this section is rape in the first
40 degree, rape in the second degree with forcible compulsion, indecent

1 liberties with forcible compulsion, or kidnapping in the first degree
2 with sexual motivation, and there has been a finding under RCW
3 9.94A.838 that the victim was, at the time of the offense,
4 developmentally disabled, mentally disordered, or a frail elder or
5 vulnerable adult, the minimum sentence shall be either the maximum of
6 the standard sentence range for the offense or twenty-five years,
7 whichever is greater.

8 (d) The minimum terms in (c)(ii) of this subsection do not apply
9 to a juvenile tried as an adult pursuant to RCW 13.04.030(1)(e) (i)
10 or (v). The minimum term for such a juvenile shall be imposed under
11 (c)(i) of this subsection.

12 (4) A person sentenced under subsection (3) of this section shall
13 serve the sentence in a facility or institution operated, or utilized
14 under contract, by the state.

15 (5) When a court sentences a person to the custody of the
16 department under this section, the court shall, in addition to the
17 other terms of the sentence, sentence the offender to community
18 custody under the supervision of the department and the authority of
19 the board for any period of time the person is released from total
20 confinement before the expiration of the maximum sentence.

21 (6)(a) As part of any sentence under this section, the court
22 shall also require the offender to comply with any conditions imposed
23 by the board under RCW 9.95.420 through 9.95.435.

24 (b) An offender released by the board under RCW 9.95.420 is
25 subject to the supervision of the department until the expiration of
26 the maximum term of the sentence. The department shall monitor the
27 offender's compliance with conditions of community custody imposed by
28 the court, department, or board, and promptly report any violations
29 to the board. Any violation of conditions of community custody
30 established or modified by the board are subject to the provisions of
31 RCW 9.95.425 through 9.95.440.

32 **Sec. 1003.** RCW 18.225.090 and 2024 c 371 s 14 are each amended
33 to read as follows:

34 (1) The secretary shall issue a license to any applicant who
35 demonstrates to the satisfaction of the secretary that the applicant
36 meets the following education and experience requirements for the
37 applicant's practice area.

38 (a) Licensed social work classifications:

39 (i) Licensed advanced social worker:

1 (A) Graduation from a master's social work educational program
2 accredited by the council on social work education or a social work
3 doctorate program at a university accredited by a recognized
4 accrediting organization, and approved by the secretary based upon
5 nationally recognized standards;

6 (B) Successful completion of an approved examination;

7 (C) Successful completion of a supervised experience requirement.
8 The supervised experience requirement consists of a minimum of
9 ((~~3,200~~—[~~3,000~~])) 3,000 hours with supervision by an approved
10 supervisor who has been licensed for at least two years. Of those
11 supervised hours:

12 (I) At least 90 hours must include direct supervision as
13 specified in this subsection by a licensed independent clinical
14 social worker, a licensed advanced social worker, or an equally
15 qualified licensed mental health professional. Of those hours of
16 directly supervised experience at least 40 hours must be in one-to-
17 one supervision and 50 hours may be in one-to-one supervision or
18 group supervision; and

19 (II) 800 hours must be in direct client contact; and

20 (D) Successful completion of continuing education requirements
21 established in rule by the secretary in consultation with the
22 committee, including a minimum number of hours in professional
23 ethics.

24 (ii) Licensed independent clinical social worker:

25 (A) Graduation from a master's level social work educational
26 program accredited by the council on social work education or a
27 social work doctorate program at a university accredited by a
28 recognized accrediting organization, and approved by the secretary
29 based upon nationally recognized standards;

30 (B) Successful completion of an approved examination;

31 (C) Successful completion of a supervised experience requirement.
32 The supervised experience requirement consists of a minimum of 3,000
33 hours of experience, over a period of not less than two years, with
34 supervision by an approved supervisor who has been licensed for at
35 least two years and, as specified in this subsection, may be either a
36 licensed independent clinical social worker who has had at least one
37 year of experience in supervising the clinical social work of others
38 or an equally qualified licensed mental health practitioner. Of those
39 supervised hours:

40 (I) At least 1,000 hours must be direct client contact; and

(II) Hours of direct supervision must include:

(1) At least 100 hours by a licensed mental health practitioner;

(2) At least 70 hours of supervision with a licensed independent clinical social worker meeting the qualifications under this subsection (1)(a)(ii)(C); the remaining hours may be supervised by an equally qualified licensed mental health practitioner; and

(3) At least 60 hours must be in one-to-one supervision and the remaining hours may be in one-to-one supervision or group supervision; and

(D) Successful completion of continuing education requirements established in rule by the secretary in consultation with the committee, including a minimum number of hours in professional ethics.

(b) Licensed mental health counselor:

(i)(A) Graduation from a master's or doctoral level educational program in counseling that consists of at least 60 semester hours or 90 quarter hours, or includes at least 60 semester hours or 90 quarter hours of graduate coursework that includes the following topic areas:

(I) Mental health counseling orientation and ethical practice;

(II) Social and cultural diversity;

(III) Human growth and development;

(IV) Career development;

(V) Counseling and helping relationships;

(VI) Group counseling and group work;

(VII) Diagnosis and treatment;

(VIII) Assessment and testing; and

(IX) Research and program evaluation; or

(B) Graduation from a master's or doctoral level educational program in a related discipline from a college or university approved by the secretary based upon nationally recognized standards. An applicant who satisfies the educational requirements for licensure under this subsection (1)(b)(i)(B) is not qualified to exercise the privilege to practice under the counseling compact established in chapter 18.17 RCW unless the master's or doctoral level educational program in a related discipline consists of at least 60 semester hours or 90 quarter hours, or includes at least 60 semester hours or 90 quarter hours of graduate coursework that includes the topic areas specified in (b)(i)(A)(I) through (IX) of this subsection;

(ii) Successful completion of an approved examination;

1 (iii) Successful completion of a supervised experience
2 requirement. The experience requirement consists of a minimum of 36
3 months full-time counseling or 3,000 hours of postgraduate mental
4 health counseling under the supervision of a qualified licensed
5 mental health counselor or equally qualified licensed mental health
6 practitioner, in an approved setting. The 3,000 hours of required
7 experience includes a minimum of 100 hours spent in immediate
8 supervision with the qualified licensed mental health counselor, and
9 includes a minimum of 1,200 hours of direct counseling with
10 individuals, couples, families, or groups; and

11 (iv) Successful completion of continuing education requirements
12 established in rule by the secretary in consultation with the
13 committee, including a minimum number of hours in professional
14 ethics.

15 (c) Licensed marriage and family therapist:

16 (i) Graduation from a master's degree or doctoral degree
17 educational program in marriage and family therapy or graduation from
18 an educational program in an allied field equivalent to a master's
19 degree or doctoral degree in marriage and family therapy approved by
20 the secretary based upon nationally recognized standards;

21 (ii) Successful passage of an approved examination;

22 (iii) Successful completion of a supervised experience
23 requirement. The experience requirement consists of a minimum of
24 3,000 hours of marriage and family therapy. Of the total supervision,
25 100 hours must be with a licensed marriage and family therapist with
26 at least two years' clinical experience; the other 100 hours may be
27 with an equally qualified licensed mental health practitioner. Total
28 experience requirements include:

29 (A) 1,000 hours of direct client contact; at least 500 hours must
30 be gained in diagnosing and treating couples and families; plus

31 (B) At least 200 hours of qualified supervision with a
32 supervisor. At least 100 of the 200 hours must be one-on-one
33 supervision, and the remaining hours may be in one-on-one or group
34 supervision.

35 Applicants who have completed a master's program accredited by
36 the commission on accreditation for marriage and family therapy
37 education of the American association for marriage and family therapy
38 may be credited with 500 hours of direct client contact and 100 hours
39 of formal meetings with an approved supervisor; and

1 (iv) Successful completion of continuing education requirements
2 established in rule by the secretary in consultation with the
3 committee, including a minimum number of hours in professional
4 ethics.

5 (2) The department shall establish by rule what constitutes
6 adequate proof of meeting the criteria. Only rules in effect on the
7 date of submission of a completed application of an associate for her
8 or his license shall apply. If the rules change after a completed
9 application is submitted but before a license is issued, the new
10 rules shall not be reason to deny the application.

11 (3) In addition, applicants shall be subject to the grounds for
12 denial of a license or issuance of a conditional license under
13 chapter 18.130 RCW.

14 **Sec. 1004.** RCW 19.158.020 and 2023 c 103 s 4 are each reenacted
15 and amended to read as follows:

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

18 (1) "Commercial telephone solicitation" means:

19 (a) An unsolicited telephone call, initiated by one other than a
20 person described under subsection ~~((3)(a))~~ (2)(b)(i) through
21 ~~((k))~~ (xi) of this section, for the purpose of encouraging a person
22 to purchase or invest in property, goods, or services, or wrongfully
23 obtaining anything of value;

24 (b) Other communication with a person where:

25 (i) A free gift, award, or prize is offered to a purchaser who
26 has not previously purchased from the person initiating the
27 communication; and

28 (ii) A telephone call response is invited; and

29 (iii) The caller intends to complete a sale or enter into an
30 agreement to purchase during the course of the telephone call;

31 (c) Other communication with a person which misrepresents the
32 price, quality, or availability of property, goods, or services and
33 which invites a response by telephone or which is followed by a call
34 to the person;

35 (d) For purposes of this section, "other communication" means a
36 written or oral notification or advertisement transmitted through any
37 means.

1 (2)(a) A "commercial telephone solicitor" is any person who
2 engages in commercial telephone solicitation, including service
3 bureaus.

4 (~~((3))~~) (b) A "commercial telephone solicitor" does not include
5 any of the following:

6 (~~((a))~~) (i) A person engaging in commercial telephone
7 solicitation where the solicitation is an isolated transaction and
8 not done in the course of a pattern of repeated transactions of like
9 nature;

10 (~~((b))~~) (ii) A person making calls for religious, charitable,
11 political, or other noncommercial purposes;

12 (~~((c))~~) (iii) A person soliciting business solely from purchasers
13 who have previously purchased from the business enterprise for which
14 the person is calling;

15 (~~((d))~~) (iv) A person soliciting:

16 (~~((i))~~) (A) Without the intent to complete or obtain provisional
17 acceptance of a sale during the telephone solicitation; and

18 (~~((ii))~~) (B) Who does not make the major sales presentation
19 during the telephone solicitation; and

20 (~~((iii))~~) (C) Who only makes the major sales presentation or
21 arranges for the major sales presentation to be made at a later face-
22 to-face meeting between the salesperson and the purchaser;

23 (~~((e))~~) (v) A person selling a security which is exempt from
24 registration under RCW 21.20.310;

25 (~~((f))~~) (vi) A person licensed under RCW 18.85.101 when the
26 solicited transaction is governed by that law;

27 (~~((g))~~) (vii) A person registered under RCW 18.27.060 when the
28 solicited transaction is governed by that law;

29 (~~((h))~~) (viii) A person licensed under chapter 48.17 RCW when the
30 solicited transaction is governed by that law;

31 (~~((i))~~) (ix) Any person soliciting the sale of a franchise who is
32 registered under RCW 19.100.140;

33 (~~((j))~~) (x) A person primarily soliciting the sale of a newspaper
34 of general circulation, a magazine or periodical, or contractual
35 plans, including book or record clubs: (~~((i))~~) (A) Under which the
36 seller provides the consumer with a form which the consumer may use
37 to instruct the seller not to ship the offered merchandise; and
38 (~~((ii))~~) (B) which is regulated by the federal trade commission trade
39 regulation concerning "use of negative option plans by sellers in
40 commerce";

1 ~~((k))~~ (xi) Any supervised financial institution or parent,
2 subsidiary, or affiliate thereof. As used in this section,
3 "supervised financial institution" means any commercial bank, trust
4 company, savings and loan association, mutual savings banks, credit
5 union, industrial loan company, personal property broker, consumer
6 finance lender, commercial finance lender, or insurer, provided that
7 the institution is subject to supervision by an official or agency of
8 this state or the United States;

9 ~~((l))~~ (xii) A person soliciting the sale of a prearrangement
10 funeral service contract registered under RCW 18.39.240 and
11 18.39.260;

12 ~~((m))~~ (xiii) A person licensed to enter into prearrangement
13 contracts under RCW 68.05.155 when acting subject to that license;

14 ~~((n))~~ (xiv) A person soliciting the sale of services provided
15 by a cable television system operating under authority of a franchise
16 or permit;

17 ~~((o))~~ (xv) A person or affiliate of a person whose business is
18 regulated by the utilities and transportation commission or the
19 federal communications commission;

20 ~~((p))~~ (xvi) A person soliciting the sale of agricultural
21 products, as defined in RCW 20.01.010 where the purchaser is a
22 business;

23 ~~((q))~~ (xvii) An issuer or subsidiary of an issuer that has a
24 class of securities that is subject to section 12 of the securities
25 exchange act of 1934 (15 U.S.C. Sec. 781) and that is either
26 registered or exempt from registration under paragraph (A), (B), (C),
27 (E), (F), (G), or (H) of subsection (g) of that section;

28 ~~((r))~~ (xviii) A commodity broker-dealer as defined in RCW
29 21.30.010 and registered with the commodity futures trading
30 commission;

31 ~~((s))~~ (xix) A business-to-business sale where:

32 ~~((i))~~ (A) The purchaser business intends to resell the property
33 or goods purchased, or

34 ~~((ii))~~ (B) The purchaser business intends to use the property
35 or goods purchased in a recycling, reuse, remanufacturing or
36 manufacturing process;

37 ~~((t))~~ (xx) A person licensed under RCW 19.16.110 when the
38 solicited transaction is governed by that law;

39 ~~((u))~~ (xxi) A person soliciting the sale of food intended for
40 immediate delivery to and immediate consumption by the purchaser;

1 (~~((v))~~) (xxii) A person soliciting the sale of food fish or
2 shellfish when that person is licensed pursuant to the provisions of
3 Title 77 RCW.

4 (~~((4))~~) (3) "Free gift, award, or prize" means a gratuity which
5 the purchaser believes of a value equal to or greater than the value
6 of the specific product, good, or service sought to be sold to the
7 purchaser by the seller.

8 (~~((5))~~) (4) "Person" includes any individual, firm, association,
9 corporation, partnership, joint venture, sole proprietorship, or any
10 other business entity.

11 (~~((6))~~) (5) "Purchaser" means a person who is solicited to become
12 or does become obligated to a commercial telephone solicitor.

13 (~~((7))~~) (6) "Salesperson" means any individual employed,
14 appointed, or authorized by a commercial telephone solicitor, whether
15 referred to by the commercial telephone solicitor as an agent,
16 representative, or independent contractor, who attempts to solicit or
17 solicits a sale on behalf of the commercial telephone solicitor.

18 (~~((8))~~) (7) "Seller" means any person who contracts with any
19 service bureau to purchase commercial telephone solicitation
20 services.

21 (~~((9))~~) (8) "Service bureau" means a commercial telephone
22 solicitor who contracts with any person to provide commercial
23 telephone solicitation services.

24 (~~((10))~~) (9) "Telephone call" includes any communication made
25 through a telephone that uses a live person, artificial voice, or
26 recorded message.

27 (~~((11))~~) (10) "Unsolicited" means to initiate contact for the
28 purpose of attempting to sell a person property, goods, or services,
29 where such person provided no previous express interest in
30 purchasing, investing in, or obtaining information regarding the
31 property, goods, or services attempted to be sold.

32 **Sec. 1005.** RCW 23B.13.200 and 2024 c 22 s 23 are each amended to
33 read as follows:

34 (1) If proposed corporate action creating dissenters' rights
35 under RCW 23B.13.020 is submitted for approval by a vote at a
36 shareholders' meeting, the meeting notice must state that
37 shareholders are or may be entitled to assert dissenters' rights
38 under this chapter and be accompanied by a copy of this chapter.

(2) If proposed corporate action creating dissenters' rights under RCW 23B.13.020 would be submitted for approval by a vote at a shareholders' meeting but for the provisions of RCW ((23B.11A.040)) 23B.11A.045, the offer made pursuant to RCW ((23B.11A.040)) 23B.11A.045 must state that shareholders are or may be entitled to assert dissenters' rights under this chapter and be accompanied by a copy of this chapter.

(3) If corporate action creating dissenters' rights under RCW 23B.13.020 is submitted for approval without a vote of shareholders in accordance with RCW 23B.07.040, the shareholder consent described in RCW 23B.07.040(1)(b) and the notice described in RCW 23B.07.040(3)(a) must include a statement that shareholders are or may be entitled to assert dissenters' rights under this chapter and be accompanied by a copy of this chapter.

Sec. 1006. RCW 23B.13.210 and 2024 c 22 s 24 are each amended to read as follows:

(1) If proposed corporate action creating dissenters' rights under RCW 23B.13.020 is submitted to a vote at a shareholders' meeting, a shareholder who wishes to assert dissenters' rights must (a) deliver to the corporation before the vote is taken written notice of the shareholder's intent to demand payment for the shareholder's shares if the proposed corporate action is effected, and (b) not vote such shares in favor of the proposed corporate action.

(2) If proposed corporate action creating dissenters' rights under RCW 23B.13.020 does not require shareholder approval pursuant to RCW ((23B.11A.040)) 23B.11A.045, a shareholder who wishes to assert dissenters' rights with respect to any class or series of shares:

(a) Shall deliver to the corporation before the shares are purchased pursuant to the offer under RCW ((23B.11A.040)) 23B.11A.045 written notice of the shareholder's intent to demand payment for the shareholder's shares if the proposed corporate action is effected; and

(b) Shall not tender, or cause to be tendered, any shares of such class or series in response to such offer.

(3) If proposed corporate action creating dissenters' rights under RCW 23B.13.020 is submitted for approval without a vote of shareholders in accordance with RCW 23B.07.040, a shareholder who

wishes to assert dissenters' rights must not execute the consent or otherwise vote such shares in favor of the proposed corporate action.

(4) A shareholder who does not satisfy the requirements of subsection (1), (2), or (3) of this section is not entitled to payment for the shareholder's shares under this chapter.

Sec. 1007. RCW 23B.13.220 and 2024 c 22 s 25 are each amended to read as follows:

(1) If proposed corporate action creating dissenters' rights under RCW 23B.13.020 is approved at a shareholders' meeting, the corporation shall within ten days after the effective date of the corporate action deliver to all shareholders who satisfied the requirements of RCW 23B.13.210(1) a notice in compliance with subsection (6) of this section.

(2) If proposed corporate action creating dissenters' rights under RCW 23B.13.020 is approved without a vote of shareholders in accordance with RCW ((23B.11A.040)) 23B.11A.045, the corporation shall within 10 days after the effective date of the corporate action deliver to all shareholders who satisfied the requirements of RCW 23B.13.210(2) a notice in compliance with subsection (6) of this section.

(3) If proposed corporate action creating dissenters' rights under RCW 23B.13.020 is approved without a vote of shareholders in accordance with RCW 23B.07.040, the notice delivered pursuant to RCW 23B.07.040(3)(b) to shareholders who satisfied the requirements of RCW 23B.13.210(3) shall comply with subsection (6) of this section.

(4) In the case of proposed corporate action creating dissenters' rights under RCW 23B.13.020(1)(a)(ii), the corporation shall within ten days after the effective date of the corporate action deliver to all shareholders of the subsidiary other than the parent a notice in compliance with subsection (6) of this section.

(5) In the case of proposed corporate action creating dissenters' rights under RCW 23B.13.020(1)(d) that, pursuant to RCW 23B.10.020(4)(b), is not required to be approved by the shareholders of the corporation, the corporation shall within ten days after the effective date of the corporate action deliver to all shareholders entitled to dissent under RCW 23B.13.020(1)(d) a notice in compliance with subsection (6) of this section.

(6) Any notice under subsection (1), (2), (3), (4), or (5) of this section must:

(a) State where the payment demand must be sent and where and when certificates for certificated shares must be deposited;

(b) Inform holders of uncertificated shares to what extent transfer of the shares will be restricted after the payment demand is received;

(c) Supply a form for demanding payment that includes the date of the first announcement to news media or to shareholders of the terms of the proposed corporate action and requires that the person asserting dissenters' rights certify whether or not the person acquired beneficial ownership of the shares before that date;

(d) Set a date by which the corporation must receive the payment demand, which date may not be fewer than thirty nor more than sixty days after the date the notice in subsection (1), (2), (3), (4), or (5) of this section is delivered; and

(e) Be accompanied by a copy of this chapter.

Sec. 1008. RCW 43.21B.110 and 2024 c 347 s 5, 2024 c 340 s 4, and 2024 c 339 s 16 are each reenacted and amended to read as follows:

(1) The hearings board shall only have jurisdiction to hear and decide appeals from the following decisions of the department, the director, local conservation districts, the air pollution control boards or authorities as established pursuant to chapter 70A.15 RCW, local health departments, the department of natural resources, the department of fish and wildlife, the parks and recreation commission, and authorized public entities described in chapter 79.100 RCW:

(a) Civil penalties imposed pursuant to chapter 70A.230 RCW and RCW 18.104.155, 70A.15.3160, 70A.300.090, 70A.20.050, (~~70A.230.020~~), 70A.205.280, 70A.355.070, 70A.430.070, 70A.500.260, 70A.505.100, 70A.505.110, 70A.530.040, 70A.350.070, 70A.515.060, 70A.245.040, 70A.245.050, 70A.245.070, 70A.245.080, 70A.245.130, 70A.245.140, 70A.65.200, 70A.455.090, 70A.550.030, 70A.555.110, 70A.560.020, 70A.565.030, 76.09.170, 77.55.440, 78.44.250, 88.46.090, 90.03.600, 90.46.270, 90.48.144, 90.56.310, 90.56.330, and 90.64.102.

(b) Orders issued pursuant to RCW 18.104.043, 18.104.060, 18.104.130, 43.27A.190, 70A.15.2520, 70A.15.3010, 70A.15.4530, 70A.15.6010, 70A.205.280, 70A.214.140, 70A.300.120, 70A.350.070, 70A.245.020, 70A.65.200, 70A.505.100, 70A.555.110, 70A.560.020, 70A.565.030, 86.16.020, 88.46.070, 90.03.665, 90.14.130, 90.46.250, 90.48.120, 90.48.240, 90.56.330, and 90.64.040.

1 (c) Except as provided in RCW 90.03.210(2), the issuance,
2 modification, or termination of any permit, certificate, or license
3 by the department or any air authority in the exercise of its
4 jurisdiction, including the issuance or termination of a waste
5 disposal permit, the denial of an application for a waste disposal
6 permit, the modification of the conditions or the terms of a waste
7 disposal permit, a decision to approve or deny a solid waste
8 management plan under RCW 70A.205.055, approval or denial of an
9 application for a beneficial use determination under RCW 70A.205.260,
10 an application for a change under RCW 90.03.383, or a permit to
11 distribute reclaimed water under RCW 90.46.220.

12 (d) Decisions of local health departments regarding the granting
13 or denial of solid waste permits pursuant to chapter 70A.205 RCW,
14 including appeals by the department as provided in RCW 70A.205.130.

15 (e) Decisions of local health departments regarding the issuance
16 and enforcement of permits to use or dispose of biosolids under RCW
17 70A.226.090.

18 (f) Decisions of the department regarding waste-derived
19 fertilizer or micronutrient fertilizer under RCW 15.54.820.

20 (g) Decisions of local conservation districts related to the
21 denial of approval or denial of certification of a dairy nutrient
22 management plan; conditions contained in a plan; application of any
23 dairy nutrient management practices, standards, methods, and
24 technologies to a particular dairy farm; and failure to adhere to the
25 plan review and approval timelines in RCW 90.64.026 as provided in
26 RCW 90.64.028.

27 (h) Any other decision by the department or an air authority
28 which pursuant to law must be decided as an adjudicative proceeding
29 under chapter 34.05 RCW.

30 (i) Decisions of the department of natural resources, the
31 department of fish and wildlife, and the department that are
32 reviewable under chapter 76.09 RCW, and the department of natural
33 resources' appeals of county, city, or town objections under RCW
34 76.09.050(7).

35 (j) Forest health hazard orders issued by the commissioner of
36 public lands under RCW 76.06.180.

37 (k) Decisions of the department of fish and wildlife to issue,
38 deny, condition, or modify a hydraulic project approval permit under
39 chapter 77.55 RCW, to issue a stop work order, to issue a notice to

1 comply, to issue a civil penalty, or to issue a notice of intent to
2 disapprove applications.

3 (l) Decisions of the department of natural resources that are
4 reviewable under RCW 78.44.270.

5 (m) Decisions of an authorized public entity under RCW 79.100.010
6 to take temporary possession or custody of a vessel or to contest the
7 amount of reimbursement owed that are reviewable by the hearings
8 board under RCW 79.100.120.

9 (n) Decisions of the department of ecology that are appealable
10 under RCW 70A.245.020 to set recycled minimum postconsumer content
11 for covered products or to temporarily exclude types of covered
12 products in plastic containers from minimum postconsumer recycled
13 content requirements.

14 (o) Orders by the department of ecology under RCW 70A.455.080.

15 (2) The following hearings shall not be conducted by the hearings
16 board:

17 (a) Hearings required by law to be conducted by the shorelines
18 hearings board pursuant to chapter 90.58 RCW, except where appeals to
19 the pollution control hearings board and appeals to the shorelines
20 hearings board have been consolidated pursuant to RCW 43.21B.340.

21 (b) Hearings conducted by the department pursuant to RCW
22 70A.15.3010, 70A.15.3070, 70A.15.3080, 70A.15.3090, 70A.15.3100,
23 70A.15.3110, and 90.44.180.

24 (c) Appeals of decisions by the department under RCW 90.03.110
25 and 90.44.220.

26 (d) Hearings conducted by the department to adopt, modify, or
27 repeal rules.

28 (3) Review of rules and regulations adopted by the hearings board
29 shall be subject to review in accordance with the provisions of the
30 administrative procedure act, chapter 34.05 RCW.

31 **Sec. 1009.** RCW 66.04.021 and 2012 c 2 s 125 are each amended to
32 read as follows:

33 In this title, unless the context otherwise requires:

34 (1) "Retailer" except as expressly defined by RCW 66.28.285(5)
35 with respect to its use in RCW (~~(6.28.280—[66.28.280])~~) 66.28.280
36 through 66.28.315, means the holder of a license or permit issued by
37 the board authorizing sale of liquor to consumers for consumption on
38 and/or off the premises. With respect to retailer licenses, "on-sale"

1 refers to the license privilege of selling for consumption upon the
2 licensed premises.

3 (2) "Spirits distributor" means a person, other than a person who
4 holds only a retail license, who buys spirits from a domestic
5 distiller, manufacturer, supplier, spirits distributor, or spirits
6 importer, or who acquires foreign-produced spirits from a source
7 outside of the United States, for the purpose of reselling the same
8 not in violation of this title, or who represents such distiller as
9 agent.

10 (3) "Spirits importer" means a person who buys distilled spirits
11 from a distiller outside the state of Washington and imports such
12 spirits into the state for sale or export.

13 NEW SECTION. **Sec. 1010.** The following sections are decodified:

14 (1) RCW 15.92.105 (Commission on integrated pest management—
15 Report on activities—Review by legislature);

16 (2) RCW 28A.300.2851 (School bullying and harassment—Work group);

17 (3) RCW 28A.300.807 (Task force—Review of federal 2007 race and
18 ethnicity reporting guidelines—Development of state guidelines);

19 (4) RCW 43.10.300 (Hate crime advisory working group); and

20 (5) RCW 43.280.091 (Statewide coordinating committee on sex
21 trafficking).

22 NEW SECTION. **Sec. 1011.** 2023 c 470 s 3013 is repealed.

23 NEW SECTION. **Sec. 1012.** Section 1003 of this act takes effect
24 October 1, 2025.

25 **PART II**

26 **CROSS REFERENCE UPDATES**

27 **Sec. 2001.** RCW 6.15.060 and 1993 c 200 s 5 are each amended to
28 read as follows:

29 (1) Except as provided in subsection (2) of this section,
30 property claimed exempt under RCW 6.15.010 shall be selected by the
31 individual entitled to the exemption, or by the husband or wife
32 entitled to a community exemption, in the manner described in
33 subsection (3) of this section.

1 (2) If, at the time of seizure under execution or attachment of
2 property exemptible under RCW 6.15.010(~~((3) (a), (b), or (c))~~)
3 (1)(d)(i) and (iii), the individual or the husband or wife entitled
4 to claim the exemption is not present, then the sheriff or deputy
5 shall make a selection equal in value to the applicable exemptions
6 and, if no appraisal is required and no objection is made by the
7 creditor as permitted under subsection (4) of this section, the
8 officer shall return the same as exempt by inventory. Any selection
9 made as provided shall be prima facie evidence (a) that the property
10 so selected is exempt from execution and attachment, and (b) that the
11 property so selected is not in excess of the values specified for the
12 exemptions.

13 (3)(a) A debtor who claims personal property as exempt against
14 execution or attachment shall, at any time before sale, deliver to
15 the officer making the levy a list by separate items of the property
16 claimed as exempt, together with an itemized list of all the personal
17 property owned or claimed by the debtor, including money, bonds,
18 bills, notes, claims and demands, with the residence of the person
19 indebted upon the said bonds, bills, notes, claims and demands, and
20 shall verify such list by affidavit. The officer shall immediately
21 advise the creditor, attorney, or agent of the exemption claim and,
22 if no appraisal is required and no objection is made by the
23 creditor as permitted under subsection (4) of this section, the
24 officer shall return with the process the list of property claimed as
25 exempt.

26 (b) A debtor who claims personal property exempt against
27 garnishment shall proceed as provided in RCW 6.27.160.

28 (c) A debtor who claims as a homestead, under chapter 6.13 RCW, a
29 mobile home that is not yet occupied as a homestead and that is
30 located on land not owned by the debtor shall claim the homestead as
31 against a specific levy by delivering to the sheriff who levied on
32 the mobile home, before sale under the levy, a declaration of
33 homestead that contains (i) a declaration that the debtor owns the
34 mobile home, intends to reside therein, and claims it as a homestead,
35 and (ii) a description of the mobile home, a statement where it is
36 located or was located before the levy, and an estimate of its actual
37 cash value.

38 (d) A debtor who claims as a homestead, under RCW 6.13.040, any
39 other personal property, shall at any time before sale, deliver to
40 the officer making the levy a notice of claim of homestead in a

1 statement that sets forth the following: (i) The debtor owns the
2 personal property; (ii) the debtor resides thereon as a homestead;
3 (iii) the debtor's estimate of the fair market value of the property;
4 and (iv) the debtor's description of the property in sufficient
5 detail for the officer making the levy to identify the same.

6 (4)(a) Except as provided in (b) of this subsection, a creditor,
7 or the agent or attorney of a creditor, who wishes to object to a
8 claim of exemption shall proceed as provided in RCW 6.27.160 and
9 shall give notice of the objection to the officer not later than
10 seven days after the officer's giving notice of the exemption claim.

11 (b) A creditor, or the agent or attorney of the creditor, who
12 wishes to object to a claim of exemption made to a levying officer,
13 on the ground that the property claimed exceeds exemptible value, may
14 demand appraisement. If the creditor, or the agent or attorney of the
15 creditor, demands an appraisement, two disinterested persons shall be
16 chosen to appraise the property, one by the debtor and the other by
17 the creditor, agent or attorney, and these two, if they cannot agree,
18 shall select a third; but if either party fails to choose an
19 appraiser, or the two fail to select a third, or if one or more of
20 the appraisers fail to act, the court shall appoint one or more as
21 the circumstances require. The appraisers shall forthwith proceed to
22 make a list by separate items, of the personal property selected by
23 the debtor as exempt, which they shall decide as exempt, stating the
24 value of each article, and annexing to the list their affidavit to
25 the following effect: "We solemnly swear that to the best of our
26 judgment the above is a fair cash valuation of the property therein
27 described," which affidavit shall be signed by two appraisers at
28 least, and be certified by the officer administering the oaths. The
29 list shall be delivered to the officer holding the execution or
30 attachment and be annexed to and made part of the return, and the
31 property therein specified shall be exempt from levy and sale, but
32 the other personal estate of the debtor shall remain subject to
33 execution, attachment, or garnishment. Each appraiser shall be
34 entitled to fifteen dollars or such larger fee as shall be fixed by
35 the court, to be paid by the creditor if all the property claimed by
36 the debtor shall be exempt; otherwise to be paid by the debtor.

37 (c) If, within seven days following the giving of notice to a
38 creditor of an exemption claim, the officer has received no notice
39 from the creditor of an objection to the claim or a demand for

1 appraisalment, the officer shall release the claimed property to the
2 debtor.

3 **Sec. 2002.** RCW 9.94A.840 and 1992 c 45 s 1 are each amended to
4 read as follows:

5 (1)(a) When it appears that a person who has been convicted of a
6 sexually violent offense may meet the criteria of a sexually violent
7 predator as defined in RCW 71.09.020(~~((1))~~), the agency with
8 jurisdiction over the person shall refer the person in writing to the
9 prosecuting attorney of the county where that person was convicted,
10 three months prior to the anticipated release from total confinement.

11 (b) The agency shall inform the prosecutor of the following:

12 (i) The person's name, identifying factors, anticipated future
13 residence, and offense history; and

14 (ii) Documentation of institutional adjustment and any treatment
15 received.

16 (2) This section applies to acts committed before, on, or after
17 March 26, 1992.

18 (3) The agency with jurisdiction, its employees, and officials
19 shall be immune from liability for any good-faith conduct under this
20 section.

21 (4) As used in this section, "agency with jurisdiction" means
22 that agency with the authority to direct the release of a person
23 serving a sentence or term of confinement and includes the department
24 of corrections, the indeterminate sentence review board, and the
25 department of social and health services.

26 **Sec. 2003.** RCW 9.94B.020 and 2008 c 231 s 52 are each amended to
27 read as follows:

28 In addition to the definitions set out in RCW 9.94A.030, the
29 following definitions apply for purposes of this chapter:

30 (1) "Community placement" means that period during which the
31 offender is subject to the conditions of community custody and/or
32 postrelease supervision, which begins either upon completion of the
33 term of confinement (postrelease supervision) or at such time as the
34 offender is transferred to community custody in lieu of earned
35 release. Community placement may consist of entirely community
36 custody, entirely postrelease supervision, or a combination of the
37 two.

1 (2) "Community supervision" means a period of time during which a
2 convicted offender is subject to crime-related prohibitions and other
3 sentence conditions imposed by a court pursuant to this chapter or
4 RCW 16.52.200(~~(+6+)~~) (9) or 46.61.524. Where the court finds that any
5 offender has a chemical dependency that has contributed to his or her
6 offense, the conditions of supervision may, subject to available
7 resources, include treatment. For purposes of the interstate compact
8 for out-of-state supervision of parolees and probationers, RCW
9 9.95.270, community supervision is the functional equivalent of
10 probation and should be considered the same as probation by other
11 states.

12 (3) "Postrelease supervision" is that portion of an offender's
13 community placement that is not community custody.

14 **Sec. 2004.** RCW 9.95.040 and 1999 c 324 s 4 are each amended to
15 read as follows:

16 The board shall fix the duration of confinement for persons
17 committed by the court before July 1, 1986, for crimes committed
18 before July 1, 1984. Within six months after the admission of the
19 convicted person to a state correctional facility, the board shall
20 fix the duration of confinement. The term of imprisonment so fixed
21 shall not exceed the maximum provided by law for the offense of which
22 the person was convicted or the maximum fixed by the court where the
23 law does not provide for a maximum term.

24 Subject to RCW 9.95.047, the following limitations are placed on
25 the board or the court for persons committed to a state correctional
26 facility on or after July 1, 1986, for crimes committed before July
27 1, 1984, with regard to fixing the duration of confinement in certain
28 cases, notwithstanding any provisions of law specifying a lesser
29 sentence:

30 (1) For a person not previously convicted of a felony but armed
31 with a deadly weapon at the time of the commission of the offense,
32 the duration of confinement shall not be fixed at less than five
33 years.

34 (2) For a person previously convicted of a felony either in this
35 state or elsewhere and who was armed with a deadly weapon at the time
36 of the commission of the offense, the duration of confinement shall
37 not be fixed at less than seven and one-half years.

38 The words "deadly weapon," as used in this section include, but
39 are not limited to, any instrument known as a blackjack, sling shot,

1 billy, sand club, sandbag, metal knuckles, any dirk, dagger, pistol,
2 revolver, or any other firearm, any knife having a blade longer than
3 three inches, any razor with an unguarded blade, any metal pipe or
4 bar used or intended to be used as a club, any explosive, and any
5 weapon containing poisonous or injurious gas.

6 (3) For a person convicted of being an habitual criminal within
7 the meaning of the statute which provides for mandatory life
8 imprisonment for such habitual criminals, the duration of confinement
9 shall not be fixed at less than fifteen years.

10 (4) Any person convicted of embezzling funds from any institution
11 of public deposit of which the person was an officer or stockholder,
12 the duration of confinement shall be fixed at not less than five
13 years.

14 Except when an inmate of a state correctional facility has been
15 convicted of murder in the first or second degree, the board may
16 parole an inmate prior to the expiration of a mandatory minimum term,
17 provided such inmate has demonstrated a meritorious effort in
18 rehabilitation and at least two-thirds of the board members concur in
19 such action: PROVIDED, That any inmate who has a mandatory minimum
20 term and is paroled prior to the expiration of such term according to
21 the provisions of this chapter shall not receive a conditional
22 release from supervision while on parole until after the mandatory
23 minimum term has expired.

24 An inmate serving a sentence fixed under this chapter, whether or
25 not a mandatory minimum term has expired, may be granted an
26 extraordinary medical placement by the secretary of corrections when
27 authorized under RCW 9.94A.728(~~((4))~~) (1)(c).

28 **Sec. 2005.** RCW 9A.56.120 and 2011 c 336 s 377 are each amended
29 to read as follows:

30 (1) A person is guilty of extortion in the first degree if he or
31 she commits extortion by means of a threat as defined in RCW
32 9A.04.110(~~((27))~~) (28) (a), (b), or (c).

33 (2) Extortion in the first degree is a class B felony.

34 **Sec. 2006.** RCW 12.36.020 and 1998 c 52 s 1 are each amended to
35 read as follows:

36 (1) To appeal a judgment or decision in a small claims action, an
37 appellant shall file a notice of appeal in the district court, pay
38 the statutory superior court filing fee, post the required bond or

1 undertaking, and serve a copy of the notice of appeal on all parties
2 of record within thirty days after the judgment is rendered or
3 decision made.

4 (2) No appeal may be allowed, nor proceedings on the judgment or
5 decision stayed, unless a bond or undertaking shall be executed on
6 the part of the appellant and filed with and approved by the district
7 court. The bond or undertaking shall be executed with two or more
8 personal sureties, or a surety company as surety, to be approved by
9 the district court, in a sum equal to twice the amount of the
10 judgment and costs, or twice the amount in controversy, whichever is
11 greater, conditioned that the appellant will pay any judgment,
12 including costs, as may be rendered on appeal. No bond is required if
13 the appellant is a county, city, town, or school district.

14 (3) When an appellant has filed a notice of appeal, paid the
15 statutory superior court filing fee and the costs of preparation of
16 the complete record as set forth in RCW 3.62.060(~~((+7+))~~) (1)(h), and
17 posted the bond or undertaking as required, the clerk of the district
18 court shall immediately file a copy of the notice of appeal, the
19 filing fee, and the bond or undertaking with the superior court.

20 **Sec. 2007.** RCW 18.73.270 and 2009 c 359 s 1 are each amended to
21 read as follows:

22 (1) Except when treatment is provided in a hospital licensed
23 under chapter 70.41 RCW, a physician's trained advanced emergency
24 medical (~~((service—intermediate—life—support))~~) technician and
25 paramedic, emergency medical technician, or first responder who
26 renders treatment to a patient for (a) a bullet wound, gunshot wound,
27 powder burn, or other injury arising from or caused by the discharge
28 of a firearm; (b) an injury caused by a knife, an ice pick, or any
29 other sharp or pointed instrument which federal, state, or local law
30 enforcement authorities reasonably believe to have been intentionally
31 inflicted upon a person; (c) a blunt force injury that federal,
32 state, or local law enforcement authorities reasonably believe
33 resulted from a criminal act; or (d) injuries sustained in an
34 automobile collision, shall disclose without the patient's
35 authorization, upon a request from a federal, state, or local law
36 enforcement authority as defined in RCW 70.02.010(~~((+3+))~~), the
37 following information, if known:

- 38 (i) The name of the patient;
39 (ii) The patient's residence;

1 (iii) The patient's sex;
2 (iv) The patient's age;
3 (v) The patient's condition or extent and location of injuries as
4 determined by the physician's trained advanced emergency medical
5 (~~service intermediate life support~~) technician and paramedic,
6 emergency medical technician, or first responder;
7 (vi) Whether the patient was conscious when contacted;
8 (vii) Whether the patient appears to have consumed alcohol or
9 appears to be under the influence of alcohol or drugs;
10 (viii) The name or names of the physician's trained advanced
11 emergency medical (~~service intermediate life support~~) technician
12 and paramedic, emergency medical technician, or first responder who
13 provided treatment to the patient; and
14 (ix) The name of the facility to which the patient is being
15 transported for additional treatment.

16 (2) A physician's trained advanced emergency medical (~~service~~
17 ~~intermediate life support~~) technician and paramedic, emergency
18 medical technician, first responder, or other individual who
19 discloses information pursuant to this section is immune from civil
20 or criminal liability or professional licensure action for the
21 disclosure, provided that the physician's trained advanced emergency
22 medical (~~service intermediate life support~~) technician and
23 paramedic, emergency medical technician, first responder, or other
24 individual acted in good faith and without gross negligence or
25 willful or wanton misconduct.

26 (3) The obligation to provide information pursuant to this
27 section is secondary to patient care needs. Information must be
28 provided as soon as reasonably possible taking into consideration a
29 patient's emergency care needs.

30 (4) For purposes of this section, "a physician's trained advanced
31 emergency medical (~~service intermediate life support~~) technician
32 and paramedic" has the same meaning as in RCW 18.71.200.

33 **Sec. 2008.** RCW 18.330.040 and 2011 c 357 s 5 are each amended to
34 read as follows:

35 (1) Each agency shall keep records of all referrals rendered to
36 or on behalf of clients. These records must contain:

37 (a) The name of the vulnerable adult, and the address and phone
38 number of the client or the client's representative, if any;

1 (b) The kind of supportive housing or care services for which
2 referral was sought;

3 (c) The location of the care services or supportive housing
4 referred to the client and probable duration, if known;

5 (d) The monthly or unit cost of the supportive housing or care
6 services, if known;

7 (e) If applicable, the amount of the agency's fee to the client
8 or to the provider;

9 (f) If applicable, the dates and amounts of refund of the
10 agency's fee, if any, and reason for such refund; and

11 (g) A copy of the client's disclosure and intake forms described
12 in RCW 18.330.050 and 18.330.060.

13 (2) Each agency shall also keep records of any contract or
14 written agreement entered into with any provider for services
15 rendered to or on behalf of a vulnerable adult, including any
16 referrals to a provider. Any provision in a contract or written
17 agreement not consistent with this chapter is void and unenforceable.

18 (3) The agency must maintain the records covered by this chapter
19 for a period of six years. The agency's records identifying a client
20 are considered "health care information" and the provisions of
21 chapter 70.02 RCW apply but only to the extent that such information
22 meets the definition of "health care information" under RCW
23 70.02.010(~~((7))~~) (17). The client must have access upon request to
24 the agency's records concerning the client and covered by this
25 chapter.

26 **Sec. 2009.** RCW 19.116.040 and 1990 c 44 s 5 are each amended to
27 read as follows:

28 (1) It is a violation of this chapter for a vehicle dealer, as
29 defined in RCW 46.70.011(~~((3))~~), to engage in the unlawful transfer
30 of an ownership interest in motor vehicles.

31 (2) It is a violation of this chapter for a person to engage in
32 the unlawful subleasing of motor vehicles.

33 **Sec. 2010.** RCW 19.182.040 and 2011 c 333 s 2 are each amended to
34 read as follows:

35 (1) Except as authorized under subsection (2) of this section, no
36 consumer reporting agency may make a consumer report containing any
37 of the following items of information:

1 (a) Bankruptcies that, from date of adjudication of the most
2 recent bankruptcy, antedate the report by more than ten years;

3 (b) Suits and judgments that, from date of entry, antedate the
4 report by more than seven years or until the governing statute of
5 limitations has expired, whichever is the longer period;

6 (c) Paid tax liens that, from date of payment, antedate the
7 report by more than seven years;

8 (d) Accounts placed for collection or charged to profit and loss
9 that antedate the report by more than seven years;

10 (e) Records of arrest, indictment, or conviction of an adult for
11 a crime that, from date of disposition, release, or parole, antedate
12 the report by more than seven years;

13 (f) Juvenile records, as defined in RCW 13.50.010(1) ~~((+e))~~ (f),
14 when the subject of the records is twenty-one years of age or older
15 at the time of the report; and

16 (g) Any other adverse item of information that antedates the
17 report by more than seven years.

18 (2) Subsection (1)(a) through (e) and (g) of this section is not
19 applicable in the case of a consumer report to be used in connection
20 with:

21 (a) A credit transaction involving, or that may reasonably be
22 expected to involve, a principal amount of fifty thousand dollars or
23 more;

24 (b) The underwriting of life insurance involving, or that may
25 reasonably be expected to involve, a face amount of fifty thousand
26 dollars or more; or

27 (c) The employment of an individual at an annual salary that
28 equals, or that may reasonably be expected to equal, twenty thousand
29 dollars or more.

30 **Sec. 2011.** RCW 28A.600.385 and 1998 c 63 s 2 are each amended to
31 read as follows:

32 (1) School districts in Washington and community colleges in
33 Oregon and Idaho may enter into cooperative agreements under chapter
34 39.34 RCW for the purpose of allowing eleventh and twelfth grade
35 students who are enrolled in the school districts to earn high school
36 and college credit concurrently.

37 (2) Except as provided in subsection (3) of this section, if a
38 school district exercises the authority granted in subsection (1) of

1 this section, the provisions of RCW 28A.600.310 through 28A.600.360
2 and 28A.600.380 through 28A.600.400 shall apply to the agreements.

3 (3) A school district may enter an agreement in which the
4 community college agrees to accept an amount less than the statewide
5 uniform rate under RCW 28A.600.310(~~((+2+))~~) (9) if the community
6 college does not charge participating students tuition and fees. A
7 school district may not pay a per-credit rate in excess of the
8 statewide uniform rate under RCW 28A.600.310(~~((+2+))~~) (9).

9 (4) To the extent feasible, the agreements shall permit
10 participating students to attend the community college without paying
11 any tuition and fees. The agreements shall not permit the community
12 college to charge participating students nonresident tuition and fee
13 rates.

14 (5) The agreements shall ensure that participating students are
15 permitted to enroll only in courses that are transferable to one or
16 more institutions of higher education as defined in RCW 28B.10.016.

17 **Sec. 2012.** RCW 28B.20.810 and 1991 sp.s. c 13 s 78 are each
18 amended to read as follows:

19 The board of regents of the University of Washington is empowered
20 to authorize from time to time the transfer from the state university
21 permanent fund to be held in reserve in the bond retirement fund
22 created by RCW 28B.20.720 any unobligated funds and investments
23 derived from lands set apart for the support of the university by
24 chapter 91, Laws of 1903 and section 9, chapter 122, Laws of 1893, to
25 the extent required to comply with bond covenants regarding principal
26 and interest payments and reserve requirements for bonds payable out
27 of the bond retirement fund up to a total amount of five million
28 dollars, and to transfer any or all of said unobligated funds and
29 investments in excess of five million dollars to the university
30 building account created by RCW 43.79.330(~~((+22+))~~) (9). Any funds
31 transferred to the bond retirement fund pursuant to this section
32 shall be replaced by moneys first available out of the moneys
33 required to be deposited in such fund pursuant to RCW 28B.20.800. The
34 board is further empowered to direct the state finance committee to
35 convert any investments in such permanent fund acquired with funds
36 derived from such lands into cash or obligations of or guaranteed by
37 the United States of America prior to the transfer of such funds and
38 investments to such reserve account or building account.

1 **Sec. 2013.** RCW 28B.76.730 and 2023 c 314 s 3 are each amended to
2 read as follows:

3 (1) The legislature recognizes that dual credit programs reduce
4 both the cost and time of attendance to obtain a postsecondary
5 degree. The legislature intends to reduce barriers and increase
6 access to postsecondary educational opportunities for low-income
7 students by removing the financial barriers for dual enrollment
8 programs for students.

9 (2) The office, in consultation with the institutions of higher
10 education and the office of the superintendent of public instruction,
11 shall create the Washington dual enrollment scholarship pilot
12 program. The office shall administer the Washington dual enrollment
13 scholarship pilot program and may adopt rules as necessary.

14 (3) Eligible students are those who meet the following
15 requirements:

16 (a) Qualify for the free or reduced-price lunch program;

17 (b) Are enrolled in one or more dual credit programs, as defined
18 in RCW 28B.15.821, such as running start; and

19 (c) Have at least a 2.0 grade point average.

20 (4) Subject to availability of amounts appropriated for this
21 specific purpose, beginning with the 2019-20 academic year, the
22 office may award scholarships to eligible students. The scholarship
23 award must be as follows for eligible students enrolled in running
24 start:

25 (a) Mandatory fees, as defined in RCW 28A.600.310(~~((+2))~~),
26 prorated based on credit load;

27 (b) Course fees or laboratory fees as determined appropriate by
28 college or university policies to pay for specified course related
29 costs;

30 (c) A textbook voucher to be used at the institution of higher
31 education's bookstore where the student is enrolled. For every credit
32 per quarter the student is enrolled, the student shall receive a
33 textbook voucher for ten dollars, up to a maximum of fifteen credits
34 per quarter, or the equivalent, per year; and

35 (d) Apprenticeship materials as determined appropriate by the
36 college or university to pay for specific course-related material
37 costs, which may include occupation-specific tools, work clothes,
38 rain gear, or boots.

1 (5) The Washington dual enrollment scholarship pilot program must
2 apply after the fee waivers for low-income students under RCW
3 28A.600.310 are provided for.

4 **Sec. 2014.** RCW 35.82.080 and 1989 c 363 s 3 are each amended to
5 read as follows:

6 It is hereby declared to be the policy of this state that each
7 housing authority shall manage and operate its housing projects in an
8 efficient manner so as to enable it to fix the rentals for low-income
9 dwelling accommodations at the lowest possible rates consistent with
10 its providing decent, safe and sanitary dwelling accommodations, and
11 that no housing authority shall construct or operate any such project
12 for profit, or as a source of revenue to the city or the county. To
13 this end, an authority shall fix the rentals for rental units for
14 persons of low income in projects owned or leased by the authority at
15 no higher rates than it shall find to be necessary in order to
16 produce revenues which (together with all other available moneys,
17 revenues, income and receipts of the authority from whatever sources
18 derived) will be sufficient (1) to pay, as the same become due, the
19 principal and interest on the bonds or other obligations of the
20 authority issued or incurred to finance the projects; (2) to meet the
21 cost of, and to provide for, maintaining and operating the projects
22 (including the cost of any insurance) and the administrative expenses
23 of the authority; and (3) to create (during not less than the six
24 years immediately succeeding its issuance of any such bonds) a
25 reserve sufficient to meet the largest principal and interest
26 payments which will be due on such bonds in any one year thereafter
27 and to maintain such reserve. Nothing contained in this section shall
28 be construed to limit an authority's power to rent commercial space
29 located in buildings containing housing projects or non low-income
30 units owned, acquired, financed, or constructed under RCW
31 35.82.070(5), (~~((16))~~) (19), or (~~((17))~~) (20) at profitable rates and
32 to use any profit realized from such rentals in carrying into effect
33 the powers and purposes provided to housing authorities under this
34 chapter.

35 **Sec. 2015.** RCW 35.82.285 and 1991 c 167 s 3 are each amended to
36 read as follows:

37 Housing authorities created under this chapter may establish and
38 operate group homes or halfway houses to serve juveniles released

1 from state juvenile or correctional institutions, or to serve (~~the~~
2 ~~developmentally disabled~~) individuals with developmental
3 disabilities as defined in RCW 71A.10.020(~~(+2)~~). Authorities may
4 contract for the operation of facilities so established, with
5 qualified nonprofit organizations as agent of the authority.
6 Authorities may provide support or supportive services in facilities
7 serving juveniles, (~~the developmentally disabled~~) individuals with
8 developmental disabilities or other persons under a disability, and
9 the frail elderly, whether or not they are operated by the authority.

10 Action under this section shall be taken by the authority only
11 after a public hearing as provided by chapter 42.30 RCW. In
12 exercising this power the authority shall not be empowered to acquire
13 property by eminent domain, and the facilities established shall
14 comply with all zoning, building, fire, and health regulations and
15 procedures applicable in the locality.

16 **Sec. 2016.** RCW 36.32.440 and 1974 ex.s. c 171 s 3 are each
17 amended to read as follows:

18 The board of county commissioners of the several counties may
19 employ such staff as deemed appropriate to serve the several boards
20 directly in matters including but not limited to purchasing, poverty
21 and relief programs, parks and recreation, emergency services,
22 budgetary preparations set forth in RCW 36.40.010-36.40.050, code
23 enforcement and general administrative coordination. Such authority
24 shall in no way infringe upon or relieve the county auditor of
25 responsibilities contained in RCW 36.22.010(~~(+9)~~) (6) and 36.22.020.

26 **Sec. 2017.** RCW 38.52.020 and 2015 c 61 s 2 are each amended to
27 read as follows:

28 (1) Because of the existing and increasing possibility of the
29 occurrence of disasters of unprecedented size and destructiveness as
30 defined in RCW 38.52.010(~~(+5)~~) (13), and in order to insure that
31 preparations of this state will be adequate to deal with such
32 disasters, to insure the administration of state and federal programs
33 providing disaster relief to individuals, and further to insure
34 adequate support for search and rescue operations, and generally to
35 protect the public peace, health, and safety, and to preserve the
36 lives and property of the people of the state, it is hereby found and
37 declared to be necessary:

1 (a) To provide for emergency management by the state, and to
2 authorize the creation of local organizations for emergency
3 management in the political subdivisions of the state;

4 (b) To confer upon the governor and upon the executive heads of
5 the political subdivisions of the state the emergency powers provided
6 herein;

7 (c) To provide for the rendering of mutual aid among the
8 political subdivisions of the state and with other states and to
9 cooperate with the federal government with respect to the carrying
10 out of emergency management functions;

11 (d) To provide a means of compensating emergency management
12 workers who may suffer any injury, as herein defined, or death; who
13 suffer economic harm including personal property damage or loss; or
14 who incur expenses for transportation, telephone or other methods of
15 communication, and the use of personal supplies as a result of
16 participation in emergency management activities;

17 (e) To provide programs, with intergovernmental cooperation, to
18 educate and train the public to be prepared for emergencies; and

19 (f) To provide for the prioritization, development, and exercise
20 of continuity of operations plans by the state.

21 (2) It is further declared to be the purpose of this chapter and
22 the policy of the state that all emergency management functions of
23 this state and its political subdivisions be coordinated to the
24 maximum extent with the comparable functions of the federal
25 government including its various departments and agencies of other
26 states and localities, and of private agencies of every type, to the
27 end that the most effective preparation and use may be made of the
28 nation's manpower, resources, and facilities for dealing with any
29 disaster that may occur.

30 **Sec. 2018.** RCW 38.52.390 and 1986 c 266 s 42 are each amended to
31 read as follows:

32 The governor, or upon his or her direction, the director, or any
33 political subdivision of the state, is authorized to contract with
34 any person, firm, corporation, or entity to provide construction or
35 work on a cost basis to be used in emergency management functions or
36 activities as defined in RCW 38.52.010(~~((1+))~~) or as hereafter
37 amended, said functions or activities to expressly include natural
38 disasters, as well as all other emergencies of a type contemplated by
39 RCW 38.52.110, 38.52.180, 38.52.195, 38.52.205, 38.52.207, 38.52.220

1 and 38.52.390. All funds received for purposes of RCW 38.52.110,
2 38.52.180, 38.52.195, 38.52.205, 38.52.207, 38.52.220 and 38.52.390,
3 whether appropriated funds, local funds, or from whatever source, may
4 be used to pay for the construction, equipment, or work contracted
5 for under this section.

6 **Sec. 2019.** RCW 41.32.345 and 1992 c 212 s 18 are each amended to
7 read as follows:

8 (1) Subject to the limitations contained in this section, for the
9 purposes of RCW 41.32.010(~~((10)(a)(ii))~~) (14)(a)(iv), earnable
10 compensation means the compensation the member would have received in
11 the same position if employed on a regular full-time basis for the
12 same contract period.

13 (2) In order to ensure that the benefit provided by this section
14 is not used to unfairly inflate a member's retirement allowance, the
15 department shall adopt rules having the force of law to govern the
16 application of this section.

17 (3)(a) In adopting rules which apply to a member employed by a
18 school district, the department may consult the district's salary
19 schedule and related workload provisions, if any, adopted pursuant to
20 RCW 28A.405.200. The rules may require that, in order to be eligible
21 for this benefit, a member's position must either be included on the
22 district's schedule, or the position must have duties,
23 responsibilities, and method of pay which are similar to those found
24 on the district's schedule.

25 (b) In adopting rules which apply to a member employed by a
26 community college district, the department may consult the district's
27 salary schedule and workload provisions contained in an agreement
28 negotiated pursuant to chapter 28B.52 RCW, or similar documents. The
29 rules may require that, in order to be eligible for this benefit, a
30 member's position must either be included on the district's
31 agreement, or the position must have duties, responsibilities, and
32 method of pay which are similar to those found on the district's
33 agreement. The maximum full-time workweek used in calculating the
34 benefit for community college employees paid on an hourly rate shall
35 in no case exceed fifteen credit hours, twenty classroom contact
36 hours, or thirty-five assigned hours.

37 (4) If the legislature amends or revokes the benefit provided by
38 this section, no affected employee who thereafter retires is entitled
39 to receive the benefit as a matter of contractual right.

1 **Sec. 2020.** RCW 41.56.465 and 2007 c 278 s 1 are each amended to
2 read as follows:

3 (1) In making its determination, the panel shall be mindful of
4 the legislative purpose enumerated in RCW 41.56.430 and, as
5 additional standards or guidelines to aid it in reaching a decision,
6 the panel shall consider:

7 (a) The constitutional and statutory authority of the employer;

8 (b) Stipulations of the parties;

9 (c) The average consumer prices for goods and services, commonly
10 known as the cost of living;

11 (d) Changes in any of the circumstances under (a) through (c) of
12 this subsection during the pendency of the proceedings; and

13 (e) Such other factors, not confined to the factors under (a)
14 through (d) of this subsection, that are normally or traditionally
15 taken into consideration in the determination of wages, hours, and
16 conditions of employment. For those employees listed in RCW
17 41.56.030(~~((7))~~) (14) (a) who are employed by the governing body of a
18 city or town with a population of less than fifteen thousand, or a
19 county with a population of less than seventy thousand, consideration
20 must also be given to regional differences in the cost of living.

21 (2) For employees listed in RCW 41.56.030(~~((7))~~) (14) (a) through
22 (d), the panel shall also consider a comparison of the wages, hours,
23 and conditions of employment of personnel involved in the proceedings
24 with the wages, hours, and conditions of employment of like personnel
25 of like employers of similar size on the west coast of the United
26 States.

27 (3) For employees listed in RCW 41.56.030(~~((7))~~) (14) (e) through
28 (h), the panel shall also consider a comparison of the wages, hours,
29 and conditions of employment of personnel involved in the proceedings
30 with the wages, hours, and conditions of employment of like personnel
31 of public fire departments of similar size on the west coast of the
32 United States. However, when an adequate number of comparable
33 employers exists within the state of Washington, other west coast
34 employers may not be considered.

35 (4) For employees listed in RCW 41.56.028:

36 (a) The panel shall also consider:

37 (i) A comparison of child care provider subsidy rates and
38 reimbursement programs by public entities, including counties and
39 municipalities, along the west coast of the United States; and

1 (ii) The financial ability of the state to pay for the
2 compensation and benefit provisions of a collective bargaining
3 agreement; and

4 (b) The panel may consider:

5 (i) The public's interest in reducing turnover and increasing
6 retention of child care providers;

7 (ii) The state's interest in promoting, through education and
8 training, a stable child care workforce to provide quality and
9 reliable child care from all providers throughout the state; and

10 (iii) In addition, for employees exempt from licensing under
11 chapter 74.15 RCW, the state's fiscal interest in reducing reliance
12 upon public benefit programs including but not limited to medical
13 coupons, food stamps, subsidized housing, and emergency medical
14 services.

15 (5) For employees listed in RCW 74.39A.270:

16 (a) The panel shall consider:

17 (i) A comparison of wages, hours, and conditions of employment of
18 publicly reimbursed personnel providing similar services to similar
19 clients, including clients who are elderly, frail, or have
20 developmental disabilities, both in the state and across the United
21 States; and

22 (ii) The financial ability of the state to pay for the
23 compensation and fringe benefit provisions of a collective bargaining
24 agreement; and

25 (b) The panel may consider:

26 (i) A comparison of wages, hours, and conditions of employment of
27 publicly employed personnel providing similar services to similar
28 clients, including clients who are elderly, frail, or have
29 developmental disabilities, both in the state and across the United
30 States;

31 (ii) The state's interest in promoting a stable long-term care
32 workforce to provide quality and reliable care to vulnerable elderly
33 and disabled recipients;

34 (iii) The state's interest in ensuring access to affordable,
35 quality health care for all state citizens; and

36 (iv) The state's fiscal interest in reducing reliance upon public
37 benefit programs including but not limited to medical coupons, food
38 stamps, subsidized housing, and emergency medical services.

39 (6) Subsections (2) and (3) of this section may not be construed
40 to authorize the panel to require the employer to pay, directly or

1 indirectly, the increased employee contributions resulting from
2 chapter 502, Laws of 1993 or chapter 517, Laws of 1993 as required
3 under chapter 41.26 RCW.

4 **Sec. 2021.** RCW 41.56.492 and 1993 c 473 s 1 are each amended to
5 read as follows:

6 In addition to the classes of employees listed in RCW
7 41.56.030(~~((7))~~) (14), the provisions of RCW 41.56.430 through
8 41.56.452, 41.56.470, 41.56.480, and 41.56.490 shall also be
9 applicable to the employees of a public passenger transportation
10 system of a metropolitan municipal corporation, county transportation
11 authority, public transportation benefit area, or city public
12 passenger transportation system, subject to the following:

13 (1) Negotiations between the public employer and the bargaining
14 representative may commence at any time agreed to by the parties. If
15 no agreement has been reached ninety days after commencement of
16 negotiations, either party may demand that the issues in disagreement
17 be submitted to a mediator. The services of the mediator shall be
18 provided by the commission without cost to the parties, but nothing
19 in this section or RCW 41.56.440 shall be construed to prohibit the
20 public employer and the bargaining representative from agreeing to
21 substitute at their own expense some other mediator or mediation
22 procedure; and

23 (2) If an agreement has not been reached following a reasonable
24 period of negotiations and mediation, and the mediator finds that the
25 parties remain at impasse, either party may demand that the issues in
26 disagreement be submitted to an arbitration panel for a binding and
27 final determination. In making its determination, the arbitration
28 panel shall be mindful of the legislative purpose enumerated in RCW
29 41.56.430 and as additional standards or guidelines to aid it in
30 reaching a (~~decisions—[decision]~~) decision, shall take into
31 consideration the following factors:

32 (a) The constitutional and statutory authority of the employer;

33 (b) Stipulations of the parties;

34 (c) Compensation package comparisons, economic indices, fiscal
35 constraints, and similar factors determined by the arbitration panel
36 to be pertinent to the case; and

37 (d) Such other factors, not confined to the foregoing, which are
38 normally or traditionally taken into consideration in the
39 determination of wages, hours, and conditions of employment.

1 **Sec. 2022.** RCW 43.20B.670 and 1985 c 245 s 10 are each amended
2 to read as follows:

3 When the department provides grant assistance to persons who
4 possess excess real property under RCW 74.04.005(~~((10)(f))~~) (13)(h),
5 the department may file a lien against, or otherwise perfect its
6 interest in such real property as a condition of granting such
7 assistance, and the department shall have the status of a secured
8 creditor.

9 **Sec. 2023.** RCW 43.21A.662 and 1999 c 251 s 2 are each amended to
10 read as follows:

11 (1) The department shall appoint an advisory committee to oversee
12 the freshwater aquatic weeds management program.

13 (2) The advisory committee shall include representatives from the
14 following groups:

15 (a) Recreational boaters interested in freshwater aquatic weed
16 management;

17 (b) Residents adjacent to lakes, rivers, or streams with public
18 boat launch facilities;

19 (c) Local governments;

20 (d) Scientific specialists;

21 (e) Pesticide registrants, as defined in RCW 15.58.030(~~((34))~~);
22 and

23 (f) Certified pesticide applicators, as defined in RCW
24 17.21.020(~~((5))~~), who specialize in the use of aquatic pesticides(~~((7~~
25 and

26 ~~((g) If chapter . . ., Laws of 1999 (Senate Bill No. 5315) is~~
27 ~~enacted by June 30, 1999, the aquatic nuisance species coordinating~~
28 ~~committee))~~.

29 (3) The advisory committee shall review and provide
30 recommendations to the department on freshwater aquatic weeds
31 management program activities and budget and establish criteria for
32 grants funded from the freshwater aquatic weeds account.

33 **Sec. 2024.** RCW 43.70.670 and 2011 1st sp.s. c 15 s 72 are each
34 amended to read as follows:

35 (1) "Human immunodeficiency virus insurance program," as used in
36 this section, means a program that provides health insurance coverage
37 for individuals with human immunodeficiency virus, as defined in RCW
38 70.24.017(7), who are not eligible for medical assistance programs

1 from the health care authority as defined in RCW 74.09.010(~~((10))~~)
2 and meet eligibility requirements established by the department of
3 health.

4 (2) The department of health may pay for health insurance
5 coverage on behalf of persons with human immunodeficiency virus, who
6 meet department eligibility requirements, and who are eligible for
7 "continuation coverage" as provided by the federal consolidated
8 omnibus budget reconciliation act of 1985, group health insurance
9 policies, or individual policies.

10 **Sec. 2025.** RCW 43.216.152 and 2010 c 231 s 2 are each amended to
11 read as follows:

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

14 (1) "Community-based early learning providers" includes for-
15 profit and nonprofit licensed providers of child care and preschool
16 programs.

17 (2) "Program" means the program of early learning established in
18 RCW (~~((43.215.141))~~) 43.216.555 for eligible children who are three and
19 four years of age.

20 **Sec. 2026.** RCW 43.330.430 and 2000 c 120 s 2 are each amended to
21 read as follows:

22 The definitions in this section apply throughout RCW (~~((43.330.200~~
23 ~~through 43.330.230))~~) 43.330.431 through 43.330.436.

24 (1) "Developmental disability" has the meaning in RCW
25 71A.10.020(~~((3))~~) (6).

26 (2) "Developmental disabilities endowment trust fund" means the
27 fund established in the custody of the state treasurer in RCW
28 (~~((43.330.200))~~) 43.330.431, comprised of private, public, or private
29 and public sources, to finance services for persons with
30 developmental disabilities. All moneys in the fund, all property and
31 rights purchased from the fund, and all income attributable to the
32 fund, shall be held in trust by the state investment board, as
33 provided in RCW 43.33A.030, for the exclusive benefit of fund
34 beneficiaries. The principal and interest of the endowment fund must
35 be maintained until such time as the governing board policy specifies
36 except for the costs and expenses of the state treasurer and the
37 state investment board otherwise provided for in chapter 120, Laws of
38 2000.

1 (3) "Governing board" means the developmental disabilities
2 endowment governing board in RCW ((43.330.205)) 43.330.432.

3 (4) "Individual trust account" means accounts established within
4 the endowment trust fund for each individual named beneficiary for
5 the benefit of whom contributions have been made to the fund. The
6 money in each of the individual accounts is held in trust as provided
7 for in subsection (2) of this section, and shall not be considered
8 state funds or revenues of the state. The governing board serves as
9 administrator, manager, and recordkeeper for the individual trust
10 accounts for the benefit of the individual beneficiaries. The
11 policies governing the disbursements, and the qualifying services for
12 the trust accounts, shall be established by the governing board.
13 Individual trust accounts are separate accounts within the
14 developmental disabilities endowment trust fund, and are invested for
15 the beneficiaries through the endowment trust fund.

16 **Sec. 2027.** RCW 43.330.435 and 2000 c 120 s 7 are each amended to
17 read as follows:

18 To the extent funds are appropriated for this purpose, the
19 governing board shall contract with an appropriate organization for
20 the development of a proposed operating plan for the developmental
21 disabilities endowment program. The proposed operating plan shall be
22 consistent with the endowment principles specified in RCW
23 ((43.330.220)) 43.330.434. The plan shall address at least the
24 following elements:

25 (1) The recommended types of services to be available through the
26 endowment program and their projected average costs per beneficiary;

27 (2) An assessment of the number of people likely to apply for
28 participation in the endowment under alternative rates of matching
29 funds, minimum service year requirements, and contribution timing
30 approaches;

31 (3) An actuarial analysis of the number of ((disabled))
32 beneficiaries with disabilities who are likely to be supported under
33 alternative levels of public contribution to the endowment, and the
34 length of time the beneficiaries are likely to be served, under
35 alternative rates of matching funds, minimum service year
36 requirements, and contribution timing approaches;

37 (4) Recommended eligibility criteria for participation in the
38 endowment program;

1 (5) Recommended policies regarding withdrawal of private
2 contributions from the endowment in cases of movement out of state,
3 death of the beneficiary, or other circumstances;

4 (6) Recommended matching rate of public and private contributions
5 and, for each beneficiary, the maximum annual and lifetime amount of
6 private contributions eligible for public matching funds;

7 (7) The recommended minimum years of service on behalf of a
8 beneficiary that must be supported by private contributions in order
9 for the contributions to qualify for public matching funds from the
10 endowment;

11 (8) The recommended schedule according to which lump sum or
12 periodic private contributions should be made to the endowment in
13 order to qualify for public matching funds;

14 (9) A recommended program for educating families about the
15 endowment, and about planning for their child's long-term future; and

16 (10) Recommended criteria and procedure for selecting an
17 organization or organizations to administer the developmental
18 disabilities endowment program, and projected administrative costs.

19 **Sec. 2028.** RCW 46.18.205 and 2010 c 161 s 616 are each amended
20 to read as follows:

21 (1) A registered owner may apply to the department for special
22 license plates showing the official amateur radio call letters
23 assigned by the federal communications commission. The amateur radio
24 operator must:

25 (a) Provide a copy of the current valid federal communications
26 commission amateur radio license;

27 (b) Pay the amateur radio license plate fee required under RCW
28 46.17.220(~~((1)-(a))~~) (2), in addition to any other fees and taxes due;
29 and

30 (c) Be recorded as the registered owner of the vehicle on which
31 the amateur radio license plates will be displayed.

32 (2) Amateur radio license plates must be issued only for motor
33 vehicles owned by persons who have a valid official radio operator
34 license issued by the federal communications commission.

35 (3) The department shall not issue or may refuse to issue amateur
36 radio license plates that display the consecutive letters "WSP."

37 (4) A person who has been issued amateur radio operator license
38 plates as provided in this section must:

1 (a) Notify the department within thirty days after the federal
2 communications commission license assigned is canceled or expires,
3 and return the amateur radio license plates; and

4 (b) Provide a copy of the renewed federal communications
5 commission license to the department after it is renewed.

6 (5) Amateur radio license plates may be transferred from one
7 motor vehicle to another motor vehicle owned by the amateur radio
8 operator upon application to the department, county auditor or other
9 agent, or subagent appointed by the director.

10 (6) Facilities of official amateur radio stations may be utilized
11 to the fullest extent in the work of governmental agencies. The
12 director shall furnish the state military department, the department
13 of commerce, the Washington state patrol, and all county sheriffs a
14 list of the names, addresses, and license plate or official amateur
15 radio call letters of each person possessing the amateur radio
16 license plates.

17 (7) Failure to return the amateur radio license plates as
18 required under subsection (4) of this section is a traffic
19 infraction.

20 **Sec. 2029.** RCW 46.61.100 and 2018 c 18 s 1 are each amended to
21 read as follows:

22 (1) Upon all roadways of sufficient width a vehicle shall be
23 driven upon the right half of the roadway, except as follows:

24 (a) When overtaking and passing another vehicle proceeding in the
25 same direction under the rules governing such movement;

26 (b) When an obstruction exists making it necessary to drive to
27 the left of the center of the highway; provided, any person so doing
28 shall yield the right-of-way to all vehicles traveling in the proper
29 direction upon the unobstructed portion of the highway within such
30 distance as to constitute an immediate hazard;

31 (c) Upon a roadway divided into three marked lanes and providing
32 for two-way movement traffic under the rules applicable thereon;

33 (d) Upon a street or highway restricted to one-way traffic; or

34 (e) Upon a highway having three lanes or less, when approaching
35 the following vehicles in the manner described under RCW
36 46.61.212(~~((1)(d)(ii))~~) (2)(b): (i) A stationary authorized emergency
37 vehicle; (ii) a tow truck or other vehicle providing roadside
38 assistance while operating warning lights with three hundred sixty
39 degree visibility; (iii) a police vehicle; or (iv) a stationary or

1 slow moving highway construction vehicle, highway maintenance
2 vehicle, solid waste vehicle, or utility service vehicle that meets
3 the lighting requirements identified in RCW 46.61.212(1).

4 (2) Upon all roadways having two or more lanes for traffic moving
5 in the same direction, all vehicles shall be driven in the right-hand
6 lane then available for traffic, except (a) when overtaking and
7 passing another vehicle proceeding in the same direction, (b) when
8 traveling at a speed greater than the traffic flow, (c) when moving
9 left to allow traffic to merge, or (d) when preparing for a left turn
10 at an intersection, exit, or into a private road or driveway when
11 such left turn is legally permitted. On any such roadway, a vehicle
12 or combination over ten thousand pounds shall be driven only in the
13 right-hand lane except under the conditions enumerated in (a) through
14 (d) of this subsection.

15 (3) No vehicle towing a trailer or no vehicle or combination over
16 ten thousand pounds may be driven in the left-hand lane of a limited
17 access roadway having three or more lanes for traffic moving in one
18 direction except when preparing for a left turn at an intersection,
19 exit, or into a private road or driveway when a left turn is legally
20 permitted. This subsection does not apply to a vehicle using a high
21 occupancy vehicle lane. A high occupancy vehicle lane is not
22 considered the left-hand lane of a roadway. The department of
23 transportation, in consultation with the Washington state patrol,
24 shall adopt rules specifying (a) those circumstances where it is
25 permissible for other vehicles to use the left lane in case of
26 emergency or to facilitate the orderly flow of traffic, and (b) those
27 segments of limited access roadway to be exempt from this subsection
28 due to the operational characteristics of the roadway.

29 (4) It is a traffic infraction to drive continuously in the left
30 lane of a multilane roadway when it impedes the flow of other
31 traffic.

32 (5) Upon any roadway having four or more lanes for moving traffic
33 and providing for two-way movement of traffic, a vehicle shall not be
34 driven to the left of the center line of the roadway except when
35 authorized by official traffic control devices designating certain
36 lanes to the left side of the center of the roadway for use by
37 traffic not otherwise permitted to use such lanes, or except as
38 permitted under subsection (1)(b) of this section. However, this
39 subsection shall not be construed as prohibiting the crossing of the

center line in making a left turn into or from an alley, private road or driveway.

Sec. 2030. RCW 48.20.555 and 2007 c 296 s 3 are each amended to read as follows:

Illness-triggered fixed payment insurance, hospital confinement fixed payment insurance, or other fixed payment insurance policies are not considered to provide coverage for hospital or medical expenses under this chapter, if the benefits provided are a fixed dollar amount that is paid regardless of the amount charged. The benefits may not be related to, or be a percentage of, the amount charged by the provider of service and must be offered as an independent and noncoordinated benefit with any other health plan as defined in RCW 48.43.005(~~((19))~~) (33).

Sec. 2031. RCW 48.21.375 and 2007 c 296 s 5 are each amended to read as follows:

Illness-triggered fixed payment insurance, hospital confinement fixed payment insurance, or other fixed payment insurance policies are not considered to provide coverage for hospital or medical expenses or care under this chapter, if the benefits provided are a fixed dollar amount that is paid regardless of the amount charged. The benefits may not be related to, or be a percentage of, the amount charged by the provider of service and must be offered as an independent and noncoordinated benefit with any other health plan as defined in RCW 48.43.005(~~((19))~~) (33).

Sec. 2032. RCW 51.14.150 and 1997 c 35 s 1 are each amended to read as follows:

(1) For the purposes of this section, "hospital" means a hospital as defined in RCW 70.41.020(~~((2))~~) or a (~~((psychiatric))~~) behavioral health hospital regulated under chapter 71.12 RCW, but does not include beds utilized by a comprehensive cancer center for cancer research.

(2)(a) Any two or more employers which are school districts or educational service districts, or (b) any two or more employers which are public hospital districts or hospitals, and are owned or operated by a state agency or municipal corporation of this state, or (c) any two or more employers which are hospitals, no one of which is owned or operated by a state agency or municipal corporation of this state,

1 may enter into agreements to form self-insurance groups for the
2 purposes of this chapter.

3 (3) No more than one group may be formed under subsection (2)(b)
4 of this section and no more than one group may be formed under
5 subsection (2)(c) of this section.

6 (4) The self-insurance groups shall be organized and operated
7 under rules promulgated by the director under RCW 51.14.160. Such a
8 self-insurance group shall be deemed an employer for the purposes of
9 this chapter, and may qualify as a self-insurer if it meets all the
10 other requirements of this chapter.

11 **Sec. 2033.** RCW 59.22.020 and 2012 c 198 s 17 are each amended to
12 read as follows:

13 The following definitions shall apply throughout this chapter
14 unless the context clearly requires otherwise:

15 (1) "Affordable" means that, where feasible, low-income residents
16 should not pay more than thirty percent of their monthly income for
17 housing costs.

18 (2) "Conversion costs" includes the cost of acquiring the mobile
19 home park, the costs of planning and processing the conversion, the
20 costs of any needed repairs or rehabilitation, and any expenditures
21 required by a government agency or lender for the project.

22 (3) "Department" means the department of commerce.

23 (4) "Housing costs" means the total cost of owning, occupying,
24 and maintaining a mobile home and a lot or space in a mobile home
25 park.

26 (5) "Individual interest in a mobile home park" means any
27 interest which is fee ownership or a lesser interest which entitles
28 the holder to occupy a lot or space in a mobile home park for a
29 period of not less than either fifteen years or the life of the
30 holder. Individual interests in a mobile home park include, but are
31 not limited to, the following:

32 (a) Ownership of a lot or space in a mobile home park or
33 subdivision;

34 (b) A membership or shares in a stock cooperative, or a limited
35 equity housing cooperative; or

36 (c) Membership in a nonprofit mutual benefit corporation which
37 owns, operates, or owns and operates the mobile home park.

38 (6) "Landlord" shall have the same meaning as it does in RCW
39 59.20.030.

1 (7) "Low-income resident" means an individual or household who
2 resided in the mobile home park prior to application for a loan
3 pursuant to this chapter and with an annual income at or below eighty
4 percent of the median income for the county of standard metropolitan
5 statistical area of residence. Net worth shall be considered in the
6 calculation of income with the exception of the resident's mobile/
7 manufactured home which is used as their primary residence.

8 (8) "Low-income spaces" means those spaces in a mobile home park
9 operated by a resident organization which are occupied by low-income
10 residents.

11 (9) "Manufactured housing" means residences constructed on one or
12 more chassis for transportation, and which bear an insignia issued by
13 a state or federal regulatory agency indication compliance with all
14 applicable construction standards of the United States department of
15 housing and urban development.

16 (10) "Mobile home" shall have the same meaning as it does in RCW
17 43.22.335.

18 (11) "Mobile home lot" shall have the same meaning as it does in
19 RCW 59.20.030.

20 (12) "Mobile home park" means a mobile home park, as defined in
21 RCW 59.20.030(~~((+10))~~), or a manufactured home park subdivision as
22 defined by RCW 59.20.030(~~((+12))~~) created by the conversion to
23 resident ownership of a mobile home park.

24 (13) "Resident organization" means a group of mobile home park
25 residents who have formed a nonprofit corporation, cooperative
26 corporation, or other entity or organization for the purpose of
27 acquiring the mobile home park in which they reside and converting
28 the mobile home park to resident ownership. The membership of a
29 resident organization shall include at least two-thirds of the
30 households residing in the mobile home park at the time of
31 application for assistance from the department.

32 (14) "Resident ownership" means, depending on the context, either
33 the ownership, by a resident organization, as defined in this
34 section, of an interest in a mobile home park which entitles the
35 resident organization to control the operations of the mobile home
36 park for a term of no less than fifteen years, or the ownership of
37 individual interests in a mobile home park, or both.

38 (15) "Tenant" means a person who rents a mobile home lot for a
39 term of one month or longer and owns the mobile home on the lot.

1 **Sec. 2034.** RCW 64.34.216 and 1992 c 220 s 7 are each amended to
2 read as follows:

3 (1) The declaration for a condominium must contain:

4 (a) The name of the condominium, which must include the word
5 "condominium" or be followed by the words "a condominium," and the
6 name of the association;

7 (b) A legal description of the real property included in the
8 condominium;

9 (c) A statement of the number of units which the declarant has
10 created and, if the declarant has reserved the right to create
11 additional units, the number of such additional units;

12 (d) The identifying number of each unit created by the
13 declaration and a description of the boundaries of each unit if and
14 to the extent they are different from the boundaries stated in RCW
15 64.34.204(1);

16 (e) With respect to each existing unit:

17 (i) The approximate square footage;

18 (ii) The number of bathrooms, whole or partial;

19 (iii) The number of rooms designated primarily as bedrooms;

20 (iv) The number of built-in fireplaces; and

21 (v) The level or levels on which each unit is located.

22 The data described in (ii), (iii), and (iv) of this subsection
23 (1)(e) may be omitted with respect to units restricted to
24 nonresidential use;

25 (f) The number of parking spaces and whether covered, uncovered,
26 or enclosed;

27 (g) The number of moorage slips, if any;

28 (h) A description of any limited common elements, other than
29 those specified in RCW 64.34.204 (2) and (4), as provided in RCW
30 64.34.232(2)(j);

31 (i) A description of any real property which may be allocated
32 subsequently by the declarant as limited common elements, other than
33 limited common elements specified in RCW 64.34.204 (2) and (4),
34 together with a statement that they may be so allocated;

35 (j) A description of any development rights and other special
36 declarant rights under RCW 64.34.020(~~((29))~~) (40) reserved by the
37 declarant, together with a description of the real property to which
38 the development rights apply, and a time limit within which each of
39 those rights must be exercised;

1 (k) If any development right may be exercised with respect to
2 different parcels of real property at different times, a statement to
3 that effect together with: (i) Either a statement fixing the
4 boundaries of those portions and regulating the order in which those
5 portions may be subjected to the exercise of each development right,
6 or a statement that no assurances are made in those regards; and (ii)
7 a statement as to whether, if any development right is exercised in
8 any portion of the real property subject to that development right,
9 that development right must be exercised in all or in any other
10 portion of the remainder of that real property;

11 (l) Any other conditions or limitations under which the rights
12 described in (j) of this subsection may be exercised or will lapse;

13 (m) An allocation to each unit of the allocated interests in the
14 manner described in RCW 64.34.224;

15 (n) Any restrictions in the declaration on use, occupancy, or
16 alienation of the units;

17 (o) A cross-reference by recording number to the survey map and
18 plans for the units created by the declaration; and

19 (p) All matters required or permitted by RCW 64.34.220 through
20 64.34.232, 64.34.256, 64.34.260, 64.34.276, and 64.34.308(~~((4))~~) (5).

21 (2) All amendments to the declaration shall contain a cross-
22 reference by recording number to the declaration and to any prior
23 amendments thereto. All amendments to the declaration adding units
24 shall contain a cross-reference by recording number to the survey map
25 and plans relating to the added units and set forth all information
26 required by RCW 64.34.216(1) with respect to the added units.

27 (3) The declaration may contain any other matters the declarant
28 deems appropriate.

29 **Sec. 2035.** RCW 64.34.316 and 1989 c 43 s 3-105 are each amended
30 to read as follows:

31 (1) No special declarant right, as described in RCW
32 64.34.020(~~((29))~~) (40), created or reserved under this chapter may be
33 transferred except by an instrument evidencing the transfer executed
34 by the declarant or the declarant's successor and the transferee is
35 recorded in every county in which any portion of the condominium is
36 located. Each unit owner shall receive a copy of the recorded
37 instrument, but the failure to furnish the copy shall not invalidate
38 the transfer.

1 (2) Upon transfer of any special declarant right, the liability
2 of a transferor declarant is as follows:

3 (a) A transferor is not relieved of any obligation or liability
4 arising before the transfer and remains liable for warranty
5 obligations imposed upon the transferor by this chapter. Lack of
6 privity does not deprive any unit owner of standing to maintain an
7 action to enforce any obligation of the transferor.

8 (b) If a successor to any special declarant right is an affiliate
9 of a declarant as described in RCW 64.34.020(1), the transferor is
10 jointly and severally liable with the successor for any obligations
11 or liabilities of the successor relating to the condominium.

12 (c) If a transferor retains any special declarant right, but
13 transfers other special declarant rights to a successor who is not an
14 affiliate of the declarant, the transferor is liable for any
15 obligations or liabilities imposed on a declarant by this chapter or
16 by the declaration relating to the retained special declarant rights
17 arising after the transfer.

18 (d) A transferor has no liability for any act or omission or any
19 breach of a contractual or warranty obligation arising from the
20 exercise of a special declarant right by a successor declarant who is
21 not an affiliate of the transferor.

22 (3) In case of foreclosure of a mortgage, tax sale, judicial
23 sale, or sale under bankruptcy code or receivership proceedings of
24 any unit owned by a declarant or real property in a condominium
25 subject to development rights, a person acquiring title to all the
26 real property being foreclosed or sold succeeds to all special
27 declarant rights related to that real property held by that declarant
28 and to any rights reserved in the declaration pursuant to RCW
29 64.34.256 and held by that declarant to maintain models, sales
30 offices, and signs, unless such person requests that all or any of
31 such rights not be transferred. The instrument conveying title shall
32 describe any special declarant rights not being transferred.

33 (4) Upon foreclosure of a mortgage, tax sale, judicial sale, or
34 sale under bankruptcy code or receivership proceedings of all units
35 and other real property in a condominium owned by a declarant:

36 (a) The declarant ceases to have any special declarant rights;
37 and

38 (b) The period of declarant control as described in RCW
39 64.34.308(~~((4))~~) (5) terminates unless the judgment or instrument

1 conveying title provides for transfer of all special declarant rights
2 held by that declarant to a successor declarant.

3 (5) The liabilities and obligations of a person who succeeds to
4 special declarant rights are as follows:

5 (a) A successor to any special declarant right who is an
6 affiliate of a declarant is subject to all obligations and
7 liabilities imposed on the transferor by this chapter or by the
8 declaration;

9 (b) A successor to any special declarant right, other than a
10 successor described in (c) or (d) of this subsection, who is not an
11 affiliate of a declarant is subject to all obligations and
12 liabilities imposed by this chapter or the declaration:

13 (i) On a declarant which relate to such successor's exercise or
14 nonexercise of special declarant rights; or

15 (ii) On the declarant's transferor, other than:

16 (A) Misrepresentations by any previous declarant;

17 (B) Warranty obligations on improvements made by any previous
18 declarant or made before the condominium was created;

19 (C) Breach of any fiduciary obligation by any previous declarant
20 or the declarant's appointees to the board of directors; or

21 (D) Any liability or obligation imposed on the transferor as a
22 result of the transferor's acts or omissions after the transfer;

23 (c) A successor to only a right reserved in the declaration to
24 maintain models, sales offices, and signs as described in RCW
25 64.34.256, if the successor is not an affiliate of a declarant, may
26 not exercise any other special declarant right and is not subject to
27 any liability or obligation as a declarant, except the obligation to
28 provide a public offering statement and any liability arising as a
29 result thereof;

30 (d) A successor to all special declarant rights held by the
31 successor's transferor who is not an affiliate of that declarant and
32 who succeeded to those rights pursuant to a foreclosure, a deed in
33 lieu of foreclosure, or a judgment or instrument conveying title to
34 units under subsection (3) of this section may declare his or her
35 intention in a recorded instrument to hold those rights solely for
36 transfer to another person. Thereafter, until transferring all
37 special declarant rights to any person acquiring title to any unit
38 owned by the successor or until recording an instrument permitting
39 exercise of all those rights, that successor may not exercise any of
40 those rights other than any right held by the successor's transferor

1 to control the board of directors in accordance with the provisions
2 of RCW 64.34.308(~~((4))~~) (5) for the duration of any period of
3 declarant control, and any attempted exercise of those rights is
4 void. So long as a successor declarant may not exercise special
5 declarant rights under this subsection, the successor is not subject
6 to any liability or obligation as a declarant other than liability
7 for the successor's acts and omissions under RCW 64.34.308(~~((4))~~)
8 (5);

9 (e) Nothing in this section subjects any successor to a special
10 declarant right to any claims against or other obligations of a
11 transferor declarant, other than claims and obligations arising under
12 this chapter or the declaration.

13 **Sec. 2036.** RCW 64.34.324 and 2004 c 201 s 3 are each amended to
14 read as follows:

15 (1) Unless provided for in the declaration, the bylaws of the
16 association shall provide for:

17 (a) The number, qualifications, powers and duties, terms of
18 office, and manner of electing and removing the board of directors
19 and officers and filling vacancies;

20 (b) Election by the board of directors of such officers of the
21 association as the bylaws specify;

22 (c) Which, if any, of its powers the board of directors or
23 officers may delegate to other persons or to a managing agent;

24 (d) Which of its officers may prepare, execute, certify, and
25 record amendments to the declaration on behalf of the association;

26 (e) The method of amending the bylaws; and

27 (f) A statement of the standard of care for officers and members
28 of the board of directors imposed by RCW 64.34.308(1).

29 (2) Subject to the provisions of the declaration, the bylaws may
30 provide for any other matters the association deems necessary and
31 appropriate.

32 (3) In determining the qualifications of any officer or director
33 of the association, notwithstanding the provision of RCW
34 64.34.020(~~((32))~~) (44) the term "unit owner" in such context shall,
35 unless the declaration or bylaws otherwise provide, be deemed to
36 include any director, officer, partner in, or trustee of any person,
37 who is, either alone or in conjunction with another person or
38 persons, a unit owner. Any officer or director of the association who
39 would not be eligible to serve as such if he or she were not a

1 director, officer, partner in, or trustee of such a person shall be
2 disqualified from continuing in office if he or she ceases to have
3 any such affiliation with that person, or if that person would have
4 been disqualified from continuing in such office as a natural person.

5 **Sec. 2037.** RCW 64.34.400 and 1992 c 220 s 20 are each amended to
6 read as follows:

7 (1) This article applies to all units subject to this chapter,
8 except as provided in subsection (2) of this section and unless and
9 to the extent otherwise agreed to in writing by the seller and
10 purchasers of those units that are restricted to nonresidential use
11 in the declaration.

12 (2) This article shall not apply in the case of:

13 (a) A conveyance by gift, devise, or descent;

14 (b) A conveyance pursuant to court order;

15 (c) A disposition by a government or governmental agency;

16 (d) A conveyance by foreclosure;

17 (e) A disposition of all of the units in a condominium in a
18 single transaction;

19 (f) A disposition to other than a purchaser as defined in RCW
20 64.34.020(~~((26))~~) (32); or

21 (g) A disposition that may be canceled at any time and for any
22 reason by the purchaser without penalty.

23 **Sec. 2038.** RCW 69.25.030 and 1975 1st ex.s. c 201 s 4 are each
24 amended to read as follows:

25 The purpose of this chapter is to promote uniformity of state
26 legislation and regulations with the federal egg products inspection
27 act, 21 U.S.C. sec. 1031, et seq., and regulations adopted
28 thereunder. In accord with such declared purpose, any regulations
29 adopted under the federal egg products inspection act relating to
30 eggs and egg products, as defined in RCW 69.25.020 (~~((11) and (12))~~)
31 (15) and (18), in effect on July 1, 1975, are hereby deemed to have
32 been adopted under the provisions hereof. Further, to promote such
33 uniformity, any regulations adopted hereafter under the provisions of
34 the federal egg products inspection act relating to eggs and egg
35 products, as defined in RCW 69.25.020 (~~((11) and (12))~~) (15) and
36 (18), and published in the federal register, shall be deemed to have
37 been adopted under the provisions of this chapter in accord with
38 chapter 34.05 RCW, as now or hereafter amended. The director may,

1 however, within thirty days of the publication of the adoption of any
2 such regulation under the federal egg products inspection act, give
3 public notice that a hearing will be held to determine if such
4 regulations shall not be applicable under the provisions of this
5 chapter. Such hearing shall be in accord with the requirements of
6 chapter 34.05 RCW, as now or hereafter amended.

7 The director, in addition to the foregoing, may adopt any rule
8 and regulation necessary to carry out the purpose and provisions of
9 this chapter.

10 **Sec. 2039.** RCW 70.14.050 and 2003 1st sp.s. c 29 s 9 are each
11 amended to read as follows:

12 (1) Each agency administering a state purchased health care
13 program as defined in RCW 41.05.011(~~((2))~~) shall, in cooperation with
14 other agencies, take any necessary actions to control costs without
15 reducing the quality of care when reimbursing for or purchasing
16 drugs. To accomplish this purpose, participating agencies may
17 establish an evidence-based prescription drug program.

18 (2) In developing the evidence-based prescription drug program
19 authorized by this section, agencies:

20 (a) Shall prohibit reimbursement for drugs that are determined to
21 be ineffective by the United States food and drug administration;

22 (b) Shall adopt rules in order to ensure that less expensive
23 generic drugs will be substituted for brand name drugs in those
24 instances where the quality of care is not diminished;

25 (c) Where possible, may authorize reimbursement for drugs only in
26 economical quantities;

27 (d) May limit the prices paid for drugs by such means as
28 negotiated discounts from pharmaceutical manufacturers, central
29 purchasing, volume contracting, or setting maximum prices to be paid;

30 (e) Shall consider the approval of drugs with lower abuse
31 potential in substitution for drugs with significant abuse potential;

32 (f) May take other necessary measures to control costs of drugs
33 without reducing the quality of care; and

34 (g) Shall adopt rules governing practitioner endorsement and use
35 of any list developed as part of the program authorized by this
36 section.

37 (3) Agencies shall provide for reasonable exceptions, consistent
38 with RCW 69.41.190, to any list developed as part of the program
39 authorized by this section.

(4) Agencies shall establish an independent pharmacy and therapeutics committee to evaluate the effectiveness of prescription drugs in the development of the program authorized by this section.

Sec. 2040. RCW 70.122.020 and 2012 c 10 s 53 are each amended to read as follows:

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

(1) "Adult person" means a person who has attained the age of majority as defined in RCW 26.28.010 and 26.28.015, and who has the capacity to make health care decisions.

(2) "Attending physician" means the physician selected by, or assigned to, the patient who has primary responsibility for the treatment and care of the patient.

(3) "Directive" means a written document voluntarily executed by the declarer generally consistent with the guidelines of RCW 70.122.030.

(4) "Health facility" means a hospital as defined in RCW 70.41.020(~~((4))~~) or a nursing home as defined in RCW 18.51.010, a home health agency or hospice agency as defined in RCW 70.126.010, or an assisted living facility as defined in RCW 18.20.020.

(5) "Life-sustaining treatment" means any medical or surgical intervention that uses mechanical or other artificial means, including artificially provided nutrition and hydration, to sustain, restore, or replace a vital function, which, when applied to a qualified patient, would serve only to prolong the process of dying. "Life-sustaining treatment" shall not include the administration of medication or the performance of any medical or surgical intervention deemed necessary solely to alleviate pain.

(6) "Permanent unconscious condition" means an incurable and irreversible condition in which the patient is medically assessed within reasonable medical judgment as having no reasonable probability of recovery from an irreversible coma or a persistent vegetative state.

(7) "Physician" means a person licensed under chapter(~~((§))~~) 18.71 or 18.57 RCW.

(8) "Qualified patient" means an adult person who is a patient diagnosed in writing to have a terminal condition by the patient's attending physician, who has personally examined the patient, or a patient who is diagnosed in writing to be in a permanent unconscious

1 condition in accordance with accepted medical standards by two
2 physicians, one of whom is the patient's attending physician, and
3 both of whom have personally examined the patient.

4 (9) "Terminal condition" means an incurable and irreversible
5 condition caused by injury, disease, or illness, that, within
6 reasonable medical judgment, will cause death within a reasonable
7 period of time in accordance with accepted medical standards, and
8 where the application of life-sustaining treatment serves only to
9 prolong the process of dying.

10 **Sec. 2041.** RCW 71.09.098 and 2009 c 409 s 11 are each amended to
11 read as follows:

12 (1) Any service provider submitting reports pursuant to RCW
13 71.09.096(~~((+6))~~) (7), the supervising community corrections officer,
14 the prosecuting agency, or the secretary's designee may petition the
15 court for an immediate hearing for the purpose of revoking or
16 modifying the terms of the person's conditional release to a less
17 restrictive alternative if the petitioner believes the released
18 person: (a) Violated or is in violation of the terms and conditions
19 of the court's conditional release order; or (b) is in need of
20 additional care, monitoring, supervision, or treatment.

21 (2) The community corrections officer or the secretary's designee
22 may restrict the person's movement in the community until the
23 petition is determined by the court. The person may be taken into
24 custody if:

25 (a) The supervising community corrections officer, the
26 secretary's designee, or a law enforcement officer reasonably
27 believes the person has violated or is in violation of the court's
28 conditional release order; or

29 (b) The supervising community corrections officer or the
30 secretary's designee reasonably believes that the person is in need
31 of additional care, monitoring, supervision, or treatment because the
32 person presents a danger to himself or herself or others if his or
33 her conditional release under the conditions imposed by the court's
34 release order continues.

35 (3)(a) Persons taken into custody pursuant to subsection (2) of
36 this section shall:

37 (i) Not be released until such time as a hearing is held to
38 determine whether to revoke or modify the person's conditional
39 release order and the court has issued its decision; and

1 (ii) Be held in the county jail, at a secure community transition
2 facility, or at the total confinement facility, at the discretion of
3 the secretary's designee.

4 (b) The court shall be notified before the close of the next
5 judicial day that the person has been taken into custody and shall
6 promptly schedule a hearing.

7 (4) Before any hearing to revoke or modify the person's
8 conditional release order, both the prosecuting agency and the
9 released person shall have the right to request an immediate mental
10 examination of the released person. If the conditionally released
11 person is indigent, the court shall, upon request, assist him or her
12 in obtaining a qualified expert or professional person to conduct the
13 examination.

14 (5) At any hearing to revoke or modify the conditional release
15 order:

16 (a) The prosecuting agency shall represent the state, including
17 determining whether to proceed with revocation or modification of the
18 conditional release order;

19 (b) Hearsay evidence is admissible if the court finds that it is
20 otherwise reliable; and

21 (c) The state shall bear the burden of proving by a preponderance
22 of the evidence that the person has violated or is in violation of
23 the court's conditional release order or that the person is in need
24 of additional care, monitoring, supervision, or treatment.

25 (6) (a) If the court determines that the state has met its burden
26 referenced in subsection (5) (c) of this section, and the issue before
27 the court is revocation of the court's conditional release order, the
28 court shall consider the evidence presented by the parties and the
29 following factors relevant to whether continuing the person's
30 conditional release is in the person's best interests or adequate to
31 protect the community:

32 (i) The nature of the condition that was violated by the person
33 or that the person was in violation of in the context of the person's
34 criminal history and underlying mental conditions;

35 (ii) The degree to which the violation was intentional or grossly
36 negligent;

37 (iii) The ability and willingness of the released person to
38 strictly comply with the conditional release order;

39 (iv) The degree of progress made by the person in community-based
40 treatment; and

1 (v) The risk to the public or particular persons if the
2 conditional release continues under the conditional release order
3 that was violated.

4 (b) Any factor alone, or in combination, shall support the
5 court's determination to revoke the conditional release order.

6 (7) If the court determines the state has met its burden
7 referenced in subsection (5)(c) of this section, and the issue before
8 the court is modification of the court's conditional release order,
9 the court shall modify the conditional release order by adding
10 conditions if the court determines that the person is in need of
11 additional care, monitoring, supervision, or treatment. The court has
12 authority to modify its conditional release order by substituting a
13 new treatment provider, requiring new housing for the person, or
14 imposing such additional supervision conditions as the court deems
15 appropriate.

16 (8) A person whose conditional release has been revoked shall be
17 remanded to the custody of the secretary for control, care, and
18 treatment in a total confinement facility as designated in RCW
19 71.09.060(1). The person is thereafter eligible for conditional
20 release only in accord with the provisions of RCW 71.09.090 and
21 related statutes.

22 **Sec. 2042.** RCW 71A.12.210 and 2006 c 303 s 2 are each amended to
23 read as follows:

24 RCW 71A.12.220 through 71A.12.280 apply to a person:

25 (1)(a) Who has been charged with or convicted of a crime and
26 meets the following criteria:

27 (i) Has been convicted of one of the following:

28 (A) A crime of sexual violence as defined in chapter 9A.44 or
29 71.09 RCW including, but not limited to, rape, rape of a child, and
30 child molestation;

31 (B) Sexual acts directed toward strangers, individuals with whom
32 a relationship has been established or promoted for the primary
33 purpose of victimization, or persons of casual acquaintance with whom
34 no substantial personal relationship exists; or

35 (C) One or more violent offenses, as defined by RCW 9.94A.030;
36 and

37 (ii) Constitutes a current risk to others as determined by a
38 qualified professional. Charges or crimes that resulted in acquittal
39 must be excluded; or

(b) Who has not been charged with and/or convicted of a crime, but meets the following criteria:

(i) Has a history of stalking, violent, sexually violent, predatory, and/or opportunistic behavior which demonstrates a likelihood to commit a violent, sexually violent, and/or predatory act; and

(ii) Constitutes a current risk to others as determined by a qualified professional; and

(2) Who has been determined to have a developmental disability as defined by RCW 71A.10.020(~~((3))~~).

Sec. 2043. RCW 71A.12.220 and 2006 c 303 s 3 are each amended to read as follows:

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

(1) "Assessment" means the written opinion of a qualified professional stating, at a minimum:

(a) Whether a person meets the criteria established in RCW 71A.12.210;

(b) What restrictions are necessary.

(2) "Certified community protection program intensive supported living services" means access to twenty-four-hour supervision, instruction, and support services as identified in the person's plan of care.

(3) "Community protection program" means services specifically designed to support persons who meet the criteria of RCW 71A.12.210.

(4) "Constitutes a risk to others" means a determination of a person's risk and/or dangerousness based upon a thorough assessment by a qualified professional.

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

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

(7) "Disclosure" means providing copies of professional assessments, incident reports, legal documents, and other information pertaining to community protection issues to ensure the provider has all relevant information. Polygraph and plethysmograph reports are excluded from disclosure.

(8) "Division" means the division of developmental disabilities.

(9) "Managed successfully" means that a person supported by a community protection program does not engage in the behavior identified in RCW 71A.12.210.

(10) "Opportunistic behavior" means an act committed on impulse, which is not premeditated.

(11) "Predatory" means acts directed toward strangers, individuals with whom a relationship has been established or promoted for the primary purpose of victimization, or casual acquaintances with whom no substantial personal relationship exists. Predatory behavior may be characterized by planning and/or rehearsing the act, stalking, and/or grooming the victim.

(12) "Qualified professional" means a person with at least three years' prior experience working with individuals with developmental disabilities, and: (a) If the person being assessed has demonstrated sexually aggressive or sexually violent behavior, that person must be assessed by a qualified professional who is a certified sex offender treatment provider, or affiliate sex offender treatment provider working under the supervision of a certified sex offender treatment provider; or (b) if the person being assessed has demonstrated violent, dangerous, or aggressive behavior, that person must be assessed by a licensed psychologist or psychiatrist who has received specialized training in the treatment of or has at least three years' prior experience treating violent or aggressive behavior.

(13) "Treatment team" means the program participant and the group of people responsible for the development, implementation, and monitoring of the person's individualized supports and services. This group may include, but is not limited to, the case resource manager, therapist, residential provider, employment/day program provider, and the person's legal representative and/or family, provided the person consents to the family member's involvement.

(14) "Violent offense" means any felony defined as a violent offense in RCW 9.94A.030.

(15) "Waiver" means the community-based funding under section 1915 of Title XIX of the federal social security act.

Sec. 2044. RCW 74.04.00511 and 2003 c 19 s 8 are each amended to read as follows:

For purposes of RCW 74.04.005 (~~((10) and (11))~~) (9) and (13), (~~("resource" and)~~) "income" and "resource" do not include educational assistance awarded under the gaining independence for students with

dependents program as defined in chapter 19, Laws of 2003 for recipients of temporary assistance for needy families.

Sec. 2045. RCW 74.04.300 and 2003 c 208 s 1 are each amended to read as follows:

If a recipient receives public assistance and/or food stamps or food stamp benefits transferred electronically for which the recipient is not eligible, or receives public assistance and/or food stamps or food stamp benefits transferred electronically in an amount greater than that for which the recipient is eligible, the portion of the payment to which the recipient is not entitled shall be a debt due the state recoverable under RCW 43.20B.030 and 43.20B.620 through 43.20B.645. It shall be the duty of recipients of cash benefits to notify the department of changes to earned income as defined in RCW 74.04.005(~~((11))~~). It shall be the duty of recipients of cash benefits to notify the department of changes to liquid resources as defined in RCW 74.04.005(~~((10))~~) that would result in ineligibility for cash benefits. It shall be the duty of recipients of food benefits to report changes in income that result in ineligibility for food benefits. All recipients shall report changes required in this section by the tenth of the month following the month in which the change occurs. The department shall make a determination of eligibility within ten days from the date it receives the reported change from the recipient. The department shall adopt rules consistent with federal law and regulations for additional reporting requirements. The department shall advise applicants for assistance that failure to report as required, failure to reveal resources or income, and false statements will result in recovery by the state of any overpayment and may result in criminal prosecution.

Sec. 2046. RCW 74.04.670 and 2007 c 161 s 1 are each amended to read as follows:

(1) For purposes of RCW 74.04.005(~~((10))~~) (13)(a), an applicant or recipient is not eligible for long-term care services if the applicant or recipient's equity interest in the home exceeds an amount established by the department in rule, which shall not be less than five hundred thousand dollars. This requirement does not apply if any of the following persons related to the applicant or recipient are legally residing in the home:

(a) A spouse; or

(b) A dependent child under age twenty-one; or
(c) A dependent child with a disability; or
(d) A dependent child who is blind; and
(e) The dependent child in (c) and (d) of this subsection meets the federal supplemental security income program criteria for disabled and blind.

(2) The dollar amounts specified in this section shall be increased annually, beginning in 2011, from year to year based on the percentage increase in the consumer price index for all urban consumers, all items, United States city average, rounded to the nearest one thousand dollars.

(3) This section applies to individuals who are determined eligible for medical assistance with respect to long-term care services based on an application filed on or after May 1, 2006.

Sec. 2047. RCW 79A.05.065 and 2011 c 171 s 115 are each amended to read as follows:

(1)(a) The commission shall grant to any person who meets the eligibility requirements specified in this section a senior citizen's pass which shall: (i) Entitle such a person, and members of his or her camping unit, to a fifty percent reduction in the campsite rental fee prescribed by the commission; and (ii) entitle such a person to free admission to any state park.

(b) The commission shall grant a senior citizen's pass to any person who applies for the senior citizen's pass and who meets the following requirements:

(i) The person is at least sixty-two years of age;

(ii) The person is a domiciliary of the state of Washington and meets reasonable residency requirements prescribed by the commission; and

(iii) The person and his or her spouse have a combined income that would qualify the person for a property tax exemption pursuant to RCW 84.36.381. The financial eligibility requirements of this subsection (1)(b)(iii) apply regardless of whether the applicant for a senior citizen's pass owns taxable property or has obtained or applied for such property tax exemption.

(c) Each senior citizen's pass granted pursuant to this section is valid as long as the senior citizen meets the requirements of (b)(ii) of this subsection. A senior citizen meeting the eligibility

1 requirements of this section may make a voluntary donation for the
2 upkeep and maintenance of state parks.

3 (d) A holder of a senior citizen's pass shall surrender the pass
4 upon request of a commission employee when the employee has reason to
5 believe the holder fails to meet the criteria in (b) of this
6 subsection. The holder shall have the pass returned upon providing
7 proof to the satisfaction of the director that the holder meets the
8 eligibility criteria for obtaining the senior citizen's pass.

9 (2)(a) Any resident of Washington who is disabled as defined by
10 the social security administration and who receives social security
11 benefits for that disability, or any other benefits for that
12 disability from any other governmental or nongovernmental source, or
13 who is entitled to benefits for permanent disability under RCW
14 71A.10.020(~~((3))~~) (6) due to unemployability full time at the minimum
15 wage, or who is legally blind or profoundly deaf, or who has been
16 issued a card, decal, or special license plate for a permanent
17 disability under RCW 46.19.010 shall be entitled to receive,
18 regardless of age and upon making application therefor, a disability
19 pass at no cost to the holder. The pass shall: (i) Entitle such a
20 person, and members of his or her camping unit, to a fifty percent
21 reduction in the campsite rental fee prescribed by the commission;
22 and (ii) entitle such a person to free admission to any state park.

23 (b) A card, decal, or special license plate issued for a
24 permanent disability under RCW 46.19.010 may serve as a pass for the
25 holder to entitle that person and members of the person's camping
26 unit to a fifty percent reduction in the campsite rental fee
27 prescribed by the commission, and to allow the holder free admission
28 to state parks.

29 (3) Any resident of Washington who is a veteran and has a
30 service-connected disability of at least thirty percent shall be
31 entitled to receive a lifetime veteran's disability pass at no cost
32 to the holder. The pass shall: (a) Entitle such a person, and members
33 of his or her camping unit, to free use of any campsite within any
34 state park; (b) entitle such a person to free admission to any state
35 park; and (c) entitle such a person to an exemption from any
36 reservation fees.

37 (4)(a) Any Washington state resident who provides out-of-home
38 care to a child, as either a licensed foster family home or a person
39 related to the child, is entitled to a foster home pass.

1 (b) An applicant for a foster home pass must request a pass in
2 the manner required by the commission. Upon receipt of a properly
3 submitted request, the commission shall verify with the department of
4 social and health services that the applicant qualifies under (a) of
5 this subsection. Once issued, a foster home pass is valid for the
6 period, which may not be less than one year, designated by the
7 commission.

8 (c) When accompanied by a child receiving out-of-home care from
9 the pass holder, a foster home pass: (i) Entitles such a person, and
10 members of his or her camping unit, to free use of any campsite
11 within any state park; and (ii) entitles such a person to free
12 admission to any state park.

13 (d) For the purposes of this subsection (4):

14 (i) "Out-of-home care" means placement in a foster family home or
15 with a person related to the child under the authority of chapter
16 13.32A, 13.34, or 74.13 RCW;

17 (ii) "Foster family home" has the same meaning as defined in RCW
18 74.15.020; and

19 (iii) "Person related to the child" means those persons referred
20 to in RCW 74.15.020(2)(a) (i) through (vi).

21 (5) All passes issued pursuant to this section are valid at all
22 parks any time during the year. However, the pass is not valid for
23 admission to concessionaire operated facilities.

24 (6) The commission shall negotiate payment and costs, to allow
25 holders of a foster home pass free access and usage of park
26 campsites, with the following nonoperated, nonstate-owned parks:
27 Central Ferry, Chief Timothy, Crow Butte, and Lyons Ferry. The
28 commission shall seek state general fund reimbursement on a biennial
29 basis.

30 (7) The commission may deny or revoke any Washington state park
31 pass issued under this section for cause, including but not limited
32 to the following:

33 (a) Residency outside the state of Washington;

34 (b) Violation of laws or state park rules resulting in eviction
35 from a state park;

36 (c) Intimidating, obstructing, or assaulting a park employee or
37 park volunteer who is engaged in the performance of official duties;

38 (d) Fraudulent use of a pass;

39 (e) Providing false information or documentation in the
40 application for a state parks pass;

1 (f) Refusing to display or show the pass to park employees when
2 requested; or

3 (g) Failing to provide current eligibility information upon
4 request by the agency or when eligibility ceases or changes.

5 (8) This section shall not affect or otherwise impair the power
6 of the commission to continue or discontinue any other programs it
7 has adopted for senior citizens.

8 (9) The commission may engage in a mutually agreed upon
9 reciprocal or discounted program for all or specific pass programs
10 with other outdoor recreation agencies.

11 (10) The commission shall adopt those rules as it finds
12 appropriate for the administration of this section. Among other
13 things, the rules shall prescribe a definition of "camping unit"
14 which will authorize a reasonable number of persons traveling with
15 the person having a pass to stay at the campsite rented by such a
16 person, a minimum Washington residency requirement for applicants for
17 a senior citizen's pass, and an application form to be completed by
18 applicants for a senior citizen's pass.

19 **Sec. 2048.** RCW 80.70.020 and 2004 c 224 s 2 are each amended to
20 read as follows:

21 (1) The provisions of this chapter apply to:

22 (a) New fossil-fueled thermal electric generation facilities with
23 station-generating capability of three hundred fifty thousand
24 kilowatts or more and fossil-fueled floating thermal electric
25 generation facilities of one hundred thousand kilowatts or more under
26 RCW 80.50.020(14)(~~(a)~~) (b), for which an application for site
27 certification is made to the council after July 1, 2004;

28 (b) New fossil-fueled thermal electric generation facilities with
29 station-generating capability of more than twenty-five thousand
30 kilowatts, but less than three hundred fifty thousand kilowatts,
31 except for fossil-fueled floating thermal electric generation
32 facilities under the council's jurisdiction, for which an application
33 for an order of approval has been submitted after July 1, 2004;

34 (c) Fossil-fueled thermal electric generation facilities with
35 station-generating capability of three hundred fifty thousand
36 kilowatts or more that have an existing site certification agreement
37 and, after July 1, 2004, apply to the council to increase the output
38 of carbon dioxide emissions by fifteen percent or more through

1 permanent changes in facility operations or modification or
2 equipment; and

3 (d) Fossil-fueled thermal electric generation facilities with
4 station-generating capability of more than twenty-five thousand
5 kilowatts, but less than three hundred fifty thousand kilowatts,
6 except for fossil-fueled floating thermal electric generation
7 facilities under the council's jurisdiction, that have an existing
8 order of approval and, after July 1, 2004, apply to the department or
9 authority, as appropriate, to permanently modify the facility so as
10 to increase its station-generating capability by at least twenty-five
11 thousand kilowatts or to increase the output of carbon dioxide
12 emissions by fifteen percent or more, whichever measure is greater.

13 (2)(a) A proposed site certification agreement submitted to the
14 governor under RCW 80.50.100 and a final site certification agreement
15 issued under RCW 80.50.100 shall include an approved carbon dioxide
16 mitigation plan.

17 (b) For fossil-fueled thermal electric generation facilities not
18 under jurisdiction of the council, the order of approval shall
19 require an approved carbon dioxide mitigation plan.

20 (c) Site certification agreement holders or order of approval
21 holders may request, at any time, a change in conditions of an
22 approved carbon dioxide mitigation plan if the council, department,
23 or authority, as appropriate, finds that the change meets all
24 requirements and conditions for approval of such plans.

25 (3) An applicant for a fossil-fueled thermal electric generation
26 facility shall include one or a combination of the following carbon
27 dioxide mitigation options as part of its mitigation plan:

28 (a) Payment to a third party to provide mitigation;

29 (b) Direct purchase of permanent carbon credits; or

30 (c) Investment in applicant-controlled carbon dioxide mitigation
31 projects, including combined heat and power (cogeneration).

32 (4) Fossil-fueled thermal electric generation facilities that
33 receive site certification approval or an order of approval shall
34 provide mitigation for twenty percent of the total carbon dioxide
35 emissions produced by the facility.

36 (5) If the certificate holder or order of approval holder chooses
37 to pay a third party to provide the mitigation, the mitigation rate
38 shall be one dollar and sixty cents per metric ton of carbon dioxide
39 to be mitigated. For a cogeneration plant, the monetary amount is

1 based on the difference between twenty percent of the total carbon
2 dioxide emissions and the cogeneration credit.

3 (a) Through rule making, the council may adjust the rate per ton
4 biennially as long as any increase or decrease does not exceed fifty
5 percent of the current rate. The department or authority shall use
6 the adjusted rate established by the council pursuant to this
7 subsection for fossil-fueled thermal electric generation facilities
8 subject to the provisions of this chapter.

9 (b) In adjusting the mitigation rate the council shall consider,
10 but is not limited to, the current market price of a ton of carbon
11 dioxide. The council's adjusted mitigation rate shall be consistent
12 with RCW 80.50.010(~~((3))~~) (4).

13 (6) The applicant may choose to make to the third party a lump
14 sum payment or partial payment over a period of five years.

15 (a) Under the lump sum payment option, the payment amount is
16 determined by multiplying the total carbon dioxide emissions by the
17 twenty percent mitigation requirement under subsection (4) of this
18 section and by the per ton mitigation rate established under
19 subsection (5) of this section.

20 (b) No later than one hundred twenty days after the start of
21 commercial operation, the certificate holder or order of approval
22 holder shall make a one-time payment to the independent qualified
23 organization for the amount determined under subsection (5) of this
24 section.

25 (c) As an alternative to a one-time payment, the certificate
26 holder or order of approval holder may make a partial payment of
27 twenty percent of the amount determined under subsection (5) of this
28 section no later than one hundred twenty days after commercial
29 operation and a payment in the same amount or as adjusted according
30 to subsection (5)(a) of this section, on the anniversary date of the
31 initial payment in each of the following four years. With the initial
32 payment, the certificate holder or order of approval holder shall
33 provide a letter of credit or other comparable security acceptable to
34 the council or the department for the remaining eighty percent
35 mitigation payment amount including possible changes to the rate per
36 metric ton from rule making under subsection (5)(a) of this section.

37 **Sec. 2049.** RCW 88.02.610 and 2011 c 171 s 132 are each amended
38 to read as follows:

1 (1) A vessel owner shall apply for a vessel visitor permit if the
2 vessel is:

3 (a) Currently registered or numbered under the laws of a country
4 other than the United States or has a valid United States customs
5 service cruising license issued under 19 C.F.R. Sec. 4.94; and

6 (b) Being used on Washington state waters for the personal use of
7 the owner for more than sixty days.

8 (2) A vessel visitor permit:

9 (a) May be obtained from the department, county auditor or other
10 agent, or subagent appointed by the director;

11 (b) Must show the date the vessel first came into Washington
12 state; and

13 (c) Is valid as long as the vessel remains currently registered
14 or numbered under the laws of a country other than the United States
15 or the United States customs service cruising license remains valid.

16 (3) The department, county auditor or other agent, or subagent
17 appointed by the director shall collect the fee required in RCW
18 88.02.640(1)((~~m~~)) (p) when issuing a vessel visitor permit.

19 (4) The department shall adopt rules to implement this section,
20 including rules on issuing and displaying the vessel visitor permit.

21 **Sec. 2050.** RCW 90.58.090 and 2011 c 353 s 14 and 2011 c 277 s 2
22 are each reenacted and amended to read as follows:

23 (1) A master program, segment of a master program, or an
24 amendment to a master program shall become effective when approved by
25 the department as provided in subsection (7) of this section. Within
26 the time period provided in RCW 90.58.080, each local government
27 shall have submitted a master program, either totally or by segments,
28 for all shorelines of the state within its jurisdiction to the
29 department for review and approval.

30 The department shall strive to achieve final action on a
31 submitted master program within one hundred eighty days of receipt
32 and shall post an annual assessment related to this performance
33 benchmark on the agency website.

34 (2) Upon receipt of a proposed master program or amendment, the
35 department shall:

36 (a) Provide notice to and opportunity for written comment by all
37 interested parties of record as a part of the local government review
38 process for the proposal and to all persons, groups, and agencies
39 that have requested in writing notice of proposed master programs or

1 amendments generally or for a specific area, subject matter, or
2 issue. The comment period shall be at least thirty days, unless the
3 department determines that the level of complexity or controversy
4 involved supports a shorter period;

5 (b) In the department's discretion, conduct a public hearing
6 during the thirty-day comment period in the jurisdiction proposing
7 the master program or amendment;

8 (c) Within fifteen days after the close of public comment,
9 request the local government to review the issues identified by the
10 public, interested parties, groups, and agencies and provide a
11 written response as to how the proposal addresses the identified
12 issues;

13 (d) Within thirty days after receipt of the local government
14 response pursuant to (c) of this subsection, make written findings
15 and conclusions regarding the consistency of the proposal with the
16 policy of RCW 90.58.020 and the applicable guidelines, provide a
17 response to the issues identified in (c) of this subsection, and
18 either approve the proposal as submitted, recommend specific changes
19 necessary to make the proposal approvable, or deny approval of the
20 proposal in those instances where no alteration of the proposal
21 appears likely to be consistent with the policy of RCW 90.58.020 and
22 the applicable guidelines. The written findings and conclusions shall
23 be provided to the local government, and made available to all
24 interested persons, parties, groups, and agencies of record on the
25 proposal;

26 (e) If the department recommends changes to the proposed master
27 program or amendment, within thirty days after the department mails
28 the written findings and conclusions to the local government, the
29 local government may:

30 (i) Agree to the proposed changes by written notice to the
31 department; or

32 (ii) Submit an alternative proposal. If, in the opinion of the
33 department, the alternative is consistent with the purpose and intent
34 of the changes originally submitted by the department and with this
35 chapter it shall approve the changes and provide notice to all
36 recipients of the written findings and conclusions. If the department
37 determines the proposal is not consistent with the purpose and intent
38 of the changes proposed by the department, the department may
39 resubmit the proposal for public and agency review pursuant to this
40 section or reject the proposal.

1 (3) The department shall approve the segment of a master program
2 relating to shorelines unless it determines that the submitted
3 segments are not consistent with the policy of RCW 90.58.020 and the
4 applicable guidelines.

5 (4) The department shall approve the segment of a master program
6 relating to critical areas as defined by RCW 36.70A.030(~~((+5))~~)
7 provided the master program segment is consistent with RCW 90.58.020
8 and applicable shoreline guidelines, and if the segment provides a
9 level of protection of critical areas at least equal to that provided
10 by the local government's critical areas ordinances adopted and
11 thereafter amended pursuant to RCW 36.70A.060(2).

12 (5) The department shall approve those segments of the master
13 program relating to shorelines of statewide significance only after
14 determining the program provides the optimum implementation of the
15 policy of this chapter to satisfy the statewide interest. If the
16 department does not approve a segment of a local government master
17 program relating to a shoreline of statewide significance, the
18 department may develop and by rule adopt an alternative to the local
19 government's proposal.

20 (6) In the event a local government has not complied with the
21 requirements of RCW 90.58.070 it may thereafter upon written notice
22 to the department elect to adopt a master program for the shorelines
23 within its jurisdiction, in which event it shall comply with the
24 provisions established by this chapter for the adoption of a master
25 program for such shorelines.

26 Upon approval of such master program by the department it shall
27 supersede such master program as may have been adopted by the
28 department for such shorelines.

29 (7) A master program or amendment to a master program takes
30 effect when and in such form as approved or adopted by the
31 department. The effective date is fourteen days from the date of the
32 department's written notice of final action to the local government
33 stating the department has approved or rejected the proposal. For
34 master programs adopted by rule, the effective date is governed by
35 RCW 34.05.380. The department's written notice to the local
36 government must conspicuously and plainly state that it is the
37 department's final decision and that there will be no further
38 modifications to the proposal.

39 (a) Shoreline master programs that were adopted by the department
40 prior to July 22, 1995, in accordance with the provisions of this

1 section then in effect, shall be deemed approved by the department in
2 accordance with the provisions of this section that became effective
3 on that date.

4 (b) The department shall maintain a record of each master
5 program, the action taken on any proposal for adoption or amendment
6 of the master program, and any appeal of the department's action. The
7 department's approved document of record constitutes the official
8 master program.

9 (8) Promptly after approval or disapproval of a local
10 government's shoreline master program or amendment, the department
11 shall publish a notice consistent with RCW 36.70A.290 that the
12 shoreline master program or amendment has been approved or
13 disapproved. This notice must be filed for all shoreline master
14 programs or amendments. If the notice is for a local government that
15 does not plan under RCW 36.70A.040, the department must, on the day
16 the notice is published, notify the legislative authority of the
17 applicable local government by telephone or electronic means,
18 followed by written communication as necessary, to ensure that the
19 local government has received the full written decision of the
20 approval or disapproval.

21 NEW SECTION. **Sec. 2051.** Sections 2034 through 2037 of this act
22 expire January 1, 2028.

23 **PART III**

24 **MULTIPLE AMENDMENT MERGES**

25 **Sec. 3001.** RCW 18.130.175 and 2023 c 469 s 19 and 2023 c 425 s
26 25 are each reenacted and amended to read as follows:

27 (1) In lieu of disciplinary action under RCW 18.130.160 and if
28 the disciplining authority determines that the unprofessional conduct
29 may be the result of an applicable impairing or potentially impairing
30 health condition, the disciplining authority may refer the license
31 holder to a physician health program or a voluntary substance use
32 disorder monitoring program approved by the disciplining authority.

33 The cost of evaluation and treatment shall be the responsibility
34 of the license holder, but the responsibility does not preclude
35 payment by an employer, existing insurance coverage, or other
36 sources. Evaluation and treatment shall be provided by providers
37 approved by the entity or the commission. The disciplining authority

1 may also approve the use of out-of-state programs. Referral of the
2 license holder to the physician health program or voluntary substance
3 use disorder monitoring program shall be done only with the consent
4 of the license holder. Referral to the physician health program or
5 voluntary substance use disorder monitoring program may also include
6 probationary conditions for a designated period of time. If the
7 license holder does not consent to be referred to the program or does
8 not successfully complete the program, the disciplining authority may
9 take appropriate action under RCW 18.130.160 which includes
10 suspension of the license unless or until the disciplining authority,
11 in consultation with the director of the applicable program,
12 determines the license holder is able to practice safely. The
13 secretary shall adopt uniform rules for the evaluation by the
14 disciplining authority of return to substance use or program
15 violation on the part of a license holder in the program. The
16 evaluation shall encourage program participation with additional
17 conditions, in lieu of disciplinary action, when the disciplining
18 authority determines that the license holder is able to continue to
19 practice with reasonable skill and safety.

20 (2) In addition to approving the physician health program or the
21 voluntary substance use disorder monitoring program that may receive
22 referrals from the disciplining authority, the disciplining authority
23 may establish by rule requirements for participation of license
24 holders who are not being investigated or monitored by the
25 disciplining authority. License holders voluntarily participating in
26 the approved programs without being referred by the disciplining
27 authority shall not be subject to disciplinary action under RCW
28 18.130.160 for their impairing or potentially impairing health
29 condition, and shall not have their participation made known to the
30 disciplining authority, if they meet the requirements of this section
31 and the program in which they are participating.

32 (3) The license holder shall sign a waiver allowing the program
33 to release information to the disciplining authority if the licensee
34 does not comply with the requirements of this section or is unable to
35 practice with reasonable skill or safety. The physician health
36 program or voluntary substance use disorder program shall report to
37 the disciplining authority any license holder who fails to comply
38 with the requirements of this section or the program or who, in the
39 opinion of the program, is unable to practice with reasonable skill
40 or safety. License holders shall report to the disciplining authority

1 if they fail to comply with this section or do not complete the
2 program's requirements. License holders may, upon the agreement of
3 the program and disciplining authority, reenter the program if they
4 have previously failed to comply with this section.

5 (4) Program records including, but not limited to, case notes,
6 progress notes, laboratory reports, evaluation and treatment records,
7 electronic and written correspondence within the program, and between
8 the program and the participant or other involved entities including,
9 but not limited to, employers, credentialing bodies, referents, or
10 other collateral sources, relating to license holders referred to or
11 voluntarily participating in approved programs are confidential and
12 exempt from disclosure under chapter 42.56 RCW and shall not be
13 subject to discovery by subpoena or admissible as evidence except:

14 (a) To defend any civil action by a license holder regarding the
15 restriction or revocation of that individual's clinical or staff
16 privileges, or termination of a license holder's employment. In such
17 an action, the program will, upon subpoena issued by either party to
18 the action, and upon the requesting party seeking a protective order
19 for the requested disclosure, provide to both parties of the action
20 written disclosure that includes the following information:

21 (i) Verification of a health care professional's participation in
22 the physician health program or voluntary substance use disorder
23 monitoring program as it relates to aspects of program involvement at
24 issue in the civil action;

25 (ii) The dates of participation;

26 (iii) Whether or not the program identified an impairing or
27 potentially impairing health condition;

28 (iv) Whether the health care professional was compliant with the
29 requirements of the physician health program or voluntary substance
30 use disorder monitoring program; and

31 (v) Whether the health care professional successfully completed
32 the physician health program or voluntary substance use disorder
33 monitoring program; and

34 (b) Records provided to the disciplining authority for cause as
35 described in subsection (3) of this section. Program records relating
36 to license holders mandated to the program, through order or by
37 stipulation, by the disciplining authority or relating to license
38 holders reported to the disciplining authority by the program for
39 cause, must be released to the disciplining authority at the request
40 of the disciplining authority. Records held by the disciplining

1 authority under this section are exempt from chapter 42.56 RCW and
2 are not subject to discovery by subpoena except by the license
3 holder.

4 (5) This section does not affect an employer's right or ability
5 to make employment-related decisions regarding a license holder. This
6 section does not restrict the authority of the disciplining authority
7 to take disciplinary action for any other unprofessional conduct.

8 (6) A person who, in good faith, reports information or takes
9 action in connection with this section is immune from civil liability
10 for reporting information or taking the action.

11 (a) The immunity from civil liability provided by this section
12 shall be liberally construed to accomplish the purposes of this
13 section, and applies to both license holders and students and
14 trainees when students and trainees of the applicable professions are
15 served by the program. The persons entitled to immunity shall
16 include:

17 (i) An approved physician health program or voluntary substance
18 use disorder monitoring program;

19 (ii) The professional association affiliated with the program;

20 (iii) Members, employees, or agents of the program or
21 associations;

22 (iv) Persons reporting a license holder as being possibly
23 impaired or providing information about the license holder's
24 impairment; and

25 (v) Professionals supervising or monitoring the course of the
26 program participant's treatment or rehabilitation.

27 (b) The courts are strongly encouraged to impose sanctions on
28 program participants and their attorneys whose allegations under this
29 subsection are not made in good faith and are without either
30 reasonable objective, substantive grounds, or both.

31 (c) The immunity provided in this section is in addition to any
32 other immunity provided by law.

33 (7) In the case of a person who is applying to be a substance use
34 disorder professional or substance use disorder professional trainee
35 certified under chapter 18.205 RCW, an agency affiliated counselor
36 (~~(registered)~~) credentialed under chapter 18.19 RCW, or a peer
37 specialist or peer specialist trainee certified under chapter 18.420
38 RCW, if the person is:

39 (a) Less than one year in recovery from a substance use disorder,
40 the duration of time that the person may be required to participate

1 in an approved substance use disorder monitoring program may not
2 exceed the amount of time necessary for the person to achieve one
3 year in recovery; or

4 (b) At least one year in recovery from a substance use disorder,
5 the person may not be required to participate in the approved
6 substance use disorder monitoring program.

7 (8) The provisions of subsection (7) of this section apply to any
8 person employed as a peer specialist as of July 1, 2025,
9 participating in a program under this section as of July 1, 2025, and
10 applying to become a certified peer specialist under RCW 18.420.050,
11 regardless of when the person's participation in a program began. To
12 this extent, subsection (7) of this section applies retroactively,
13 but in all other respects it applies prospectively.

14 **Sec. 3002.** RCW 19.09.085 and 2011 c 199 s 12 and 2011 c 183 s 1
15 are each reenacted to read as follows:

16 (1) Registration under this chapter is effective for one year or
17 as established by the secretary.

18 (2) Renewals required under RCW 19.09.075 or 19.09.079 must be
19 submitted to the secretary no later than the date established by the
20 secretary by rule.

21 (3) The secretary must notify entities registered under this
22 chapter of the need to renew upon the expiration of their current
23 registration. The notification must be made approximately sixty days
24 prior to the expiration date and must be made through postal or
25 electronic means. Failure to renew shall not be excused by a failure
26 of the secretary to send the notice or by an entity's failure to
27 receive the notice.

28 (4) Entities required to register and renew under this chapter
29 must file a notice of change of information within thirty days of any
30 change in the information contained in RCW 19.09.075 (1)(a) through
31 (k) or 19.09.079 (1) through (7) and (9).

32 (5) Entities are deemed registered under RCW 19.09.075 or
33 19.09.079 no sooner than twenty days after receipt of the
34 registration or renewal form by the secretary and may thereafter
35 solicit contributions from the general public.

36 (6) If the secretary determines that the application for initial
37 registration or renewal is incomplete, the secretary must notify the
38 applicant of the information necessary to complete the application.
39 The secretary may hold the application up to thirty days to allow the

1 applicant time to provide additional information. If the applicant
2 fails to provide complete information as requested by the secretary,
3 the applicant must be deemed unregistered and must cease all
4 solicitations as defined by this chapter.

5 (7) If an applicant fails to pay a required fee for any filing,
6 the secretary must notify the applicant of the necessary fee to
7 complete the application. The secretary may hold the application up
8 to thirty days to allow the applicant time to submit the required
9 payment. If the applicant fails to provide the required payment as
10 requested by the secretary, the applicant must be deemed unregistered
11 and must cease all solicitations as defined by this chapter.

12 **Sec. 3003.** RCW 28B.76.526 and 2023 c 475 s 922 and 2023 c 475 s
13 1901 are each reenacted to read as follows:

14 The Washington opportunity pathways account is created in the
15 state treasury. Expenditures from the account may be used only for
16 programs in chapter 28A.710 RCW (charter schools), chapter 28B.12 RCW
17 (state work-study), chapter 28B.50 RCW (opportunity grant), RCW
18 28B.76.660 (Washington scholars award), RCW 28B.76.670 (Washington
19 award for vocational excellence), chapter 28B.92 RCW (Washington
20 college grant program), chapter 28B.105 RCW (GET ready for math and
21 science scholarship), chapter 28B.117 RCW (passport to careers),
22 chapter 28B.118 RCW (college bound scholarship), and chapter 43.216
23 RCW (early childhood education and assistance program). During the
24 2019-2021, 2021-2023, and 2023-2025 fiscal biennia, the account may
25 also be appropriated for public schools funded under chapters 28A.150
26 and 28A.715 RCW.

27 **Sec. 3004.** RCW 43.03.230 and 2011 c 5 s 903 and 2011 1st sp.s. c
28 21 s 56 are each reenacted to read as follows:

29 (1) Any agricultural commodity board or commission established
30 pursuant to Title 15 or 16 RCW shall be identified as a class two
31 group for purposes of compensation.

32 (2) Except as otherwise provided in this section, each member of
33 a class two group is eligible to receive compensation in an amount
34 not to exceed one hundred dollars for each day during which the
35 member attends an official meeting of the group or performs
36 statutorily prescribed duties approved by the chairperson of the
37 group. A person shall not receive compensation for a day of service
38 under this section if the person (a) occupies a position, normally

1 regarded as full-time in nature, in any agency of the federal
2 government, Washington state government, or Washington state local
3 government; and (b) receives any compensation from such government
4 for working that day.

5 (3) Compensation may be paid a member under this section only if
6 it is authorized under the law dealing in particular with the
7 specific group to which the member belongs or dealing in particular
8 with the members of that specific group.

9 (4) No person designated as a member of a class two board,
10 commission, council, committee, or similar group may receive an
11 allowance for subsistence, lodging, or travel expenses if the
12 allowance cost is funded by the state general fund. Exceptions may be
13 granted under RCW 43.03.049. Class two groups, when feasible, shall
14 use an alternative means of conducting a meeting that does not
15 require travel while still maximizing member and public participation
16 and may use a meeting format that requires members to be physically
17 present at one location only when necessary or required by law.

18 (5) Class two groups that are funded by sources other than the
19 state general fund are encouraged to reduce travel, lodging, and
20 other costs associated with conducting the business of the group
21 including use of other meeting formats that do not require travel.

22 **Sec. 3005.** RCW 43.03.240 and 2011 c 5 s 904 and 2011 1st sp.s. c
23 21 s 57 are each reenacted to read as follows:

24 (1) Any part-time, statutory board, commission, council,
25 committee, or other similar group which has rule-making authority,
26 performs quasi-judicial functions, has responsibility for the
27 administration or policy direction of a state agency or program, or
28 performs regulatory or licensing functions with respect to a specific
29 profession, occupation, business, or industry shall be identified as
30 a class three group for purposes of compensation.

31 (2) Except as otherwise provided in this section, each member of
32 a class three group is eligible to receive compensation in an amount
33 not to exceed fifty dollars for each day during which the member
34 attends an official meeting of the group or performs statutorily
35 prescribed duties approved by the chairperson of the group. A person
36 shall not receive compensation for a day of service under this
37 section if the person (a) occupies a position, normally regarded as
38 full-time in nature, in any agency of the federal government,
39 Washington state government, or Washington state local government;

1 and (b) receives any compensation from such government for working
2 that day.

3 (3) Compensation may be paid a member under this section only if
4 it is authorized under the law dealing in particular with the
5 specific group to which the member belongs or dealing in particular
6 with the members of that specific group.

7 (4) No person designated as a member of a class three board,
8 commission, council, committee, or similar group may receive an
9 allowance for subsistence, lodging, or travel expenses if the
10 allowance cost is funded by the state general fund. Exceptions may be
11 granted under RCW 43.03.049. Class three groups, when feasible, shall
12 use an alternative means of conducting a meeting that does not
13 require travel while still maximizing member and public participation
14 and may use a meeting format that requires members to be physically
15 present at one location only when necessary or required by law.

16 (5) Class three groups that are funded by sources other than the
17 state general fund are encouraged to reduce travel, lodging, and
18 other costs associated with conducting the business of the group
19 including use of other meeting formats that do not require travel.

20 **Sec. 3006.** RCW 43.03.250 and 2011 c 5 s 905 and 2011 1st sp.s. c
21 s 58 are each reenacted to read as follows:

22 (1) A part-time, statutory board, commission, council, committee,
23 or other similar group shall be identified as a class four group for
24 purposes of compensation if the group:

25 (a) Has rule-making authority, performs quasi-judicial functions,
26 or has responsibility for the administration or policy direction of a
27 state agency or program;

28 (b) Has duties that are deemed by the legislature to be of
29 overriding sensitivity and importance to the public welfare and the
30 operation of state government; and

31 (c) Requires service from its members representing a significant
32 demand on their time that is normally in excess of one hundred hours
33 of meeting time per year.

34 (2) Each member of a class four group is eligible to receive
35 compensation in an amount not to exceed one hundred dollars for each
36 day during which the member attends an official meeting of the group
37 or performs statutorily prescribed duties approved by the chairperson
38 of the group. A person shall not receive compensation for a day of
39 service under this section if the person (a) occupies a position,

1 normally regarded as full-time in nature, in any agency of the
2 federal government, Washington state government, or Washington state
3 local government; and (b) receives any compensation from such
4 government for working that day.

5 (3) Compensation may be paid a member under this section only if
6 it is authorized under the law dealing in particular with the
7 specific group to which the member belongs or dealing in particular
8 with the members of that specific group.

9 (4) Class four groups, when feasible, shall use an alternative
10 means of conducting a meeting that does not require travel while
11 still maximizing member and public participation and may use a
12 meeting format that requires members to be physically present at one
13 location only when necessary or required by law.

14 **Sec. 3007.** RCW 43.03.265 and 2011 c 5 s 906 and 2011 1st sp.s. c
15 21 s 59 are each reenacted to read as follows:

16 (1) Any part-time commission that has rule-making authority,
17 performs quasi-judicial functions, has responsibility for the policy
18 direction of a health profession credentialing program, and performs
19 regulatory and licensing functions with respect to a health care
20 profession licensed under Title 18 RCW shall be identified as a class
21 five group for purposes of compensation.

22 (2) Except as otherwise provided in this section, each member of
23 a class five group is eligible to receive compensation in an amount
24 not to exceed two hundred fifty dollars for each day during which the
25 member attends an official meeting of the group or performs
26 statutorily prescribed duties approved by the chairperson of the
27 group. A person shall not receive compensation for a day of service
28 under this section if the person (a) occupies a position, normally
29 regarded as full-time in nature, in any agency of the federal
30 government, Washington state government, or Washington state local
31 government; and (b) receives any compensation from such government
32 for working that day.

33 (3) Compensation may be paid a member under this section only if
34 it is necessarily incurred in the course of authorized business
35 consistent with the responsibilities of the commission established by
36 law.

37 (4) No person designated as a member of a class five board,
38 commission, council, committee, or similar group may receive an
39 allowance for subsistence, lodging, or travel expenses if the

allowance cost is funded by the state general fund. Exceptions may be granted under RCW 43.03.049. Class five groups, when feasible, shall use an alternative means of conducting a meeting that does not require travel while still maximizing member and public participation and may use a meeting format that requires members to be physically present at one location only when necessary or required by law.

(5) Class five groups that are funded by sources other than the state general fund are encouraged to reduce travel, lodging, and other costs associated with conducting the business of the group including use of other meeting formats that do not require travel.

Sec. 3008. RCW 43.21B.300 and 2024 c 347 s 6 and 2024 c 340 s 5 are each reenacted and amended to read as follows:

(1) Any civil penalty provided in RCW 18.104.155, 70A.15.3160, 70A.205.280, 70A.230.080, 70A.300.090, 70A.20.050, 70A.245.040, 70A.245.050, 70A.245.070, 70A.245.080, 70A.245.130, 70A.245.140, 70A.65.200, 70A.430.070, 70A.455.090, 70A.500.260, 70A.505.110, 70A.555.110, 70A.560.020, 70A.565.030, 86.16.081, 88.46.090, 90.03.600, 90.46.270, 90.48.144, 90.56.310, 90.56.330, and 90.64.102 and chapter 70A.355 RCW shall be imposed by a notice in writing, either by certified mail with return receipt requested or by personal service, to the person incurring the penalty from the department or the local air authority, describing the violation with reasonable particularity. For penalties issued by local air authorities, within 30 days after the notice is received, the person incurring the penalty may apply in writing to the authority for the remission or mitigation of the penalty. Upon receipt of the application, the authority may remit or mitigate the penalty upon whatever terms the authority in its discretion deems proper. The authority may ascertain the facts regarding all such applications in such reasonable manner and under such rules as it may deem proper and shall remit or mitigate the penalty only upon a demonstration of extraordinary circumstances such as the presence of information or factors not considered in setting the original penalty.

(2) Any penalty imposed under this section may be appealed to the pollution control hearings board in accordance with this chapter if the appeal is filed with the hearings board and served on the department or authority 30 days after the date of receipt by the person penalized of the notice imposing the penalty or 30 days after

1 the date of receipt of the notice of disposition by a local air
2 authority of the application for relief from penalty.

3 (3) A penalty shall become due and payable on the later of:

4 (a) 30 days after receipt of the notice imposing the penalty;

5 (b) 30 days after receipt of the notice of disposition by a local
6 air authority on application for relief from penalty, if such an
7 application is made; or

8 (c) 30 days after receipt of the notice of decision of the
9 hearings board if the penalty is appealed.

10 (4) If the amount of any penalty is not paid to the department
11 within 30 days after it becomes due and payable, the attorney
12 general, upon request of the department, shall bring an action in the
13 name of the state of Washington in the superior court of Thurston
14 county, or of any county in which the violator does business, to
15 recover the penalty. If the amount of the penalty is not paid to the
16 authority within 30 days after it becomes due and payable, the
17 authority may bring an action to recover the penalty in the superior
18 court of the county of the authority's main office or of any county
19 in which the violator does business. In these actions, the procedures
20 and rules of evidence shall be the same as in an ordinary civil
21 action.

22 (5) All penalties recovered shall be paid into the state treasury
23 and credited to the general fund except the following:

24 (a) Penalties imposed pursuant to RCW 18.104.155 must be credited
25 to the reclamation account as provided in RCW 18.104.155(7);

26 (b) Penalties imposed pursuant to RCW 70A.15.3160 must be
27 disposed of pursuant to RCW 70A.15.3160;

28 (c) Penalties imposed pursuant to RCW 70A.230.080, 70A.300.090,
29 70A.430.070, 70A.555.110, ~~((and))~~ 70A.560.020, and 70A.565.030 must
30 be credited to the model toxics control operating account created in
31 RCW 70A.305.180;

32 (d) Penalties imposed pursuant to RCW 70A.245.040 and 70A.245.050
33 must be credited to the recycling enhancement account created in RCW
34 70A.245.100;

35 (e) Penalties imposed pursuant to RCW 70A.500.260 must be
36 deposited into the electronic products recycling account created in
37 RCW 70A.500.130;

38 (f) Penalties imposed pursuant to RCW 70A.65.200 must be credited
39 to the climate investment account created in RCW 70A.65.250;

(g) Penalties imposed pursuant to RCW 90.56.330 must be credited to the coastal protection fund established in RCW 90.48.390; and

(h) Penalties imposed pursuant to RCW 70A.355.070 must be credited to the underground storage tank account created in RCW 70A.355.090.

Sec. 3009. RCW 43.43.842 and 2023 c 469 s 20 and 2023 c 425 s 23 are each reenacted and amended to read as follows:

(1)(a) The secretary of social and health services and the secretary of health shall adopt additional requirements for the licensure or relicensure of agencies, facilities, and licensed individuals who provide care and treatment to vulnerable adults, including nursing pools registered under chapter 18.52C RCW. These additional requirements shall ensure that any person associated with a licensed agency or facility having unsupervised access with a vulnerable adult shall not be the respondent in an active vulnerable adult protection order under chapter 7.105 RCW, nor have been: (i) Convicted of a crime against children or other persons as defined in RCW 43.43.830, except as provided in this section; (ii) convicted of crimes relating to financial exploitation as defined in RCW 43.43.830, except as provided in this section; or (iii) found in any disciplinary board final decision to have abused a vulnerable adult as defined in RCW 43.43.830.

(b) A person associated with a licensed agency or facility who has unsupervised access with a vulnerable adult shall make the disclosures specified in RCW 43.43.834(2). The person shall make the disclosures in writing, sign, and swear to the contents under penalty of perjury. The person shall, in the disclosures, specify all crimes against children or other persons, all crimes relating to financial exploitation, and all crimes relating to drugs as defined in RCW 43.43.830, committed by the person.

(2) The rules adopted under this section shall permit the licensee to consider the criminal history of an applicant for employment in a licensed facility when the applicant has one or more convictions for a past offense and:

(a) The offense was simple assault, assault in the fourth degree, or the same offense as it may be renamed, and three or more years have passed between the most recent conviction and the date of application for employment;

1 (b) The offense was prostitution, or the same offense as it may
2 be renamed, and three or more years have passed between the most
3 recent conviction and the date of application for employment;

4 (c) The offense was theft in the third degree, or the same
5 offense as it may be renamed, and three or more years have passed
6 between the most recent conviction and the date of application for
7 employment;

8 (d) The offense was theft in the second degree, or the same
9 offense as it may be renamed, and five or more years have passed
10 between the most recent conviction and the date of application for
11 employment;

12 (e) The offense was forgery, or the same offense as it may be
13 renamed, and five or more years have passed between the most recent
14 conviction and the date of application for employment;

15 (f) The department of social and health services reviewed the
16 employee's otherwise disqualifying criminal history through the
17 department of social and health services' background assessment
18 review team process conducted in 2002, and determined that such
19 employee could remain in a position covered by this section; or

20 (g) The otherwise disqualifying conviction or disposition has
21 been the subject of a pardon, annulment, or other equivalent
22 procedure.

23 The offenses set forth in (a) through (g) of this subsection do
24 not automatically disqualify an applicant from employment by a
25 licensee. Nothing in this section may be construed to require the
26 employment of any person against a licensee's judgment.

27 (3) The rules adopted pursuant to subsection (2) of this section
28 may not allow a licensee to automatically deny an applicant with a
29 conviction for an offense set forth in subsection (2) of this section
30 for a position as a substance use disorder professional or substance
31 use disorder professional trainee certified under chapter 18.205 RCW,
32 as an agency affiliated counselor (~~((registered))~~) credentialed under
33 chapter 18.19 RCW practicing as a peer counselor in an agency or
34 facility, or as a peer specialist or peer specialist trainee
35 certified under chapter 18.420 RCW, if:

36 (a) At least one year has passed between the applicant's most
37 recent conviction for an offense set forth in subsection (2) of this
38 section and the date of application for employment;

39 (b) The offense was committed as a result of the applicant's
40 substance use or untreated mental health symptoms; and

1 (c) The applicant is at least one year in recovery from a
2 substance use disorder, whether through abstinence or stability on
3 medication-assisted therapy, or in recovery from a mental health
4 disorder.

5 (4) In consultation with law enforcement personnel, the secretary
6 of social and health services and the secretary of health shall
7 investigate, or cause to be investigated, the conviction record and
8 the protection proceeding record information under this chapter of
9 the staff of each agency or facility under their respective
10 jurisdictions seeking licensure or relicensure. An individual
11 responding to a criminal background inquiry request from his or her
12 employer or potential employer shall disclose the information about
13 his or her criminal history under penalty of perjury. The secretaries
14 shall use the information solely for the purpose of determining
15 eligibility for licensure or relicensure. Criminal justice agencies
16 shall provide the secretaries such information as they may have and
17 that the secretaries may require for such purpose.

18 **Sec. 3010.** RCW 43.79.195 and 2021 c 334 s 971 and 2021 c 170 s 6
19 are each reenacted to read as follows:

20 (1) The workforce education investment account is created in the
21 state treasury. All revenues from the workforce investment surcharge
22 created in RCW 82.04.299 and those revenues as specified under RCW
23 82.04.290(2)(c) must be deposited directly into the account. Moneys
24 in the account may be spent only after appropriation. Expenditures
25 from the account may be used only for higher education programs,
26 higher education operations, higher education compensation, state-
27 funded student aid programs, and workforce development including
28 career connected learning as defined by RCW 28C.30.020.

29 (2) Expenditures from the workforce education investment account
30 must be used to supplement, not supplant, other federal, state, and
31 local funding for higher education.

32 **Sec. 3011.** RCW 70A.65.030 and 2023 c 475 s 936 and 2023 c 475 s
33 1902 are each reenacted to read as follows:

34 (1) Except as provided in subsection (4) of this section, each
35 year or biennium, as appropriate, when allocating funds from the
36 carbon emissions reduction account created in RCW 70A.65.240, the
37 climate commitment account created in RCW 70A.65.260, the natural
38 climate solutions account created in RCW 70A.65.270, the climate

1 investment account created in RCW 70A.65.250, the air quality and
2 health disparities improvement account created in RCW 70A.65.280, the
3 climate transit programs account created in RCW 46.68.500, or the
4 climate active transportation account created in RCW 46.68.490, or
5 administering grants or programs funded by the accounts, agencies
6 shall conduct an environmental justice assessment consistent with the
7 requirements of RCW 70A.02.060 and establish a minimum of not less
8 than 35 percent and a goal of 40 percent of total investments that
9 provide direct and meaningful benefits to vulnerable populations
10 within the boundaries of overburdened communities through: (a) The
11 direct reduction of environmental burdens in overburdened
12 communities; (b) the reduction of disproportionate, cumulative risk
13 from environmental burdens, including those associated with climate
14 change; (c) the support of community led project development,
15 planning, and participation costs; or (d) meeting a community need
16 identified by the community that is consistent with the intent of
17 this chapter or RCW 70A.02.010.

18 (2) The allocation of funding under subsection (1) of this
19 section must adhere to the following principles, additional to the
20 requirements of RCW 70A.02.080: (a) Benefits and programs should be
21 directed to areas and targeted to vulnerable populations and
22 overburdened communities to reduce statewide disparities; (b)
23 investments and benefits should be made roughly proportional to the
24 health disparities that a specific community experiences, with a goal
25 of eliminating the disparities; (c) investments and programs should
26 focus on creating environmental benefits, including eliminating
27 health burdens, creating community and population resilience, and
28 raising the quality of life of those in the community; and (d)
29 efforts should be made to balance investments and benefits across the
30 state and within counties, local jurisdictions, and unincorporated
31 areas as appropriate to reduce disparities by location and to ensure
32 efforts contribute to a reduction in disparities that exist based on
33 race or ethnicity, socioeconomic status, or other factors.

34 (3) Except as provided in subsection (4) of this section, state
35 agencies allocating funds or administering grants or programs from
36 the carbon emissions reduction account created in RCW 70A.65.240, the
37 climate commitment account created in RCW 70A.65.260, the natural
38 climate solutions account created in RCW 70A.65.270, the climate
39 investment account created in RCW 70A.65.250, the air quality and
40 health disparities improvement account created in RCW 70A.65.280, the

climate transit programs account created in RCW 46.68.500, or the climate active transportation account created in RCW 46.68.490, must:

(a) Report annually to the environmental justice council created in RCW 70A.02.110 regarding progress toward meeting environmental justice and environmental health goals;

(b) Consider recommendations by the environmental justice council; and

(c)(i) If the agency is not a covered agency subject to the requirements of chapter 70A.02 RCW, create and adopt a community engagement plan to describe how it will engage with overburdened communities and vulnerable populations in allocating funds or administering grants or programs from the climate investment account.

(ii) The plan must include methods for outreach and communication with those who face barriers, language or otherwise, to participation.

(4) During the 2023-2025 fiscal biennium:

(a) The requirement of subsection (1) of this section to conduct an environmental justice assessment applies only to covered agencies as defined in RCW 70A.02.010 and to significant agency actions as defined in RCW 70A.02.010.

(b) Agencies shall coordinate with the department and the office of financial management to achieve total statewide spending from the accounts listed in subsection (1) of this section of not less than 35 percent and a goal of 40 percent of total investments that provide direct and meaningful benefits to vulnerable populations within the boundaries of overburdened communities as otherwise described in subsection (1)(a) through (d) of this section and in accordance with RCW 70A.65.230.

(c) The requirements of subsection (3)(c) of this section for agencies other than covered agencies to create and adopt community engagement plans apply only to executive branch agencies and institutions of higher education, as defined in RCW 28B.10.016, receiving total appropriations of more than \$2,000,000 for the 2023-2025 fiscal biennium from the accounts listed in subsection (1) of this section.

PART IV

CANNABIS TERMINOLOGY CONFORMING AMENDMENTS

1 **Sec. 4001.** 2021 c 167 s 1 (uncodified) is amended to read as
2 follows:

3 (1) The legislature finds that student behavioral health issues
4 have become a crisis in Washington state, necessitating the
5 deployment of behavioral health resources in schools throughout the
6 state. The legislature's concerns are based on the following facts:

7 (a) According to the healthy youth survey conducted by the office
8 of the superintendent of public instruction in 2018, one in five
9 students in eighth, 10th, and 12th grades considered attempting
10 suicide in the past year while just half of those surveyed had an
11 adult to turn to when feeling sad or hopeless;

12 (b) According to the national institute for mental health, more
13 than one in 25 adolescents between 13 and 18 years of age are
14 experiencing an eating disorder;

15 (c) According to the national institute of drug abuse, nearly
16 half of 12th grade students have used illicit drugs, six in 10 have
17 drank alcohol, and four in 10 have used ((~~marijuana~~—[cannabis]))
18 cannabis;

19 (d) The COVID-19 pandemic has increased the prevalence of and
20 exacerbated existing behavioral health disorders for minors across
21 the state; and

22 (e) A major barrier to behavioral health support for minors is
23 lack of awareness and access to information about existing services.

24 (2) The legislature intends to require that contact information
25 for a suicide prevention organization, depression or anxiety support
26 organization, eating disorder support organization, substance abuse
27 support organization, and a mental health referral service for
28 children and teens be listed on the home page of each public school
29 website for the following reasons:

30 (a) Immediate access to behavioral health services often prevents
31 suicide, attempted suicide, and other self-harm; and

32 (b) Students in public schools often have access to and spend
33 time on the website for their school.

34 **Sec. 4002.** 2015 c 207 s 1 (uncodified) is amended to read as
35 follows:

36 The legislature intends to further the government-to-government
37 relationship between the state of Washington and federally recognized
38 Indian tribes in the state of Washington by authorizing the governor
39 to enter into agreements concerning the regulation of ((~~marijuana~~

~~[cannabis])~~) cannabis. Such agreements may include provisions pertaining to: The lawful commercial production, processing, sale, and possession of (~~(marijuana—[cannabis])~~) cannabis for both recreational and medical purposes; (~~(marijuana—[cannabis])~~) cannabis-related research activities; law enforcement, both criminal and civil; and taxation. The legislature finds that these agreements will facilitate and promote a cooperative and mutually beneficial relationship between the state and the tribes regarding matters relating to the legalization of (~~(marijuana—[cannabis])~~) cannabis, particularly in light of the fact that federal Indian law precludes the state from enforcing its civil regulatory laws in Indian country. Such cooperative agreements will enhance public health and safety, ensure a lawful and well-regulated (~~(marijuana—[cannabis])~~) cannabis market, encourage economic development, and provide fiscal benefits to both the tribes and the state.

Sec. 4003. 2015 c 70 s 2 (uncodified) is amended to read as follows:

The legislature finds that since voters approved Initiative Measure No. 692 in 1998, it has been the public policy of the state to permit the medical use of (~~(marijuana—[cannabis])~~) cannabis. Between 1998 and the present day, there have been multiple legislative attempts to clarify what is meant by the medical use of (~~(marijuana—[cannabis])~~) cannabis and to ensure qualifying patients have a safe, consistent, and adequate source of (~~(marijuana—[cannabis])~~) cannabis for their medical needs.

The legislature further finds that qualifying patients are people with serious medical conditions and have been responsible for finding their own source of (~~(marijuana—[cannabis])~~) cannabis for their own personal medical use. Either by growing it themselves, designating someone to grow for them, or participating in collective gardens, patients have developed methods of access in spite of continued federal opposition to the medical use of (~~(marijuana—[cannabis])~~) cannabis. In a time when access itself was an issue and no safe, consistent source of (~~(marijuana—[cannabis])~~) cannabis was available, this unregulated system was permitted by the state to ensure some, albeit limited, access to (~~(marijuana—[cannabis])~~) cannabis for medical use. Also permitted were personal possession limits of fifteen plants and twenty-four ounces of useable (~~(marijuana—[cannabis])~~) cannabis, which was deemed to be the amount of

1 ((~~marijuana~~ [~~cannabis~~])) cannabis needed for a sixty-day supply. In a
2 time when supply was not consistent, this amount of ((~~marijuana~~
3 [~~cannabis~~])) cannabis was necessary to ensure patients would be able
4 to address their immediate medical needs.

5 The legislature further finds that while possession amounts are
6 provided in statute, these do not amount to protection from arrest
7 and prosecution for patients. In fact, patients in compliance with
8 state law are not provided arrest protection. They may be arrested
9 and their only remedy is to assert an affirmative defense at trial
10 that they are in compliance with the law and have a medical need. Too
11 many patients using ((~~marijuana~~ [~~cannabis~~])) cannabis for medical
12 purposes today do not know this; many falsely believe they cannot be
13 arrested so long as their health care provider has authorized them
14 for the medical use of ((~~marijuana~~ [~~cannabis~~])) cannabis.

15 The legislature further finds that in 2012 voters passed
16 Initiative Measure No. 502 which permitted the recreational use of
17 ((~~marijuana~~ [~~cannabis~~])) cannabis. For the first time in our nation's
18 history, ((~~marijuana~~ [~~cannabis~~])) cannabis would be regulated, taxed,
19 and sold for recreational consumption. Initiative Measure No. 502
20 provides for strict regulation on the production, processing, and
21 distribution of ((~~marijuana~~ [~~cannabis~~])) cannabis. Under Initiative
22 Measure No. 502, ((~~marijuana~~ [~~cannabis~~])) cannabis is trackable from
23 seed to sale and may only be sold or grown under license. ((~~Marijuana~~
24 [~~Cannabis~~])) Cannabis must be tested for impurities and purchasers of
25 ((~~marijuana~~ [~~cannabis~~])) cannabis must be informed of the THC level
26 in the ((~~marijuana~~ [~~cannabis~~])) cannabis. Since its passage, two
27 hundred fifty producer/processor licenses and sixty-three retail
28 licenses have been issued, covering the majority of the state. With
29 the current product canopy exceeding 2.9 million square feet, and
30 retailers in place, the state now has a system of safe, consistent,
31 and adequate access to ((~~marijuana~~ [~~cannabis~~])) cannabis; the
32 marketplace is not the same marketplace envisioned by the voters in
33 1998. While medical needs remain, the state is in the untenable
34 position of having a recreational product that is tested and subject
35 to production standards that ensure safe access for recreational
36 users. No such standards exist for medical users and, consequently,
37 the very people originally meant to be helped through the medical use
38 of ((~~marijuana~~ [~~cannabis~~])) cannabis do not know if their product has
39 been tested for molds, do not know where their ((~~marijuana~~
40 [~~cannabis~~])) cannabis has been grown, have no certainty in the level

1 of THC or CBD in their products, and have no assurances that their
2 products have been handled through quality assurance measures. It is
3 not the public policy of the state to allow qualifying patients to
4 only have access to products that may be endangering their health.

5 The legislature, therefore, intends to adopt a comprehensive act
6 that uses the regulations in place for the recreational market to
7 provide regulation for the medical use of ((~~marijuana~~—~~[cannabis]~~))
8 cannabis. It intends to ensure that patients retain their ability to
9 grow their own ((~~marijuana~~—~~[cannabis]~~)) cannabis for their own
10 medical use and it intends to ensure that patients have the ability
11 to possess more ((~~marijuana~~—~~[cannabis]~~)) cannabis-infused products,
12 useable ((~~marijuana~~—~~[cannabis]~~)) cannabis, and ((~~marijuana~~
13 ~~[cannabis]~~)) cannabis concentrates than what is available to a
14 nonmedical user. It further intends that medical specific regulations
15 be adopted as needed and under consultation of the departments of
16 health and agriculture so that safe handling practices will be
17 adopted and so that testing standards for medical products meet or
18 exceed those standards in use in the recreational market.

19 The legislature further intends that the costs associated with
20 implementing and administering the medical ((~~marijuana~~—~~[cannabis]~~))
21 cannabis authorization database shall be financed from the health
22 professions account and that these funds shall be restored to the
23 health professions account through future appropriations using funds
24 derived from the dedicated ((~~marijuana~~—~~[cannabis]~~)) cannabis account.

25 **Sec. 4004.** 2013 c 3 s 1 (uncodified) is amended to read as
26 follows:

27 The people intend to stop treating adult ((~~marijuana~~—~~[cannabis]~~))
28 cannabis use as a crime and try a new approach that:

29 (1) Allows law enforcement resources to be focused on violent and
30 property crimes;

31 (2) Generates new state and local tax revenue for education,
32 health care, research, and substance abuse prevention; and

33 (3) Takes ((~~marijuana~~—~~[cannabis]~~)) cannabis out of the hands of
34 illegal drug organizations and brings it under a tightly regulated,
35 state-licensed system similar to that for controlling hard alcohol.

36 This measure authorizes the state liquor control board to
37 regulate and tax ((~~marijuana~~—~~[cannabis]~~)) cannabis for persons
38 twenty-one years of age and older, and add a new threshold for
39 driving under the influence of ((~~marijuana~~—~~[cannabis]~~)) cannabis.

1 **Sec. 4005.** 2017 c 317 s 12 (uncodified) is amended to read as
2 follows:

3 The legislature finds that protecting the state's children,
4 youth, and young adults under the legal age to purchase and consume
5 (~~((marijuana—[cannabis]))~~) cannabis, by establishing limited
6 restrictions on the advertising of (~~((marijuana—[cannabis]))~~) cannabis
7 and (~~((marijuana—[cannabis]))~~) cannabis products, is necessary to
8 assist the state's efforts to discourage and prevent underage
9 consumption and the potential risks associated with underage
10 consumption. The legislature finds that these restrictions assist the
11 state in maintaining a strong and effective regulatory and
12 enforcement system as specified by the federal government. The
13 legislature finds this act leaves ample opportunities for licensed
14 (~~((marijuana—[cannabis]))~~) cannabis businesses to market their products
15 to those who are of legal age to purchase them, without infringing on
16 the free speech rights of business owners. Finally, the legislature
17 finds that the state has a substantial and compelling interest in
18 enacting this act aimed at protecting Washington's children, youth,
19 and young adults.

20 **Sec. 4006.** 2015 2nd sp.s. c 4 s 101 (uncodified) is amended to
21 read as follows:

22 (1)(a) The legislature finds the implementation of Initiative
23 Measure No. 502 has established a clearly disadvantaged regulated
24 legal market with respect to prices and the ability to compete with
25 the unregulated medical dispensary market and the illicit market. The
26 legislature further finds that it is crucial that the state continues
27 to ensure a safe, highly regulated system in Washington that protects
28 valuable state revenues while continuing efforts towards disbanding
29 the unregulated (~~((marijuana—[cannabis]))~~) cannabis markets. The
30 legislature further finds that ongoing evaluation on the impact of
31 meaningful (~~((marijuana—[cannabis]))~~) cannabis tax reform for the
32 purpose of stabilizing revenues is crucial to the overall effort of
33 protecting the citizens and resources of this state. The legislature
34 further finds that a partnership with local jurisdictions in this
35 effort is imperative to the success of the legislature's policy
36 objective. The legislature further finds that sharing revenues to
37 promote a successful partnership in achieving the legislature's
38 intent should be transparent and hold local jurisdictions accountable
39 for their use of state shared revenues. Therefore, the legislature

1 intends to reform the current tax structure for the regulated legal
2 (~~((marijuana—[cannabis]))~~) cannabis system to create price parity with
3 the large medical and illicit markets with the specific objective of
4 increasing the market share of the legal and highly regulated
5 (~~((marijuana—[cannabis]))~~) cannabis market. The legislature further
6 intends to share (~~((marijuana—[cannabis]))~~) cannabis tax revenues with
7 local jurisdictions for public safety purposes and to facilitate the
8 ongoing process of ensuring a safe regulated (~~((marijuana—[cannabis]))~~)
9 cannabis market in all communities across the state.

10 (b) The legislature further finds (~~((marijuana—[cannabis]))~~)
11 cannabis use for qualifying patients is a valid and necessary option
12 health care professionals may recommend for their patients. The
13 legislature further finds that while recognizing the difference
14 between recreational and medical use of (~~((marijuana—[cannabis]))~~)
15 cannabis, it is also imperative to distinguish that the authorization
16 for medical use of (~~((marijuana—[cannabis]))~~) cannabis is different
17 from a valid prescription provided by a doctor to a patient. The
18 legislature further finds the authorization for medical use of
19 (~~((marijuana—[cannabis]))~~) cannabis is unlike over-the-counter
20 medications that require no oversight by a health care professional.
21 The legislature further finds that due to the unique characterization
22 of authorizations for the medical use of (~~((marijuana—[cannabis]))~~)
23 cannabis, the policy of providing a tax preference benefit for
24 patients using an authorization should in no way be construed as
25 precedent for changes in the treatment of prescription medications or
26 over-the-counter medications. Therefore, the legislature intends to
27 provide qualifying patients and their designated providers a retail
28 sales and use tax exemption on (~~((marijuana—[cannabis]))~~) cannabis
29 purchased or obtained for medical use when authorized by a health
30 care professional.

31 (2)(a) This subsection is the tax preference performance
32 statement for the retail sales and use tax exemption for (~~((marijuana—[cannabis]))~~)
33 cannabis purchased or obtained by qualifying patients or
34 their designated providers provided in RCW 82.08.9998(1) and
35 82.12.9998(1). The performance statement is only intended to be used
36 for subsequent evaluation of the tax preference. It is not intended
37 to create a private right of action by any party or be used to
38 determine eligibility for preferential tax treatment.

1 (b) The legislature categorizes the tax preference as one
2 intended to accomplish the general purposes indicated in RCW
3 82.32.808(2)(e).

4 (c) It is the legislature's specific public policy objective to
5 provide qualifying patients and their designated providers a retail
6 sales and use tax exemption on ((~~marijuana~~—[~~cannabis~~])) cannabis
7 purchased or obtained for medical use when authorized by a health
8 care professional.

9 (d) To measure the effectiveness of the exemption provided in
10 chapter 4, Laws of 2015 2nd sp. sess. in achieving the specific
11 public policy objective described in (c) of this subsection, the
12 department of revenue must provide the necessary data and assistance
13 to the state liquor and cannabis board for the report required in RCW
14 69.50.535.

15 **Sec. 4007.** 2020 c 236 s 1 (uncodified) is amended to read as
16 follows:

17 (1) The legislature finds that additional efforts are necessary
18 to reduce barriers to entry to the cannabis industry for individuals
19 and communities most adversely impacted by the enforcement of
20 cannabis-related laws. In the interest of establishing a cannabis
21 industry that is equitable and accessible to those most adversely
22 impacted by the enforcement of drug-related laws, including cannabis-
23 related laws, the legislature finds a social equity program should be
24 created.

25 (2) The legislature finds that individuals who have been arrested
26 or incarcerated due to drug laws, and those who have resided in areas
27 of high poverty, suffer long-lasting adverse consequences, including
28 impacts to employment, business ownership, housing, health, and long-
29 term financial well-being. The legislature also finds that family
30 members, especially children, and communities of those who have been
31 arrested or incarcerated due to drug laws, suffer from emotional,
32 psychological, and financial harms as a result of such arrests and
33 incarceration. The legislature further finds that individuals in
34 disproportionately impacted areas suffered the harms of enforcement
35 of cannabis-related laws. Those communities face greater difficulties
36 accessing traditional banking systems and capital for establishing
37 businesses.

38 (3) The legislature therefore finds that in the interest of
39 remedying harms resulting from the enforcement of cannabis-related

1 laws in disproportionately impacted areas, creating a social equity
2 program will further an equitable cannabis industry by promoting
3 business ownership among individuals who have resided in areas of
4 high poverty and high enforcement of cannabis-related laws. The
5 social equity program should offer, among other things, financial and
6 technical assistance and license application benefits to individuals
7 most directly and adversely impacted by the enforcement of cannabis-
8 related laws who are interested in starting cannabis business
9 enterprises. It is the intent of the legislature that implementation
10 of the social equity program authorized by this act not result in an
11 increase in the number of ((~~marijuana~~ [~~cannabis~~])) cannabis retailer
12 licenses above the limit on the number of ((~~marijuana~~ [~~cannabis~~]))
13 cannabis retailer licenses in the state established by the
14 ((~~Washington state liquor and cannabis~~)) Washington state liquor
15 and cannabis board before January 1, 2020.

16 **Sec. 4008.** 2020 c 133 s 1 (uncodified) is amended to read as
17 follows:

18 The legislature finds that recent reports of lung illnesses
19 associated with vapor products demand serious attention by the state
20 in the interest of protecting public health and preventing youth
21 access. While state law grants the liquor and cannabis board broad
22 authority to regulate vapor products containing ((~~marijuana~~
23 [~~cannabis~~])) cannabis, the legislature finds that risks to public
24 health and youth access can be mitigated by clarifying that the board
25 is granted specific authority to prohibit the use of any additive,
26 solvent, ingredient, or compound in ((~~marijuana~~ [~~cannabis~~])) cannabis
27 vapor product production and processing and to prohibit any device
28 used in conjunction with a ((~~marijuana~~ [~~cannabis~~])) cannabis vapor
29 product.

30 **Sec. 4009.** 2019 c 393 s 1 (uncodified) is amended to read as
31 follows:

32 The legislature intends to allow additional information on the
33 labels and labeling of ((~~marijuana~~ [~~cannabis~~])) cannabis products to
34 assist consumers in making purchases of these products.

35 The legislature declares that labels and labeling should not make
36 any disease claim indicating the product is intended for use in the
37 diagnosis, treatment, cure, or prevention of any disease.

1 The legislature recognizes that it may be useful for a label or
2 labeling to describe the intended role of a ((~~marijuana~~[~~cannabis~~]))
3 cannabis product that contains nutrients or other dietary
4 ingredients, including herbs and other botanicals, to maintain a
5 structure or function of the body, or characterize the documented
6 mechanism by which the product acts to maintain such structure or
7 function, provided that the claim is truthful and not misleading.

8 **Sec. 4010.** 2007 c 371 s 1 (uncodified) is amended to read as
9 follows:

10 The legislature intends to clarify the law on medical ((~~marijuana~~
11 ~~[cannabis]~~)) cannabis so that the lawful use of this substance is not
12 impaired and medical practitioners are able to exercise their best
13 professional judgment in the delivery of medical treatment,
14 qualifying patients may fully participate in the medical use of
15 ((~~marijuana~~[~~cannabis~~])) cannabis, and designated providers may
16 assist patients in the manner provided by this act without fear of
17 state criminal prosecution. This act is also intended to provide
18 clarification to law enforcement and to all participants in the
19 judicial system.

20 **PART V**

21 **NURSING TERMINOLOGY CONFORMING AMENDMENTS**

22 **Sec. 5001.** RCW 18.20.230 and 2012 c 10 s 15 are each amended to
23 read as follows:

24 (1) The department of social and health services shall review, in
25 coordination with the department of health, the ((~~nursing-care~~
26 ~~quality-assurance-commission~~)) state board of nursing, adult family
27 home providers, assisted living facility providers, in-home personal
28 care providers, and long-term care consumers and advocates, training
29 standards for administrators and resident caregiving staff. Any
30 proposed enhancements shall be consistent with this section, shall
31 take into account and not duplicate other training requirements
32 applicable to assisted living facilities and staff, and shall be
33 developed with the input of assisted living facility and resident
34 representatives, health care professionals, and other vested interest
35 groups. Training standards and the delivery system shall be relevant
36 to the needs of residents served by the assisted living facility and
37 recipients of long-term in-home personal care services and shall be

1 sufficient to ensure that administrators and caregiving staff have
2 the skills and knowledge necessary to provide high quality,
3 appropriate care.

4 (2) The recommendations on training standards and the delivery
5 system developed under subsection (1) of this section shall be based
6 on a review and consideration of the following: Quality of care;
7 availability of training; affordability, including the training costs
8 incurred by the department of social and health services and private
9 providers; portability of existing training requirements; competency
10 testing; practical and clinical coursework; methods of delivery of
11 training; standards for management and caregiving staff training; and
12 necessary enhancements for special needs populations and resident
13 rights training. Residents with special needs include, but are not
14 limited to, residents with a diagnosis of mental illness, dementia,
15 or developmental disability.

16 **Sec. 5002.** RCW 18.50.032 and 1994 sp.s. c 9 s 704 are each
17 amended to read as follows:

18 Registered nurses and nurse midwives certified by the (~~nursing~~
19 ~~care quality assurance commission~~) state board of nursing under
20 chapter 18.79 RCW shall be exempt from the requirements and
21 provisions of this chapter.

22 **Sec. 5003.** RCW 18.79.010 and 1994 sp.s. c 9 s 401 are each
23 amended to read as follows:

24 It is the purpose of the (~~nursing care quality assurance~~
25 ~~commission~~) state board of nursing to regulate the competency and
26 quality of professional health care providers under its jurisdiction
27 by establishing, monitoring, and enforcing qualifications for
28 licensing, consistent standards of practice, continuing competency
29 mechanisms, and discipline. Rules, policies, and procedures developed
30 by the (~~commission~~) board must promote the delivery of quality
31 health care to the residents of the state of Washington.

32 **Sec. 5004.** RCW 18.79.040 and 2020 c 80 s 15 are each amended to
33 read as follows:

34 (1) "Registered nursing practice" means the performance of acts
35 requiring substantial specialized knowledge, judgment, and skill
36 based on the principles of the biological, physiological, behavioral,
37 and sociological sciences in either:

1 (a) The observation, assessment, diagnosis, care or counsel, and
2 health teaching of individuals with illnesses, injuries, or
3 disabilities, or in the maintenance of health or prevention of
4 illness of others;

5 (b) The performance of such additional acts requiring education
6 and training and that are recognized by the medical and nursing
7 professions as proper and recognized by the ~~((commission))~~ board to
8 be performed by registered nurses licensed under this chapter and
9 that are authorized by the ~~((commission))~~ board through its rules;

10 (c) The administration, supervision, delegation, and evaluation
11 of nursing practice. However, nothing in this subsection affects the
12 authority of a hospital, hospital district, in-home service agency,
13 community-based care setting, medical clinic, or office, concerning
14 its administration and supervision;

15 (d) The teaching of nursing;

16 (e) The executing of medical regimen as prescribed by a licensed
17 physician and surgeon, dentist, osteopathic physician and surgeon,
18 podiatric physician and surgeon, physician assistant, or advanced
19 registered nurse practitioner, or as directed by a licensed midwife
20 within his or her scope of practice.

21 (2) Nothing in this section prohibits a person from practicing a
22 profession for which a license has been issued under the laws of this
23 state or specifically authorized by any other law of the state of
24 Washington.

25 (3) This section does not prohibit (a) the nursing care of the
26 sick, without compensation, by an unlicensed person who does not hold
27 himself or herself out to be a registered nurse, (b) the practice of
28 licensed practical nursing by a licensed practical nurse, or (c) the
29 practice of a nursing assistant, providing delegated nursing tasks
30 under chapter 18.88A RCW.

31 **Sec. 5005.** RCW 18.79.050 and 2000 c 64 s 2 are each amended to
32 read as follows:

33 "Advanced registered nursing practice" means the performance of
34 the acts of a registered nurse and the performance of an expanded
35 role in providing health care services as recognized by the medical
36 and nursing professions, the scope of which is defined by rule by the
37 ~~((commission))~~ board. Upon approval by the ~~((commission))~~ board, an
38 advanced registered nurse practitioner may prescribe legend drugs and
39 controlled substances contained in Schedule V of the Uniform

1 Controlled Substances Act, chapter 69.50 RCW, and Schedules II
2 through IV subject to RCW 18.79.240(1) (r) or (s).

3 Nothing in this section prohibits a person from practicing a
4 profession for which a license has been issued under the laws of this
5 state or specifically authorized by any other law of the state of
6 Washington.

7 This section does not prohibit (1) the nursing care of the sick,
8 without compensation, by an unlicensed person who does not hold
9 himself or herself out to be an advanced registered nurse
10 practitioner, or (2) the practice of registered nursing by a licensed
11 registered nurse or the practice of licensed practical nursing by a
12 licensed practical nurse.

13 **Sec. 5006.** RCW 18.79.070 and 2022 c 240 s 32 are each amended to
14 read as follows:

15 (1) The state (~~((nursing care quality assurance commission))~~) board
16 of nursing is established, consisting of fifteen members to be
17 appointed by the governor to four-year terms. The governor shall
18 consider nursing members who are recommended for appointment by the
19 appropriate professional associations in the state. No person may
20 serve as a member of the (~~((commission))~~) board for more than two
21 consecutive full terms.

22 (2) There must be seven registered nurse members, two advanced
23 registered nurse practitioner members, three licensed practical nurse
24 members, and three public members on the (~~((commission))~~) board. Each
25 member of the (~~((commission))~~) board must be a resident of this state.

26 (3)(a) Registered nurse members of the (~~((commission))~~) board must:
27 (i) Be licensed as registered nurses under this chapter; and
28 (ii) Have had at least three years' experience in the active
29 practice of nursing and have been engaged in that practice within two
30 years of appointment.

31 (b) In addition:

32 (i) At least one member must be on the faculty at a four-year
33 university nursing program;

34 (ii) At least one member must be on the faculty at a two-year
35 community college nursing program;

36 (iii) At least two members must be staff nurses providing direct
37 patient care; and

38 (iv) At least one member must be a nurse manager or a nurse
39 executive.

1 (4) Advanced registered nurse practitioner members of the
2 ((~~commission~~)) board must:

3 (a) Be licensed as advanced registered nurse practitioners under
4 this chapter; and

5 (b) Have had at least three years' experience in the active
6 practice of advanced registered nursing and have been engaged in that
7 practice within two years of appointment.

8 (5) Licensed practical nurse members of the ((~~commission~~)) board
9 must:

10 (a) Be licensed as licensed practical nurses under this chapter;
11 and

12 (b) Have had at least three years' actual experience as a
13 licensed practical nurse and have been engaged in practice as a
14 practical nurse within two years of appointment.

15 (6) Public members of the ((~~commission~~)) board may not be a
16 member of any other health care licensing board or commission, or
17 have a fiduciary obligation to a facility rendering health services
18 regulated by the ((~~commission~~)) board, or have a material or
19 financial interest in the rendering of health services regulated by
20 the ((~~commission~~)) board.

21 In appointing the initial members of the ((~~commission~~)) board, it
22 is the intent of the legislature that, to the extent possible, the
23 governor appoint the existing members of the board of nursing and the
24 board of practical nursing repealed under chapter 9, Laws of 1994 sp.
25 sess. The governor may appoint initial members of the ((~~commission~~))
26 board to staggered terms of from one to four years. Thereafter, all
27 members shall be appointed to full four-year terms. Members of the
28 ((~~commission~~)) board hold office until their successors are
29 appointed.

30 When the secretary appoints pro tem members, reasonable efforts
31 shall be made to ensure that at least one pro tem member is a
32 registered nurse who is currently practicing and, in addition to
33 meeting other minimum qualifications, has graduated from an associate
34 or baccalaureate nursing program within three years of appointment.

35 **Sec. 5007.** RCW 18.79.080 and 1994 sp.s. c 9 s 408 are each
36 amended to read as follows:

37 The governor may remove a member of the ((~~commission~~)) board for
38 neglect of duty, misconduct, malfeasance or misfeasance in office, or
39 for incompetency or unprofessional conduct as defined in chapter

1 18.130 RCW. Whenever the governor is satisfied that a member of the
2 ((~~commission~~)) board has been guilty of neglect of duty, misconduct,
3 malfeasance or misfeasance in office, or of incompetency or
4 unprofessional conduct, the governor shall file with the secretary of
5 state a statement of the causes for and the order of removal from
6 office, and the secretary shall forthwith send a certified copy of
7 the statement of causes and order of removal to the last known post
8 office address of the member. If a vacancy occurs on the
9 ((~~commission~~)) board, the governor shall appoint a replacement member
10 to fill the remainder of the unexpired term.

11 **Sec. 5008.** RCW 18.79.090 and 1999 c 366 s 5 are each amended to
12 read as follows:

13 Each ((~~commission~~)) board member shall be compensated in
14 accordance with RCW 43.03.265 and shall be paid travel expenses when
15 away from home in accordance with RCW 43.03.050 and 43.03.060.

16 **Sec. 5009.** RCW 18.79.100 and 1994 sp.s. c 9 s 410 are each
17 amended to read as follows:

18 The ((~~commission~~)) board shall annually elect officers from among
19 its members. The ((~~commission~~)) board shall meet at least quarterly
20 at times and places it designates. It shall hold such other meetings
21 during the year as may be deemed necessary to transact its business.
22 A majority of the ((~~commission~~)) board members appointed and serving
23 constitutes a quorum at a meeting. All meetings of the ((~~commission~~))
24 board must be open and public, except that the ((~~commission~~)) board
25 may hold executive sessions to the extent permitted by chapter 42.30
26 RCW.

27 Carrying a motion or resolution, adopting a rule, or passing a
28 measure requires the affirmative vote of a majority of a quorum of
29 the ((~~commission~~)) board. The ((~~commission~~)) board may appoint panels
30 consisting of at least three members. A quorum for transaction of any
31 business by a panel is a minimum of three members. A majority vote of
32 a quorum of the panel is required to transact business delegated to
33 it by the ((~~commission~~)) board.

34 **Sec. 5010.** RCW 18.79.110 and 2023 c 126 s 8 are each amended to
35 read as follows:

36 (1) The ((~~commission~~)) board shall keep a record of all of its
37 proceedings and make such reports to the governor as may be required.

1 The (~~commission~~) board shall define by rules what constitutes
2 specialized and advanced levels of nursing practice as recognized by
3 the medical and nursing profession. The (~~commission~~) board may
4 adopt rules or issue advisory opinions in response to questions put
5 to it by professional health associations, nursing practitioners, and
6 consumers in this state concerning the authority of various
7 categories of nursing practitioners to perform particular acts.

8 (2) The (~~commission~~) board shall approve curricula and shall
9 establish criteria for minimum standards for schools preparing
10 persons for licensing as registered nurses, advanced registered nurse
11 practitioners, and licensed practical nurses under this chapter. The
12 (~~commission~~) board shall approve such schools of nursing as meet
13 the requirements of this chapter and the (~~commission~~) board, and
14 the (~~commission~~) board shall approve establishment of basic nursing
15 education programs and shall establish criteria as to the need for
16 and the size of a program and the type of program and the
17 geographical location. The (~~commission~~) board shall establish
18 criteria for proof of reasonable currency of knowledge and skill as a
19 basis for safe practice after three years' inactive or lapsed status.
20 The (~~commission~~) board shall establish criteria for licensing by
21 endorsement. The (~~commission~~) board shall determine examination
22 requirements for applicants for licensing as registered nurses,
23 advanced registered nurse practitioners, and licensed practical
24 nurses under this chapter, and shall certify to the secretary for
25 licensing duly qualified applicants. The (~~commission~~) board shall
26 adopt rules which allow for one hour of simulated learning to be
27 counted as equivalent to two hours of clinical placement learning,
28 with simulated learning accounting for up to a maximum of 50 percent
29 of the required clinical hours.

30 (3) The (~~commission~~) board shall adopt rules on continuing
31 competency. The rules must include exemptions from the continuing
32 competency requirements for registered nurses seeking advanced
33 nursing degrees. Nothing in this subsection prohibits the
34 (~~commission~~) board from providing additional exemptions for any
35 person credentialed under this chapter who is enrolled in an advanced
36 education program.

37 (4) The (~~commission~~) board shall adopt such rules under chapter
38 34.05 RCW as are necessary to fulfill the purposes of this chapter.

39 (5) The (~~commission~~) board is the successor in interest of the
40 board of nursing and the board of practical nursing. All contracts,

1 undertakings, agreements, rules, regulations, decisions, orders, and
2 policies of the former board of nursing or the board of practical
3 nursing continue in full force and effect under the ((~~commission~~))
4 board until the ((~~commission~~)) board amends or rescinds those rules,
5 regulations, decisions, orders, or policies.

6 (6) The members of the ((~~commission~~)) board are immune from suit
7 in an action, civil or criminal, based on its disciplinary
8 proceedings or other official acts performed in good faith as members
9 of the ((~~commission~~)) board.

10 (7) Whenever the workload of the ((~~commission~~)) board requires,
11 the ((~~commission~~)) board may request that the secretary appoint pro
12 tempore members of the ((~~commission~~)) board. When serving, pro
13 tempore members of the ((~~commission~~)) board have all of the powers,
14 duties, and immunities, and are entitled to all of the emoluments,
15 including travel expenses, of regularly appointed members of the
16 ((~~commission~~)) board.

17 **Sec. 5011.** RCW 18.79.150 and 2023 c 126 s 7 are each amended to
18 read as follows:

19 An institution desiring to conduct a school of registered nursing
20 or a school or program of practical nursing, or both, shall apply to
21 the ((~~commission~~)) board and submit evidence satisfactory to the
22 ((~~commission~~)) board that:

23 (1) It is prepared to carry out the curriculum approved by the
24 ((~~commission~~)) board for basic registered nursing or practical
25 nursing, or both; and

26 (2) It is prepared to meet other standards established by law and
27 by the ((~~commission~~)) board.

28 The ((~~commission~~)) board shall make, or cause to be made, such
29 surveys of the schools and programs, and of institutions and agencies
30 to be used by the schools and programs, as it determines are
31 necessary. If in the opinion of the ((~~commission~~)) board, the
32 requirements for an approved school of registered nursing or a school
33 or program of practical nursing, or both, are met, the ((~~commission~~))
34 board shall approve the school or program. The ((~~nursing commission~~))
35 board may grant approval to baccalaureate nursing education programs
36 where the nurse administrator holds a graduate degree with a major in
37 nursing and has sufficient experience as a registered nurse but does
38 not hold a doctoral degree.

1 **Sec. 5012.** RCW 18.79.160 and 2004 c 262 s 6 are each amended to
2 read as follows:

3 (1) An applicant for a license to practice as a registered nurse
4 shall submit to the ((~~commission~~)) board:

5 (a) An attested written application on a department form;

6 (b) An official transcript demonstrating graduation and
7 successful completion of an approved program of nursing; and

8 (c) Any other official records specified by the ((~~commission~~))
9 board.

10 (2) An applicant for a license to practice as an advanced
11 registered nurse practitioner shall submit to the ((~~commission~~))
12 board:

13 (a) An attested written application on a department form;

14 (b) An official transcript demonstrating graduation and
15 successful completion of an advanced registered nurse practitioner
16 program meeting criteria established by the ((~~commission~~)) board; and

17 (c) Any other official records specified by the ((~~commission~~))
18 board.

19 (3) An applicant for a license to practice as a licensed
20 practical nurse shall submit to the ((~~commission~~)) board:

21 (a) An attested written application on a department form;

22 (b) Written official evidence that the applicant is over the age
23 of eighteen;

24 (c) An official transcript demonstrating graduation and
25 successful completion of an approved practical nursing program, or
26 its equivalent; and

27 (d) Any other official records specified by the ((~~commission~~))
28 board.

29 (4) At the time of submission of the application, the applicant
30 for a license to practice as a registered nurse, advanced registered
31 nurse practitioner, or licensed practical nurse must not be in
32 violation of chapter 18.130 RCW or this chapter.

33 (5) The ((~~commission~~)) board shall establish by rule the criteria
34 for evaluating the education of all applicants.

35 **Sec. 5013.** RCW 18.79.170 and 1994 sp.s. c 9 s 417 are each
36 amended to read as follows:

37 An applicant for a license to practice as a registered nurse,
38 advanced registered nurse practitioner, or licensed practical nurse
39 must pass an examination in subjects determined by the ((~~commission~~))

1 board. The examination may be supplemented by an oral or practical
2 examination. The ((~~commission~~)) board shall establish by rule the
3 requirements for applicants who have failed the examination to
4 qualify for reexamination.

5 **Sec. 5014.** RCW 18.79.180 and 1994 sp.s. c 9 s 418 are each
6 amended to read as follows:

7 When authorized by the ((~~commission~~)) board, the department shall
8 issue an interim permit authorizing the applicant to practice
9 registered nursing, advanced registered nursing, or licensed
10 practical nursing, as appropriate, from the time of verification of
11 the completion of the school or training program until notification
12 of the results of the examination. Upon the applicant passing the
13 examination, and if all other requirements established by the
14 ((~~commission~~)) board for licensing are met, the department shall
15 issue the applicant a license to practice registered nursing,
16 advanced registered nursing, or licensed practical nursing, as
17 appropriate. If the applicant fails the examination, the interim
18 permit expires upon notification to the applicant, and is not
19 renewable. The holder of an interim permit is subject to chapter
20 18.130 RCW.

21 **Sec. 5015.** RCW 18.79.190 and 1994 sp.s. c 9 s 419 are each
22 amended to read as follows:

23 Upon approval of the application by the ((~~commission~~)) board, the
24 department shall issue a license by endorsement without examination
25 to practice as a registered nurse or as a licensed practical nurse to
26 a person who is licensed as a registered nurse or licensed practical
27 nurse under the laws of another state, territory, or possession of
28 the United States, and who meets all other qualifications for
29 licensing.

30 An applicant who has graduated from a school or program of
31 nursing outside the United States and is licensed as a registered
32 nurse or licensed practical nurse, or their equivalents, outside the
33 United States must meet all qualifications required by this chapter
34 and pass examinations as determined by the ((~~commission~~)) board.

35 **Sec. 5016.** RCW 18.79.230 and 1994 sp.s. c 9 s 423 are each
36 amended to read as follows:

1 A person licensed under this chapter who desires to retire
2 temporarily from registered nursing practice, advanced registered
3 nursing practice, or licensed practical nursing practice in this
4 state shall send a written notice to the secretary.

5 Upon receipt of the notice the department shall place the name of
6 the person on inactive status. While remaining on this status the
7 person shall not practice in this state any form of nursing provided
8 for in this chapter. When the person desires to resume practice, the
9 person shall apply to the (~~commission~~) board for renewal of the
10 license and pay a renewal fee to the state treasurer. Persons on
11 inactive status for three years or more must provide evidence of
12 knowledge and skill of current practice as required by the
13 (~~commission~~) board or as provided in this chapter.

14 **Sec. 5017.** RCW 18.79.240 and 2020 c 80 s 17 are each amended to
15 read as follows:

16 (1) In the context of the definition of registered nursing
17 practice and advanced registered nursing practice, this chapter shall
18 not be construed as:

19 (a) Prohibiting the incidental care of the sick by domestic
20 servants or persons primarily employed as housekeepers, so long as
21 they do not practice registered nursing within the meaning of this
22 chapter;

23 (b) Preventing a person from the domestic administration of
24 family remedies or the furnishing of nursing assistance in case of
25 emergency;

26 (c) Prohibiting the practice of nursing by students enrolled in
27 approved schools as may be incidental to their course of study or
28 prohibiting the students from working as nursing technicians;

29 (d) Prohibiting auxiliary services provided by persons carrying
30 out duties necessary for the support of nursing services, including
31 those duties that involve minor nursing services for persons
32 performed in hospitals, nursing homes, or elsewhere under the
33 direction of licensed physicians or the supervision of licensed
34 registered nurses;

35 (e) Prohibiting the practice of nursing in this state by a
36 legally qualified nurse of another state or territory whose
37 engagement requires him or her to accompany and care for a patient
38 temporarily residing in this state during the period of one such
39 engagement, not to exceed six months in length, if the person does

1 not represent or hold himself or herself out as a registered nurse
2 licensed to practice in this state;

3 (f) Prohibiting nursing or care of the sick, with or without
4 compensation, when done in connection with the practice of the
5 religious tenets of a church by adherents of the church so long as
6 they do not engage in the practice of nursing as defined in this
7 chapter;

8 (g) Prohibiting the practice of a legally qualified nurse of
9 another state who is employed by the United States government or a
10 bureau, division, or agency thereof, while in the discharge of his or
11 her official duties;

12 (h) Permitting the measurement of the powers or range of human
13 vision, or the determination of the accommodation and refractive
14 state of the human eye or the scope of its functions in general, or
15 the fitting or adaptation of lenses for the aid thereof;

16 (i) Permitting the prescribing or directing the use of, or using,
17 an optical device in connection with ocular exercises, visual
18 training, vision training, or orthoptics;

19 (j) Permitting the prescribing of contact lenses for, or the
20 fitting and adaptation of contact lenses to, the human eye;

21 (k) Prohibiting the performance of routine visual screening;

22 (l) Permitting the practice of dentistry or dental hygiene as
23 defined in chapters 18.32 and 18.29 RCW, respectively;

24 (m) Permitting the practice of chiropractic as defined in chapter
25 18.25 RCW including the adjustment or manipulation of the
26 articulation of the spine;

27 (n) Permitting the practice of podiatric medicine and surgery as
28 defined in chapter 18.22 RCW;

29 (o) Permitting the performance of major surgery, except such
30 minor surgery as the (~~commission~~) board may have specifically
31 authorized by rule adopted in accordance with chapter 34.05 RCW;

32 (p) Permitting the prescribing of controlled substances as
33 defined in Schedule I of the Uniform Controlled Substances Act,
34 chapter 69.50 RCW;

35 (q) Prohibiting the determination and pronouncement of death;

36 (r) Prohibiting advanced registered nurse practitioners, approved
37 by the (~~commission~~) board as certified registered nurse
38 anesthetists from selecting, ordering, or administering controlled
39 substances as defined in Schedules II through IV of the Uniform
40 Controlled Substances Act, chapter 69.50 RCW, consistent with their

1 ((~~commission~~)) board-recognized scope of practice; subject to
2 facility-specific protocols, and subject to a request for certified
3 registered nurse anesthetist anesthesia services issued by a
4 physician licensed under chapter 18.71 RCW, an osteopathic physician
5 and surgeon licensed under chapter 18.57 RCW, a dentist licensed
6 under chapter 18.32 RCW, or a podiatric physician and surgeon
7 licensed under chapter 18.22 RCW; the authority to select, order, or
8 administer Schedule II through IV controlled substances being limited
9 to those drugs that are to be directly administered to patients who
10 require anesthesia for diagnostic, operative, obstetrical, or
11 therapeutic procedures in a hospital, clinic, ambulatory surgical
12 facility, or the office of a practitioner licensed under chapter
13 18.71, 18.22, 18.36, 18.36A, 18.57, or 18.32 RCW; "select" meaning
14 the decision-making process of choosing a drug, dosage, route, and
15 time of administration; and "order" meaning the process of directing
16 licensed individuals pursuant to their statutory authority to
17 directly administer a drug or to dispense, deliver, or distribute a
18 drug for the purpose of direct administration to a patient, under
19 instructions of the certified registered nurse anesthetist.
20 "Protocol" means a statement regarding practice and documentation
21 concerning such items as categories of patients, categories of
22 medications, or categories of procedures rather than detailed case-
23 specific formulas for the practice of nurse anesthesia;

24 (s) Prohibiting advanced registered nurse practitioners from
25 ordering or prescribing controlled substances as defined in Schedules
26 II through IV of the Uniform Controlled Substances Act, chapter 69.50
27 RCW, if and to the extent that doing so is permitted by their scope
28 of practice;

29 (t) Prohibiting the practice of registered nursing or advanced
30 registered nursing by a student enrolled in an approved school if:

31 (i) The student performs services without compensation or
32 expectation of compensation as part of a volunteer activity;

33 (ii) The student is under the direct supervision of a registered
34 nurse or advanced registered nurse practitioner licensed under this
35 chapter, a pharmacist licensed under chapter 18.64 RCW, an
36 osteopathic physician and surgeon licensed under chapter 18.57 RCW,
37 or a physician licensed under chapter 18.71 RCW;

38 (iii) The services the student performs are within the scope of
39 practice of: (A) The nursing profession for which the student is
40 receiving training; and (B) the person supervising the student;

1 (iv) The school in which the student is enrolled verifies the
2 student has demonstrated competency through his or her education and
3 training to perform the services; and

4 (v) The student provides proof of current malpractice insurance
5 to the volunteer activity organizer prior to performing any services.

6 (2) In the context of the definition of licensed practical
7 nursing practice, this chapter shall not be construed as:

8 (a) Prohibiting the incidental care of the sick by domestic
9 servants or persons primarily employed as housekeepers, so long as
10 they do not practice practical nursing within the meaning of this
11 chapter;

12 (b) Preventing a person from the domestic administration of
13 family remedies or the furnishing of nursing assistance in case of
14 emergency;

15 (c) Prohibiting the practice of practical nursing by students
16 enrolled in approved schools as may be incidental to their course of
17 study or prohibiting the students from working as nursing assistants;

18 (d) Prohibiting auxiliary services provided by persons carrying
19 out duties necessary for the support of nursing services, including
20 those duties that involve minor nursing services for persons
21 performed in hospitals, nursing homes, or elsewhere under the
22 direction of licensed physicians or the supervision of licensed
23 registered nurses;

24 (e) Prohibiting or preventing the practice of nursing in this
25 state by a legally qualified nurse of another state or territory
26 whose engagement requires him or her to accompany and care for a
27 patient temporarily residing in this state during the period of one
28 such engagement, not to exceed six months in length, if the person
29 does not represent or hold himself or herself out as a licensed
30 practical nurse licensed to practice in this state;

31 (f) Prohibiting nursing or care of the sick, with or without
32 compensation, when done in connection with the practice of the
33 religious tenets of a church by adherents of the church so long as
34 they do not engage in licensed practical nurse practice as defined in
35 this chapter;

36 (g) Prohibiting the practice of a legally qualified nurse of
37 another state who is employed by the United States government or any
38 bureau, division, or agency thereof, while in the discharge of his or
39 her official duties.

1 **Sec. 5018.** RCW 18.79.250 and 2000 c 64 s 4 are each amended to
2 read as follows:

3 An advanced registered nurse practitioner under his or her
4 license may perform for compensation nursing care, as that term is
5 usually understood, of the ill, injured, or infirm, and in the course
6 thereof, she or he may do the following things that shall not be done
7 by a person not so licensed, except as provided in RCW 18.79.260 and
8 18.79.270:

9 (1) Perform specialized and advanced levels of nursing as
10 recognized jointly by the medical and nursing professions, as defined
11 by the ((~~commission~~)) board;

12 (2) Prescribe legend drugs and Schedule V controlled substances,
13 as defined in the Uniform Controlled Substances Act, chapter 69.50
14 RCW, and Schedules II through IV subject to RCW 18.79.240(1) (r) or
15 (s) within the scope of practice defined by the ((~~commission~~)) board;

16 (3) Perform all acts provided in RCW 18.79.260;

17 (4) Hold herself or himself out to the public or designate
18 herself or himself as an advanced registered nurse practitioner or as
19 a nurse practitioner.

20 **Sec. 5019.** RCW 18.79.260 and 2022 c 14 s 2 are each amended to
21 read as follows:

22 (1) A registered nurse under his or her license may perform for
23 compensation nursing care, as that term is usually understood, to
24 individuals with illnesses, injuries, or disabilities.

25 (2) A registered nurse may, at or under the general direction of
26 a licensed physician and surgeon, dentist, osteopathic physician and
27 surgeon, naturopathic physician, optometrist, podiatric physician and
28 surgeon, physician assistant, advanced registered nurse practitioner,
29 or midwife acting within the scope of his or her license, administer
30 medications, treatments, tests, and inoculations, whether or not the
31 severing or penetrating of tissues is involved and whether or not a
32 degree of independent judgment and skill is required. Such direction
33 must be for acts which are within the scope of registered nursing
34 practice.

35 (3) A registered nurse may delegate tasks of nursing care to
36 other individuals where the registered nurse determines that it is in
37 the best interest of the patient.

38 (a) The delegating nurse shall:

1 (i) Determine the competency of the individual to perform the
2 tasks;
3 (ii) Evaluate the appropriateness of the delegation;
4 (iii) Supervise the actions of the person performing the
5 delegated task; and
6 (iv) Delegate only those tasks that are within the registered
7 nurse's scope of practice.

8 (b) A registered nurse, working for a home health or hospice
9 agency regulated under chapter 70.127 RCW, may delegate the
10 application, instillation, or insertion of medications to a
11 registered or certified nursing assistant under a plan of care.

12 (c) Except as authorized in (b) or (e) of this subsection, a
13 registered nurse may not delegate the administration of medications.
14 Except as authorized in (e) or (f) of this subsection, a registered
15 nurse may not delegate acts requiring substantial skill, and may not
16 delegate piercing or severing of tissues. Acts that require nursing
17 judgment shall not be delegated.

18 (d) No person may coerce a nurse into compromising patient safety
19 by requiring the nurse to delegate if the nurse determines that it is
20 inappropriate to do so. Nurses shall not be subject to any employer
21 reprisal or disciplinary action by the (~~nursing care quality~~
22 ~~assurance commission~~)) board for refusing to delegate tasks or
23 refusing to provide the required training for delegation if the nurse
24 determines delegation may compromise patient safety.

25 (e) For delegation in community-based care settings or in-home
26 care settings, a registered nurse may delegate nursing care tasks
27 only to registered or certified nursing assistants under chapter
28 18.88A RCW or home care aides certified under chapter 18.88B RCW.
29 Simple care tasks such as blood pressure monitoring, personal care
30 service, diabetic insulin device set up, verbal verification of
31 insulin dosage for sight-impaired individuals, or other tasks as
32 defined by the (~~nursing care quality assurance commission~~)) board
33 are exempted from this requirement.

34 (i) "Community-based care settings" includes: Community
35 residential programs for people with developmental disabilities,
36 certified by the department of social and health services under
37 chapter 71A.12 RCW; adult family homes licensed under chapter 70.128
38 RCW; and assisted living facilities licensed under chapter 18.20 RCW.
39 Community-based care settings do not include acute care or skilled
40 nursing facilities.

1 (ii) "In-home care settings" include an individual's place of
2 temporary or permanent residence, but does not include acute care or
3 skilled nursing facilities, and does not include community-based care
4 settings as defined in (e)(i) of this subsection.

5 (iii) Delegation of nursing care tasks in community-based care
6 settings and in-home care settings is only allowed for individuals
7 who have a stable and predictable condition. "Stable and predictable
8 condition" means a situation in which the individual's clinical and
9 behavioral status is known and does not require the frequent presence
10 and evaluation of a registered nurse.

11 (iv) The determination of the appropriateness of delegation of a
12 nursing task is at the discretion of the registered nurse. Other than
13 delegation of the administration of insulin by injection for the
14 purpose of caring for individuals with diabetes, the administration
15 of medications by injection, sterile procedures, and central line
16 maintenance may never be delegated.

17 (v) When delegating insulin injections under this section, the
18 registered nurse delegator must instruct the individual regarding
19 proper injection procedures and the use of insulin, demonstrate
20 proper injection procedures, and must supervise and evaluate the
21 individual performing the delegated task as required by the
22 (~~commission~~) board by rule. If the registered nurse delegator
23 determines that the individual is competent to perform the injection
24 properly and safely, supervision and evaluation shall occur at an
25 interval determined by the (~~commission~~) board by rule.

26 (vi)(A) The registered nurse shall verify that the nursing
27 assistant or home care aide, as the case may be, has completed the
28 required core nurse delegation training required in chapter 18.88A or
29 18.88B RCW prior to authorizing delegation.

30 (B) Before commencing any specific nursing tasks authorized to be
31 delegated in this section, a home care aide must be certified
32 pursuant to chapter 18.88B RCW and must comply with RCW 18.88B.070.

33 (vii) The nurse is accountable for his or her own individual
34 actions in the delegation process. Nurses acting within the protocols
35 of their delegation authority are immune from liability for any
36 action performed in the course of their delegation duties.

37 (viii) Nursing task delegation protocols are not intended to
38 regulate the settings in which delegation may occur, but are intended
39 to ensure that nursing care services have a consistent standard of
40 practice upon which the public and the profession may rely, and to

1 safeguard the authority of the nurse to make independent professional
2 decisions regarding the delegation of a task.

3 (f) The delegation of nursing care tasks only to registered or
4 certified nursing assistants under chapter 18.88A RCW or to home care
5 aides certified under chapter 18.88B RCW may include glucose
6 monitoring and testing.

7 (g) The (~~nursing care quality assurance commission~~) board may
8 adopt rules to implement this section.

9 (4) Only a person licensed as a registered nurse may instruct
10 nurses in technical subjects pertaining to nursing.

11 (5) Only a person licensed as a registered nurse may hold herself
12 or himself out to the public or designate herself or himself as a
13 registered nurse.

14 **Sec. 5020.** RCW 18.79.290 and 1994 sp.s. c 9 s 429 are each
15 amended to read as follows:

16 (1) In accordance with rules adopted by the (~~commission~~) board,
17 public school districts and private schools that offer classes for
18 any of grades kindergarten through twelve may provide for clean,
19 intermittent bladder catheterization of students or assisted self-
20 catheterization of students who are in the custody of the school
21 district or private school at the time. After consultation with staff
22 of the superintendent of public instruction, the (~~commission~~) board
23 shall adopt rules in accordance with chapter 34.05 RCW, that provide
24 for the following and such other matters as the (~~commission~~) board
25 deems necessary to the proper implementation of this section:

26 (a) A requirement for a written, current, and unexpired request
27 from a parent, legal guardian, or other person having legal control
28 over the student that the school district or private school provide
29 for the catheterization of the student;

30 (b) A requirement for a written, current, and unexpired request
31 from a physician licensed under chapter 18.71 or 18.57 RCW, that
32 catheterization of the student be provided for during the hours when
33 school is in session or the hours when the student is under the
34 supervision of school officials;

35 (c) A requirement for written, current, and unexpired
36 instructions from an advanced registered nurse practitioner or a
37 registered nurse licensed under this chapter regarding
38 catheterization that include (i) a designation of the school district
39 or private school employee or employees who may provide for the

1 catheterization, and (ii) a description of the nature and extent of
2 any required supervision; and

3 (d) The nature and extent of acceptable training that shall (i)
4 be provided by a physician, advanced registered nurse practitioner,
5 or registered nurse licensed under chapter 18.71 or 18.57 RCW, or
6 this chapter, and (ii) be required of school district or private
7 school employees who provide for the catheterization of a student
8 under this section, except that a licensed practical nurse licensed
9 under this chapter is exempt from training.

10 (2) This section does not require school districts to provide
11 intermittent bladder catheterization of students.

12 **Sec. 5021.** RCW 18.79.310 and 1994 sp.s. c 9 s 431 are each
13 amended to read as follows:

14 As of July 1, 1994, all rules, regulations, decisions, and orders
15 of the board of nursing under chapter 18.88 RCW or the board of
16 practical nursing under chapter 18.78 RCW continue to be in effect
17 under the ((~~commission~~)) board, until the ((~~commission~~)) board acts
18 to modify the rules, regulations, decisions, or orders.

19 **Sec. 5022.** RCW 18.79.340 and 2012 c 153 s 13 are each amended to
20 read as follows:

21 (1) "Nursing technician" means a nursing student employed in a
22 hospital licensed under chapter 70.41 RCW, a clinic, or a nursing
23 home licensed under chapter 18.51 RCW, who:

24 (a) Is currently enrolled in good standing in a nursing program
25 approved by the ((~~commission~~)) board and has not graduated; or

26 (b) Is a graduate of a nursing program approved by the
27 ((~~commission~~)) board who graduated:

28 (i) Within the past thirty days; or

29 (ii) Within the past sixty days and has received a determination
30 from the secretary that there is good cause to continue the
31 registration period, as defined by the secretary in rule.

32 (2) No person may practice or represent oneself as a nursing
33 technician by use of any title or description of services without
34 being registered under this chapter, unless otherwise exempted by
35 this chapter.

36 (3) The ((~~commission~~)) board may adopt rules to implement chapter
37 258, Laws of 2003.

1 **Sec. 5023.** RCW 18.79.390 and 2013 c 81 s 5 are each amended to
2 read as follows:

3 (1) The secretary shall employ an executive director that is:

4 (a) Hired by and serves at the pleasure of the ((~~commission~~))
5 board;

6 (b) Exempt from the provisions of the civil service law, chapter
7 41.06 RCW and whose salary is established by the ((~~commission~~)) board
8 in accordance with RCW 43.03.028; and

9 (c) Responsible for performing all administrative duties of the
10 ((~~commission~~)) board, including preparing an annual budget, and any
11 other duties as delegated to the executive director by the
12 ((~~commission~~)) board.

13 (2) Consistent with the budgeting and accounting act, the
14 ((~~commission~~)) board is responsible for proposing its own biennial
15 budget which the secretary must submit to the office of financial
16 management.

17 (3) Prior to adopting credentialing fees under RCW 43.70.250, the
18 secretary shall collaborate with the ((~~commission~~)) board to
19 determine the appropriate fees necessary to support the activities of
20 the ((~~commission~~)) board.

21 (4) Prior to the secretary exercising the secretary's authority
22 to adopt uniform rules and guidelines, or any other actions that
23 might impact the licensing or disciplinary authority of the
24 ((~~commission~~)) board, the secretary shall first meet with the
25 ((~~commission~~)) board to determine how those rules or guidelines, or
26 changes to rules or guidelines, might impact the ((~~commission's~~))
27 board's ability to effectively carry out its statutory duties. If the
28 ((~~commission~~)) board, in consultation with the secretary, determines
29 that the proposed rules or guidelines, or changes to existing rules
30 or guidelines, will negatively impact the ((~~commission's~~)) board's
31 ability to effectively carry out its statutory duties, then the
32 individual ((~~commission~~)) board shall collaborate with the secretary
33 to develop alternative solutions to mitigate the impacts. If an
34 alternative solution cannot be reached, the parties may resolve the
35 dispute through a mediator as set forth in subsection (6) of this
36 section.

37 (5) The ((~~commission~~)) board shall negotiate with the secretary
38 to develop performance-based expectations, including identification
39 of key performance measures. The performance expectations should
40 focus on consistent, timely regulation of health care professionals.

1 (6) In the event there is a disagreement between the
2 ((~~commission~~)) board and the secretary, that is unable to be resolved
3 through negotiation, a representative of both parties shall agree on
4 the designation of a third party to mediate the dispute.

5 (7) The secretary shall employ staff that are hired and managed
6 by the executive director provided that nothing contained in this
7 section may be construed to alter any existing collective bargaining
8 unit or the provisions of any existing collective bargaining
9 agreement.

10 (8) By December 31, 2013, the ((~~commission~~)) board must present a
11 report with recommendations to the governor and the legislature
12 regarding:

13 (a) Evidence-based practices and research-based practices used by
14 boards of nursing when conducting licensing, educational,
15 disciplinary, and financial activities and the use of such practices
16 by the ((~~commission~~)) board; and

17 (b) A comparison of the ((~~commission's~~)) board's licensing,
18 education, disciplinary, and financial outcomes with those of other
19 boards of nursing using a national database.

20 **Sec. 5024.** RCW 18.79.400 and 2010 c 209 s 7 are each amended to
21 read as follows:

22 (1) By June 30, 2011, the ((~~commission~~)) board shall adopt new
23 rules on chronic, noncancer pain management that contain the
24 following elements:

25 (a)(i) Dosing criteria, including:

26 (A) A dosage amount that must not be exceeded unless an advanced
27 registered nurse practitioner or certified registered nurse
28 anesthetist first consults with a practitioner specializing in pain
29 management; and

30 (B) Exigent or special circumstances under which the dosage
31 amount may be exceeded without consultation with a practitioner
32 specializing in pain management.

33 (ii) The rules regarding consultation with a practitioner
34 specializing in pain management must, to the extent practicable, take
35 into account:

36 (A) Circumstances under which repeated consultations would not be
37 necessary or appropriate for a patient undergoing a stable, ongoing
38 course of treatment for pain management;

1 (B) Minimum training and experience that is sufficient to exempt
2 an advanced registered nurse practitioner or certified registered
3 nurse anesthetist from the specialty consultation requirement;

4 (C) Methods for enhancing the availability of consultations;

5 (D) Allowing the efficient use of resources; and

6 (E) Minimizing the burden on practitioners and patients;

7 (b) Guidance on when to seek specialty consultation and ways in
8 which electronic specialty consultations may be sought;

9 (c) Guidance on tracking clinical progress by using assessment
10 tools focusing on pain interference, physical function, and overall
11 risk for poor outcome; and

12 (d) Guidance on tracking the use of opioids, particularly in the
13 emergency department.

14 (2) The (~~commission~~) board shall consult with the agency
15 medical directors' group, the department of health, the University of
16 Washington, and the largest professional associations for advanced
17 registered nurse practitioners and certified registered nurse
18 anesthetists in the state.

19 (3) The rules adopted under this section do not apply:

20 (a) To the provision of palliative, hospice, or other end-of-life
21 care; or

22 (b) To the management of acute pain caused by an injury or a
23 surgical procedure.

24 **Sec. 5025.** RCW 18.79.410 and 2013 c 81 s 6 are each amended to
25 read as follows:

26 In addition to the authority provided in RCW 42.52.804, the
27 (~~commission~~) board, its members, or staff as directed by the
28 (~~commission~~) board, may communicate, present information requested,
29 volunteer information, testify before legislative committees, and
30 educate the legislature, as the (~~commission~~) board may from time to
31 time see fit.

32 **Sec. 5026.** RCW 18.79.430 and 2023 c 126 s 9 are each amended to
33 read as follows:

34 (1) Subject to the availability of amounts appropriated for this
35 specific purpose, the legislature intends to expand the student nurse
36 preceptor grant program to help reduce the shortage of health care
37 training settings for students and increase the numbers of nurses in
38 the workforce.

1 (2)(a) The grant program shall provide incentive pay for
2 individuals serving as clinical supervisors to nursing candidates
3 with a focus on acute shortage areas including those in rural and
4 underserved communities and long-term care facilities. The desired
5 outcomes of the grant program include increased clinical
6 opportunities for nursing students. In part, increased clinical
7 opportunities shall be achieved through reducing the required number
8 of qualifying hours of precepting clinical instruction per student
9 from 100 to 80. The ((~~commission~~)) board shall consult with
10 collective bargaining representatives of nurses who serve as clinical
11 supervisors in the development of the grant program.

12 (b) The ((~~commission~~)) board shall submit a report, in accordance
13 with RCW 43.01.036, to the office of financial management and the
14 appropriate committees of the legislature by September 30, 2025, on
15 the outcomes of the grant program. The report must include:

16 (i) A description of the mechanism for incentivizing supervisor
17 pay and other strategies;

18 (ii) The number of supervisors that received bonus pay and the
19 number of sites used;

20 (iii) The number of students that received supervision at each
21 site;

22 (iv) The number of supervision hours provided at each site;

23 (v) Initial reporting on the number of students who received
24 supervision through the programs that moved into a permanent position
25 with the program at the end of their supervision; and

26 (vi) Recommendations to scale up the program or otherwise recruit
27 nurse preceptors in shortage areas.

28 **Sec. 5027.** RCW 18.79.435 and 2023 c 126 s 11 are each amended to
29 read as follows:

30 (1) Subject to the availability of amounts appropriated for this
31 specific purpose, the ((~~commission~~)) board, in collaboration with
32 rural hospitals, relevant employer and exclusive bargaining unit
33 partnerships, nursing assistant-certified training programs, the
34 department of health, and the department of labor and industries,
35 shall establish at least two pilot projects for rural hospitals to
36 utilize high school students who are training to become nursing
37 assistant-certified or high school students who are nursing
38 assistant-certified to help address the workforce shortages and
39 promote nursing careers in rural hospitals. As part of the program,

1 students must receive information about related careers and
2 educational and training opportunities including certified medical
3 assistants, licensed practical nurses, and registered nurses.

4 (2) At least one of the rural hospitals participating in the
5 pilot projects must be east of the crest of the Cascade mountains and
6 at least one of the rural hospitals participating in the pilot
7 projects must be west of the crest of the Cascade mountains.

8 (3) The pilot projects shall prioritize using the nursing
9 assistant-certified high school students to their full scope of
10 practice and identify any barriers to doing this.

11 (4) The ((~~commission~~)) board may contract with an employer and
12 exclusive bargaining unit partnership, nursing consultant, and health
13 services consultant to assist with establishing and supporting the
14 pilot project, including identifying participants, coordinating with
15 the groups and agencies as referenced in subsection (1) of this
16 section and other stakeholders, and preparing reports to the
17 legislature.

18 (5) The ((~~commission~~)) board shall submit a report, in accordance
19 with RCW 43.01.036, to the health care committees of the legislature
20 by December 1, 2024, and December 1, 2025, with the status of the
21 pilot projects and any findings and recommendations.

22 (6) This section expires July 1, 2026.

23 **Sec. 5028.** RCW 18.79.440 and 2023 c 141 s 1 are each amended to
24 read as follows:

25 (1) The department or ((~~commission~~)) board may not post
26 information regarding an enforcement action taken by the
27 ((~~commission~~)) board against a person licensed under this chapter,
28 including any supporting documents or indication that the enforcement
29 action was taken, on any public website when the following conditions
30 are met:

31 (a) In connection with the enforcement action, the person has
32 been required by an order or agreement with the ((~~commission~~)) board
33 to contact a ((~~commission~~)) board-approved substance use disorder
34 monitoring program authorized by RCW 18.130.175, and if recommended
35 by the program, to contract with and participate in the program;

36 (b) The ((~~commission~~)) board has found that the person has
37 substantially complied with the terms of the order or agreement; and

1 (c) If the website is a third-party website, the department or
2 ((~~commission~~)) board has the ability to prevent information regarding
3 the enforcement action from being posted on the public website.

4 (2) Subject to the availability of amounts appropriated for this
5 specific purpose, the ((~~commission~~)) board shall establish a stipend
6 program to defray the out-of-pocket expenses incurred in connection
7 with participation in the ((~~commission's~~)) board's approved substance
8 use disorder monitoring program authorized by RCW 18.130.175.

9 (3) To be eligible for the stipend program, a person must:

10 (a) Hold an active, inactive, or suspended license issued
11 pursuant to this chapter;

12 (b) Submit an application on forms provided by the ((~~commission~~))
13 board;

14 (c) Be actively participating in the ((~~commission's~~)) board's
15 approved substance use disorder monitoring program or have completed
16 the ((~~commission's~~)) board's approved substance use disorder
17 monitoring program within six months of submission of an application
18 for the stipend program; and

19 (d) Have a demonstrated need for financial assistance with the
20 expenses incurred in connection with participation in the
21 ((~~commission's~~)) board's approved substance use disorder monitoring
22 program.

23 (4) A person is not eligible for the stipend program if they have
24 previously applied for and participated in the stipend program.

25 (5) The ((~~commission~~)) board may defray up to 80 percent of each
26 out-of-pocket expense deemed eligible for defrayment under this
27 section.

28 (6) Out-of-pocket expenses eligible for defrayment under this
29 section include the costs of substance use evaluation, treatment, and
30 other ancillary services, including drug testing, participation in
31 professional peer support groups, and any other expenses deemed
32 appropriate by the ((~~commission~~)) board.

33 (7) A person participating in the stipend program established in
34 this section shall document their out-of-pocket expenses in a manner
35 specified by the ((~~commission~~)) board.

36 (8) The ((~~commission~~)) board must provide updated information on
37 its website regarding the total number of individuals that have
38 participated in the stipend program, the average total amount of
39 eligible expenses defrayed for each participant, the aggregated total
40 amount of expenses that have been defrayed for all individuals that

1 have participated in the stipend program, and the amount of funds
2 available for the stipend program.

3 (9) The ((~~commission~~)) board shall establish the stipend program
4 no later than July 1, 2024.

5 (10) The ((~~commission~~)) board may adopt rules necessary to
6 implement this section.

7 **Sec. 5029.** RCW 18.79.800 and 2017 c 297 s 8 are each amended to
8 read as follows:

9 (1) By January 1, 2019, the ((~~commission~~)) board must adopt rules
10 establishing requirements for prescribing opioid drugs. The rules may
11 contain exemptions based on education, training, amount of opioids
12 prescribed, patient panel, and practice environment.

13 (2) In developing the rules, the ((~~commission~~)) board must
14 consider the agency medical directors' group and centers for disease
15 control guidelines, and may consult with the department of health,
16 the University of Washington, and the largest professional
17 associations for advanced registered nurse practitioners and
18 certified registered nurse anesthetists in the state.

19 **Sec. 5030.** RCW 18.79.810 and 2019 c 314 s 10 are each amended to
20 read as follows:

21 By January 1, 2020, the ((~~commission~~)) board must adopt or amend
22 its rules to require advanced registered nurse practitioners who
23 prescribe opioids to inform patients of their right to refuse an
24 opioid prescription or order for any reason. If a patient indicates a
25 desire to not receive an opioid, the advanced registered nurse
26 practitioner must document the patient's request and avoid
27 prescribing or ordering opioids, unless the request is revoked by the
28 patient.

29 **Sec. 5031.** RCW 18.88A.020 and 2018 c 201 s 9008 are each amended
30 to read as follows:

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

33 (1) "Alternative training" means a nursing assistant-certified
34 program meeting criteria adopted by the ((~~commission~~)) board under
35 RCW 18.88A.087 to meet the requirements of a state-approved nurse
36 aide competency evaluation program consistent with 42 U.S.C. Sec.
37 1395i-3(e) and (f) of the federal social security act.

(2) "Approved training program" means a nursing assistant-certified training program approved by the ~~((commission))~~ board to meet the requirements of a state-approved nurse aide training and competency evaluation program consistent with 42 U.S.C. Sec. 1395i-3(e) and (f) of the federal social security act. For community college, vocational-technical institutes, skill centers, and secondary school as defined in chapter 28B.50 RCW, nursing assistant-certified training programs shall be approved by the ~~((commission))~~ board in cooperation with the board for community and technical colleges or the superintendent of public instruction.

(3) ~~((("Commission" means the Washington nursing care quality assurance commission.))~~ "Board" means the state board of nursing.

(4) "Competency evaluation" means the measurement of an individual's knowledge and skills as related to safe, competent performance as a nursing assistant.

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

(6) "Health care facility" means a nursing home, hospital licensed under chapter 70.41 or 71.12 RCW, hospice care facility, home health care agency, hospice agency, licensed or certified service provider under chapter 71.24 RCW other than an individual health care provider, or other entity for delivery of health care services as defined by the ~~((commission))~~ board.

(7) "Medication assistant" means a nursing assistant-certified with a medication assistant endorsement issued under RCW 18.88A.082 who is authorized, in addition to his or her duties as a nursing assistant-certified, to administer certain medications and perform certain treatments in a nursing home under the supervision of a registered nurse under RCW 18.88A.082.

(8) "Nursing assistant" means an individual, regardless of title, who, under the direction and supervision of a registered nurse or licensed practical nurse, assists in the delivery of nursing and nursing-related activities to patients in a health care facility. The two levels of nursing assistants are:

(a) "Nursing assistant-certified," an individual certified under this chapter; and

(b) "Nursing assistant-registered," an individual registered under this chapter.

(9) "Nursing home" means a nursing home licensed under chapter 18.51 RCW.

(10) "Secretary" means the secretary of health.

1 **Sec. 5032.** RCW 18.88A.030 and 2021 c 203 s 16 are each amended
2 to read as follows:

3 (1)(a) A nursing assistant may assist in the care of individuals
4 as delegated by and under the direction and supervision of a licensed
5 (registered) nurse or licensed practical nurse.

6 (b) A health care facility shall not assign a nursing assistant-
7 registered to provide care until the nursing assistant-registered has
8 demonstrated skills necessary to perform competently all assigned
9 duties and responsibilities.

10 (c) Nothing in this chapter shall be construed to confer on a
11 nursing assistant the authority to administer medication unless
12 delegated as a specific nursing task pursuant to this chapter or to
13 practice as a licensed (registered) nurse or licensed practical nurse
14 as defined in chapter 18.79 RCW.

15 (2)(a) A nursing assistant employed in a nursing home must have
16 successfully obtained certification through: (i) An approved training
17 program and the competency evaluation within a period of time
18 determined in rule by the (~~commission~~) board; or (ii) alternative
19 training and the competency evaluation prior to employment.

20 (b) Certification is voluntary for nursing assistants working in
21 health care facilities other than nursing homes unless otherwise
22 required by state or federal law or regulation.

23 (3) The (~~commission~~) board may adopt rules to implement the
24 provisions of this chapter.

25 **Sec. 5033.** RCW 18.88A.060 and 2012 c 208 s 6 are each amended to
26 read as follows:

27 In addition to any other authority provided by law, the
28 (~~commission~~) board may:

29 (1) Determine minimum nursing assistant education requirements
30 and approve training programs;

31 (2) Approve education and training programs and examinations for
32 medication assistants as provided in RCW 18.88A.082;

33 (3) Define the prescriber-ordered treatments a medication
34 assistant is authorized to perform under RCW 18.88A.082;

35 (4) Prepare, grade, and administer, or determine the nature of,
36 and supervise the grading and administration of, the competency
37 evaluation for applicants for nursing assistant certification, using
38 the same competency evaluation for all applicants, whether qualifying

1 to take the competency evaluation under an approved training program
2 or alternative training;

3 (5) Establish forms and procedures for evaluation of an
4 applicant's alternative training under criteria adopted pursuant to
5 RCW 18.88A.087;

6 (6) Define and approve any experience requirement for nursing
7 assistant certification;

8 (7) Adopt rules implementing a continuing competency evaluation
9 program for nursing assistants; and

10 (8) Adopt rules to enable it to carry into effect the provisions
11 of this chapter.

12 **Sec. 5034.** RCW 18.88A.080 and 1994 sp.s. c 9 s 711 are each
13 amended to read as follows:

14 (1) The secretary shall issue a registration to any applicant who
15 pays any applicable fees and submits, on forms provided by the
16 secretary, the applicant's name, address, and other information as
17 determined by the secretary, provided there are no grounds for denial
18 of registration or issuance of a conditional registration under this
19 chapter or chapter 18.130 RCW.

20 (2) Applicants must file an application with the ((~~commission~~))
21 board for registration within three days of employment.

22 **Sec. 5035.** RCW 18.88A.082 and 2012 c 208 s 3 are each amended to
23 read as follows:

24 (1) Beginning July 1, 2013, the secretary shall issue a
25 medication assistant endorsement to any nursing assistant-certified
26 who meets the following requirements:

27 (a) Ongoing certification as a nursing assistant-certified in
28 good standing under this chapter;

29 (b) Completion of a minimum number of hours of documented work
30 experience as a nursing assistant-certified in a long-term care
31 setting as defined in rule by the ((~~commission~~)) board;

32 (c) Successful completion of an education and training program
33 approved by the ((~~commission~~)) board by rule, such as the model
34 medication assistant-certified curriculum adopted by the national
35 council of state boards of nursing. The education and training
36 program must include training on the specific tasks listed in
37 subsection (2) of this section as well as training on identifying

tasks that a medication assistant may not perform under subsection (4) of this section;

(d) Passage of an examination approved by the ~~((commission))~~ board by rule, such as the medication aide competency examination available through the national council of state boards of nursing; and

(e) Continuing competency requirements as defined in rule by the ~~((commission))~~ board.

(2) Subject to subsection (3) of this section, a medication assistant may perform the following additional tasks:

(a) The administration of medications orally, topically, and through inhalation;

(b) The performance of simple prescriber-ordered treatments, including blood glucose monitoring, noncomplex clean dressing changes, pulse oximetry reading, and oxygen administration, to be defined by the ~~((commission))~~ board by rule; and

(c) The documentation of the tasks in this subsection (2) on applicable medication or treatment forms.

(3) A medication assistant may only perform the additional tasks in subsection (2) of this section:

(a) In a nursing home;

(b) Under the direct supervision of a designated registered nurse who is on-site and immediately accessible during the medication assistant's shift. The registered nurse shall assess the resident prior to the medication assistant administering medications or treatments and determine whether it is safe to administer the medications or treatments. The judgment and decision to administer medications or treatments is retained by the registered nurse; and

(c) If, while functioning as a medication assistant, the primary responsibility of the medication assistant is performing the additional tasks. The ~~((commission))~~ board may adopt rules regarding the medication assistant's primary responsibilities and limiting the duties, within the scope of practice of a nursing assistant-certified, that a nursing assistant-certified may perform while functioning as a medication assistant.

(4) A medication assistant may not:

(a) Accept telephone or verbal orders from a prescriber;

(b) Calculate medication dosages;

(c) Inject any medications;

(d) Perform any sterile task;

- 1 (e) Administer medications through a tube;
2 (f) Administer any Schedule I, II, or III controlled substance;
3 or
4 (g) Perform any task that requires nursing judgment.
5 (5) Nothing in this section requires a nursing home to employ a
6 nursing assistant-certified with a medication assistant endorsement.
7 (6) A medication assistant is responsible and accountable for his
8 or her specific functions.
9 (7) A medication assistant's employer may limit or restrict the
10 range of functions permitted under this section, but may not expand
11 those functions.

12 **Sec. 5036.** RCW 18.88A.085 and 2010 c 169 s 7 are each amended to
13 read as follows:

14 (1) After January 1, 1990, the secretary shall issue a nursing
15 assistant certificate to any applicant who demonstrates to the
16 secretary's satisfaction that the following requirements have been
17 met:

18 (a) Successful completion of an approved training program or
19 successful completion of alternative training meeting established
20 criteria adopted by the (~~commission~~) board under RCW 18.88A.087;
21 and

22 (b) Successful completion of the competency evaluation.

23 (2) In addition, applicants shall be subject to the grounds for
24 denial of certification under chapter 18.130 RCW.

25 **Sec. 5037.** RCW 18.88A.087 and 2021 c 203 s 17 are each amended
26 to read as follows:

27 (1) The (~~commission~~) board shall adopt criteria for evaluating
28 an applicant's alternative training to determine the applicant's
29 eligibility to take the competency evaluation for nursing assistant
30 certification. At least one option adopted by the (~~commission~~)
31 board must allow an applicant to take the competency evaluation if he
32 or she:

33 (a)(i) Is a certified home care aide pursuant to chapter 18.88B
34 RCW; or

35 (ii) Is a certified medical assistant pursuant to a certification
36 program accredited by a national medical assistant accreditation
37 organization and approved by the (~~commission~~) board; and

1 (b) Has successfully completed at least twenty-four hours of
2 training that the ((~~commission~~)) board determines is necessary to
3 provide training equivalent to approved training on topics not
4 addressed in the training specified for certification as a home care
5 aide or medical assistant, as applicable. In the ((~~commission's~~))
6 board's discretion, a portion of these hours may include clinical
7 training.

8 (2)(a) The ((~~commission~~)) board, in consultation with the
9 secretary, the department of social and health services, and
10 consumer, employer, and worker representatives, shall adopt rules to
11 implement this section and to provide for a program of credentialing
12 reciprocity to the extent required by this section between home care
13 aide and medical assistant certification and nursing assistant
14 certification. The secretary shall also adopt such rules as may be
15 necessary to implement this section and the credentialing reciprocity
16 program.

17 (b) Rules adopted under this section must be consistent with
18 requirements under 42 U.S.C. Sec. 1395i-3(e) and (f) of the federal
19 social security act relating to state-approved competency evaluation
20 programs for certified nurse aides.

21 (3) The secretary, in consultation with the ((~~commission~~)) board,
22 shall report annually by December 1st to the governor and the
23 appropriate committees of the legislature on the progress made in
24 achieving career advancement for certified home care aides and
25 medical assistants into nursing practice.

26 **Sec. 5038.** RCW 18.88A.088 and 2011 c 32 s 10 are each amended to
27 read as follows:

28 An applicant with military training or experience satisfies the
29 training or experience requirements of this chapter unless the
30 ((~~commission~~)) board determines that the military training or
31 experience is not substantially equivalent to the standards of this
32 state.

33 **Sec. 5039.** RCW 18.88A.090 and 2010 c 169 s 8 are each amended to
34 read as follows:

35 (1) The ((~~commission~~)) board shall examine each applicant, by a
36 written or oral and a manual component of competency evaluation. The
37 competency evaluation shall be limited to the purpose of determining

1 whether the applicant possesses the minimum skill and knowledge
2 necessary to practice competently.

3 (2) Any applicant failing to make the required grade in the first
4 competency evaluation may take up to three subsequent competency
5 evaluations as the applicant desires upon prepaying a fee determined
6 by the secretary under RCW 43.70.250 for each subsequent competency
7 evaluation. Upon failing four competency evaluations, the secretary
8 may invalidate the original application and require such remedial
9 education before the person may take future competency evaluations.

10 The ((~~commission~~)) board may approve a competency evaluation
11 prepared or administered by a private testing agency or association
12 of licensing agencies for use by an applicant in meeting the
13 credentialing requirements.

14 **Sec. 5040.** RCW 18.88A.100 and 1994 sp.s. c 9 s 714 are each
15 amended to read as follows:

16 The secretary shall waive the competency evaluation and certify a
17 person to practice within the state of Washington if the
18 ((~~commission~~)) board determines that the person meets commonly
19 accepted standards of education and experience for the nursing
20 assistants. This section applies only to those individuals who file
21 an application for waiver by December 31, 1991.

22 **Sec. 5041.** RCW 18.88A.210 and 2008 c 146 s 12 are each amended
23 to read as follows:

24 (1) A nursing assistant meeting the requirements of this section
25 who provides care to individuals in community-based care settings or
26 in-home care settings, as defined in RCW 18.79.260(3), may accept
27 delegation of nursing care tasks by a registered nurse as provided in
28 RCW 18.79.260(3).

29 (2) For the purposes of this section, "nursing assistant" means a
30 nursing assistant-registered or a nursing assistant-certified.
31 Nothing in this section may be construed to affect the authority of
32 nurses to delegate nursing tasks to other persons, including licensed
33 practical nurses, as authorized by law.

34 (3)(a) Before commencing any specific nursing care tasks
35 authorized under this chapter, the nursing assistant must (i) provide
36 to the delegating nurse a certificate of completion issued by the
37 department of social and health services indicating the completion of
38 basic core nurse delegation training, (ii) be regulated by the

1 department of health pursuant to this chapter, subject to the uniform
2 disciplinary act under chapter 18.130 RCW, and (iii) meet any
3 additional training requirements identified by the (~~nursing care~~
4 ~~quality assurance commission~~) board. Exceptions to these training
5 requirements must adhere to RCW 18.79.260(3)(e) (vi).

6 (b) In addition to meeting the requirements of (a) of this
7 subsection, before commencing the care of individuals with diabetes
8 that involves administration of insulin by injection, the nursing
9 assistant must provide to the delegating nurse a certificate of
10 completion issued by the department of social and health services
11 indicating completion of specialized diabetes nurse delegation
12 training. The training must include, but is not limited to,
13 instruction regarding diabetes, insulin, sliding scale insulin
14 orders, and proper injection procedures.

15 **Sec. 5042.** RCW 18.88B.070 and 2012 c 164 s 406 are each amended
16 to read as follows:

17 (1) The legislature recognizes that nurses have been successfully
18 delegating nursing care tasks to family members and others for many
19 years. The opportunity for a nurse to delegate nursing care tasks to
20 home care aides certified under this chapter may enhance the
21 viability and quality of health care services in community-based care
22 settings and in-home care settings to allow individuals to live as
23 independently as possible with maximum safeguards.

24 (2)(a) A certified home care aide who wishes to perform a nurse
25 delegated task pursuant to RCW 18.79.260 must complete nurse
26 delegation core training under chapter 18.88A RCW before the home
27 care aide may be delegated a nursing care task by a registered nurse
28 delegator. Before administering insulin, a home care aide must also
29 complete the specialized diabetes nurse delegation training under
30 chapter 18.88A RCW. Before commencing any specific nursing care tasks
31 authorized under RCW 18.79.260, the home care aide must:

32 (i) Provide to the delegating nurse a transcript or certificate
33 of successful completion of training issued by an approved instructor
34 or approved training entity indicating the completion of basic core
35 nurse delegation training; and

36 (ii) Meet any additional training requirements mandated by the
37 (~~nursing care quality assurance commission~~) state board of nursing.
38 Any exception to these training requirements is subject to RCW
39 18.79.260(3)(e) (vi).

1 (b) In addition to meeting the requirements of (a) of this
2 subsection, before providing delegated nursing care tasks that
3 involve administration of insulin by injection to individuals with
4 diabetes, the home care aide must provide to the delegating nurse a
5 transcript or certificate of successful completion of training issued
6 by an approved instructor or approved training entity indicating
7 completion of specialized diabetes nurse delegation training. The
8 training must include, but is not limited to, instruction regarding
9 diabetes, insulin, sliding scale insulin orders, and proper injection
10 procedures.

11 (3) The home care aide is accountable for his or her own
12 individual actions in the delegation process. Home care aides
13 accurately following written delegation instructions from a
14 registered nurse are immune from liability regarding the performance
15 of the delegated duties.

16 (4) Home care aides are not subject to any employer reprisal or
17 disciplinary action by the secretary for refusing to accept
18 delegation of a nursing care task based on his or her concerns about
19 patient safety issues. No provider of a community-based care setting
20 as defined in RCW 18.79.260, or in-home services agency as defined in
21 RCW 70.127.010, may discriminate or retaliate in any manner against a
22 person because the person made a complaint about the nurse delegation
23 process or cooperated in the investigation of the complaint.

24 **Sec. 5043.** RCW 28A.210.275 and 2014 c 204 s 2 are each amended
25 to read as follows:

26 (1) Beginning July 1, 2014, a school district employee not
27 licensed under chapter 18.79 RCW who is asked to administer
28 medications or perform nursing services not previously recognized in
29 law shall at the time he or she is asked to administer the medication
30 or perform the nursing service file, without coercion by the
31 employer, a voluntary written, current, and unexpired letter of
32 intent stating the employee's willingness to administer the new
33 medication or nursing service. It is understood that the letter of
34 intent will expire if the conditions of acceptance are substantially
35 changed. If a school employee who is not licensed under chapter 18.79
36 RCW chooses not to file a letter under this section, the employee is
37 not subject to any employer reprisal or disciplinary action for
38 refusing to file a letter.

1 (2) In the event a school employee provides the medication or
2 service to a student in substantial compliance with (a) rules adopted
3 by the state (~~((nursing care quality assurance commission))~~) board of
4 nursing and the instructions of a registered nurse or advanced
5 registered nurse practitioner issued under such rules, and (b)
6 written policies of the school district, then the employee, the
7 employee's school district or school of employment, and the members
8 of the governing board and chief administrator thereof are not liable
9 in any criminal action or for civil damages in his or her individual,
10 marital, governmental, corporate, or other capacity as a result of
11 providing the medication or service.

12 (3) The board of directors shall designate a professional person
13 licensed under chapter 18.71, 18.57, or 18.79 RCW as it applies to
14 registered nurses and advanced registered nurse practitioners to
15 consult and coordinate with the student's parents and health care
16 provider, and train and supervise the appropriate school district
17 personnel in proper procedures to ensure a safe, therapeutic learning
18 environment. School employees must receive the training provided
19 under this subsection before they are authorized to deliver the
20 service or medication. Such training must be provided, where
21 necessary, on an ongoing basis to ensure that the proper procedures
22 are not forgotten because the services or medication are delivered
23 infrequently.

24 **Sec. 5044.** RCW 28A.210.280 and 2003 c 172 s 1 are each amended
25 to read as follows:

26 (1) Public school districts and private schools that offer
27 classes for any of grades kindergarten through twelve must provide
28 for clean, intermittent bladder catheterization of students, or
29 assisted self-catheterization of students pursuant to RCW 18.79.290.
30 The catheterization must be provided in substantial compliance with:

31 (a) Rules adopted by the state (~~((nursing care quality assurance~~
32 ~~commission))~~) board of nursing and the instructions of a registered
33 nurse or advanced registered nurse practitioner issued under such
34 rules; and

35 (b) Written policies of the school district or private school
36 which shall be adopted in order to implement this section and shall
37 be developed in accordance with such requirements of chapters 41.56
38 and 41.59 RCW as may be applicable.

1 (2) School district employees, except those licensed under
2 chapter 18.79 RCW, who have not agreed in writing to perform clean,
3 intermittent bladder catheterization as a specific part of their job
4 description, may file a written letter of refusal to perform clean,
5 intermittent bladder catheterization of students. This written letter
6 of refusal may not serve as grounds for discharge, nonrenewal, or
7 other action adversely affecting the employee's contract status.

8 (3) Any public school district or private school that provides
9 clean, intermittent bladder catheterization shall document the
10 provision of training given to employees who perform these services.
11 These records shall be made available for review at any audit.

12 **Sec. 5045.** RCW 28A.210.290 and 1994 sp.s. c 9 s 722 are each
13 amended to read as follows:

14 (1) In the event a school employee provides for the
15 catheterization of a student pursuant to RCW 18.79.290 and
16 28A.210.280 in substantial compliance with (a) rules adopted by the
17 state (~~((nursing care quality assurance commission))~~) board of nursing
18 and the instructions of a registered nurse or advanced registered
19 nurse practitioner issued under such rules, and (b) written policies
20 of the school district or private school, then the employee, the
21 employee's school district or school of employment, and the members
22 of the governing board and chief administrator thereof shall not be
23 liable in any criminal action or for civil damages in their
24 individual, marital, governmental, corporate, or other capacity as a
25 result of providing for the catheterization.

26 (2) Providing for the catheterization of any student pursuant to
27 RCW 18.79.290 and 28A.210.280 may be discontinued by a public school
28 district or private school and the school district or school, its
29 employees, its chief administrator, and members of its governing
30 board shall not be liable in any criminal action or for civil damages
31 in their individual, marital, governmental, corporate, or other
32 capacity as a result of the discontinuance: PROVIDED, That the chief
33 administrator of the public school district or private school, or his
34 or her designee, has first provided actual notice orally or in
35 writing in advance of the date of discontinuance to a parent or legal
36 guardian of the student or other person having legal control over the
37 student: PROVIDED FURTHER, That the public school district otherwise
38 provides for the catheterization of the student to the extent
39 required by federal or state law.

1 **Sec. 5046.** RCW 28B.115.020 and 2023 c 442 s 2 are each amended
2 to read as follows:

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

5 (1) "Approved nursing program" means a nursing educational
6 program that leads to a degree or licensure in nursing that is
7 approved by the (~~nursing care quality assurance commission~~) state
8 board of nursing under RCW 18.79.070 and is located at an institution
9 of higher education that is authorized to participate in state
10 financial aid programs under chapter 28B.92 RCW.

11 (2) "Council" means the Washington state forensic investigations
12 council created in chapter 43.103 RCW.

13 (3) "Credentialed health care profession" means a health care
14 profession regulated by a disciplining authority in the state of
15 Washington under RCW 18.130.040 or by the pharmacy quality assurance
16 commission under chapter 18.64 RCW and designated by the department
17 in RCW 28B.115.070 as a profession having shortages of credentialed
18 health care professionals in the state.

19 (4) "Credentialed health care professional" means a person
20 regulated by a disciplining authority in the state of Washington to
21 practice a health care profession under RCW 18.130.040 or by the
22 pharmacy quality assurance commission under chapter 18.64 RCW.

23 (5) "Department" means the state department of health.

24 (6) "Eligible education and training programs" means education
25 and training programs approved by the department that lead to
26 eligibility for a credential as a credentialed health care
27 professional.

28 (7) "Eligible expenses" means reasonable expenses associated with
29 the costs of acquiring an education such as tuition, books,
30 equipment, fees, room and board, and other expenses determined by the
31 office.

32 (8) "Eligible student" means a student who has been accepted into
33 an eligible education or training program and has a declared
34 intention to serve in a health professional shortage area upon
35 completion of the education or training program.

36 (9) "Forgiven" or "to forgive" or "forgiveness" means to render
37 health care services in a health professional shortage area, an
38 underserved behavioral health area, or as a nurse educator in the
39 state of Washington in lieu of monetary repayment.

1 (10) "Health professional shortage areas" means those areas where
2 credentialed health care professionals are in short supply as a
3 result of geographic maldistribution or as the result of a short
4 supply of credentialed health care professionals in specialty health
5 care areas and where vacancies exist in serious numbers that
6 jeopardize patient care and pose a threat to the public health and
7 safety. The department shall determine health professional shortage
8 areas as provided for in RCW 28B.115.070. In making health
9 professional shortage area designations in the state the department
10 may be guided by applicable federal standards for "health manpower
11 shortage areas," and "medically underserved areas," and "medically
12 underserved populations."

13 (11) "Identified shortage areas" means those areas where
14 qualified forensic pathologists are in short supply because of
15 geographic maldistribution or where vacancies exist that may
16 compromise death investigations. The council, with assistance from
17 the department, shall determine shortage areas.

18 (12) "Loan repayment" means a loan that is paid in full or in
19 part if the participant:

20 (a) Renders health care services in a health professional
21 shortage area or an underserved behavioral health area as defined by
22 the department;

23 (b) Teaches as a nurse educator for an approved nursing program;
24 or

25 (c) Renders services as a qualified board-certified forensic
26 pathologist as determined by the department.

27 (13) "Nonshortage rural area" means a nonurban area of the state
28 of Washington that has not been designated as a rural physician
29 shortage area. The department shall identify the nonshortage rural
30 areas of the state.

31 (14) "Nurse educator" means an individual with an advanced
32 nursing degree beyond a bachelor's degree that teaches nursing
33 curriculum and is a faculty member for an approved nursing program.

34 (15) "Office" means the office of student financial assistance.

35 (16) "Participant" means:

36 (a) A credentialed health care professional who has received a
37 loan repayment award and has commenced practice as a credentialed
38 health care provider in a designated health professional shortage
39 area or an underserved behavioral health area;

40 (b) A nurse educator teaching in an approved nursing program;

(c) An eligible student who has received a scholarship under this program; or

(d) A board-certified forensic pathologist who has commenced working in or is committed to working in identified shortage areas in the state of Washington for the pathologist's required service obligation.

(17) "Required service obligation" means an obligation by the participant to:

(a) Provide health care services in a health professional shortage area or an underserved behavioral health area for a period to be established as provided for in this chapter;

(b) Teach as a nurse educator for a period to be established as provided for in this chapter; or

(c) Provide services as a board-certified forensic pathologist in identified shortage areas as determined by the council.

(18) "Rural physician shortage area" means rural geographic areas where primary care physicians are in short supply as a result of geographic maldistributions and where their limited numbers jeopardize patient care and pose a threat to public health and safety. The department shall designate rural physician shortage areas.

(19) "Satisfied" means paid-in-full.

(20) "Scholarship" means a loan that is forgiven in whole or in part if the recipient renders health care services in a health professional shortage area or an underserved behavioral health area.

(21) "Sponsoring community" means a rural hospital or hospitals as authorized in chapter 70.41 RCW, a rural health care facility or facilities as authorized in chapter 70.175 RCW, or a city or county government or governments.

(22) "Underserved behavioral health area" means a geographic area, population, or facility that has a shortage of health care professionals providing behavioral health services, as determined by the department.

Sec. 5047. RCW 41.05.180 and 1994 sp.s. c 9 s 725 are each amended to read as follows:

Each health plan offered to public employees and their covered dependents under this chapter that is not subject to the provisions of Title 48 RCW and is established or renewed after January 1, 1990, and that provides benefits for hospital or medical care shall provide

benefits for screening or diagnostic mammography services, provided that such services are delivered upon the recommendation of the patient's physician or advanced registered nurse practitioner as authorized by the (~~nursing care quality assurance commission~~) state board of nursing pursuant to chapter 18.79 RCW or physician assistant pursuant to chapter 18.71A RCW.

This section shall not be construed to prevent the application of standard health plan provisions applicable to other benefits such as deductible or copayment provisions. This section does not limit the authority of the state health care authority to negotiate rates and contract with specific providers for the delivery of mammography services. This section shall not apply to medicare supplement policies or supplemental contracts covering a specified disease or other limited benefits.

Sec. 5048. RCW 48.20.393 and 2023 c 366 s 3 are each amended to read as follows:

Each disability insurance policy issued or renewed after January 1, 1990, that provides coverage for hospital or medical expenses shall provide coverage for screening or diagnostic mammography services, provided that such services are delivered upon the recommendation of the patient's physician or advanced registered nurse practitioner as authorized by the (~~nursing care quality assurance commission~~) state board of nursing pursuant to chapter 18.79 RCW or physician assistant pursuant to chapter 18.71A RCW.

This section shall not be construed to prevent the application of standard policy provisions, other than the cost-sharing prohibition provided in RCW 48.43.076, that are applicable to other benefits. This section does not limit the authority of an insurer to negotiate rates and contract with specific providers for the delivery of mammography services. This section shall not apply to medicare supplement policies or supplemental contracts covering a specified disease or other limited benefits.

Sec. 5049. RCW 48.21.225 and 2023 c 366 s 4 are each amended to read as follows:

Each group disability insurance policy issued or renewed after January 1, 1990, that provides coverage for hospital or medical expenses shall provide coverage for screening or diagnostic mammography services, provided that such services are delivered upon

1 the recommendation of the patient's physician or advanced registered
2 nurse practitioner as authorized by the (~~nursing care quality~~
3 ~~assurance commission~~) state board of nursing pursuant to chapter
4 18.79 RCW or physician assistant pursuant to chapter 18.71A RCW.

5 This section shall not be construed to prevent the application of
6 standard policy provisions, other than the cost-sharing prohibition
7 provided in RCW 48.43.076, that are applicable to other benefits.
8 This section does not limit the authority of an insurer to negotiate
9 rates and contract with specific providers for the delivery of
10 mammography services. This section shall not apply to medicare
11 supplement policies or supplemental contracts covering a specified
12 disease or other limited benefits.

13 **Sec. 5050.** RCW 48.43.087 and 2001 c 251 s 33 are each amended to
14 read as follows:

15 (1) For purposes of this section:

16 (a) "Health carrier" includes disability insurers regulated under
17 chapter 48.20 or 48.21 RCW, health care services contractors
18 regulated under chapter 48.44 RCW, plans operating under the health
19 care authority under chapter 41.05 RCW, the basic health plan
20 operating under chapter 70.47 RCW, the state health insurance pool
21 operating under chapter 48.41 RCW, insuring entities regulated under
22 this chapter, and health maintenance organizations regulated under
23 chapter 48.46 RCW.

24 (b) "Intermediary" means a person duly authorized to negotiate
25 and execute provider contracts with health carriers on behalf of
26 mental health care practitioners.

27 (c) Consistent with their lawful scopes of practice, "mental
28 health care practitioners" includes only the following: Any generally
29 recognized medical specialty of practitioners licensed under chapter
30 18.57 or 18.71 RCW who provide mental health services, advanced
31 practice psychiatric nurses as authorized by the (~~nursing care~~
32 ~~quality assurance commission~~) state board of nursing under chapter
33 18.79 RCW, psychologists licensed under chapter 18.83 RCW, and mental
34 health counselors, marriage and family therapists, and social workers
35 licensed under chapter 18.225 RCW.

36 (d) "Mental health services" means outpatient services.

37 (2) Consistent with federal and state law and rule, no contract
38 between a mental health care practitioner and an intermediary or
39 between a mental health care practitioner and a health carrier that

1 is written, amended, or renewed after June 6, 1996, may contain a
2 provision prohibiting a practitioner and an enrollee from agreeing to
3 contract for services solely at the expense of the enrollee as
4 follows:

5 (a) On the exhaustion of the enrollee's mental health care
6 coverage;

7 (b) During an appeal or an adverse certification process;

8 (c) When an enrollee's condition is excluded from coverage; or

9 (d) For any other clinically appropriate reason at any time.

10 (3) If a mental health care practitioner provides services to an
11 enrollee during an appeal or adverse certification process, the
12 practitioner must provide to the enrollee written notification that
13 the enrollee is responsible for payment of these services, unless the
14 health carrier elects to pay for services provided.

15 (4) This section does not apply to a mental health care
16 practitioner who is employed full time on the staff of a health
17 carrier.

18 **Sec. 5051.** RCW 48.44.325 and 2023 c 366 s 5 are each amended to
19 read as follows:

20 Each health care service contract issued or renewed after January
21 1, 1990, that provides benefits for hospital or medical care shall
22 provide benefits for screening or diagnostic mammography services,
23 provided that such services are delivered upon the recommendation of
24 the patient's physician or advanced registered nurse practitioner as
25 authorized by the (~~nursing care quality assurance commission~~) state
26 board of nursing pursuant to chapter 18.79 RCW or physician assistant
27 pursuant to chapter 18.71A RCW.

28 This section shall not be construed to prevent the application of
29 standard contract provisions, other than the cost-sharing prohibition
30 provided in RCW 48.43.076, that are applicable to other benefits.
31 This section does not limit the authority of a contractor to
32 negotiate rates and contract with specific providers for the delivery
33 of mammography services. This section shall not apply to medicare
34 supplement policies or supplemental contracts covering a specified
35 disease or other limited benefits.

36 **Sec. 5052.** RCW 48.46.275 and 2023 c 366 s 6 are each amended to
37 read as follows:

1 Each health maintenance agreement issued or renewed after January
2 1, 1990, that provides benefits for hospital or medical care shall
3 provide benefits for screening or diagnostic mammography services,
4 provided that such services are delivered upon the recommendation of
5 the patient's physician or advanced registered nurse practitioner as
6 authorized by the (~~nursing care quality assurance commission~~) state
7 board of nursing pursuant to chapter 18.79 RCW or physician assistant
8 pursuant to chapter 18.71A RCW.

9 All services must be provided by the health maintenance
10 organization or rendered upon referral by the health maintenance
11 organization. This section shall not be construed to prevent the
12 application of standard agreement provisions, other than the cost-
13 sharing prohibition provided in RCW 48.43.076, that are applicable to
14 other benefits. This section does not limit the authority of a health
15 maintenance organization to negotiate rates and contract with
16 specific providers for the delivery of mammography services. This
17 section shall not apply to medicare supplement policies or
18 supplemental contracts covering a specified disease or other limited
19 benefits.

20 **Sec. 5053.** RCW 69.45.010 and 2020 c 80 s 42 are each amended to
21 read as follows:

22 The definitions in this section apply throughout this chapter.

23 (1) "Commission" means the pharmacy quality assurance commission.

24 (2) "Controlled substance" means a drug, substance, or immediate
25 precursor of such drug or substance, so designated under or pursuant
26 to chapter 69.50 RCW, the uniform controlled substances act.

27 (3) "Deliver" or "delivery" means the actual, constructive, or
28 attempted transfer from one person to another of a drug or device,
29 whether or not there is an agency relationship.

30 (4) "Department" means the department of health.

31 (5) "Dispense" means the interpretation of a prescription or
32 order for a drug, biological, or device and, pursuant to that
33 prescription or order, the proper selection, measuring, compounding,
34 labeling, or packaging necessary to prepare that prescription or
35 order for delivery.

36 (6) "Distribute" means to deliver, other than by administering or
37 dispensing, a legend drug.

38 (7) "Drug samples" means any federal food and drug administration
39 approved controlled substance, legend drug, or products requiring

1 prescriptions in this state, which is distributed at no charge to a
2 practitioner by a manufacturer or a manufacturer's representative,
3 exclusive of drugs under clinical investigations approved by the
4 federal food and drug administration.

5 (8) "Legend drug" means any drug that is required by state law or
6 by regulations of the commission to be dispensed on prescription only
7 or is restricted to use by practitioners only.

8 (9) "Manufacturer" means a person or other entity engaged in the
9 manufacture or distribution of drugs or devices, but does not include
10 a manufacturer's representative.

11 (10) "Manufacturer's representative" means an agent or employee
12 of a drug manufacturer who is authorized by the drug manufacturer to
13 possess drug samples for the purpose of distribution in this state to
14 appropriately authorized health care practitioners.

15 (11) "Person" means any individual, corporation, government or
16 governmental subdivision or agency, business trust, estate, trust,
17 partnership, association, or any other legal entity.

18 (12) "Practitioner" means a physician under chapter 18.71 RCW, an
19 osteopathic physician or an osteopathic physician and surgeon under
20 chapter 18.57 RCW, a dentist under chapter 18.32 RCW, a podiatric
21 physician and surgeon under chapter 18.22 RCW, a veterinarian under
22 chapter 18.92 RCW, a pharmacist under chapter 18.64 RCW, a
23 commissioned medical or dental officer in the United States armed
24 forces or the public health service in the discharge of his or her
25 official duties, a duly licensed physician or dentist employed by the
26 veterans administration in the discharge of his or her official
27 duties, a registered nurse or advanced registered nurse practitioner
28 under chapter 18.79 RCW when authorized to prescribe by the (~~nursing~~
29 ~~care quality assurance commission~~) state board of nursing, or a
30 physician assistant under chapter 18.71A RCW when authorized by the
31 Washington medical commission.

32 (13) "Reasonable cause" means a state of facts found to exist
33 that would warrant a reasonably intelligent and prudent person to
34 believe that a person has violated state or federal drug laws or
35 regulations.

36 (14) "Secretary" means the secretary of health or the secretary's
37 designee.

38 **Sec. 5054.** RCW 69.51A.300 and 2022 c 16 s 133 are each amended
39 to read as follows:

1 The board of naturopathy, the board of osteopathic medicine and
2 surgery, the Washington medical commission, and the ((~~nursing care~~
3 ~~quality assurance commission~~)) state board of nursing shall develop
4 and approve continuing education programs related to the use of
5 cannabis for medical purposes for the health care providers that they
6 each regulate that are based upon practice guidelines that have been
7 adopted by each entity.

8 **Sec. 5055.** RCW 70.41.230 and 2019 c 104 s 1, 2019 c 55 s 15, and
9 2019 c 49 s 1 are each reenacted and amended to read as follows:

10 (1) Except as provided in subsection (3) of this section, prior
11 to granting or renewing clinical privileges or association of any
12 physician, physician assistant, or advanced registered nurse
13 practitioner or hiring a physician, physician assistant, or advanced
14 registered nurse practitioner who will provide clinical care under
15 his or her license, a hospital or facility approved pursuant to this
16 chapter shall request from the physician, physician assistant, or
17 advanced registered nurse practitioner and the physician, physician
18 assistant, or advanced registered nurse practitioner shall provide
19 the following information:

20 (a) The name of any hospital or facility with or at which the
21 physician, physician assistant, or advanced registered nurse
22 practitioner had or has any association, employment, privileges, or
23 practice during the prior five years: PROVIDED, That the hospital may
24 request additional information going back further than five years,
25 and the physician, physician assistant, or advanced registered nurse
26 practitioner shall use his or her best efforts to comply with such a
27 request for additional information;

28 (b) Whether the physician, physician assistant, or advanced
29 registered nurse practitioner has ever been or is in the process of
30 being denied, revoked, terminated, suspended, restricted, reduced,
31 limited, sanctioned, placed on probation, monitored, or not renewed
32 for any professional activity listed in (b)(i) through (x) of this
33 subsection, or has ever voluntarily or involuntarily relinquished,
34 withdrawn, or failed to proceed with an application for any
35 professional activity listed in (b)(i) through (x) of this subsection
36 in order to avoid an adverse action or to preclude an investigation
37 or while under investigation relating to professional competence or
38 conduct:

39 (i) License to practice any profession in any jurisdiction;

1 (ii) Other professional registration or certification in any
2 jurisdiction;

3 (iii) Specialty or subspecialty board certification;

4 (iv) Membership on any hospital medical staff;

5 (v) Clinical privileges at any facility, including hospitals,
6 ambulatory surgical centers, or skilled nursing facilities;

7 (vi) Medicare, medicaid, the food and drug administration, the
8 national institute(~~(f+s)~~)s of health (office of human research
9 protection), governmental, national, or international regulatory
10 agency, or any public program;

11 (vii) Professional society membership or fellowship;

12 (viii) Participation or membership in a health maintenance
13 organization, preferred provider organization, independent practice
14 association, physician-hospital organization, or other entity;

15 (ix) Academic appointment;

16 (x) Authority to prescribe controlled substances (drug
17 enforcement agency or other authority);

18 (c) Any pending professional medical misconduct proceedings or
19 any pending medical malpractice actions in this state or another
20 state, the substance of the allegations in the proceedings or
21 actions, and any additional information concerning the proceedings or
22 actions as the physician, physician assistant, or advanced registered
23 nurse practitioner deems appropriate;

24 (d) The substance of the findings in the actions or proceedings
25 and any additional information concerning the actions or proceedings
26 as the physician, physician assistant, or advanced registered nurse
27 practitioner deems appropriate;

28 (e) A waiver by the physician, physician assistant, or advanced
29 registered nurse practitioner of any confidentiality provisions
30 concerning the information required to be provided to hospitals
31 pursuant to this subsection; and

32 (f) A verification by the physician, physician assistant, or
33 advanced registered nurse practitioner that the information provided
34 by the physician, physician assistant, or advanced registered nurse
35 practitioner is accurate and complete.

36 (2) Except as provided in subsection (3) of this section, prior
37 to granting privileges or association to any physician, physician
38 assistant, or advanced registered nurse practitioner or hiring a
39 physician, physician assistant, or advanced registered nurse
40 practitioner who will provide clinical care under his or her license,

1 a hospital or facility approved pursuant to this chapter shall
2 request from any hospital with or at which the physician, physician
3 assistant, or advanced registered nurse practitioner had or has
4 privileges, was associated, or was employed, during the preceding
5 five years, the following information concerning the physician,
6 physician assistant, or advanced registered nurse practitioner:

7 (a) Any pending professional medical misconduct proceedings or
8 any pending medical malpractice actions, in this state or another
9 state;

10 (b) Any judgment or settlement of a medical malpractice action
11 and any finding of professional misconduct in this state or another
12 state by a licensing or disciplinary board; and

13 (c) Any information required to be reported by hospitals pursuant
14 to RCW 18.71.0195.

15 (3) In lieu of the requirements of subsections (1) and (2) of
16 this section, when granting or renewing credentials and privileges or
17 association of any physician, physician assistant, or advanced
18 registered nurse practitioner providing telemedicine or store and
19 forward services, an originating site hospital may rely on a distant
20 site hospital's decision to grant or renew credentials and clinical
21 privileges or association of the physician, physician assistant, or
22 advanced registered nurse practitioner if the originating site
23 hospital obtains reasonable assurances, through a written agreement
24 with the distant site hospital, that all of the following provisions
25 are met:

26 (a) The distant site hospital providing the telemedicine or store
27 and forward services is a medicare participating hospital;

28 (b) Any physician, physician assistant, or advanced registered
29 nurse practitioner providing telemedicine or store and forward
30 services at the distant site hospital will be fully credentialed and
31 privileged to provide such services by the distant site hospital;

32 (c) Any physician, physician assistant, or advanced registered
33 nurse practitioner providing telemedicine or store and forward
34 services will hold and maintain a valid license to perform such
35 services issued or recognized by the state of Washington; and

36 (d) With respect to any distant site physician, physician
37 assistant, or advanced registered nurse practitioner who holds
38 current credentials and privileges at the originating site hospital
39 whose patients are receiving the telemedicine or store and forward
40 services, the originating site hospital has evidence of an internal

1 review of the distant site physician's, physician assistant's, or
2 advanced registered nurse practitioner's performance of these
3 credentials and privileges and sends the distant site hospital such
4 performance information for use in the periodic appraisal of the
5 distant site physician, physician assistant, or advanced registered
6 nurse practitioner. At a minimum, this information must include all
7 adverse events, as defined in RCW 70.56.010, that result from the
8 telemedicine or store and forward services provided by the distant
9 site physician, physician assistant, or advanced registered nurse
10 practitioner to the originating site hospital's patients and all
11 complaints the originating site hospital has received about the
12 distant site physician, physician assistant, or advanced registered
13 nurse practitioner.

14 (4) (a) The Washington medical commission or the board of
15 osteopathic medicine and surgery shall be advised within thirty days
16 of the name of any physician or physician assistant denied staff
17 privileges, association, or employment on the basis of adverse
18 findings under subsection (1) of this section.

19 (b) The (~~nursing care quality assurance commission~~) state board
20 of nursing shall be advised within thirty days of the name of any
21 advanced registered nurse practitioner denied staff privileges,
22 association, or employment on the basis of adverse findings under
23 subsection (1) of this section.

24 (5) A hospital or facility that receives a request for
25 information from another hospital or facility pursuant to subsections
26 (1) through (3) of this section shall provide such information
27 concerning the physician, physician assistant, or advanced registered
28 nurse practitioner in question to the extent such information is
29 known to the hospital or facility receiving such a request, including
30 the reasons for suspension, termination, or curtailment of employment
31 or privileges at the hospital or facility. A hospital, facility, or
32 other person providing such information in good faith is not liable
33 in any civil action for the release of such information.

34 (6) Information and documents, including complaints and incident
35 reports, created specifically for, and collected, and maintained by a
36 quality improvement committee are not subject to discovery or
37 introduction into evidence in any civil action, and no person who was
38 in attendance at a meeting of such committee or who participated in
39 the creation, collection, or maintenance of information or documents
40 specifically for the committee shall be permitted or required to

1 testify in any civil action as to the content of such proceedings or
2 the documents and information prepared specifically for the
3 committee. This subsection does not preclude: (a) In any civil
4 action, the discovery of the identity of persons involved in the
5 medical care that is the basis of the civil action whose involvement
6 was independent of any quality improvement activity; (b) in any civil
7 action, the testimony of any person concerning the facts which form
8 the basis for the institution of such proceedings of which the person
9 had personal knowledge acquired independently of such proceedings;
10 (c) in any civil action by a health care provider regarding the
11 restriction or revocation of that individual's clinical or staff
12 privileges, introduction into evidence information collected and
13 maintained by quality improvement committees regarding such health
14 care provider; (d) in any civil action, disclosure of the fact that
15 staff privileges were terminated or restricted, including the
16 specific restrictions imposed, if any and the reasons for the
17 restrictions; or (e) in any civil action, discovery and introduction
18 into evidence of the patient's medical records required by regulation
19 of the department of health to be made regarding the care and
20 treatment received.

21 (7) Hospitals shall be granted access to information held by the
22 Washington medical commission, the board of osteopathic medicine and
23 surgery, and the (~~nursing care quality assurance commission~~) state
24 board of nursing pertinent to decisions of the hospital regarding
25 credentialing and recredentialing of practitioners.

26 (8) Violation of this section shall not be considered negligence
27 per se.

28 **Sec. 5056.** RCW 70.128.210 and 2012 c 10 s 56 are each amended to
29 read as follows:

30 (1) The department of social and health services shall review, in
31 coordination with the department of health, the (~~nursing care~~
32 ~~quality assurance commission~~) state board of nursing, adult family
33 home providers, assisted living facility providers, in-home personal
34 care providers, and long-term care consumers and advocates, training
35 standards for providers, resident managers, and resident caregiving
36 staff. The departments and the (~~commission~~) board shall submit to
37 the appropriate committees of the house of representatives and the
38 senate by December 1, 1998, specific recommendations on training
39 standards and the delivery system, including necessary statutory

1 changes and funding requirements. Any proposed enhancements shall be
2 consistent with this section, shall take into account and not
3 duplicate other training requirements applicable to adult family
4 homes and staff, and shall be developed with the input of adult
5 family home and resident representatives, health care professionals,
6 and other vested interest groups. Training standards and the delivery
7 system shall be relevant to the needs of residents served by the
8 adult family home and recipients of long-term in-home personal care
9 services and shall be sufficient to ensure that providers, resident
10 managers, and caregiving staff have the skills and knowledge
11 necessary to provide high quality, appropriate care.

12 (2) The recommendations on training standards and the delivery
13 system developed under subsection (1) of this section shall be based
14 on a review and consideration of the following: Quality of care;
15 availability of training; affordability, including the training costs
16 incurred by the department of social and health services and private
17 providers; portability of existing training requirements; competency
18 testing; practical and clinical coursework; methods of delivery of
19 training; standards for management; uniform caregiving staff
20 training; necessary enhancements for special needs populations; and
21 resident rights training. Residents with special needs include, but
22 are not limited to, residents with a diagnosis of mental illness,
23 dementia, or developmental disability. Development of training
24 recommendations for developmental disabilities services shall be
25 coordinated with the study requirements in section 6, chapter 272,
26 Laws of 1998.

27 (3) The department of social and health services shall report to
28 the appropriate committees of the house of representatives and the
29 senate by December 1, 1998, on the cost of implementing the proposed
30 training standards for state-funded residents, and on the extent to
31 which that cost is covered by existing state payment rates.

32 **Sec. 5057.** RCW 74.42.230 and 2020 c 80 s 57 are each amended to
33 read as follows:

34 (1) The resident's attending or staff physician or authorized
35 practitioner approved by the attending physician shall order all
36 medications for the resident. The order may be oral or written and
37 shall continue in effect until discontinued by a physician or other
38 authorized prescriber, unless the order is specifically limited by
39 time. An "authorized practitioner," as used in this section, is a

1 registered nurse under chapter 18.79 RCW when authorized by the
2 (~~nursing care quality assurance commission~~) state board of nursing,
3 a physician assistant under chapter 18.71A RCW when authorized by the
4 Washington medical commission, or a pharmacist under chapter 18.64
5 RCW when authorized by the pharmacy quality assurance commission.

6 (2) An oral order shall be given only to a licensed nurse,
7 pharmacist, or another physician. The oral order shall be recorded
8 and physically or electronically signed immediately by the person
9 receiving the order. The attending physician shall sign the record of
10 the oral order in a manner consistent with good medical practice.

11 (3) A licensed nurse, pharmacist, or another physician receiving
12 and recording an oral order may, if so authorized by the physician or
13 authorized practitioner, communicate that order to a pharmacy on
14 behalf of the physician or authorized practitioner. The order may be
15 communicated verbally by telephone, by facsimile manually signed by
16 the person receiving the order pursuant to subsection (2) of this
17 section, or by electronic transmission pursuant to RCW 69.41.055. The
18 communication of a resident's order to a pharmacy by a licensed
19 nurse, pharmacist, or another physician acting at the prescriber's
20 direction has the same force and effect as if communicated directly
21 by the delegating physician or authorized practitioner. Nothing in
22 this provision limits the authority of a licensed nurse, pharmacist,
23 or physician to delegate to an authorized agent, including but not
24 limited to delegation of operation of a facsimile machine by
25 credentialed facility staff, to the extent consistent with his or her
26 professional license.

27 **Sec. 5058.** RCW 7.68.030 and 2024 c 62 s 15 are each amended to
28 read as follows:

29 (1) It shall be the duty of the director to establish and
30 administer a program of benefits to innocent victims of criminal acts
31 within the terms and limitations of this chapter. The director may
32 apply for and, subject to appropriation, expend federal funds under
33 Public Law 98-473 and any other federal program providing financial
34 assistance to state crime victim compensation programs. The federal
35 funds shall be deposited in the state general fund and may be
36 expended only for purposes authorized by applicable federal law.

37 (2) The director shall:

38 (a) Establish and adopt rules governing the administration of
39 this chapter in accordance with chapter 34.05 RCW;

1 (b) Regulate the proof of accident and extent thereof, the proof
2 of death, and the proof of relationship and the extent of dependency;

3 (c) Supervise the medical, surgical, and hospital treatment to
4 the intent that it may be in all cases efficient and up to the
5 recognized standard of modern surgery;

6 (d) Issue proper receipts for moneys received and certificates
7 for benefits accrued or accruing;

8 (e) Designate a medical director who is licensed under chapter
9 18.57 or 18.71 RCW;

10 (f) Supervise the providing of prompt and efficient care and
11 treatment, including care provided by physician assistants governed
12 by the provisions of chapter 18.71A RCW, including chiropractic care,
13 and including care provided by licensed advanced (~~registered nurse~~
14 ~~practitioners~~) practice registered nurses, to victims at the least
15 cost consistent with promptness and efficiency, without
16 discrimination or favoritism, and with as great uniformity as the
17 various and diverse surrounding circumstances and locations of
18 industries will permit and to that end shall, from time to time,
19 establish and adopt and supervise the administration of printed
20 forms, electronic communications, rules, regulations, and practices
21 for the furnishing of such care and treatment. The medical coverage
22 decisions of the department do not constitute a "rule" as used in RCW
23 34.05.010(16), nor are such decisions subject to the rule-making
24 provisions of chapter 34.05 RCW except that criteria for establishing
25 medical coverage decisions shall be adopted by rule. The department
26 may recommend to a victim particular health care services and
27 providers where specialized treatment is indicated or where cost-
28 effective payment levels or rates are obtained by the department, and
29 the department may enter into contracts for goods and services
30 including, but not limited to, durable medical equipment so long as
31 statewide access to quality service is maintained for injured
32 victims;

33 (g) In consultation with interested persons, establish and, in
34 his or her discretion, periodically change as may be necessary, and
35 make available a fee schedule of the maximum charges to be made by
36 any physician, surgeon, chiropractor, hospital, druggist, licensed
37 advanced (~~registered nurse practitioner~~) practice registered nurse,
38 physician assistants as defined in chapter 18.71A RCW, acting under
39 the supervision of or in coordination with a participating physician,
40 as defined in RCW 18.71A.010, or other agency or person rendering

1 services to victims. The department shall coordinate with other state
2 purchasers of health care services to establish as much consistency
3 and uniformity in billing and coding practices as possible, taking
4 into account the unique requirements and differences between
5 programs. No service covered under this title, including services
6 provided to victims, whether aliens or other victims, who are not
7 residing in the United States at the time of receiving the services,
8 shall be charged or paid at a rate or rates exceeding those specified
9 in such fee schedule, and no contract providing for greater fees
10 shall be valid as to the excess. The establishment of such a
11 schedule, exclusive of conversion factors, does not constitute
12 "agency action" as used in RCW 34.05.010(3), nor does such a fee
13 schedule constitute a "rule" as used in RCW 34.05.010(16). Payments
14 for providers' services under the fee schedule established pursuant
15 to this subsection (2) may not be less than payments provided for
16 comparable services under the workers' compensation program under
17 Title 51 RCW, provided:

18 (i) If the department, using caseload estimates, projects a
19 deficit in funding for the program by July 15th for the following
20 fiscal year, the director shall notify the governor and the
21 appropriate committees of the legislature and request funding
22 sufficient to continue payments to not less than payments provided
23 for comparable services under the workers' compensation program. If
24 sufficient funding is not provided to continue payments to not less
25 than payments provided for comparable services under the workers'
26 compensation program, the director shall reduce the payments under
27 the fee schedule for the following fiscal year based on caseload
28 estimates and available funding, except payments may not be reduced
29 to less than seventy percent of payments for comparable services
30 under the workers' compensation program;

31 (ii) If an unforeseeable catastrophic event results in
32 insufficient funding to continue payments to not less than payments
33 provided for comparable services under the workers' compensation
34 program, the director shall reduce the payments under the fee
35 schedule to not less than seventy percent of payments provided for
36 comparable services under the workers' compensation program, provided
37 that the reduction may not be more than necessary to fund benefits
38 under the program; and

39 (iii) Once sufficient funding is provided or otherwise available,
40 the director shall increase the payments under the fee schedule to

1 not less than payments provided for comparable services under the
2 workers' compensation program;

3 (h) Make a record of the commencement of every disability and the
4 termination thereof and, when bills are rendered for the care and
5 treatment of injured victims, shall approve and pay those which
6 conform to the adopted rules, regulations, established fee schedules,
7 and practices of the director and may reject any bill or item thereof
8 incurred in violation of the principles laid down in this section or
9 the rules, regulations, or the established fee schedules and rules
10 and regulations adopted under it.

11 (3) The director and his or her authorized assistants:

12 (a) Have power to issue subpoenas to enforce the attendance and
13 testimony of witnesses and the production and examination of books,
14 papers, photographs, tapes, and records before the department in
15 connection with any claim made to the department or any billing
16 submitted to the department. The superior court has the power to
17 enforce any such subpoena by proper proceedings;

18 (b) (i) May apply for and obtain a superior court order approving
19 and authorizing a subpoena in advance of its issuance. The
20 application may be made in the county where the subpoenaed person
21 resides or is found, or the county where the subpoenaed records or
22 documents are located, or in Thurston county. The application must
23 (A) state that an order is sought pursuant to this subsection; (B)
24 adequately specify the records, documents, or testimony; and (C)
25 declare under oath that an investigation is being conducted for a
26 lawfully authorized purpose related to an investigation within the
27 department's authority and that the subpoenaed documents or testimony
28 are reasonably related to an investigation within the department's
29 authority.

30 (ii) Where the application under this subsection (3) (b) is made
31 to the satisfaction of the court, the court must issue an order
32 approving the subpoena. An order under this subsection constitutes
33 authority of law for the agency to subpoena the records or testimony.

34 (iii) The director and his or her authorized assistants may seek
35 approval and a court may issue an order under this subsection without
36 prior notice to any person, including the person to whom the subpoena
37 is directed and the person who is the subject of an investigation.

38 (4) In all hearings, actions, or proceedings before the
39 department, any physician or licensed advanced ((~~registered nurse~~
40 ~~practitioner~~)) practice registered nurse having theretofore examined

1 or treated the claimant may be required to testify fully regarding
2 such examination or treatment, and shall not be exempt from so
3 testifying by reason of the relation of the physician or licensed
4 advanced (~~((registered nurse practitioner))~~) practice registered nurse
5 to the patient.

6 **Sec. 5059.** RCW 7.68.063 and 2011 c 346 s 303 are each amended to
7 read as follows:

8 Where death results from injury the parties eligible for
9 compensation under this chapter, or someone in their behalf, shall
10 make application for the same to the department, which application
11 must be accompanied with proof of death and proof of relationship
12 showing the parties to be eligible for compensation under this
13 chapter, certificates of attending physician or licensed advanced
14 (~~((registered nurse practitioner))~~) practice registered nurse, if any,
15 and such proof as required by the rules of the department.

16 **Sec. 5060.** RCW 7.68.080 and 2024 c 297 s 4 are each amended to
17 read as follows:

18 (1) When the injury to any victim is so serious as to require the
19 victim being taken from the place of injury to a place of treatment,
20 reasonable transportation costs to and from the nearest place of
21 proper treatment to a reasonable location of the victim's choice
22 shall be reimbursed by the department as part of the victim's total
23 claim under RCW 7.68.070(1).

24 (2) In the case of alleged rape or molestation of a child, the
25 reasonable costs of a colposcopy examination shall be reimbursed by
26 the department. Costs for a colposcopy examination given under this
27 subsection shall not be included as part of the victim's total claim
28 under RCW 7.68.070(1).

29 (3) The director shall adopt rules for fees and charges for
30 hospital, clinic, medical, and other health care services, including
31 fees and costs for durable medical equipment, eyeglasses, hearing
32 aids, and other medically necessary devices for crime victims under
33 this chapter. The director shall set these service levels and fees at
34 a level no lower than those established for comparable services under
35 the workers' compensation program under Title 51 RCW, except the
36 director shall comply with the requirements of RCW 7.68.030(2)(g) (i)
37 through (iii) when setting service levels and fees, including
38 reducing levels and fees when required. In establishing fees for

1 medical and other health care services, the director shall consider
2 the director's duty to purchase health care in a prudent, cost-
3 effective manner. The director shall establish rules adopted in
4 accordance with chapter 34.05 RCW. Nothing in this chapter may be
5 construed to require the payment of interest on any billing, fee, or
6 charge.

7 (4) Whenever the director deems it necessary in order to resolve
8 any medical issue, a victim shall submit to examination by a
9 physician or physicians selected by the director, with the rendition
10 of a report to the person ordering the examination. The department
11 shall provide the physician performing an examination with all
12 relevant medical records from the victim's claim file. The director,
13 in his or her discretion, may charge the cost of such examination or
14 examinations to the crime victims' compensation fund. If the
15 examination is paid for by the victim, then the cost of said
16 examination shall be reimbursed to the victim for reasonable costs
17 connected with the examination as part of the victim's total claim
18 under RCW 7.68.070(1).

19 (5) Victims of sexual assault are eligible to receive appropriate
20 counseling. Fees for such counseling shall be determined by the
21 department. Counseling services may include, if determined
22 appropriate by the department, counseling of members of the victim's
23 immediate family, other than the perpetrator of the assault.

24 (6)(a) Immediate family members of a homicide victim may receive
25 appropriate counseling to assist in dealing with the immediate,
26 near-term consequences of the related effects of the homicide. Except
27 as provided in (b) of this subsection, up to 12 counseling sessions
28 may be received after the crime victim's claim has been allowed. Fees
29 for counseling shall be determined by the department in accordance
30 with and subject to this section. Payment of counseling benefits
31 under this section may not be provided to the perpetrator of the
32 homicide. The benefits under this subsection may be provided only
33 with respect to homicides committed on or after July 1, 1992.

34 (b) The immediate family members of a homicide victim may receive
35 more than 12 counseling sessions under this subsection (6) if a
36 licensed mental health provider determines that:

37 (i) Additional sessions are needed as a direct result of the
38 near-term consequences of the related effects of the homicide; and

39 (ii) The recipient of the counseling would benefit from
40 additional sessions.

1 (7) Pursuant to RCW 7.68.070(13), a victim of a sex offense that
2 occurred outside of Washington may be eligible to receive mental
3 health counseling related to participation in proceedings to civilly
4 commit a perpetrator.

5 (8) The crime victims' compensation program shall consider
6 payment of benefits solely for the effects of the criminal act.

7 (9) The legislature finds and declares it to be in the public
8 interest of the state of Washington that a proper regulatory and
9 inspection program be instituted in connection with the provision of
10 any services provided to crime victims pursuant to this chapter. In
11 order to effectively accomplish such purpose and to assure that the
12 victim receives such services as are paid for by the state of
13 Washington, the acceptance by the victim of such services, and the
14 request by a provider of services for reimbursement for providing
15 such services, shall authorize the director of the department or the
16 director's authorized representative to inspect and audit all records
17 in connection with the provision of such services. In the conduct of
18 such audits or investigations, the director or the director's
19 authorized representatives may:

20 (a) Examine all records, or portions thereof, including patient
21 records, for which services were rendered by a health care provider
22 and reimbursed by the department, notwithstanding the provisions of
23 any other statute which may make or purport to make such records
24 privileged or confidential, except that no original patient records
25 shall be removed from the premises of the health care provider, and
26 that the disclosure of any records or information obtained under
27 authority of this section by the department is prohibited and
28 constitutes a violation of RCW 42.52.050, unless such disclosure is
29 directly connected to the official duties of the department. The
30 disclosure of patient information as required under this section
31 shall not subject any physician, licensed advanced (~~registered nurse~~
32 ~~practitioner~~) practice registered nurse, or other health care
33 provider to any liability for breach of any confidential
34 relationships between the provider and the patient. The director or
35 the director's authorized representative shall destroy all copies of
36 patient medical records in their possession upon completion of the
37 audit, investigation, or proceedings;

38 (b) Approve or deny applications to participate as a provider of
39 services furnished to crime victims pursuant to this title;

1 (c) Terminate or suspend eligibility to participate as a provider
2 of services furnished to victims pursuant to this title; and

3 (d) Pursue collection of unpaid overpayments and/or penalties
4 plus interest accrued from health care providers pursuant to RCW
5 51.32.240(6).

6 (10) When contracting for health care services and equipment, the
7 department, upon request of a contractor, shall keep confidential
8 financial and valuable trade information, which shall be exempt from
9 public inspection and copying under chapter 42.56 RCW.

10 **Sec. 5061.** RCW 9.02.110 and 2022 c 65 s 3 are each amended to
11 read as follows:

12 The state may not deny or interfere with a pregnant individual's
13 right to choose to have an abortion prior to viability of the fetus,
14 or to protect the pregnant individual's life or health.

15 A physician, physician assistant, advanced (~~((registered nurse~~
16 ~~practitioner))~~ practice registered nurse, or other health care
17 provider acting within the provider's scope of practice may terminate
18 and a health care provider may assist a physician, physician
19 assistant, advanced (~~((registered nurse practitioner))~~ practice
20 registered nurse, or other health care provider acting within the
21 provider's scope of practice in terminating a pregnancy as permitted
22 by this section.

23 **Sec. 5062.** RCW 9.02.130 and 2022 c 65 s 4 are each amended to
24 read as follows:

25 The good faith judgment of a physician, physician assistant,
26 advanced (~~((registered nurse practitioner))~~ practice registered nurse,
27 or other health care provider acting within the provider's scope of
28 practice as to viability of the fetus or as to the risk to life or
29 health of a pregnant individual and the good faith judgment of a
30 health care provider as to the duration of pregnancy shall be a
31 defense in any proceeding in which a violation of this chapter is an
32 issue.

33 **Sec. 5063.** RCW 9.02.170 and 2022 c 65 s 7 are each reenacted and
34 amended to read as follows:

35 For purposes of this chapter:

(1) "Abortion" means any medical treatment intended to induce the termination of a pregnancy except for the purpose of producing a live birth.

(2) "~~Advanced ((registered nurse practitioner~~" means an advanced practice registered nurse" means an advanced practice registered nurse licensed under chapter 18.79 RCW.

(3) "Health care provider" means a person regulated under Title 18 RCW to practice health or health-related services or otherwise practicing health care services in this state consistent with state law.

(4) "Physician" means a physician licensed to practice under chapter 18.57 or 18.71 RCW in the state of Washington.

(5) "Physician assistant" means a physician assistant licensed to practice under chapter 18.71A RCW in the state of Washington.

(6) "Pregnancy" means the reproductive process beginning with the implantation of an embryo.

(7) "Private medical facility" means any medical facility that is not owned or operated by the state.

(8) "State" means the state of Washington and counties, cities, towns, municipal corporations, and quasi-municipal corporations in the state of Washington.

(9) "Viability" means the point in the pregnancy when, in the judgment of the physician, physician assistant, advanced (~~registered nurse practitioner~~) practice registered nurse, or other health care provider acting within the provider's scope of practice on the particular facts of the case before such physician, physician assistant, advanced (~~registered nurse practitioner~~) practice registered nurse, or other health care provider acting within the provider's scope of practice, there is a reasonable likelihood of the fetus's sustained survival outside the uterus without the application of extraordinary medical measures.

Sec. 5064. RCW 9.41.010 and 2024 c 289 s 1 and 2024 c 62 s 32 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) "Antique firearm" means a firearm or replica of a firearm not designed or redesigned for using rim fire or conventional center fire ignition with fixed ammunition and manufactured in or before 1898, including any matchlock, flintlock, percussion cap, or similar type

1 of ignition system and also any firearm using fixed ammunition
2 manufactured in or before 1898, for which ammunition is no longer
3 manufactured in the United States and is not readily available in the
4 ordinary channels of commercial trade.

5 (2) (a) "Assault weapon" means:

6 (i) Any of the following specific firearms regardless of which
7 company produced and manufactured the firearm:

8	AK-47 in all forms
9	AK-74 in all forms
10	Algimec AGM-1 type semiautomatic
11	American Arms Spectre da semiautomatic carbine
12	AR15, M16, or M4 in all forms
13	AR 180 type semiautomatic
14	Argentine L.S.R. semiautomatic
15	Australian Automatic
16	Auto-Ordnance Thompson M1 and 1927 semiautomatics
17	Barrett .50 cal light semiautomatic
18	Barrett .50 cal M87
19	Barrett .50 cal M107A1
20	Barrett REC7
21	Beretta AR70/S70 type semiautomatic
22	Bushmaster Carbon 15
23	Bushmaster ACR
24	Bushmaster XM-15
25	Bushmaster MOE
26	Calico models M100 and M900
27	CETME Sporter
28	CIS SR 88 type semiautomatic
29	Colt CAR 15
30	Daewoo K-1
31	Daewoo K-2
32	Dragunov semiautomatic
33	Fabrique Nationale FAL in all forms

1	Fabrique Nationale F2000
2	Fabrique Nationale L1A1 Sporter
3	Fabrique Nationale M249S
4	Fabrique Nationale PS90
5	Fabrique Nationale SCAR
6	FAMAS .223 semiautomatic
7	Galil
8	Heckler & Koch G3 in all forms
9	Heckler & Koch HK-41/91
10	Heckler & Koch HK-43/93
11	Heckler & Koch HK94A2/3
12	Heckler & Koch MP-5 in all forms
13	Heckler & Koch PSG-1
14	Heckler & Koch SL8
15	Heckler & Koch UMP
16	Manchester Arms Commando MK-45
17	Manchester Arms MK-9
18	SAR-4800
19	SIG AMT SG510 in all forms
20	SIG SG550 in all forms
21	SKS
22	Spectre M4
23	Springfield Armory BM-59
24	Springfield Armory G3
25	Springfield Armory SAR-8
26	Springfield Armory SAR-48
27	Springfield Armory SAR-3
28	Springfield Armory M-21 sniper
29	Springfield Armory M1A
30	Smith & Wesson M&P 15
31	Sterling Mk 1
32	Sterling Mk 6/7

1	Steyr AUG
2	TNW M230
3	FAMAS F11
4	Uzi 9mm carbine/rifle

(ii) A semiautomatic rifle that has an overall length of less than 30 inches;

(iii) A conversion kit, part, or combination of parts, from which an assault weapon can be assembled or from which a firearm can be converted into an assault weapon if those parts are in the possession or under the control of the same person; or

(iv) A semiautomatic, center fire rifle that has the capacity to accept a detachable magazine and has one or more of the following:

(A) A grip that is independent or detached from the stock that protrudes conspicuously beneath the action of the weapon. The addition of a fin attaching the grip to the stock does not exempt the grip if it otherwise resembles the grip found on a pistol;

(B) Thumbhole stock;

(C) Folding or telescoping stock;

(D) Forward pistol, vertical, angled, or other grip designed for use by the nonfiring hand to improve control;

(E) Flash suppressor, flash guard, flash eliminator, flash hider, sound suppressor, silencer, or any item designed to reduce the visual or audio signature of the firearm;

(F) Muzzle brake, recoil compensator, or any item designed to be affixed to the barrel to reduce recoil or muzzle rise;

(G) Threaded barrel designed to attach a flash suppressor, sound suppressor, muzzle break, or similar item;

(H) Grenade launcher or flare launcher; or

(I) A shroud that encircles either all or part of the barrel designed to shield the bearer's hand from heat, except a solid forearm of a stock that covers only the bottom of the barrel;

(v) A semiautomatic, center fire rifle that has a fixed magazine with the capacity to accept more than 10 rounds;

(vi) A semiautomatic pistol that has the capacity to accept a detachable magazine and has one or more of the following:

(A) A threaded barrel, capable of accepting a flash suppressor, forward handgrip, or silencer;

(B) A second hand grip;

1 (C) A shroud that encircles either all or part of the barrel
2 designed to shield the bearer's hand from heat, except a solid
3 forearm of a stock that covers only the bottom of the barrel; or

4 (D) The capacity to accept a detachable magazine at some location
5 outside of the pistol grip;

6 (vii) A semiautomatic shotgun that has any of the following:

7 (A) A folding or telescoping stock;

8 (B) A grip that is independent or detached from the stock that
9 protrudes conspicuously beneath the action of the weapon. The
10 addition of a fin attaching the grip to the stock does not exempt the
11 grip if it otherwise resembles the grip found on a pistol;

12 (C) A thumbhole stock;

13 (D) A forward pistol, vertical, angled, or other grip designed
14 for use by the nonfiring hand to improve control;

15 (E) A fixed magazine in excess of seven rounds; or

16 (F) A revolving cylinder shotgun.

17 (b) For the purposes of this subsection, "fixed magazine" means
18 an ammunition feeding device contained in, or permanently attached
19 to, a firearm in such a manner that the device cannot be removed
20 without disassembly of the firearm action.

21 (c) "Assault weapon" does not include antique firearms, any
22 firearm that has been made permanently inoperable, or any firearm
23 that is manually operated by bolt, pump, lever, or slide action.

24 (3) "Assemble" means to fit together component parts.

25 (4) "Barrel length" means the distance from the bolt face of a
26 closed action down the length of the axis of the bore to the crown of
27 the muzzle, or in the case of a barrel with attachments to the end of
28 any legal device permanently attached to the end of the muzzle.

29 (5) "Bump-fire stock" means a butt stock designed to be attached
30 to a semiautomatic firearm with the effect of increasing the rate of
31 fire achievable with the semiautomatic firearm to that of a fully
32 automatic firearm by using the energy from the recoil of the firearm
33 to generate reciprocating action that facilitates repeated activation
34 of the trigger.

35 (6) "Conviction" or "convicted" means, whether in an adult court
36 or adjudicated in a juvenile court, that a plea of guilty has been
37 accepted or a verdict of guilty has been filed, or a finding of guilt
38 has been entered, notwithstanding the pendency of any future
39 proceedings including, but not limited to, sentencing or disposition,
40 posttrial or post-fact-finding motions, and appeals. "Conviction"

1 includes a dismissal entered after a period of probation, suspension,
2 or deferral of sentence, and also includes equivalent dispositions by
3 courts in jurisdictions other than Washington state.

4 (7) "Crime of violence" means:

5 (a) Any of the following felonies, as now existing or hereafter
6 amended: Any felony defined under any law as a class A felony or an
7 attempt to commit a class A felony, criminal solicitation of or
8 criminal conspiracy to commit a class A felony, manslaughter in the
9 first degree, manslaughter in the second degree, indecent liberties
10 if committed by forcible compulsion, kidnapping in the second degree,
11 arson in the second degree, assault in the second degree, assault of
12 a child in the second degree, extortion in the first degree, burglary
13 in the second degree, residential burglary, and robbery in the second
14 degree;

15 (b) Any conviction for a felony offense in effect at any time
16 prior to June 6, 1996, which is comparable to a felony classified as
17 a crime of violence in (a) of this subsection; and

18 (c) Any federal or out-of-state conviction for an offense
19 comparable to a felony classified as a crime of violence under (a) or
20 (b) of this subsection.

21 (8) "Curio or relic" has the same meaning as provided in 27
22 C.F.R. Sec. 478.11.

23 (9) "Dealer" means a person engaged in the business of selling
24 firearms at wholesale or retail who has, or is required to have, a
25 federal firearms license under 18 U.S.C. Sec. 923(a). A person who
26 does not have, and is not required to have, a federal firearms
27 license under 18 U.S.C. Sec. 923(a), is not a dealer if that person
28 makes only occasional sales, exchanges, or purchases of firearms for
29 the enhancement of a personal collection or for a hobby, or sells all
30 or part of his or her personal collection of firearms.

31 (10) "Detachable magazine" means an ammunition feeding device
32 that can be loaded or unloaded while detached from a firearm and
33 readily inserted into a firearm.

34 (11) "Distribute" means to give out, provide, make available, or
35 deliver a firearm or large capacity magazine to any person in this
36 state, with or without consideration, whether the distributor is in-
37 state or out-of-state. "Distribute" includes, but is not limited to,
38 filling orders placed in this state, online or otherwise.
39 "Distribute" also includes causing a firearm or large capacity
40 magazine to be delivered in this state.

1 (12) "Domestic violence" has the same meaning as provided in RCW
2 10.99.020.

3 (13) "Family or household member" has the same meaning as in RCW
4 7.105.010.

5 (14) "Federal firearms dealer" means a licensed dealer as defined
6 in 18 U.S.C. Sec. 921(a)(11).

7 (15) "Federal firearms importer" means a licensed importer as
8 defined in 18 U.S.C. Sec. 921(a)(9).

9 (16) "Federal firearms manufacturer" means a licensed
10 manufacturer as defined in 18 U.S.C. Sec. 921(a)(10).

11 (17) "Felony" means any felony offense under the laws of this
12 state or any federal or out-of-state offense comparable to a felony
13 offense under the laws of this state.

14 (18) "Felony firearm offender" means a person who has previously
15 been convicted or found not guilty by reason of insanity in this
16 state of any felony firearm offense. A person is not a felony firearm
17 offender under this chapter if any and all qualifying offenses have
18 been the subject of an expungement, pardon, annulment, certificate,
19 or rehabilitation, or other equivalent procedure based on a finding
20 of the rehabilitation of the person convicted or a pardon, annulment,
21 or other equivalent procedure based on a finding of innocence.

22 (19) "Felony firearm offense" means:

23 (a) Any felony offense that is a violation of this chapter;

24 (b) A violation of RCW 9A.36.045;

25 (c) A violation of RCW 9A.56.300;

26 (d) A violation of RCW 9A.56.310;

27 (e) Any felony offense if the offender was armed with a firearm
28 in the commission of the offense.

29 (20) "Firearm" means a weapon or device from which a projectile
30 or projectiles may be fired by an explosive such as gunpowder. For
31 the purposes of RCW 9.41.040, "firearm" also includes frames and
32 receivers. "Firearm" does not include a flare gun or other
33 pyrotechnic visual distress signaling device, or a powder-actuated
34 tool or other device designed solely to be used for construction
35 purposes.

36 (21)(a) "Frame or receiver" means a part of a firearm that, when
37 the complete firearm is assembled, is visible from the exterior and
38 provides housing or a structure designed to hold or integrate one or
39 more fire control components, even if pins or other attachments are
40 required to connect the fire control components. Any such part

1 identified with a serial number shall be presumed, absent an official
2 determination by the bureau of alcohol, tobacco, firearms, and
3 explosives or other reliable evidence to the contrary, to be a frame
4 or receiver.

5 (b) For purposes of this subsection, "fire control component"
6 means a component necessary for the firearm to initiate, complete, or
7 continue the firing sequence, including any of the following: Hammer,
8 bolt, bolt carrier, breechblock, cylinder, trigger mechanism, firing
9 pin, striker, or slide rails.

10 (22) "Gun" has the same meaning as firearm.

11 (23) "Import" means to move, transport, or receive an item from a
12 place outside the territorial limits of the state of Washington to a
13 place inside the territorial limits of the state of Washington.
14 "Import" does not mean situations where an individual possesses a
15 large capacity magazine or assault weapon when departing from, and
16 returning to, Washington state, so long as the individual is
17 returning to Washington in possession of the same large capacity
18 magazine or assault weapon the individual transported out of state.

19 (24) "Intimate partner" has the same meaning as provided in RCW
20 7.105.010.

21 (25) "Large capacity magazine" means an ammunition feeding device
22 with the capacity to accept more than 10 rounds of ammunition, or any
23 conversion kit, part, or combination of parts, from which such a
24 device can be assembled if those parts are in possession of or under
25 the control of the same person, but shall not be construed to include
26 any of the following:

27 (a) An ammunition feeding device that has been permanently
28 altered so that it cannot accommodate more than 10 rounds of
29 ammunition;

30 (b) A 22 caliber tube ammunition feeding device; or

31 (c) A tubular magazine that is contained in a lever-action
32 firearm.

33 (26) "Law enforcement officer" includes a general authority
34 Washington peace officer as defined in RCW 10.93.020, or a specially
35 commissioned Washington peace officer as defined in RCW 10.93.020.
36 "Law enforcement officer" also includes a limited authority
37 Washington peace officer as defined in RCW 10.93.020 if such officer
38 is duly authorized by his or her employer to carry a concealed
39 pistol.

1 (27) "Lawful permanent resident" has the same meaning afforded a
2 person "lawfully admitted for permanent residence" in 8 U.S.C. Sec.
3 1101(a)(20).

4 (28) "Licensed collector" means a person who is federally
5 licensed under 18 U.S.C. Sec. 923(b).

6 (29) "Licensed dealer" means a person who is federally licensed
7 under 18 U.S.C. Sec. 923(a).

8 (30) "Loaded" means:

9 (a) There is a cartridge in the chamber of the firearm;

10 (b) Cartridges are in a clip that is locked in place in the
11 firearm;

12 (c) There is a cartridge in the cylinder of the firearm, if the
13 firearm is a revolver;

14 (d) There is a cartridge in the tube or magazine that is inserted
15 in the action; or

16 (e) There is a ball in the barrel and the firearm is capped or
17 primed if the firearm is a muzzle loader.

18 (31) "Machine gun" means any firearm known as a machine gun,
19 mechanical rifle, submachine gun, or any other mechanism or
20 instrument not requiring that the trigger be pressed for each shot
21 and having a reservoir clip, disc, drum, belt, or other separable
22 mechanical device for storing, carrying, or supplying ammunition
23 which can be loaded into the firearm, mechanism, or instrument, and
24 fired therefrom at the rate of five or more shots per second.

25 (32) "Manufacture" means, with respect to a firearm or large
26 capacity magazine, the fabrication, making, formation, production, or
27 construction of a firearm or large capacity magazine, by manual labor
28 or by machinery.

29 (33) "Mental health professional" means a psychiatrist,
30 psychologist, or physician assistant working with a psychiatrist who
31 is acting as a participating physician as defined in RCW 18.71A.010,
32 psychiatric advanced ((~~registered nurse practitioner~~)) practice
33 registered nurse, psychiatric nurse, social worker, mental health
34 counselor, marriage and family therapist, or such other mental health
35 professionals as may be defined in statute or by rules adopted by the
36 department of health pursuant to the provisions of chapter 71.05 RCW.

37 (34) "Nonimmigrant alien" means a person defined as such in 8
38 U.S.C. Sec. 1101(a)(15).

1 (35) "Person" means any individual, corporation, company,
2 association, firm, partnership, club, organization, society, joint
3 stock company, or other legal entity.

4 (36) "Pistol" means any firearm with a barrel less than 16 inches
5 in length, or is designed to be held and fired by the use of a single
6 hand.

7 (37) "Rifle" means a weapon designed or redesigned, made or
8 remade, and intended to be fired from the shoulder and designed or
9 redesigned, made or remade, and intended to use the energy of the
10 explosive in a fixed metallic cartridge to fire only a single
11 projectile through a rifled bore for each single pull of the trigger.

12 (38) "Sale" and "sell" mean the actual approval of the delivery
13 of a firearm in consideration of payment or promise of payment.

14 (39) "Secure gun storage" means:

15 (a) A locked box, gun safe, or other secure locked storage space
16 that is designed to prevent unauthorized use or discharge of a
17 firearm; and

18 (b) The act of keeping an unloaded firearm stored by such means.

19 (40) "Semiautomatic" means any firearm which utilizes a portion
20 of the energy of a firing cartridge to extract the fired cartridge
21 case and chamber the next round, and which requires a separate pull
22 of the trigger to fire each cartridge.

23 (41)(a) "Semiautomatic assault rifle" means any rifle which
24 utilizes a portion of the energy of a firing cartridge to extract the
25 fired cartridge case and chamber the next round, and which requires a
26 separate pull of the trigger to fire each cartridge.

27 (b) "Semiautomatic assault rifle" does not include antique
28 firearms, any firearm that has been made permanently inoperable, or
29 any firearm that is manually operated by bolt, pump, lever, or slide
30 action.

31 (42) "Serious offense" means any of the following felonies or a
32 felony attempt to commit any of the following felonies, as now
33 existing or hereafter amended:

34 (a) Any crime of violence;

35 (b) Any felony violation of the uniform controlled substances
36 act, chapter 69.50 RCW, that is classified as a class B felony or
37 that has a maximum term of imprisonment of at least 10 years;

38 (c) Child molestation in the second degree;

39 (d) Incest when committed against a child under age 14;

40 (e) Indecent liberties;

(f) Leading organized crime;

(g) Promoting prostitution in the first degree;

(h) Rape in the third degree;

(i) Drive-by shooting;

(j) Sexual exploitation;

(k) Vehicular assault, when caused by the operation or driving of a vehicle by a person while under the influence of intoxicating liquor or any drug or by the operation or driving of a vehicle in a reckless manner;

(l) Vehicular homicide, when proximately caused by the driving of any vehicle by any person while under the influence of intoxicating liquor or any drug as defined by RCW 46.61.502, or by the operation of any vehicle in a reckless manner;

(m) Any other class B felony offense with a finding of sexual motivation, as "sexual motivation" is defined under RCW 9.94A.030;

(n) Any other felony with a deadly weapon verdict under RCW 9.94A.825;

(o) Any felony offense in effect at any time prior to June 6, 1996, that is comparable to a serious offense, or any federal or out-of-state conviction for an offense that under the laws of this state would be a felony classified as a serious offense;

(p) Any felony conviction under RCW 9.41.115; or

(q) Any felony charged under RCW 46.61.502(6) or 46.61.504(6).

(43) "Sex offense" has the same meaning as provided in RCW 9.94A.030.

(44) "Short-barreled rifle" means a rifle having one or more barrels less than 16 inches in length and any weapon made from a rifle by any means of modification if such modified weapon has an overall length of less than 26 inches.

(45) "Short-barreled shotgun" means a shotgun having one or more barrels less than 18 inches in length and any weapon made from a shotgun by any means of modification if such modified weapon has an overall length of less than 26 inches.

(46) "Shotgun" means a weapon with one or more barrels, designed or redesigned, made or remade, and intended to be fired from the shoulder and designed or redesigned, made or remade, and intended to use the energy of the explosive in a fixed shotgun shell to fire through a smooth bore either a number of ball shot or a single projectile for each single pull of the trigger.

1 (47) "Substance use disorder professional" means a person
2 certified under chapter 18.205 RCW.

3 (48) "Transfer" means the intended delivery of a firearm to
4 another person without consideration of payment or promise of payment
5 including, but not limited to, gifts and loans. "Transfer" does not
6 include the delivery of a firearm owned or leased by an entity
7 licensed or qualified to do business in the state of Washington to,
8 or return of such a firearm by, any of that entity's employees or
9 agents, defined to include volunteers participating in an honor
10 guard, for lawful purposes in the ordinary course of business.

11 (49) "Undetectable firearm" means any firearm that is not as
12 detectable as 3.7 ounces of 17-4 PH stainless steel by walk-through
13 metal detectors or magnetometers commonly used at airports or any
14 firearm where the barrel, the slide or cylinder, or the frame or
15 receiver of the firearm would not generate an image that accurately
16 depicts the shape of the part when examined by the types of X-ray
17 machines commonly used at airports.

18 (50)(a) "Unfinished frame or receiver" means a frame or receiver
19 that is partially complete, disassembled, or inoperable, that: (i)
20 Has reached a stage in manufacture where it may readily be completed,
21 assembled, converted, or restored to a functional state; or (ii) is
22 marketed or sold to the public to become or be used as the frame or
23 receiver of a functional firearm once finished or completed,
24 including without limitation products marketed or sold to the public
25 as an 80 percent frame or receiver or unfinished frame or receiver.

26 (b) For purposes of this subsection:

27 (i) "Readily" means a process that is fairly or reasonably
28 efficient, quick, and easy, but not necessarily the most efficient,
29 speedy, or easy process. Factors relevant in making this
30 determination, with no single one controlling, include the following:
31 (A) Time, i.e., how long it takes to finish the process; (B) ease,
32 i.e., how difficult it is to do so; (C) expertise, i.e., what
33 knowledge and skills are required; (D) equipment, i.e., what tools
34 are required; (E) availability, i.e., whether additional parts are
35 required, and how easily they can be obtained; (F) expense, i.e., how
36 much it costs; (G) scope, i.e., the extent to which the subject of
37 the process must be changed to finish it; and (H) feasibility, i.e.,
38 whether the process would damage or destroy the subject of the
39 process, or cause it to malfunction.

(ii) "Partially complete," as it modifies frame or receiver, means a forging, casting, printing, extrusion, machined body, or similar article that has reached a stage in manufacture where it is clearly identifiable as an unfinished component part of a firearm.

(51) "Unlicensed person" means any person who is not a licensed dealer under this chapter.

(52) "Untraceable firearm" means any firearm manufactured after July 1, 2019, that is not an antique firearm and that cannot be traced by law enforcement by means of a serial number affixed to the firearm by a federal firearms manufacturer, federal firearms importer, or federal firearms dealer in compliance with all federal laws and regulations.

(53) "Washington state patrol firearms background check program" means the division within the state patrol that conducts background checks for all firearm transfers and the disposition of firearms.

Sec. 5065. RCW 10.77.010 and 2023 c 453 s 2 and 2023 c 120 s 5 are each reenacted and amended to read as follows:

As used in this chapter:

(1) "Admission" means acceptance based on medical necessity, of a person as a patient.

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

(3) "Clinical intervention specialist" means a licensed professional with prescribing authority who is employed by or contracted with the department to provide direct services, enhanced oversight and monitoring of the behavioral health status of in-custody defendants who have been referred for evaluation or restoration services related to competency to stand trial and who coordinate treatment options with forensic navigators, the department, and jail health services.

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

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

(6) "Conditional release" means modification of a court-ordered commitment, which may be revoked upon violation of any of its terms.

(7) A "criminally insane" person means any person who has been acquitted of a crime charged by reason of insanity, and thereupon

1 found to be a substantial danger to other persons or to present a
2 substantial likelihood of committing criminal acts jeopardizing
3 public safety or security unless kept under further control by the
4 court or other persons or institutions.

5 (8) "Department" means the state department of social and health
6 services.

7 (9) "Designated crisis responder" has the same meaning as
8 provided in RCW 71.05.020.

9 (10) "Detention" or "detain" means the lawful confinement of a
10 person, under the provisions of this chapter, pending evaluation.

11 (11) "Developmental disabilities professional" means a person who
12 has specialized training and experience in directly treating or
13 working with persons with developmental disabilities and is a
14 psychiatrist or psychologist, or a social worker, and such other
15 developmental disabilities professionals as may be defined by rules
16 adopted by the secretary.

17 (12) "Developmental disability" means the condition as defined in
18 RCW 71A.10.020.

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

22 (14) "Furlough" means an authorized leave of absence for a
23 resident of a state institution operated by the department designated
24 for the custody, care, and treatment of the criminally insane,
25 consistent with an order of conditional release from the court under
26 this chapter, without any requirement that the resident be
27 accompanied by, or be in the custody of, any law enforcement or
28 institutional staff, while on such unescorted leave.

29 (15) "Genuine doubt as to competency" means that there is
30 reasonable cause to believe, based upon actual interactions with or
31 observations of the defendant or information provided by counsel,
32 that a defendant is incompetent to stand trial.

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

1 (17) "History of one or more violent acts" means violent acts
2 committed during: (a) The 10-year period of time prior to the filing
3 of criminal charges; plus (b) the amount of time equal to time spent
4 during the 10-year period in a mental health facility or in
5 confinement as a result of a criminal conviction.

6 (18) "Immediate family member" means a spouse, child, stepchild,
7 parent, stepparent, grandparent, sibling, or domestic partner.

8 (19) "Incompetency" means a person lacks the capacity to
9 understand the nature of the proceedings against him or her or to
10 assist in his or her own defense as a result of mental disease or
11 defect.

12 (20) "Indigent" means any person who is indigent as defined in
13 RCW 10.101.010, or financially unable to obtain counsel or other
14 necessary expert or professional services without causing substantial
15 hardship to the person or his or her family.

16 (21) "Individualized service plan" means a plan prepared by a
17 developmental disabilities professional with other professionals as a
18 team, for an individual with developmental disabilities, which shall
19 state:

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

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

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

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

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

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

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

35 (22) "Professional person" means:

36 (a) A psychiatrist licensed as a physician and surgeon in this
37 state who has, in addition, completed three years of graduate
38 training in psychiatry in a program approved by the American medical
39 association or the American osteopathic association and is certified
40 or eligible to be certified by the American board of psychiatry and

1 neurology or the American osteopathic board of neurology and
2 psychiatry;

3 (b) A psychologist licensed as a psychologist pursuant to chapter
4 18.83 RCW;

5 (c) A psychiatric advanced ((~~registered nurse practitioner~~))
6 practice registered nurse, as defined in RCW 71.05.020; or

7 (d) A social worker with a master's or further advanced degree
8 from a social work educational program accredited and approved as
9 provided in RCW 18.320.010.

10 (23) "Release" means legal termination of the court-ordered
11 commitment under the provisions of this chapter.

12 (24) "Secretary" means the secretary of the department of social
13 and health services or his or her designee.

14 (25) "Treatment" means any currently standardized medical or
15 mental health procedure including medication.

16 (26) "Treatment records" include registration and all other
17 records concerning persons who are receiving or who at any time have
18 received services for mental illness, which are maintained by the
19 department, by behavioral health administrative services
20 organizations and their staffs, by managed care organizations and
21 their staffs, and by treatment facilities. Treatment records do not
22 include notes or records maintained for personal use by a person
23 providing treatment services for the department, behavioral health
24 administrative services organizations, managed care organizations, or
25 a treatment facility if the notes or records are not available to
26 others.

27 (27) "Violent act" means behavior that: (a) (i) Resulted in; (ii)
28 if completed as intended would have resulted in; or (iii) was
29 threatened to be carried out by a person who had the intent and
30 opportunity to carry out the threat and would have resulted in,
31 homicide, nonfatal injuries, or substantial damage to property; or
32 (b) recklessly creates an immediate risk of serious physical injury
33 to another person. As used in this subsection, "nonfatal injuries"
34 means physical pain or injury, illness, or an impairment of physical
35 condition. "Nonfatal injuries" shall be construed to be consistent
36 with the definition of "bodily injury," as defined in RCW 9A.04.110.

37 **Sec. 5066.** RCW 10.77.175 and 2024 c 62 s 13 are each amended to
38 read as follows:

(1) Conditional release planning should start at admission and proceed in coordination between the department and the person's managed care organization, or behavioral health administrative services organization if the person is not eligible for medical assistance under chapter 74.09 RCW. If needed, the department shall assist the person to enroll in medical assistance in suspense status under RCW 74.09.670. The state hospital liaison for the managed care organization or behavioral health administrative services organization shall facilitate conditional release planning in collaboration with the department.

(2) Less restrictive alternative treatment pursuant to a conditional release order, at a minimum, includes the following services:

- (a) Assignment of a care coordinator;
- (b) An intake evaluation with the provider of the conditional treatment;
- (c) A psychiatric evaluation or a substance use disorder evaluation, or both;
- (d) A schedule of regular contacts with the provider of the less restrictive alternative treatment services for the duration of the order;
- (e) A transition plan addressing access to continued services at the expiration of the order;
- (f) An individual crisis plan;
- (g) Consultation about the formation of a mental health advance directive under chapter 71.32 RCW;
- (h) Appointment of a transition team under RCW 10.77.150; and
- (i) Notification to the care coordinator assigned in (a) of this subsection and to the transition team as provided in RCW 10.77.150 if reasonable efforts to engage the client fail to produce substantial compliance with court-ordered treatment conditions.

(3) Less restrictive alternative treatment pursuant to a conditional release order may additionally include requirements to participate in the following services:

- (a) Medication management;
- (b) Psychotherapy;
- (c) Nursing;
- (d) Substance use disorder counseling;
- (e) Residential treatment;
- (f) Partial hospitalization;

1 (g) Intensive outpatient treatment;

2 (h) Support for housing, benefits, education, and employment; and

3 (i) Periodic court review.

4 (4) Nothing in this section prohibits items in subsection (2) of
5 this section from beginning before the conditional release of the
6 individual.

7 (5) If the person was provided with involuntary medication under
8 RCW 10.77.094 or pursuant to a judicial order during the involuntary
9 commitment period, the less restrictive alternative treatment
10 pursuant to the conditional release order may authorize the less
11 restrictive alternative treatment provider or its designee to
12 administer involuntary antipsychotic medication to the person if the
13 provider has attempted and failed to obtain the informed consent of
14 the person and there is a concurring medical opinion approving the
15 medication by a psychiatrist, physician assistant working with a
16 psychiatrist who is acting as a participating physician as defined in
17 RCW 18.71A.010, psychiatric advanced ~~((registered—nurse~~
18 ~~practitioner))~~ practice registered nurse, or physician or physician
19 assistant in consultation with an independent mental health
20 professional with prescribing authority.

21 (6) Less restrictive alternative treatment pursuant to a
22 conditional release order must be administered by a provider that is
23 certified or licensed to provide or coordinate the full scope of
24 services required under the less restrictive alternative order and
25 that has agreed to assume this responsibility.

26 (7) The care coordinator assigned to a person ordered to less
27 restrictive alternative treatment pursuant to a conditional release
28 order must submit an individualized plan for the person's treatment
29 services to the court that entered the order. An initial plan must be
30 submitted as soon as possible following the intake evaluation and a
31 revised plan must be submitted upon any subsequent modification in
32 which a type of service is removed from or added to the treatment
33 plan.

34 (8) A care coordinator may disclose information and records
35 related to mental health treatment under RCW 70.02.230(2)(k) for
36 purposes of implementing less restrictive alternative treatment
37 pursuant to a conditional release order.

38 (9) For the purpose of this section, "care coordinator" means a
39 representative from the department of social and health services who
40 coordinates the activities of less restrictive alternative treatment

1 pursuant to a conditional release order. The care coordinator
2 coordinates activities with the person's transition team that are
3 necessary for enforcement and continuation of the conditional release
4 order and is responsible for coordinating service activities with
5 other agencies and establishing and maintaining a therapeutic
6 relationship with the individual on a continuing basis.

7 **Sec. 5067.** RCW 11.130.290 and 2020 c 312 s 203 are each amended
8 to read as follows:

9 (1) On receipt of a petition under RCW 11.130.270 and at the time
10 the court appoints a court visitor under RCW 11.130.280, the court
11 shall order a professional evaluation of the respondent.

12 (2) The respondent must be examined by a physician licensed to
13 practice under chapter 18.71 or 18.57 RCW, psychologist licensed
14 under chapter 18.83 RCW, advanced (~~(registered nurse practitioner)~~)
15 practice registered nurse licensed under chapter 18.79 RCW, or
16 physician assistant licensed under chapter 18.71A RCW selected by the
17 court visitor who is qualified to evaluate the respondent's alleged
18 cognitive and functional abilities and limitations and will not be
19 advantaged or disadvantaged by a decision to grant the petition or
20 otherwise have a conflict of interest. If the respondent opposes the
21 professional selected by the court visitor, the court visitor shall
22 obtain a professional evaluation from the professional selected by
23 the respondent. The court visitor, after receiving a professional
24 evaluation from the individual selected by the respondent, may obtain
25 a supplemental evaluation from a different professional.

26 (3) The individual conducting the evaluation shall provide the
27 completed evaluation report to the court visitor within thirty days
28 of the examination of the respondent. The court visitor shall file
29 the report in a sealed record with the court. Unless otherwise
30 directed by the court, the report must contain:

31 (a) The professional's name, address, education, and experience;

32 (b) A description of the nature, type, and extent of the
33 respondent's cognitive and functional abilities and limitations;

34 (c) An evaluation of the respondent's mental and physical
35 condition and, if appropriate, educational potential, adaptive
36 behavior, and social skills;

37 (d) A prognosis for improvement and recommendation for the
38 appropriate treatment, support, or habilitation plan;

1 (e) A description of the respondent's current medications, and
2 the effect of the medications on the respondent's cognitive and
3 functional abilities;

4 (f) Identification of persons with whom the professional has met
5 or spoken with regarding the respondent; and

6 (g) The date of the examination on which the report is based.

7 (4) If the respondent declines to participate in an evaluation
8 ordered under subsection (1) of this section, the court may proceed
9 with the hearing under RCW 11.130.275 if the court finds that it has
10 sufficient information to determine the respondent's needs and
11 abilities without the professional evaluation.

12 **Sec. 5068.** RCW 11.130.390 and 2020 c 312 s 212 are each amended
13 to read as follows:

14 (1) On receipt of a petition under RCW 11.130.360 and at the time
15 the court appoints a court visitor under RCW 11.130.380, the court
16 shall order a professional evaluation of the respondent.

17 (2) The respondent must be examined by a physician licensed to
18 practice under chapter 18.71 or 18.57 RCW, psychologist licensed
19 under chapter 18.83 RCW, advanced (~~registered nurse practitioner~~)
20 practice registered nurse licensed under chapter 18.79 RCW, or
21 physician assistant licensed under chapter 18.71A RCW, selected by
22 the court visitor who is qualified to evaluate the respondent's
23 alleged cognitive and functional abilities and limitations and will
24 not be advantaged or disadvantaged by a decision to grant the
25 petition or otherwise have a conflict of interest. If the respondent
26 opposes the professional selected by the court visitor, the court
27 visitor shall obtain a professional evaluation from the professional
28 selected by the respondent. The court visitor, after receiving a
29 professional evaluation from the individual selected by the
30 respondent, may obtain a supplemental evaluation from a different
31 professional.

32 (3) The individual conducting the evaluation shall promptly
33 provide the completed evaluation report to the court visitor who
34 shall file the report in a sealed record with the court. Unless
35 otherwise directed by the court, the report must contain:

36 (a) The professional's name, address, education, and experience;

37 (b) A description of the nature, type, and extent of the
38 respondent's cognitive and functional abilities and limitations with

1 regard to the management of the respondent's property and financial
2 affairs;

3 (c) An evaluation of the respondent's mental and physical
4 condition and, if appropriate, educational potential, adaptive
5 behavior, and social skills;

6 (d) A prognosis for improvement with regard to the ability to
7 manage the respondent's property and financial affairs;

8 (e) A description of the respondent's current medications, and
9 the effect of the medications on the respondent's cognitive and
10 functional abilities;

11 (f) Identification of persons with whom the professional has met
12 or spoken with regarding the respondent; and

13 (g) The date of the examination on which the report is based.

14 (4) If the respondent declines to participate in an evaluation
15 ordered under subsection (1) of this section, the court may proceed
16 with the hearing under RCW 11.130.370 if the court finds that it has
17 sufficient information to determine the respondent's needs and
18 abilities without the professional evaluation.

19 (5) A professional evaluation is not required if a petition for
20 appointment of a conservator under RCW 11.130.360 is for a
21 conservator for the property or financial affairs of a minor or for
22 an adult missing, detained, or unable to return to the United States.

23 **Sec. 5069.** RCW 11.130.615 and 2020 c 312 s 319 are each amended
24 to read as follows:

25 (1) On receipt of a petition under RCW 11.130.595 and at the time
26 the court appoints a court visitor under RCW 11.130.605, the court
27 shall order a professional evaluation of the respondent.

28 (2) The respondent must be examined by a physician licensed to
29 practice under chapter 18.71 or 18.57 RCW, psychologist licensed
30 under chapter 18.83 RCW, advanced (~~registered nurse practitioner~~)
31 practice registered nurse licensed under chapter 18.79 RCW, or
32 physician assistant licensed under chapter 18.71A RCW selected by the
33 court visitor who is qualified to evaluate the respondent's alleged
34 cognitive and functional abilities and limitations and will not be
35 advantaged or disadvantaged by a decision to grant the petition or
36 otherwise have a conflict of interest. If the respondent opposes the
37 professional selected by the court visitor, the court visitor shall
38 obtain a professional evaluation from the professional selected by
39 the respondent. The court visitor, after receiving a professional

1 evaluation from the individual selected by the respondent, may obtain
2 a supplemental evaluation from a different professional.

3 (3) The individual conducting the evaluation shall provide the
4 completed evaluation report to the court visitor within thirty days
5 of the examination of the respondent. The court visitor shall file
6 the report in a sealed record with the court. Unless otherwise
7 directed by the court, the report must contain:

8 (a) The professional's name, address, education, and experience;

9 (b) A description of the nature, type, and extent of the
10 respondent's cognitive and functional abilities and limitations;

11 (c) An evaluation of the respondent's mental and physical
12 condition and, if appropriate, education potential, adaptive
13 behavior, and social skills;

14 (d) A prognosis for improvement and recommendation for the
15 appropriate treatment, support, or habilitation plan;

16 (e) A description of the respondent's current medications, and
17 the effect of the medications on the respondent's cognitive and
18 functional abilities;

19 (f) Identification of persons with whom the professional has met
20 or spoken with regarding the respondent; and

21 (g) The date of the examination on which the report is based.

22 (4) If the respondent declines to participate in an evaluation
23 ordered under subsection (1) of this section, the court may proceed
24 with the hearing under RCW 11.130.600 if the court finds that it has
25 sufficient information to determine the respondent's needs and
26 abilities without the professional evaluation.

27 **Sec. 5070.** RCW 18.16.260 and 2013 c 187 s 11 are each amended to
28 read as follows:

29 (1)(a) Prior to July 1, 2005, (i) a cosmetology licensee who held
30 a license in good standing between June 30, 1999, and June 30, 2003,
31 may request a renewal of the license or an additional license in
32 barbering, manicuring, and/or esthetics; and (ii) a licensee who held
33 a barber, manicurist, or esthetics license between June 30, 1999, and
34 June 30, 2003, may request a renewal of such licenses held during
35 that period.

36 (b) A license renewal fee, including, if applicable, a renewal
37 fee, at the current rate, for each year the licensee did not hold a
38 license in good standing between July 1, 2001, and the date of the
39 renewal request, must be paid prior to issuance of each type of

1 license requested. After June 30, 2005, any cosmetology licensee
2 wishing to renew an expired license or obtain additional licenses
3 must meet the applicable renewal, training, and examination
4 requirements of this chapter.

5 (2)(a) Any person holding an active license in good standing as
6 an esthetician prior to January 1, 2015, may be licensed as an
7 esthetician licensee after paying the appropriate license fee.

8 (b) Prior to January 1, 2015, an applicant for a master
9 esthetician license must have an active license in good standing as
10 an esthetician, pay the appropriate license fee, and provide the
11 department with proof of having satisfied one or more of the
12 following requirements:

13 (i)(A)(I) A minimum of thirty-five hours employment as a provider
14 of medium depth peels under the delegation or supervision of a
15 licensed physician, advanced ~~((registered nurse practitioner))~~
16 practice registered nurse, or physician assistant, or other licensed
17 professional whose licensure permits such delegation or supervision;
18 or

19 (II) Seven hours of training in theory and application of medium
20 depth peels; and

21 (B)(I) A minimum of one hundred fifty hours employment as a laser
22 operator under the delegation or supervision of a licensed physician,
23 advanced ~~((registered nurse practitioner))~~ practice registered nurse,
24 or physician assistant, or other licensed professional whose
25 licensure permits such delegation or supervision; or

26 (II) Seventy-five hours of laser training;

27 (ii) A national or international diploma or certification in
28 esthetics that is recognized by the department by rule;

29 (iii) An instructor in esthetics who has been licensed as an
30 instructor in esthetics by the department for a minimum of three
31 years; or

32 (iv) Completion of one thousand two hundred hours of an esthetic
33 curriculum approved by the department.

34 (3) The director may, as provided in RCW 43.24.140, modify the
35 duration of any additional license granted under this section to make
36 all licenses issued to a person expire on the same date.

37 **Sec. 5071.** RCW 18.50.005 and 2022 c 289 s 1 are each amended to
38 read as follows:

1 Unless the context clearly requires otherwise, the definitions in
2 this section apply throughout this chapter:

3 (1) "~~Advanced ((registered nurse practitioner))~~ practice registered nurse" means an
4 advanced practice registered nurse licensed under chapter 18.79 RCW.

5 (2) "Department" means the department of health.

6 (3) "Secretary" means the secretary of health.

7 (4) "Midwife" means a midwife licensed under this chapter.

8 (5) "Naturopath" means a naturopath licensed under chapter 18.36A
9 RCW.

10 (6) "Physician" means a physician licensed under chapter 18.57 or
11 18.71 RCW.

12 (7) "Physician assistant" means a physician assistant licensed
13 under chapter 18.71A RCW.

14
15 **Sec. 5072.** RCW 18.50.115 and 2022 c 289 s 6 are each amended to
16 read as follows:

17 (1) A midwife licensed under this chapter may obtain and
18 administer prophylactic ophthalmic medication, postpartum oxytocic,
19 vitamin K, Rho immune globulin (human), and local anesthetic and may
20 administer such other drugs or medications as prescribed by a
21 physician, an advanced (~~registered nurse practitioner~~) practice
22 registered nurse, a naturopath, or a physician assistant acting
23 within the practitioner's scope of practice. A pharmacist who
24 dispenses such drugs to a licensed midwife shall not be liable for
25 any adverse reactions caused by any method of use by the midwife.

26 (2) A midwife licensed under this chapter who has been granted a
27 limited prescriptive license extension by the secretary may
28 prescribe, obtain, and administer:

29 (a) Antibiotic, antiemetic, antiviral, antifungal, low-potency
30 topical steroid, and antipruritic medications and therapies, and
31 other medications and therapies as defined in the midwifery legend
32 drugs and devices rule for the prevention and treatment of conditions
33 that do not constitute a significant deviation from normal in
34 pregnancy or postpartum; and

35 (b) Hormonal and nonhormonal family planning methods.

36 (3) A midwife licensed under this chapter who has been granted an
37 additional license extension to include medical devices and implants
38 by the secretary may prescribe, obtain, and administer hormonal and
39 nonhormonal family planning medical devices, as prescribed in rule.

1 (4) The secretary, after collaboration with representatives of
2 the midwifery advisory committee, the pharmacy quality assurance
3 commission, and the Washington medical commission, may adopt rules
4 that authorize licensed midwives to prescribe, obtain, and administer
5 legend drugs and devices in addition to the drugs authorized in this
6 chapter.

7 **Sec. 5073.** RCW 18.57.040 and 2021 c 247 s 2 are each amended to
8 read as follows:

9 Nothing in this chapter shall be construed to prohibit:

10 (1) Service in the case of emergency;
11 (2) The domestic administration of family remedies;
12 (3) The practice of midwifery as permitted under chapter 18.50
13 RCW;

14 (4) The practice of osteopathic medicine and surgery by any
15 commissioned medical officer in the United States government or
16 military service or by any osteopathic physician and surgeon employed
17 by a federal agency, in the discharge of his or her official duties;

18 (5) Practice by a dentist licensed under chapter 18.32 RCW when
19 engaged exclusively in the practice of dentistry;

20 (6) The consultation through telemedicine or other means by a
21 practitioner, licensed by another state or territory in which he or
22 she resides, with a practitioner licensed in this state who has
23 responsibility for the diagnosis and treatment of the patient within
24 this state;

25 (7) In-person practice by any osteopathic physician and surgeon
26 from any other state or territory in which he or she resides:
27 PROVIDED, That such practitioner shall not open an office or appoint
28 a place of meeting patients or receive calls within the limits of
29 this state;

30 (8) Practice by a person who is a student enrolled in an
31 accredited school of osteopathic medicine and surgery approved by the
32 board if:

33 (a) The performance of such services is only pursuant to a course
34 of instruction or assignments from his or her instructor or school,
35 and such services are performed only under the supervision of a
36 person licensed pursuant to this chapter or chapter 18.71 RCW; or

37 (b) (i) Such services are performed without compensation or
38 expectation of compensation as part of a volunteer activity;

(ii) The student is under the direct supervision and control of a pharmacist licensed under chapter 18.64 RCW, a physician licensed under chapter 18.71 RCW, an osteopathic physician and surgeon licensed under this chapter, or a registered nurse or advanced ((registered nurse practitioner)) practice registered nurse licensed under chapter 18.79 RCW;

(iii) The services the student performs are within the scope of practice of: (A) An osteopathic physician and surgeon licensed under this chapter; and (B) the person supervising the student;

(iv) The school in which the student is enrolled verifies the student has demonstrated competency through his or her education and training to perform the services; and

(v) The student provides proof of current malpractice insurance to the volunteer activity organizer prior to performing any services;

(9) Practice by an osteopathic physician and surgeon serving a period of clinical postgraduate medical training in a postgraduate program approved by the board: PROVIDED, That the performance of such services be only pursuant to a course of instruction in said program, and said services are performed only under the supervision and control of a person licensed pursuant to this chapter or chapter 18.71 RCW; or

(10) Practice by a person who is enrolled in a physician assistant program approved by the board who is performing such services only pursuant to a course of instruction in said program: PROVIDED, That such services are performed only under the supervision and control of a person licensed pursuant to this chapter or chapter 18.71 RCW.

This chapter shall not be construed to apply in any manner to any other system or method of treating the sick or afflicted or to apply to or interfere in any way with the practice of religion or any kind of treatment by prayer.

Sec. 5074. RCW 18.59.100 and 2015 c 10 s 1 are each amended to read as follows:

An occupational therapist shall, after evaluating a patient and if the case is a medical one, refer the case to a physician for appropriate medical direction if such direction is lacking. Treatment by an occupational therapist of such a medical case may take place only upon the referral of a physician, osteopathic physician, podiatric physician and surgeon, naturopath, chiropractor, physician

1 assistant, psychologist, optometrist, or advanced (~~registered nurse~~
2 ~~practitioner~~)) practice registered nurse licensed to practice in this
3 state.

4 **Sec. 5075.** RCW 18.64.253 and 2019 c 270 s 1 are each amended to
5 read as follows:

6 (1) This chapter does not prohibit a student from practicing
7 pharmacy if:

8 (a) The student is enrolled in a college or school of pharmacy
9 accredited by the commission and is registered as a pharmacy intern
10 under RCW 18.64.080;

11 (b) The student performs services without compensation or the
12 expectation of compensation as part of a volunteer activity;

13 (c) The student is under the direct supervision of a pharmacist
14 licensed under this chapter, a physician licensed under chapter 18.71
15 RCW, an osteopathic physician and surgeon licensed under chapter
16 18.57 RCW, or a registered nurse or advanced (~~registered nurse~~
17 ~~practitioner~~)) practice registered nurse licensed under chapter 18.79
18 RCW;

19 (d) The services the student performs are within the scope of
20 practice of: (i) A pharmacist licensed under this chapter; and (ii)
21 the person supervising the student;

22 (e) The college or school in which the student is enrolled
23 verifies that the student has demonstrated competency through his or
24 her education and training to perform the services; and

25 (f) The student provides proof of current malpractice insurance
26 to the volunteer activity organizer prior to performing any services.

27 (2) The commission may adopt rules to implement the requirements
28 of this section.

29 **Sec. 5076.** RCW 18.64.560 and 2016 c 148 s 3 are each amended to
30 read as follows:

31 (1) A pharmacy or pharmacist may provide a limited quantity of
32 drugs to a nursing home or hospice program without a prescription for
33 emergency administration by authorized personnel of the facility or
34 program pursuant to a valid prescription. The drugs so provided must
35 be limited to those required to meet the immediate therapeutic needs
36 of residents or patients and may not be available from another
37 authorized source in sufficient time to prevent risk of harm by delay
38 resulting from obtaining drugs from another source. Emergency kits

1 must be secured in a locked room, container, or device to prevent
2 unauthorized access and to ensure the proper environment for
3 preservation of the drugs.

4 (2) In addition to or in connection with the emergency kit
5 authorized under subsection (1) of this section, a nursing home that
6 employs a unit dose drug distribution system may maintain a
7 supplemental dose kit for supplemental nonemergency drug therapy.
8 Supplemental dose kits must be secured in a locked room, container,
9 or device to prevent unauthorized access, and to ensure the proper
10 environment for preservation of the drugs. Administration of drugs
11 from a supplemental dose kit must be under a valid prescription or
12 chart order.

13 (3) The types and quantity of drugs appropriate to serve the
14 resident or patient population of a nursing home or hospice program
15 using an emergency kit or supplemental dose kit and procedures for
16 the proper storage and security of drugs must be determined by a
17 pharmaceutical services committee that includes a pharmacist licensed
18 under this chapter, a physician licensed under chapter 18.71 RCW, an
19 osteopathic physician licensed under chapter 18.57 RCW, or an
20 advanced (~~((registered nurse practitioner))~~) practice registered nurse
21 licensed under chapter 18.79 RCW, and appropriate clinical or
22 administrative personnel of the nursing home or hospice program as
23 set forth in rules adopted by the pharmacy quality assurance
24 commission.

25 (4) A registered nurse or licensed practical nurse operating
26 under appropriate direction and supervision by a pharmacist may
27 restock an emergency kit or supplemental dose kit to provide for safe
28 and timely patient access.

29 **Sec. 5077.** RCW 18.71.030 and 2024 c 62 s 14 are each amended to
30 read as follows:

31 Nothing in this chapter shall be construed to apply to or
32 interfere in any way with the practice of religion or any kind of
33 treatment by prayer; nor shall anything in this chapter be construed
34 to prohibit:

35 (1) The furnishing of medical assistance in cases of emergency
36 requiring immediate attention;

37 (2) The domestic administration of family remedies;

1 (3) The administration of oral medication of any nature to
2 students by public school district employees or private elementary or
3 secondary school employees as provided for in chapter 28A.210 RCW;

4 (4) The practice of dentistry, osteopathic medicine and surgery,
5 nursing, chiropractic, podiatric medicine and surgery, optometry,
6 naturopathy, or any other healing art licensed under the methods or
7 means permitted by such license;

8 (5) The practice of medicine in this state by any commissioned
9 medical officer serving in the armed forces of the United States or
10 public health service or any medical officer on duty with the United
11 States veterans administration while such medical officer is engaged
12 in the performance of the duties prescribed for him or her by the
13 laws and regulations of the United States;

14 (6) The consultation through telemedicine or other means by a
15 practitioner, licensed by another state or territory in which he or
16 she resides, with a practitioner licensed in this state who has
17 responsibility for the diagnosis and treatment of the patient within
18 this state;

19 (7) The in-person practice of medicine by any practitioner
20 licensed by another state or territory in which he or she resides,
21 provided that such practitioner shall not open an office or appoint a
22 place of meeting patients or receiving calls within this state;

23 (8) The practice of medicine by a person who is a regular student
24 in a school of medicine approved and accredited by the commission if:

25 (a) The performance of such services is only pursuant to a
26 regular course of instruction or assignments from his or her
27 instructor; or

28 (b) Such services are performed only under the supervision and
29 control of a person licensed pursuant to this chapter; or

30 (c)(i) Such services are performed without compensation or
31 expectation of compensation as part of a volunteer activity;

32 (ii) The student is under the direct supervision and control of a
33 pharmacist licensed under chapter 18.64 RCW, an osteopathic physician
34 and surgeon licensed under chapter 18.57 RCW, or a registered nurse
35 or advanced (~~registered nurse practitioner~~) practice registered
36 nurse licensed under chapter 18.79 RCW;

37 (iii) The services the student performs are within the scope of
38 practice of: (A) A physician licensed under this chapter; and (B) the
39 person supervising the student;

1 (iv) The school in which the student is enrolled verifies the
2 student has demonstrated competency through his or her education and
3 training to perform the services; and

4 (v) The student provides proof of current malpractice insurance
5 to the volunteer activity organizer prior to performing any services;

6 (9) The practice of medicine by a person serving a period of
7 postgraduate medical training in a program of clinical medical
8 training sponsored by a college or university in this state or by a
9 hospital accredited in this state, however, the performance of such
10 services shall be only pursuant to his or her duties as a trainee;

11 (10) The practice of medicine by a person who is regularly
12 enrolled in a physician assistant program approved by the commission,
13 however, the performance of such services shall be only pursuant to a
14 regular course of instruction in said program and such services are
15 performed only under the supervision and control of a person licensed
16 pursuant to this chapter;

17 (11) The practice of medicine by a licensed physician assistant
18 which practice is performed under the supervision of or in
19 collaboration with a physician licensed pursuant to this chapter;

20 (12) The practice of medicine, in any part of this state which
21 shares a common border with Canada and which is surrounded on three
22 sides by water, by a physician licensed to practice medicine and
23 surgery in Canada or any province or territory thereof;

24 (13) The administration of nondental anesthesia by a dentist who
25 has completed a residency in anesthesiology at a school of medicine
26 approved by the commission, however, a dentist allowed to administer
27 nondental anesthesia shall do so only under authorization of the
28 patient's attending surgeon, obstetrician, or psychiatrist, and the
29 commission has jurisdiction to discipline a dentist practicing under
30 this exemption and enjoin or suspend such dentist from the practice
31 of nondental anesthesia according to this chapter and chapter 18.130
32 RCW;

33 (14) Emergency lifesaving service rendered by a physician's
34 trained advanced emergency medical technician and paramedic, as
35 defined in RCW 18.71.200, if the emergency lifesaving service is
36 rendered under the responsible supervision and control of a licensed
37 physician;

38 (15) The provision of clean, intermittent bladder catheterization
39 for students by public school district employees or private school
40 employees as provided for in RCW 18.79.290 and 28A.210.280.

1 **Sec. 5078.** RCW 18.74.200 and 2023 c 198 s 2 are each amended to
2 read as follows:

3 (1) Subject to the limitations of this section, a physical
4 therapist may perform intramuscular needling only after being issued
5 an intramuscular needling endorsement by the secretary. The
6 secretary, upon approval by the board, shall issue an endorsement to
7 a physical therapist who has at least one year of postgraduate
8 practice experience that averages at least 36 hours a week and
9 consists of direct patient care and who provides evidence in a manner
10 acceptable to the board of a total of 325 hours of instruction and
11 clinical experience that meet or exceed the following criteria:

12 (a) A total of 100 hours of didactic instruction in the following
13 areas:

14 (i) Anatomy and physiology of the musculoskeletal and
15 neuromuscular systems;

16 (ii) Anatomical basis of pain mechanisms, chronic pain, and
17 referred pain;

18 (iii) Trigger point evaluation and management;

19 (iv) Universal precautions in avoiding contact with a patient's
20 bodily fluids; and

21 (v) Preparedness and response to unexpected events including but
22 not limited to injury to blood vessels, nerves, and organs, and
23 psychological effects or complications.

24 (b) A total of 75 hours of in-person intramuscular needling
25 instruction in the following areas:

26 (i) Intramuscular needling technique;

27 (ii) Intramuscular needling indications and contraindications;

28 (iii) Documentation and informed consent for intramuscular
29 needling;

30 (iv) Management of adverse effects;

31 (v) Practical psychomotor competency; and

32 (vi) Occupational safety and health administration's bloodborne
33 pathogens protocol.

34 (c) A successful clinical review of a minimum of 150 hours of at
35 least 150 individual intramuscular needling treatment sessions by a
36 qualified provider. A physical therapist seeking endorsement must
37 submit an affidavit to the department demonstrating successful
38 completion of this clinical review.

39 (2) A qualified provider must be one of the following:

1 (a) A physician licensed under chapter 18.71 RCW; an osteopathic
2 physician licensed under chapter 18.57 RCW; a licensed naturopath
3 under chapter 18.36A RCW; a licensed acupuncture and Eastern medicine
4 practitioner under chapter 18.06 RCW; or a licensed advanced
5 (~~registered nurse practitioner~~) practice registered nurse under
6 chapter 18.79 RCW;

7 (b) A physical therapist credentialed to perform intramuscular
8 needling in any branch of the United States armed forces;

9 (c) A licensed physical therapist who currently holds an
10 intramuscular needling endorsement; or

11 (d) A licensed physical therapist who meets the requirements of
12 the intramuscular needling endorsement.

13 (3) After receiving 100 hours of didactic instruction and 75
14 hours of in-person intramuscular needling instruction, a physical
15 therapist seeking endorsement has up to 18 months to complete a
16 minimum of 150 treatment sessions for review.

17 (4) A physical therapist may not delegate intramuscular needling
18 and must remain in constant attendance of the patient for the
19 entirety of the procedure.

20 (5) A physical therapist can apply for endorsement before they
21 have one year of clinical practice experience if they can meet the
22 requirement of 100 hours of didactic instruction and 75 hours of in-
23 person intramuscular needling instruction in subsection (1)(a)(i) and
24 (ii) of this section through their prelicensure coursework and has
25 completed all other requirements set forth in this chapter.

26 (6) If a physical therapist is intending to perform intramuscular
27 needling on a patient who the physical therapist knows is being
28 treated by an acupuncturist or acupuncture and Eastern medicine
29 practitioner for the same diagnosis, the physical therapist shall
30 make reasonable efforts to coordinate patient care with the
31 acupuncturist or acupuncture and Eastern medicine practitioner to
32 prevent conflict or duplication of services.

33 (7) All patients receiving intramuscular needling from a physical
34 therapist must sign an informed consent form that includes:

35 (a) The definition of intramuscular needling;

36 (b) A description of the risks of intramuscular needling;

37 (c) A description of the benefits of intramuscular needling;

38 (d) A description of the potential side effects of intramuscular
39 needling; and

1 (e) A statement clearly differentiating the procedure from the
2 practice of acupuncture.

3 (8) Intramuscular needling may not be administered as a stand-
4 alone treatment within a physical therapy care plan.

5 **Sec. 5079.** RCW 18.89.020 and 2021 c 114 s 2 are each amended to
6 read as follows:

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

9 (1) "Department" means the department of health.

10 (2) "Direct supervision" means a health care practitioner is
11 continuously on-site and physically present in the treatment
12 operatory while the procedures are performed by the respiratory care
13 practitioner.

14 (3) "Health care practitioner" means:

15 (a) A physician licensed under chapter 18.71 RCW;

16 (b) An osteopathic physician or surgeon licensed under chapter
17 18.57 RCW; or

18 (c) Acting within the scope of their respective licensure, a
19 podiatric physician and surgeon licensed under chapter 18.22 RCW, an
20 advanced (~~registered nurse practitioner~~) practice registered nurse
21 licensed under chapter 18.79 RCW, a naturopath licensed under chapter
22 18.36A RCW, or a physician assistant licensed under chapter 18.71A
23 RCW.

24 (4) "Respiratory care practitioner" means an individual licensed
25 under this chapter.

26 (5) "Secretary" means the secretary of health or the secretary's
27 designee.

28 **Sec. 5080.** RCW 18.130.410 and 2020 c 80 s 24 are each amended to
29 read as follows:

30 It is not professional misconduct for a physician licensed under
31 chapter 18.71 RCW; osteopathic physician licensed under chapter 18.57
32 RCW; registered nurse, licensed practical nurse, or advanced
33 (~~registered nurse practitioner~~) practice registered nurse licensed
34 under chapter 18.79 RCW; physician assistant licensed under chapter
35 18.71A RCW; advanced emergency medical technician or paramedic
36 certified under chapter 18.71 RCW; or medical assistant-certified,
37 medical assistant-phlebotomist, or forensic phlebotomist certified
38 under chapter 18.360 RCW, or person holding another credential under

1 Title 18 RCW whose scope of practice includes performing venous blood
2 draws, or hospital, or duly licensed clinical laboratory employing or
3 utilizing services of such licensed or certified health care
4 provider, to collect a blood sample without a person's consent when
5 the physician licensed under chapter 18.71 RCW; osteopathic physician
6 licensed under chapter 18.57 RCW; registered nurse, licensed
7 practical nurse, or advanced ((~~registered nurse practitioner~~))
8 practice registered nurse licensed under chapter 18.79 RCW; physician
9 assistant licensed under chapter 18.71A RCW; advanced emergency
10 medical technician or paramedic certified under chapter 18.71 RCW; or
11 medical assistant-certified, medical assistant-phlebotomist, or
12 forensic phlebotomist certified under chapter 18.360 RCW, or person
13 holding another credential under Title 18 RCW whose scope of practice
14 includes performing venous blood draws, or hospital, or duly licensed
15 clinical laboratory employing or utilizing services of such licensed
16 or certified health care provider withdrawing blood was directed by a
17 law enforcement officer to do so for the purpose of a blood test
18 under the provisions of a search warrant or exigent circumstances:
19 PROVIDED, That nothing in this section shall relieve a physician
20 licensed under chapter 18.71 RCW; osteopathic physician licensed
21 under chapter 18.57 RCW; registered nurse, licensed practical nurse,
22 or advanced ((~~registered nurse practitioner~~)) practice registered
23 nurse licensed under chapter 18.79 RCW; physician assistant licensed
24 under chapter 18.71A RCW; advanced emergency medical technician or
25 paramedic certified under chapter 18.71 RCW; or medical assistant-
26 certified, medical assistant-phlebotomist, or forensic phlebotomist
27 certified under chapter 18.360 RCW, or person holding another
28 credential under Title 18 RCW whose scope of practice includes
29 performing venous blood draws, or hospital, or duly licensed clinical
30 laboratory employing or utilizing services of such licensed or
31 certified health care provider withdrawing blood from professional
32 discipline arising from the use of improper procedures or from
33 failing to exercise the required standard of care.

34 **Sec. 5081.** RCW 18.134.010 and 2024 c 212 s 2 are each amended to
35 read as follows:

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

(1) "Disciplining authority" means an entity to which a state has granted the authority to license, certify, or discipline individuals who provide health care.

(2) "Electronic" means relating to technology having electrical, digital, magnetic, wireless, optical, electromagnetic, or similar capabilities.

(3) "Health care" means care, treatment, or a service or procedure, to maintain, monitor, diagnose, or otherwise affect an individual's physical or behavioral health, injury, or condition.

(4)(a) "Health care practitioner" means:

(i) A physician licensed under chapter 18.71 RCW;

(ii) An osteopathic physician or surgeon licensed under chapter 18.57 RCW;

(iii) A podiatric physician and surgeon licensed under chapter 18.22 RCW;

(iv) An advanced ((~~registered nurse practitioner~~)) practice registered nurse licensed under chapter 18.79 RCW;

(v) A naturopath licensed under chapter 18.36A RCW;

(vi) A physician assistant licensed under chapter 18.71A RCW; or

(vii) A person who is otherwise authorized to practice a profession regulated under the authority of RCW 18.130.040 to provide health care in this state, to the extent the profession's scope of practice includes health care that can be provided through telehealth.

(b) "Health care practitioner" does not include a veterinarian licensed under chapter 18.92 RCW.

(5) "Professional practice standard" includes:

(a) A standard of care;

(b) A standard of professional ethics; and

(c) A practice requirement imposed by a disciplining authority.

(6) "Scope of practice" means the extent of a health care practitioner's authority to provide health care.

(7) "State" means a state of the United States, the District of Columbia, Puerto Rico, the United States Virgin Islands, or any other territory or possession subject to the jurisdiction of the United States. The term includes a federally recognized Indian tribe.

(8) "Telecommunication technology" means technology that supports communication through electronic means. The term is not limited to regulated technology or technology associated with a regulated industry.

(9) "Telehealth" includes telemedicine and means the use of synchronous or asynchronous telecommunication technology by a practitioner to provide health care to a patient at a different physical location than the practitioner. "Telehealth" does not include the use, in isolation, of email, instant messaging, text messaging, or fax.

(10) "Telehealth services" means health care provided through telehealth.

Sec. 5082. RCW 18.225.010 and 2013 c 73 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) "Advanced social work" means the application of social work theory and methods, including:

(a) Emotional and biopsychosocial assessment;

(b) Psychotherapy under the supervision of a licensed independent clinical social worker, psychiatrist, psychologist, psychiatric advanced (~~(registered nurse practitioner)~~) practice registered nurse, psychiatric nurse, or other mental health professionals as may be defined by rules adopted by the secretary;

(c) Case management;

(d) Consultation;

(e) Advocacy;

(f) Counseling; or

(g) Community organization.

(2) "Applicant" means a person who completes the required application, pays the required fee, is at least eighteen years of age, and meets any background check requirements and uniform disciplinary act requirements.

(3) "Associate" means a prelicensure candidate who has a graduate degree in a mental health field under RCW 18.225.090 and is gaining the supervision and supervised experience necessary to become a licensed independent clinical social worker, a licensed advanced social worker, a licensed mental health counselor, or a licensed marriage and family therapist.

(4) "Committee" means the Washington state mental health counselors, marriage and family therapists, and social workers advisory committee.

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

1 (6) "Disciplining authority" means the department.

2 (7) "Independent clinical social work" means the diagnosis and
3 treatment of emotional and mental disorders based on knowledge of
4 human development, the causation and treatment of psychopathology,
5 psychotherapeutic treatment practices, and social work practice as
6 defined in advanced social work. Treatment modalities include but are
7 not limited to diagnosis and treatment of individuals, couples,
8 families, groups, or organizations.

9 (8) "Marriage and family therapy" means the diagnosis and
10 treatment of mental and emotional disorders, whether cognitive,
11 affective, or behavioral, within the context of relationships,
12 including marriage and family systems. Marriage and family therapy
13 involves the professional application of psychotherapeutic and family
14 systems theories and techniques in the delivery of services to
15 individuals, couples, and families for the purpose of treating such
16 diagnosed nervous and mental disorders. The practice of marriage and
17 family therapy means the rendering of professional marriage and
18 family therapy services to individuals, couples, and families, singly
19 or in groups, whether such services are offered directly to the
20 general public or through organizations, either public or private,
21 for a fee, monetary or otherwise.

22 (9) "Mental health counseling" means the application of
23 principles of human development, learning theory, psychotherapy,
24 group dynamics, and etiology of mental illness and dysfunctional
25 behavior to individuals, couples, families, groups, and
26 organizations, for the purpose of treatment of mental disorders and
27 promoting optimal mental health and functionality. Mental health
28 counseling also includes, but is not limited to, the assessment,
29 diagnosis, and treatment of mental and emotional disorders, as well
30 as the application of a wellness model of mental health.

31 (10) "Secretary" means the secretary of health or the secretary's
32 designee.

33 **Sec. 5083.** RCW 18.250.010 and 2023 c 143 s 1 are each amended to
34 read as follows:

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

37 (1) "Athlete" means a person who participates in exercise,
38 recreation, activities, sport, or games requiring physical strength,
39 range-of-motion, flexibility, body awareness and control, speed,

1 stamina, or agility, and the exercise, recreation, activities,
2 sports, or games are of a type conducted for the benefits of health
3 and wellness in association with an educational institution or
4 professional, amateur, recreational sports club or organization,
5 hospital, or industrial-based organization.

6 (2) "Athletic injury" means an injury or condition sustained by
7 an athlete that affects the person's participation or performance in
8 exercise, recreation, activities, sport, or games and the injury or
9 condition is within the professional preparation and education of an
10 athletic trainer.

11 (3) "Athletic trainer" means a health care provider who is
12 licensed under this chapter. An athletic trainer can practice
13 athletic training through the consultation, referral, or guidelines
14 of a licensed health care provider as defined in subsection (7) of
15 this section working within their scope of practice.

16 (4)(a) "Athletic training" means the application of the following
17 principles and methods as provided by a licensed athletic trainer:

18 (i) Risk management and prevention of athletic injuries through
19 preactivity screening and evaluation, educational programs, physical
20 conditioning and reconditioning programs, application of commercial
21 products, use of protective equipment, promotion of healthy
22 behaviors, and reduction of environmental risks;

23 (ii) Recognition, evaluation, and assessment of athletic injuries
24 by obtaining a history of the athletic injury, inspection and
25 palpation of the injured part and associated structures, and
26 performance of specific testing techniques related to stability and
27 function to determine the extent of an injury;

28 (iii) Immediate care of athletic injuries, including emergency
29 medical situations through the application of first-aid and emergency
30 procedures and techniques for nonlife-threatening or life-threatening
31 athletic injuries;

32 (iv) Treatment, rehabilitation, and reconditioning of athletic
33 injuries through the application of physical agents and modalities,
34 therapeutic activities and exercise, standard reassessment techniques
35 and procedures, commercial products, and educational programs, in
36 accordance with guidelines established with a licensed health care
37 provider as provided in RCW 18.250.070;

38 (v) Treatment, rehabilitation, and reconditioning of work-related
39 injuries through the application of physical agents and modalities,
40 therapeutic activities and exercise, standard reassessment techniques

1 and procedures, commercial products, and educational programs, under
2 the direct supervision of and in accordance with a plan of care for
3 an individual worker established by a provider authorized to provide
4 physical medicine and rehabilitation services for injured workers;
5 and

6 (vi) Referral of an athlete to an appropriately licensed health
7 care provider if the athletic injury requires further definitive care
8 or the injury or condition is outside an athletic trainer's scope of
9 practice, in accordance with RCW 18.250.070.

10 (b) "Athletic training" does not include:

11 (i) The use of spinal adjustment or manipulative mobilization of
12 the spine and its immediate articulations;

13 (ii) Orthotic or prosthetic services with the exception of
14 evaluation, measurement, fitting, and adjustment of temporary,
15 prefabricated or direct-formed orthosis as defined in chapter 18.200
16 RCW;

17 (iii) The practice of occupational therapy as defined in chapter
18 18.59 RCW;

19 (iv) The practice of acupuncture and Eastern medicine as defined
20 in chapter 18.06 RCW;

21 (v) Any medical diagnosis; and

22 (vi) Prescribing legend drugs or controlled substances, or
23 surgery.

24 (5) "Committee" means the athletic training advisory committee.

25 (6) "Department" means the department of health.

26 (7) "Licensed health care provider" means a physician, physician
27 assistant, osteopathic physician, advanced ~~((registered—nurse~~
28 ~~practitioner))~~ practice registered nurse, naturopath, physical
29 therapist, chiropractor, dentist, massage therapist, acupuncturist,
30 occupational therapist, or podiatric physician and surgeon.

31 (8) "Secretary" means the secretary of health or the secretary's
32 designee.

33 **Sec. 5084.** RCW 18.360.010 and 2024 c 248 s 2 and 2024 c 217 s 1
34 are each reenacted and amended to read as follows:

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

37 (1) "Administer" means the retrieval of medication, and its
38 application to a patient, as authorized in RCW 18.360.050.

1 (2) "Delegation" means direct authorization granted by a licensed
2 health care practitioner to a medical assistant to perform the
3 functions authorized in this chapter which fall within the scope of
4 practice of the health care provider and the training and experience
5 of the medical assistant.

6 (3) "Department" means the department of health.

7 (4) "Forensic phlebotomist" means a police officer, law
8 enforcement officer, or employee of a correctional facility or
9 detention facility, who is certified under this chapter and meets any
10 additional training and proficiency standards of his or her employer
11 to collect a venous blood sample for forensic testing pursuant to a
12 search warrant, a waiver of the warrant requirement, or exigent
13 circumstances.

14 (5) "Health care practitioner" means:

15 (a) A physician licensed under chapter 18.71 RCW;

16 (b) An osteopathic physician and surgeon licensed under chapter
17 18.57 RCW; or

18 (c) Acting within the scope of their respective licensure, a
19 podiatric physician and surgeon licensed under chapter 18.22 RCW, a
20 registered nurse or advanced ~~((registered nurse practitioner))~~
21 practice registered nurse licensed under chapter 18.79 RCW, a
22 naturopath licensed under chapter 18.36A RCW, a physician assistant
23 licensed under chapter 18.71A RCW, or an optometrist licensed under
24 chapter 18.53 RCW.

25 (6) "Medical assistant-certified" means a person certified under
26 RCW 18.360.040 who assists a health care practitioner with patient
27 care, executes administrative and clinical procedures, and performs
28 functions as provided in RCW 18.360.050 under the supervision of the
29 health care practitioner.

30 (7) "Medical assistant-EMT" means a person certified under RCW
31 18.360.040 who performs functions as provided in RCW 18.360.050 under
32 the supervision of a health care practitioner and holds: An emergency
33 medical technician certification under RCW 18.73.081; an advanced
34 emergency medical technician certification under RCW 18.71.205; or a
35 paramedic certification under RCW 18.71.205.

36 (8) "Medical assistant-hemodialysis technician" means a person
37 certified under RCW 18.360.040 who performs hemodialysis and other
38 functions pursuant to RCW 18.360.050 under the supervision of a
39 health care practitioner.

1 (9) "Medical assistant-phlebotomist" means a person certified
2 under RCW 18.360.040 who performs capillary, venous, and arterial
3 invasive procedures for blood withdrawal and other functions pursuant
4 to RCW 18.360.050 under the supervision of a health care
5 practitioner.

6 (10) "Medical assistant-registered" means a person registered
7 under RCW 18.360.040 who, pursuant to an endorsement by a health care
8 practitioner, clinic, or group practice, assists a health care
9 practitioner with patient care, executes administrative and clinical
10 procedures, and performs functions as provided in RCW 18.360.050
11 under the supervision of the health care practitioner.

12 (11) "Secretary" means the secretary of the department of health.

13 (12)(a) "Supervision" means supervision of procedures permitted
14 pursuant to this chapter by a health care practitioner who is
15 physically present and is immediately available in the facility,
16 except as provided in (b) and (c) of this subsection.

17 (b) The health care practitioner does not need to be present
18 during procedures to withdraw blood, administer vaccines, or obtain
19 specimens for or perform diagnostic testing, but must be immediately
20 available.

21 (c)(i) During a telemedicine visit, supervision over a medical
22 assistant assisting a health care practitioner with the telemedicine
23 visit may be provided through interactive audio and video
24 telemedicine technology.

25 (ii) When administering intramuscular injections for the purposes
26 of treating a known or suspected syphilis infection in accordance
27 with RCW 18.360.050, a medical assistant-certified or medical
28 assistant-registered may be supervised through interactive audio or
29 video telemedicine technology.

30 **Sec. 5085.** RCW 19.410.010 and 2023 c 364 s 8 are each amended to
31 read as follows:

32 (1) Subject to amounts appropriated for this purpose, the
33 psilocybin therapy services pilot program is established within, and
34 administered by, the University of Washington department of
35 psychiatry and behavioral sciences. No later than January 1, 2025,
36 the University of Washington department of psychiatry and behavioral
37 sciences must implement this section.

38 (2) The pilot program must:

1 (a) Offer psilocybin therapy services through pathways approved
2 by the federal food and drug administration, to populations including
3 first responders and veterans who are:

4 (i) 21 years of age or older; and
5 (ii) Experiencing posttraumatic stress disorder, mood disorders,
6 or substance use disorders;

7 (b) Offer psilocybin therapy services facilitated by:
8 (i) An advanced social worker, independent clinical social
9 worker, or mental health counselor licensed under chapter 18.225 RCW;
10 (ii) A physician licensed under chapter 18.71 RCW; or
11 (iii) A psychiatric advanced (~~registered nurse practitioner~~)
12 practice registered nurse licensed under chapter 18.79 RCW as defined
13 in RCW 71.05.020;

14 (c) Ensure psilocybin therapy services are safe, accessible, and
15 affordable;

16 (d) Require an initial assessment to understand participant goals
17 and expectations, and assess the participant's history for any
18 concerns that require further intervention or information before
19 receiving psilocybin therapy services, and an integration session
20 after receiving psilocybin therapy services; and

21 (e) Use outreach and engagement strategies to include
22 participants from communities or demographic groups that are more
23 likely to be historically marginalized and less likely to be included
24 in research and clinical trials represented by race, sex, sexual
25 orientation, socioeconomic status, age, or geographic location.

26 **Sec. 5086.** RCW 28A.210.090 and 2020 c 80 s 27 are each amended
27 to read as follows:

28 (1) Any child shall be exempt in whole or in part from the
29 immunization measures required by RCW 28A.210.060 through 28A.210.170
30 upon the presentation of any one or more of the certifications
31 required by this section, on a form prescribed by the department of
32 health:

33 (a) A written certification signed by a health care practitioner
34 that a particular vaccine required by rule of the state board of
35 health is, in his or her judgment, not advisable for the child:
36 PROVIDED, That when it is determined that this particular vaccine is
37 no longer contraindicated, the child will be required to have the
38 vaccine;

1 (b) A written certification signed by any parent or legal
2 guardian of the child or any adult in loco parentis to the child that
3 the religious beliefs of the signator are contrary to the required
4 immunization measures; or

5 (c) A written certification signed by any parent or legal
6 guardian of the child or any adult in loco parentis to the child that
7 the signator has either a philosophical or personal objection to the
8 immunization of the child. A philosophical or personal objection may
9 not be used to exempt a child from the measles, mumps, and rubella
10 vaccine.

11 (2)(a) The form presented on or after July 22, 2011, must include
12 a statement to be signed by a health care practitioner stating that
13 he or she provided the signator with information about the benefits
14 and risks of immunization to the child. The form may be signed by a
15 health care practitioner at any time prior to the enrollment of the
16 child in a school or licensed day care. Photocopies of the signed
17 form or a letter from the health care practitioner referencing the
18 child's name shall be accepted in lieu of the original form.

19 (b) A health care practitioner who, in good faith, signs the
20 statement provided for in (a) of this subsection is immune from civil
21 liability for providing the signature.

22 (c) Any parent or legal guardian of the child or any adult in
23 loco parentis to the child who exempts the child due to religious
24 beliefs pursuant to subsection (1)(b) of this section is not required
25 to have the form provided for in (a) of this subsection signed by a
26 health care practitioner if the parent or legal guardian demonstrates
27 membership in a religious body or a church in which the religious
28 beliefs or teachings of the church preclude a health care
29 practitioner from providing medical treatment to the child.

30 (3) For purposes of this section, "health care practitioner"
31 means a physician licensed under chapter 18.71 or 18.57 RCW, a
32 naturopath licensed under chapter 18.36A RCW, a physician assistant
33 licensed under chapter 18.71A RCW, or an advanced (~~registered nurse~~
34 ~~practitioner~~) practice registered nurse licensed under chapter 18.79
35 RCW.

36 **Sec. 5087.** RCW 28A.210.275 and 2014 c 204 s 2 are each amended
37 to read as follows:

38 (1) Beginning July 1, 2014, a school district employee not
39 licensed under chapter 18.79 RCW who is asked to administer

1 medications or perform nursing services not previously recognized in
2 law shall at the time he or she is asked to administer the medication
3 or perform the nursing service file, without coercion by the
4 employer, a voluntary written, current, and unexpired letter of
5 intent stating the employee's willingness to administer the new
6 medication or nursing service. It is understood that the letter of
7 intent will expire if the conditions of acceptance are substantially
8 changed. If a school employee who is not licensed under chapter 18.79
9 RCW chooses not to file a letter under this section, the employee is
10 not subject to any employer reprisal or disciplinary action for
11 refusing to file a letter.

12 (2) In the event a school employee provides the medication or
13 service to a student in substantial compliance with (a) rules adopted
14 by the state (~~((nursing care quality assurance commission))~~) board of
15 nursing and the instructions of a registered nurse or advanced
16 (~~((registered nurse practitioner))~~) practice registered nurse issued
17 under such rules, and (b) written policies of the school district,
18 then the employee, the employee's school district or school of
19 employment, and the members of the governing board and chief
20 administrator thereof are not liable in any criminal action or for
21 civil damages in his or her individual, marital, governmental,
22 corporate, or other capacity as a result of providing the medication
23 or service.

24 (3) The board of directors shall designate a professional person
25 licensed under chapter 18.71, 18.57, or 18.79 RCW as it applies to
26 registered nurses and advanced (~~((registered nurse practitioners))~~)
27 practice registered nurses to consult and coordinate with the
28 student's parents and health care provider, and train and supervise
29 the appropriate school district personnel in proper procedures to
30 ensure a safe, therapeutic learning environment. School employees
31 must receive the training provided under this subsection before they
32 are authorized to deliver the service or medication. Such training
33 must be provided, where necessary, on an ongoing basis to ensure that
34 the proper procedures are not forgotten because the services or
35 medication are delivered infrequently.

36 **Sec. 5088.** RCW 28A.210.280 and 2003 c 172 s 1 are each amended
37 to read as follows:

38 (1) Public school districts and private schools that offer
39 classes for any of grades kindergarten through twelve must provide

1 for clean, intermittent bladder catheterization of students, or
2 assisted self-catheterization of students pursuant to RCW 18.79.290.
3 The catheterization must be provided in substantial compliance with:

4 (a) Rules adopted by the state (~~((nursing care quality assurance~~
5 ~~commission))~~ board of nursing and the instructions of a registered
6 nurse or advanced (~~((registered nurse practitioner))~~ practice
7 registered nurse issued under such rules; and

8 (b) Written policies of the school district or private school
9 which shall be adopted in order to implement this section and shall
10 be developed in accordance with such requirements of chapters 41.56
11 and 41.59 RCW as may be applicable.

12 (2) School district employees, except those licensed under
13 chapter 18.79 RCW, who have not agreed in writing to perform clean,
14 intermittent bladder catheterization as a specific part of their job
15 description, may file a written letter of refusal to perform clean,
16 intermittent bladder catheterization of students. This written letter
17 of refusal may not serve as grounds for discharge, nonrenewal, or
18 other action adversely affecting the employee's contract status.

19 (3) Any public school district or private school that provides
20 clean, intermittent bladder catheterization shall document the
21 provision of training given to employees who perform these services.
22 These records shall be made available for review at any audit.

23 **Sec. 5089.** RCW 28A.210.290 and 1994 sp.s. c 9 s 722 are each
24 amended to read as follows:

25 (1) In the event a school employee provides for the
26 catheterization of a student pursuant to RCW 18.79.290 and
27 28A.210.280 in substantial compliance with (a) rules adopted by the
28 state (~~((nursing care quality assurance commission))~~ board of nursing
29 and the instructions of a registered nurse or advanced (~~((registered~~
30 ~~nurse practitioner))~~ practice registered nurse issued under such
31 rules, and (b) written policies of the school district or private
32 school, then the employee, the employee's school district or school
33 of employment, and the members of the governing board and chief
34 administrator thereof shall not be liable in any criminal action or
35 for civil damages in their individual, marital, governmental,
36 corporate, or other capacity as a result of providing for the
37 catheterization.

38 (2) Providing for the catheterization of any student pursuant to
39 RCW 18.79.290 and 28A.210.280 may be discontinued by a public school

1 district or private school and the school district or school, its
2 employees, its chief administrator, and members of its governing
3 board shall not be liable in any criminal action or for civil damages
4 in their individual, marital, governmental, corporate, or other
5 capacity as a result of the discontinuance: PROVIDED, That the chief
6 administrator of the public school district or private school, or his
7 or her designee, has first provided actual notice orally or in
8 writing in advance of the date of discontinuance to a parent or legal
9 guardian of the student or other person having legal control over the
10 student: PROVIDED FURTHER, That the public school district otherwise
11 provides for the catheterization of the student to the extent
12 required by federal or state law.

13 **Sec. 5090.** RCW 28A.210.305 and 2017 c 84 s 2 are each amended to
14 read as follows:

15 (1)(a) A registered nurse or an advanced (~~((registered nurse~~
16 ~~practitioner))~~ practice registered nurse licensed under chapter 18.79
17 RCW working in a school setting is authorized and responsible for the
18 nursing care of students to the extent that the care is within the
19 practice of nursing as defined in this section.

20 (b) A school administrator may supervise a registered nurse or an
21 advanced (~~((registered nurse practitioner))~~ practice registered nurse
22 licensed under chapter 18.79 RCW in aspects of employment other than
23 the practice of nursing as defined in this section.

24 (c) Only a registered nurse or an advanced (~~((registered nurse~~
25 ~~practitioner))~~ practice registered nurse licensed under chapter 18.79
26 RCW may supervise, direct, or evaluate a licensed nurse working in a
27 school setting with respect to the practice of nursing as defined in
28 this section.

29 (2) Nothing in this section:

30 (a) Prohibits a nonnurse supervisor from supervising, directing,
31 or evaluating a licensed nurse working in a school setting with
32 respect to matters other than the practice of nursing;

33 (b) Requires a registered nurse or an advanced (~~((registered nurse~~
34 ~~practitioner))~~ practice registered nurse to be clinically supervised
35 in a school setting; or

36 (c) Prohibits a nonnurse supervisor from conferring with a
37 licensed nurse working in a school setting with respect to the
38 practice of nursing.

(3) Within existing funds, the superintendent of public instruction shall notify each school district in this state of the requirements of this section.

(4) For purposes of this section, "practice of nursing" means:

(a) Registered nursing practice as defined in RCW 18.79.040, advanced practice registered nursing (~~(practice)~~) as defined in RCW 18.79.050, and licensed practical nursing practice as defined in RCW 18.79.060, including, but not limited to:

(i) The administration of medication pursuant to a medication or treatment order; and

(ii) The decision to summon emergency medical assistance; and

(b) Compliance with any state or federal statute or administrative rule specifically regulating licensed nurses, including any statute or rule defining or establishing standards of patient care or professional conduct or practice.

Sec. 5091. RCW 41.05.177 and 2006 c 367 s 1 are each amended to read as follows:

(1) Each plan offered to public employees and their covered dependents under this chapter that is not subject to the provisions of Title 48 RCW and is issued or renewed after December 31, 2006, shall provide coverage for prostate cancer screening, provided that the screening is delivered upon the recommendation of the patient's physician, advanced (~~(registered nurse practitioner)~~) practice registered nurse, or physician assistant.

(2) This section shall not be construed to prevent the application of standard policy provisions applicable to other benefits, such as deductible or copayment provisions. This section does not limit the authority of the health care authority to negotiate rates and contract with specific providers for the delivery of prostate cancer screening services. This section shall not apply to medicare supplemental policies or supplemental contracts covering a specified disease or other limited benefits.

Sec. 5092. RCW 41.05.180 and 1994 sp.s. c 9 s 725 are each amended to read as follows:

Each health plan offered to public employees and their covered dependents under this chapter that is not subject to the provisions of Title 48 RCW and is established or renewed after January 1, 1990, and that provides benefits for hospital or medical care shall provide

benefits for screening or diagnostic mammography services, provided that such services are delivered upon the recommendation of the patient's physician or advanced (~~registered nurse practitioner~~) practice registered nurse as authorized by the (~~nursing care quality assurance commission~~) state board of nursing pursuant to chapter 18.79 RCW or physician assistant pursuant to chapter 18.71A RCW.

This section shall not be construed to prevent the application of standard health plan provisions applicable to other benefits such as deductible or copayment provisions. This section does not limit the authority of the state health care authority to negotiate rates and contract with specific providers for the delivery of mammography services. This section shall not apply to medicare supplement policies or supplemental contracts covering a specified disease or other limited benefits.

Sec. 5093. RCW 41.24.155 and 2007 c 57 s 1 are each amended to read as follows:

(1) One of the primary purposes of this section is to enable injured participants to return to their regular occupation, business, or profession, or to engage in any occupation or perform any work for compensation or profit. To this end, the state board shall utilize the services of individuals and organizations, public or private, whose experience, training, and interests in vocational rehabilitation and retraining qualify them to lend expert assistance to the state board in such programs of vocational rehabilitation as may be reasonable to make the participant return to his or her regular occupation, business, or profession, or to engage in any occupation or perform any work for compensation or profit consistent with his or her physical and mental status. After evaluation and recommendation by such individuals or organizations and prior to final evaluation of the participant's permanent disability, if in the sole opinion of the state board, whether or not medical treatment has been concluded, vocational rehabilitation is both necessary and likely to enable the injured participant to return to his or her regular occupation, business, or profession, or to engage in any occupation or perform any work for compensation or profit, the state board may, in its sole discretion, pay the cost as provided in subsection (3) or (4) of this section.

(2) When, in the sole discretion of the state board, vocational rehabilitation is both necessary and likely to make the participant

1 return to his or her regular occupation, business, or profession, or
2 to engage in any occupation or perform any work for compensation or
3 profit, then the following order of priorities shall be used:

4 (a) Return to the previous job with the same employer;

5 (b) Modification of the previous job with the same employer
6 including transitional return to work;

7 (c) A new job with the same employer in keeping with any
8 limitations or restrictions;

9 (d) Modification of a new job with the same employer including
10 transitional return to work;

11 (e) Modification of the previous job with a new employer;

12 (f) A new job with a new employer or self-employment based upon
13 transferable skills;

14 (g) Modification of a new job with a new employer;

15 (h) A new job with a new employer or self-employment involving
16 on-the-job training;

17 (i) Short-term retraining and job placement.

18 (3)(a) Except as provided in (b) of this subsection, costs for
19 vocational rehabilitation benefits allowed by the state board under
20 subsection (1) of this section may include the cost of books,
21 tuition, fees, supplies, equipment, transportation, child or
22 dependent care, and other necessary expenses in an amount not to
23 exceed four thousand dollars. This amount must be used within fifty-
24 two weeks of the determination that vocational rehabilitation is
25 permitted under this section.

26 (b) The expenses allowed under (a) of this subsection may include
27 training fees for on-the-job training and the cost of furnishing
28 tools and other equipment necessary for self-employment or
29 reemployment. However, compensation or payment of retraining with job
30 placement expenses under (a) of this subsection may not be authorized
31 for a period of more than fifty-two weeks, except that such period
32 may, in the sole discretion of the state board, after its review, be
33 extended for an additional fifty-two weeks or portion thereof by
34 written order of the state board. However, under no circumstances
35 shall the total amount of benefit paid under this section exceed four
36 thousand dollars.

37 (4) In addition to the vocational rehabilitation expenditures
38 provided for under subsection (3) of this section, an additional five
39 thousand dollars may, upon authorization of the state board, be
40 expended for: (a) Accommodations for an injured participant that are

1 medically necessary for participation in an approved retraining plan;
2 and (b) accommodations necessary to perform the essential functions
3 of an occupation in which an injured participant is seeking
4 employment, consistent with the retraining plan or the
5 recommendations of a vocational evaluation. The injured participant's
6 attending physician or licensed advanced ~~((registered—nurse
7 practitioner))~~ practice registered nurse must verify the necessity of
8 the modifications or accommodations. The total expenditures
9 authorized in this subsection shall not exceed five thousand dollars.

10 (5) The state board shall follow the established criteria set
11 forth by the department of labor and industries to monitor the
12 quality and effectiveness of rehabilitation services provided by the
13 individuals and organizations used under subsection (1) of this
14 section. The state board shall make referrals for vocational
15 rehabilitation services based on these performance criteria.

16 (6) The state board may engage, where feasible and
17 cost-effective, in a cooperative program with the state employment
18 security department to provide job placement services under this
19 section.

20 (7) Except as otherwise provided in this section, the vocational
21 benefits provided for in this section are available to participants
22 who have claims currently pending as of April 17, 2007, or whose
23 injury occurred on or after January 1, 2006.

24 **Sec. 5094.** RCW 43.70.442 and 2023 c 460 s 22 and 2023 c 454 s 4
25 are each reenacted and amended to read as follows:

26 (1)(a) Each of the following professionals certified or licensed
27 under Title 18 RCW shall, at least once every six years, complete
28 training in suicide assessment, treatment, and management that is
29 approved, in rule, by the relevant disciplining authority:

30 (i) An adviser or counselor certified under chapter 18.19 RCW;

31 (ii) A substance use disorder professional licensed under chapter
32 18.205 RCW;

33 (iii) A marriage and family therapist licensed under chapter
34 18.225 RCW;

35 (iv) A mental health counselor licensed under chapter 18.225 RCW;

36 (v) An occupational therapy practitioner licensed under chapter
37 18.59 RCW;

38 (vi) A psychologist licensed under chapter 18.83 RCW;

1 (vii) An advanced social worker or independent clinical social
2 worker licensed under chapter 18.225 RCW; and

3 (viii) A social worker associate—advanced or social worker
4 associate—independent clinical licensed under chapter 18.225 RCW.

5 (b) The requirements in (a) of this subsection apply to a person
6 holding a retired active license for one of the professions in (a) of
7 this subsection.

8 (c) The training required by this subsection must be at least six
9 hours in length, unless a disciplining authority has determined,
10 under subsection (10)(b) of this section, that training that includes
11 only screening and referral elements is appropriate for the
12 profession in question, in which case the training must be at least
13 three hours in length.

14 (d) Beginning July 1, 2017, the training required by this
15 subsection must be on the model list developed under subsection (6)
16 of this section. Nothing in this subsection (1)(d) affects the
17 validity of training completed prior to July 1, 2017.

18 (2)(a) Except as provided in (b) of this subsection:

19 (i) A professional listed in subsection (1)(a) of this section
20 must complete the first training required by this section by the end
21 of the first full continuing education reporting period after January
22 1, 2014, or during the first full continuing education reporting
23 period after initial licensure or certification, whichever occurs
24 later.

25 (ii) Beginning July 1, 2021, the second training for a
26 psychologist, a marriage and family therapist, a mental health
27 counselor, an advanced social worker, an independent clinical social
28 worker, a social worker associate-advanced, or a social worker
29 associate-independent clinical must be either: (A) An advanced
30 training focused on suicide management, suicide care protocols, or
31 effective treatments; or (B) a training in a treatment modality shown
32 to be effective in working with people who are suicidal, including
33 dialectical behavior therapy, collaborative assessment and management
34 of suicide risk, or cognitive behavior therapy-suicide prevention. If
35 a professional subject to the requirements of this subsection has
36 already completed the professional's second training prior to July 1,
37 2021, the professional's next training must comply with this
38 subsection. This subsection (2)(a)(ii) does not apply if the licensee
39 demonstrates that the training required by this subsection (2)(a)(ii)
40 is not reasonably available.

1 (b)(i) A professional listed in subsection (1)(a) of this section
2 applying for initial licensure may delay completion of the first
3 training required by this section for six years after initial
4 licensure if he or she can demonstrate successful completion of the
5 training required in subsection (1) of this section no more than six
6 years prior to the application for initial licensure.

7 (ii) Beginning July 1, 2021, a psychologist, a marriage and
8 family therapist, a mental health counselor, an advanced social
9 worker, an independent clinical social worker, a social worker
10 associate-advanced, or a social worker associate-independent clinical
11 exempt from his or her first training under (b)(i) of this subsection
12 must comply with the requirements of (a)(ii) of this subsection for
13 his or her first training after initial licensure. If a professional
14 subject to the requirements of this subsection has already completed
15 the professional's first training after initial licensure, the
16 professional's next training must comply with this subsection
17 (2)(b)(ii). This subsection (2)(b)(ii) does not apply if the licensee
18 demonstrates that the training required by this subsection (2)(b)(ii)
19 is not reasonably available.

20 (3) The hours spent completing training in suicide assessment,
21 treatment, and management under this section count toward meeting any
22 applicable continuing education or continuing competency requirements
23 for each profession.

24 (4)(a) A disciplining authority may, by rule, specify minimum
25 training and experience that is sufficient to exempt an individual
26 professional from the training requirements in subsections (1) and
27 (5) of this section. Nothing in this subsection (4)(a) allows a
28 disciplining authority to provide blanket exemptions to broad
29 categories or specialties within a profession.

30 (b) A disciplining authority may exempt a professional from the
31 training requirements of subsections (1) and (5) of this section if
32 the professional has only brief or limited patient contact.

33 (5)(a) Each of the following professionals credentialed under
34 Title 18 RCW shall complete a one-time training in suicide
35 assessment, treatment, and management that is approved by the
36 relevant disciplining authority:

37 (i) A chiropractor licensed under chapter 18.25 RCW;

38 (ii) A naturopath licensed under chapter 18.36A RCW;

39 (iii) A licensed practical nurse, registered nurse, or advanced
40 (~~registered nurse practitioner~~) practice registered nurse, other

1 than a certified registered nurse anesthetist, licensed under chapter
2 18.79 RCW;

3 (iv) An osteopathic physician and surgeon licensed under chapter
4 18.57 RCW, other than a holder of a postgraduate osteopathic medicine
5 and surgery license issued under RCW 18.57.035;

6 (v) A physical therapist or physical therapist assistant licensed
7 under chapter 18.74 RCW;

8 (vi) A physician licensed under chapter 18.71 RCW, other than a
9 resident holding a limited license issued under RCW 18.71.095(3);

10 (vii) A physician assistant licensed under chapter 18.71A RCW;

11 (viii) A pharmacist licensed under chapter 18.64 RCW;

12 (ix) A dentist licensed under chapter 18.32 RCW;

13 (x) A dental hygienist licensed under chapter 18.29 RCW;

14 (xi) An athletic trainer licensed under chapter 18.250 RCW;

15 (xii) An optometrist licensed under chapter 18.53 RCW;

16 (xiii) An acupuncture and Eastern medicine practitioner licensed
17 under chapter 18.06 RCW;

18 (xiv) A dental therapist licensed under chapter 18.265 RCW; and

19 (xv) A person holding a retired active license for one of the
20 professions listed in (a)(i) through (xiv) of this subsection.

21 (b)(i) A professional listed in (a)(i) through (vii) of this
22 subsection or a person holding a retired active license for one of
23 the professions listed in (a)(i) through (vii) of this subsection
24 must complete the one-time training by the end of the first full
25 continuing education reporting period after January 1, 2016, or
26 during the first full continuing education reporting period after
27 initial licensure, whichever is later. Training completed between
28 June 12, 2014, and January 1, 2016, that meets the requirements of
29 this section, other than the timing requirements of this subsection
30 (5)(b), must be accepted by the disciplining authority as meeting the
31 one-time training requirement of this subsection (5).

32 (ii) A licensed pharmacist or a person holding a retired active
33 pharmacist license must complete the one-time training by the end of
34 the first full continuing education reporting period after January 1,
35 2017, or during the first full continuing education reporting period
36 after initial licensure, whichever is later.

37 (iii) A licensed dentist, a licensed dental hygienist, or a
38 person holding a retired active license as a dentist shall complete
39 the one-time training by the end of the full continuing education
40 reporting period after August 1, 2020, or during the first full

1 continuing education reporting period after initial licensure,
2 whichever is later. Training completed between July 23, 2017, and
3 August 1, 2020, that meets the requirements of this section, other
4 than the timing requirements of this subsection (5)(b)(iii), must be
5 accepted by the disciplining authority as meeting the one-time
6 training requirement of this subsection (5).

7 (iv) A licensed optometrist or a licensed acupuncture and Eastern
8 medicine practitioner, or a person holding a retired active license
9 as an optometrist or an acupuncture and Eastern medicine
10 practitioner, shall complete the one-time training by the end of the
11 full continuing education reporting period after August 1, 2021, or
12 during the first full continuing education reporting period after
13 initial licensure, whichever is later. Training completed between
14 August 1, 2020, and August 1, 2021, that meets the requirements of
15 this section, other than the timing requirements of this subsection
16 (5)(b)(iv), must be accepted by the disciplining authority as meeting
17 the one-time training requirement of this subsection (5).

18 (c) The training required by this subsection must be at least six
19 hours in length, unless a disciplining authority has determined,
20 under subsection (10)(b) of this section, that training that includes
21 only screening and referral elements is appropriate for the
22 profession in question, in which case the training must be at least
23 three hours in length.

24 (d) Beginning July 1, 2017, the training required by this
25 subsection must be on the model list developed under subsection (6)
26 of this section. Nothing in this subsection (5)(d) affects the
27 validity of training completed prior to July 1, 2017.

28 (6)(a) The secretary and the disciplining authorities shall work
29 collaboratively to develop a model list of training programs in
30 suicide assessment, treatment, and management. Beginning July 1,
31 2021, for purposes of subsection (2)(a)(ii) of this section, the
32 model list must include advanced training and training in treatment
33 modalities shown to be effective in working with people who are
34 suicidal.

35 (b) The secretary and the disciplining authorities shall update
36 the list at least once every two years.

37 (c) By June 30, 2016, the department shall adopt rules
38 establishing minimum standards for the training programs included on
39 the model list. The minimum standards must require that six-hour
40 trainings include content specific to veterans and the assessment of

1 issues related to imminent harm via lethal means or self-injurious
2 behaviors and that three-hour trainings for pharmacists or dentists
3 include content related to the assessment of issues related to
4 imminent harm via lethal means. By July 1, 2024, the minimum
5 standards must be updated to require that both the six-hour and
6 three-hour trainings include content specific to the availability of
7 and the services offered by the 988 crisis hotline and the behavioral
8 health crisis response and suicide prevention system and best
9 practices for assisting persons with accessing the 988 crisis hotline
10 and the system. Beginning September 1, 2024, trainings submitted to
11 the department for review and approval must include the updated
12 information in the minimum standards for the model list as well as
13 all subsequent submissions. When adopting the rules required under
14 this subsection (6)(c), the department shall:

15 (i) Consult with the affected disciplining authorities, public
16 and private institutions of higher education, educators, experts in
17 suicide assessment, treatment, and management, the Washington
18 department of veterans affairs, and affected professional
19 associations; and

20 (ii) Consider standards related to the best practices registry of
21 the American foundation for suicide prevention and the suicide
22 prevention resource center.

23 (d) Beginning January 1, 2017:

24 (i) The model list must include only trainings that meet the
25 minimum standards established in the rules adopted under (c) of this
26 subsection and any three-hour trainings that met the requirements of
27 this section on or before July 24, 2015;

28 (ii) The model list must include six-hour trainings in suicide
29 assessment, treatment, and management, and three-hour trainings that
30 include only screening and referral elements; and

31 (iii) A person or entity providing the training required in this
32 section may petition the department for inclusion on the model list.
33 The department shall add the training to the list only if the
34 department determines that the training meets the minimum standards
35 established in the rules adopted under (c) of this subsection.

36 (e) By January 1, 2021, the department shall adopt minimum
37 standards for advanced training and training in treatment modalities
38 shown to be effective in working with people who are suicidal.
39 Beginning July 1, 2021, all such training on the model list must meet
40 the minimum standards. When adopting the minimum standards, the

1 department must consult with the affected disciplining authorities,
2 public and private institutions of higher education, educators,
3 experts in suicide assessment, treatment, and management, the
4 Washington department of veterans affairs, and affected professional
5 associations.

6 (7) The department shall provide the health profession training
7 standards created in this section to the professional educator
8 standards board as a model in meeting the requirements of RCW
9 28A.410.226 and provide technical assistance, as requested, in the
10 review and evaluation of educator training programs. The educator
11 training programs approved by the professional educator standards
12 board may be included in the department's model list.

13 (8) Nothing in this section may be interpreted to expand or limit
14 the scope of practice of any profession regulated under chapter
15 18.130 RCW.

16 (9) The secretary and the disciplining authorities affected by
17 this section shall adopt any rules necessary to implement this
18 section.

19 (10) For purposes of this section:

20 (a) "Disciplining authority" has the same meaning as in RCW
21 18.130.020.

22 (b) "Training in suicide assessment, treatment, and management"
23 means empirically supported training approved by the appropriate
24 disciplining authority that contains the following elements: Suicide
25 assessment, including screening and referral, suicide treatment, and
26 suicide management. However, the disciplining authority may approve
27 training that includes only screening and referral elements if
28 appropriate for the profession in question based on the profession's
29 scope of practice. The board of occupational therapy may also approve
30 training that includes only screening and referral elements if
31 appropriate for occupational therapy practitioners based on practice
32 setting.

33 (11) A state or local government employee is exempt from the
34 requirements of this section if he or she receives a total of at
35 least six hours of training in suicide assessment, treatment, and
36 management from his or her employer every six years. For purposes of
37 this subsection, the training may be provided in one six-hour block
38 or may be spread among shorter training sessions at the employer's
39 discretion.

1 (12) An employee of a community mental health agency licensed
2 under chapter 71.24 RCW or a chemical dependency program certified
3 under chapter 71.24 RCW is exempt from the requirements of this
4 section if he or she receives a total of at least six hours of
5 training in suicide assessment, treatment, and management from his or
6 her employer every six years. For purposes of this subsection, the
7 training may be provided in one six-hour block or may be spread among
8 shorter training sessions at the employer's discretion.

9 **Sec. 5095.** RCW 43.70.470 and 2020 c 80 s 31 are each amended to
10 read as follows:

11 The department may establish by rule the conditions of
12 participation in the liability insurance program by retired health
13 care providers at clinics utilizing retired health care providers for
14 the purposes of this section and RCW 43.70.460. These conditions
15 shall include, but not be limited to, the following:

16 (1) The participating health care provider associated with the
17 clinic shall hold a valid license to practice as a physician under
18 chapter 18.71 or 18.57 RCW, a naturopath under chapter 18.36A RCW, a
19 physician assistant under chapter 18.71A RCW, an advanced
20 (~~((registered nurse practitioner))~~) practice registered nurse under
21 chapter 18.79 RCW, a dentist under chapter 18.32 RCW, or other health
22 professionals as may be deemed in short supply by the department. All
23 health care providers must be in conformity with current requirements
24 for licensure, including continuing education requirements;

25 (2) Health care shall be limited to noninvasive procedures and
26 shall not include obstetrical care. Noninvasive procedures include
27 injections, suturing of minor lacerations, and incisions of boils or
28 superficial abscesses. Primary dental care shall be limited to
29 diagnosis, oral hygiene, restoration, and extractions and shall not
30 include orthodontia, or other specialized care and treatment;

31 (3) The provision of liability insurance coverage shall not
32 extend to acts outside the scope of rendering health care services
33 pursuant to this section and RCW 43.70.460;

34 (4) The participating health care provider shall limit the
35 provision of health care services to primarily low-income persons
36 provided that clinics may, but are not required to, provide means
37 tests for eligibility as a condition for obtaining health care
38 services;

1 (5) The participating health care provider shall not accept
2 compensation for providing health care services from patients served
3 pursuant to this section and RCW 43.70.460, nor from clinics serving
4 these patients. "Compensation" shall mean any remuneration of value
5 to the participating health care provider for services provided by
6 the health care provider, but shall not be construed to include any
7 nominal copayments charged by the clinic, nor reimbursement of
8 related expenses of a participating health care provider authorized
9 by the clinic in advance of being incurred; and

10 (6) The use of mediation or arbitration for resolving questions
11 of potential liability may be used, however any mediation or
12 arbitration agreement format shall be expressed in terms clear enough
13 for a person with a sixth grade level of education to understand, and
14 on a form no longer than one page in length.

15 **Sec. 5096.** RCW 46.19.010 and 2020 c 80 s 32 are each amended to
16 read as follows:

17 (1) A natural person who has a disability that meets one of the
18 following criteria may apply for special parking privileges:

19 (a) Cannot walk two hundred feet without stopping to rest;

20 (b) Is severely limited in ability to walk due to arthritic,
21 neurological, or orthopedic condition;

22 (c) Has such a severe disability that the person cannot walk
23 without the use of or assistance from a brace, cane, another person,
24 prosthetic device, wheelchair, or other assistive device;

25 (d) Uses portable oxygen;

26 (e) Is restricted by lung disease to an extent that forced
27 expiratory respiratory volume, when measured by spirometry, is less
28 than one liter per second or the arterial oxygen tension is less than
29 sixty mm/hg on room air at rest;

30 (f) Impairment by cardiovascular disease or cardiac condition to
31 the extent that the person's functional limitations are classified as
32 class III or IV under standards accepted by the American heart
33 association;

34 (g) Has a disability resulting from an acute sensitivity to
35 automobile emissions that limits or impairs the ability to walk. The
36 personal physician, advanced ~~((registered nurse practitioner))~~
37 practice registered nurse, or physician assistant of the applicant
38 shall document that the disability is comparable in severity to the
39 others listed in this subsection;

1 (h) Has limited mobility and has no vision or whose vision with
2 corrective lenses is so limited that the person requires alternative
3 methods or skills to do efficiently those things that are ordinarily
4 done with sight by persons with normal vision;

5 (i) Has an eye condition of a progressive nature that may lead to
6 blindness; or

7 (j) Is restricted by a form of porphyria to the extent that the
8 applicant would significantly benefit from a decrease in exposure to
9 light.

10 (2) The disability must be determined by either:

11 (a) A licensed physician;

12 (b) An advanced ((~~registered nurse practitioner~~)) practice
13 registered nurse licensed under chapter 18.79 RCW; or

14 (c) A physician assistant licensed under chapter 18.71A RCW.

15 (3) A health care practitioner listed under subsection (2) of
16 this section who is authorizing a parking permit for purposes of this
17 chapter must provide a signed written authorization: On a
18 prescription pad or paper, as defined in RCW 18.64.500; on office
19 letterhead; or by electronic means, as described by the director in
20 rule.

21 (4) The application for special parking privileges for persons
22 with disabilities must contain:

23 (a) The following statement immediately below the physician's,
24 advanced ((~~registered nurse practitioner's~~)) practice registered
25 nurse's, or physician assistant's signature: "A parking permit for a
26 person with disabilities may be issued only for a medical necessity
27 that severely affects mobility or involves acute sensitivity to light
28 (RCW 46.19.010). An applicant or health care practitioner who
29 knowingly provides false information on this application is guilty of
30 a gross misdemeanor. The penalty is up to three hundred sixty-four
31 days in jail and a fine of up to \$5,000 or both. In addition, the
32 health care practitioner may be subject to sanctions under chapter
33 18.130 RCW, the Uniform Disciplinary Act"; and

34 (b) Other information as required by the department.

35 (5) A natural person who has a disability described in subsection
36 (1) of this section and is expected to improve within twelve months
37 may be issued a temporary placard for a period not to exceed twelve
38 months. If the disability exists after twelve months, a new temporary
39 placard must be issued upon receipt of a new application with
40 certification from the person's physician as prescribed in

subsections (3) and (4) of this section. Special license plates for persons with disabilities may not be issued to a person with a temporary disability.

(6) A natural person who qualifies for special parking privileges under this section must receive an identification card showing the name and date of birth of the person to whom the parking privilege has been issued and the serial number of the placard.

(7) A natural person who qualifies for permanent special parking privileges under this section may receive one of the following:

(a) Up to two parking placards;

(b) One set of special license plates for persons with disabilities if the person with the disability is the registered owner of the vehicle on which the license plates will be displayed;

(c) One parking placard and one set of special license plates for persons with disabilities if the person with the disability is the registered owner of the vehicle on which the license plates will be displayed; or

(d) One special parking year tab for persons with disabilities and one parking placard.

(8) Parking placards and identification cards described in this section must be issued free of charge.

(9) The parking placard and identification card must be immediately returned to the department upon the placard holder's death.

Sec. 5097. RCW 46.61.506 and 2020 c 80 s 33 are each amended to read as follows:

(1) Upon the trial of any civil or criminal action or proceeding arising out of acts alleged to have been committed by any person while driving or in actual physical control of a vehicle while under the influence of intoxicating liquor or any drug, if the person's alcohol concentration is less than 0.08 or the person's THC concentration is less than 5.00, it is evidence that may be considered with other competent evidence in determining whether the person was under the influence of intoxicating liquor or any drug.

(2)(a) The breath analysis of the person's alcohol concentration shall be based upon grams of alcohol per two hundred ten liters of breath.

(b) The blood analysis of the person's THC concentration shall be based upon nanograms per milliliter of whole blood.

1 (c) The foregoing provisions of this section shall not be
2 construed as limiting the introduction of any other competent
3 evidence bearing upon the question whether the person was under the
4 influence of intoxicating liquor or any drug.

5 (3) Analysis of the person's blood or breath to be considered
6 valid under the provisions of this section or RCW 46.61.502 or
7 46.61.504 shall have been performed according to methods approved by
8 the state toxicologist and by an individual possessing a valid permit
9 issued by the state toxicologist for this purpose. The state
10 toxicologist is directed to approve satisfactory techniques or
11 methods, to supervise the examination of individuals to ascertain
12 their qualifications and competence to conduct such analyses, and to
13 issue permits which shall be subject to termination or revocation at
14 the discretion of the state toxicologist.

15 (4)(a) A breath test performed by any instrument approved by the
16 state toxicologist shall be admissible at trial or in an
17 administrative proceeding if the prosecution or department produces
18 prima facie evidence of the following:

19 (i) The person who performed the test was authorized to perform
20 such test by the state toxicologist;

21 (ii) The person being tested did not vomit or have anything to
22 eat, drink, or smoke for at least fifteen minutes prior to
23 administration of the test;

24 (iii) The person being tested did not have any foreign
25 substances, not to include dental work or piercings, fixed or
26 removable, in his or her mouth at the beginning of the fifteen-minute
27 observation period;

28 (iv) Prior to the start of the test, the temperature of any
29 liquid simulator solution utilized as an external standard, as
30 measured by a thermometer approved of by the state toxicologist was
31 thirty-four degrees centigrade plus or minus 0.3 degrees centigrade;

32 (v) The internal standard test resulted in the message
33 "verified";

34 (vi) The two breath samples agree to within plus or minus ten
35 percent of their mean to be determined by the method approved by the
36 state toxicologist;

37 (vii) The result of the test of the liquid simulator solution
38 external standard or dry gas external standard result did lie
39 between .072 to .088 inclusive; and

40 (viii) All blank tests gave results of .000.

1 (b) For purposes of this section, "prima facie evidence" is
2 evidence of sufficient circumstances that would support a logical and
3 reasonable inference of the facts sought to be proved. In assessing
4 whether there is sufficient evidence of the foundational facts, the
5 court or administrative tribunal is to assume the truth of the
6 prosecution's or department's evidence and all reasonable inferences
7 from it in a light most favorable to the prosecution or department.

8 (c) Nothing in this section shall be deemed to prevent the
9 subject of the test from challenging the reliability or accuracy of
10 the test, the reliability or functioning of the instrument, or any
11 maintenance procedures. Such challenges, however, shall not preclude
12 the admissibility of the test once the prosecution or department has
13 made a prima facie showing of the requirements contained in (a) of
14 this subsection. Instead, such challenges may be considered by the
15 trier of fact in determining what weight to give to the test result.

16 (5) When a blood test is administered under the provisions of RCW
17 46.20.308, the withdrawal of blood for the purpose of determining its
18 alcohol or drug content may be performed only by a physician licensed
19 under chapter 18.71 RCW; an osteopathic physician licensed under
20 chapter 18.57 RCW; a registered nurse, licensed practical nurse, or
21 advanced (~~registered nurse practitioner~~) practice registered nurse
22 licensed under chapter 18.79 RCW; a physician assistant licensed
23 under chapter 18.71A RCW; an advanced emergency medical technician or
24 paramedic certified under chapter 18.71 RCW; or a medical assistant-
25 certified or medical assistant-phlebotomist certified under chapter
26 18.360 RCW, a person holding another credential under Title 18 RCW
27 whose scope of practice includes performing venous blood draws, or a
28 forensic phlebotomist certified under chapter 18.360 RCW. When the
29 blood test is performed outside the state of Washington, the
30 withdrawal of blood for the purpose of determining its alcohol or
31 drug content may be performed by any person who is authorized by the
32 out-of-state jurisdiction to perform venous blood draws. Proof of
33 qualification to draw blood may be established through the department
34 of health's provider credential search. This limitation shall not
35 apply to the taking of breath specimens.

36 (6) When a venous blood sample is performed by a forensic
37 phlebotomist certified under chapter 18.360 RCW, it must be done
38 under the following conditions:

(a) If taken at the scene, it must be performed in an ambulance or aid service vehicle licensed by the department of health under chapter 18.73 RCW.

(b) The collection of blood samples must not interfere with the provision of essential medical care.

(c) The blood sample must be collected using sterile equipment and the skin area of puncture must be thoroughly cleansed and disinfected.

(d) The person whose blood is collected must be seated, reclined, or lying down when the blood is collected.

(7) The person tested may have a licensed or certified health care provider listed in subsection (5) of this section, or a qualified technician, chemist, or other qualified person of his or her own choosing administer one or more tests in addition to any administered at the direction of a law enforcement officer. The test will be admissible if the person establishes the general acceptability of the testing technique or method. The failure or inability to obtain an additional test by a person shall not preclude the admission of evidence relating to the test or tests taken at the direction of a law enforcement officer.

(8) Upon the request of the person who shall submit to a test or tests at the request of a law enforcement officer, full information concerning the test or tests shall be made available to him or her or his or her attorney.

Sec. 5098. RCW 46.61.508 and 2020 c 80 s 34 are each amended to read as follows:

No physician licensed under chapter 18.71 RCW; osteopathic physician licensed under chapter 18.57 RCW; registered nurse, licensed practical nurse, or advanced ~~((registered—nurse practitioner))~~ practice registered nurse licensed under chapter 18.79 RCW; physician assistant licensed under chapter 18.71A RCW; advanced emergency medical technician or paramedic certified under chapter 18.71 RCW; or medical assistant-certified or medical assistant-phlebotomist certified under chapter 18.360 RCW, person holding another credential under Title 18 RCW whose scope of practice includes performing venous blood draws, or forensic phlebotomist certified under chapter 18.360 RCW, or hospital, or duly licensed clinical laboratory employing or utilizing services of such licensed or certified health care provider, shall incur any civil or criminal

1 liability as a result of the act of withdrawing blood from any person
2 when directed by a law enforcement officer to do so for the purpose
3 of a blood test under the provisions of a search warrant, a waiver of
4 the search warrant requirement, exigent circumstances, or any other
5 authority of law: PROVIDED, That nothing in this section shall
6 relieve such licensed or certified health care provider, hospital or
7 duly licensed clinical laboratory, or forensic phlebotomist from
8 civil liability arising from the use of improper procedures or
9 failing to exercise the required standard of care.

10 **Sec. 5099.** RCW 48.20.392 and 2006 c 367 s 2 are each amended to
11 read as follows:

12 (1) Each disability insurance policy issued or renewed after
13 December 31, 2006, that provides coverage for hospital or medical
14 expenses shall provide coverage for prostate cancer screening,
15 provided that the screening is delivered upon the recommendation of
16 the patient's physician, advanced (~~registered nurse practitioner~~)
17 practice registered nurse, or physician assistant.

18 (2) This section shall not be construed to prevent the
19 application of standard policy provisions applicable to other
20 benefits, such as deductible or copayment provisions. This section
21 does not limit the authority of an insurer to negotiate rates and
22 contract with specific providers for the delivery of prostate cancer
23 screening services. This section shall not apply to medicare
24 supplemental policies or supplemental contracts covering a specified
25 disease or other limited benefits.

26 **Sec. 5100.** RCW 48.20.393 and 2023 c 366 s 3 are each amended to
27 read as follows:

28 Each disability insurance policy issued or renewed after January
29 1, 1990, that provides coverage for hospital or medical expenses
30 shall provide coverage for screening or diagnostic mammography
31 services, provided that such services are delivered upon the
32 recommendation of the patient's physician or advanced (~~registered~~
33 ~~nurse practitioner~~) practice registered nurse as authorized by the
34 (~~nursing care quality assurance commission~~) state board of nursing
35 pursuant to chapter 18.79 RCW or physician assistant pursuant to
36 chapter 18.71A RCW.

37 This section shall not be construed to prevent the application of
38 standard policy provisions, other than the cost-sharing prohibition

provided in RCW 48.43.076, that are applicable to other benefits. This section does not limit the authority of an insurer to negotiate rates and contract with specific providers for the delivery of mammography services. This section shall not apply to medicare supplement policies or supplemental contracts covering a specified disease or other limited benefits.

Sec. 5101. RCW 48.21.225 and 2023 c 366 s 4 are each amended to read as follows:

Each group disability insurance policy issued or renewed after January 1, 1990, that provides coverage for hospital or medical expenses shall provide coverage for screening or diagnostic mammography services, provided that such services are delivered upon the recommendation of the patient's physician or advanced ~~((registered nurse practitioner))~~ practice registered nurse as authorized by the ~~((nursing care quality assurance commission))~~ state board of nursing pursuant to chapter 18.79 RCW or physician assistant pursuant to chapter 18.71A RCW.

This section shall not be construed to prevent the application of standard policy provisions, other than the cost-sharing prohibition provided in RCW 48.43.076, that are applicable to other benefits. This section does not limit the authority of an insurer to negotiate rates and contract with specific providers for the delivery of mammography services. This section shall not apply to medicare supplement policies or supplemental contracts covering a specified disease or other limited benefits.

Sec. 5102. RCW 48.21.227 and 2006 c 367 s 3 are each amended to read as follows:

(1) Each group disability insurance policy issued or renewed after December 31, 2006, that provides coverage for hospital or medical expenses shall provide coverage for prostate cancer screening, provided that the screening is delivered upon the recommendation of the patient's physician, advanced ~~((registered nurse practitioner))~~ practice registered nurse, or physician assistant.

(2) This section shall not be construed to prevent the application of standard policy provisions applicable to other benefits, such as deductible or copayment provisions. This section does not limit the authority of an insurer to negotiate rates and

1 contract with specific providers for the delivery of prostate cancer
2 screening services. This section shall not apply to medicare
3 supplemental policies or supplemental contracts covering a specified
4 disease or other limited benefits.

5 **Sec. 5103.** RCW 48.42.100 and 2020 c 80 s 35 are each amended to
6 read as follows:

7 (1) For purposes of this section, health care carriers includes
8 disability insurers regulated under chapter 48.20 or 48.21 RCW,
9 health care services contractors regulated under chapter 48.44 RCW,
10 health maintenance organizations regulated under chapter 48.46 RCW,
11 plans operating under the health care authority under chapter 41.05
12 RCW, the state health insurance pool operating under chapter 48.41
13 RCW, and insuring entities regulated under chapter 48.43 RCW.

14 (2) For purposes of this section and consistent with their lawful
15 scopes of practice, types of health care practitioners that provide
16 women's health care services shall include, but need not be limited
17 by a health care carrier to, the following: Any generally recognized
18 medical specialty of practitioners licensed under chapter 18.57 or
19 18.71 RCW who provides women's health care services; practitioners
20 licensed under chapter 18.71A RCW when providing women's health care
21 services; midwives licensed under chapter 18.50 RCW; and advanced
22 (~~registered nurse practitioner~~) practice registered nurse
23 specialists in women's health and midwifery under chapter 18.79 RCW.

24 (3) For purposes of this section, women's health care services
25 shall include, but need not be limited by a health care carrier to,
26 the following: Maternity care; reproductive health services;
27 gynecological care; general examination; and preventive care as
28 medically appropriate and medically appropriate follow-up visits for
29 the services listed in this subsection.

30 (4) Health care carriers shall ensure that enrolled female
31 patients have direct access to timely and appropriate covered women's
32 health care services from the type of health care practitioner of
33 their choice in accordance with subsection (5) of this section.

34 (5)(a) Health care carrier policies, plans, and programs written,
35 amended, or renewed after July 23, 1995, shall provide women patients
36 with direct access to the type of health care practitioner of their
37 choice for appropriate covered women's health care services without
38 the necessity of prior referral from another type of health care
39 practitioner.

(b) Health care carriers may comply with this section by including all the types of health care practitioners listed in this section for women's health care services for women patients.

(c) Nothing in this section shall prevent health care carriers from restricting women patients to seeing only health care practitioners who have signed participating provider agreements with the health care carrier.

Sec. 5104. RCW 48.43.094 and 2020 c 80 s 36 are each amended to read as follows:

(1) For health plans issued or renewed on or after January 1, 2017:

(a) Benefits shall not be denied for any health care service performed by a pharmacist licensed under chapter 18.64 RCW if:

(i) The service performed was within the lawful scope of such person's license;

(ii) The plan would have provided benefits if the service had been performed by a physician licensed under chapter 18.71 or 18.57 RCW, an advanced ((~~registered nurse practitioner~~)) practice registered nurse licensed under chapter 18.79 RCW, or a physician's assistant licensed under chapter 18.71A RCW; and

(iii) The pharmacist is included in the plan's network of participating providers; and

(b) The health plan must include an adequate number of pharmacists in its network of participating medical providers.

(2) The participation of pharmacies in the plan network's drug benefit does not satisfy the requirement that plans include pharmacists in their networks of participating medical providers.

(3) For health benefit plans issued or renewed on or after January 1, 2016, but before January 1, 2017, health plans that delegate credentialing agreements to contracted health care facilities must accept credentialing for pharmacists employed or contracted by those facilities. Health plans must reimburse facilities for covered services provided by network pharmacists within the pharmacists' scope of practice per negotiations with the facility.

(4) This section does not supersede the requirements of RCW 48.43.045.

1 **Sec. 5105.** RCW 48.43.115 and 2020 c 80 s 37 are each amended to
2 read as follows:

3 (1) The legislature recognizes the role of health care providers
4 as the appropriate authority to determine and establish the delivery
5 of quality health care services to maternity patients and their newly
6 born children. It is the intent of the legislature to recognize
7 patient preference and the clinical sovereignty of providers as they
8 make determinations regarding services provided and the length of
9 time individual patients may need to remain in a health care facility
10 after giving birth. It is not the intent of the legislature to
11 diminish a carrier's ability to utilize managed care strategies but
12 to ensure the clinical judgment of the provider is not undermined by
13 restrictive carrier contracts or utilization review criteria that
14 fail to recognize individual postpartum needs.

15 (2) Unless otherwise specifically provided, the following
16 definitions apply throughout this section:

17 (a) "Attending provider" means a provider who: Has clinical
18 hospital privileges consistent with RCW 70.43.020; is included in a
19 provider network of the carrier that is providing coverage; and is a
20 physician licensed under chapter 18.57 or 18.71 RCW, a certified
21 nurse midwife licensed under chapter 18.79 RCW, a midwife licensed
22 under chapter 18.50 RCW, a physician's assistant licensed under
23 chapter 18.71A RCW, or an advanced (~~registered nurse practitioner~~)
24 practice registered nurse licensed under chapter 18.79 RCW.

25 (b) "Health carrier" or "carrier" means disability insurers
26 regulated under chapter 48.20 or 48.21 RCW, health care services
27 contractors regulated under chapter 48.44 RCW, health maintenance
28 organizations regulated under chapter 48.46 RCW, plans operating
29 under the health care authority under chapter 41.05 RCW, the state
30 health insurance pool operating under chapter 48.41 RCW, and insuring
31 entities regulated under this chapter.

32 (3)(a) Every health carrier that provides coverage for maternity
33 services must permit the attending provider, in consultation with the
34 mother, to make decisions on the length of inpatient stay, rather
35 than making such decisions through contracts or agreements between
36 providers, hospitals, and insurers. These decisions must be based on
37 accepted medical practice.

38 (b) Covered eligible services may not be denied for inpatient,
39 postdelivery care to a mother and her newly born child after a

1 vaginal delivery or a cesarean section delivery for such care as
2 ordered by the attending provider in consultation with the mother.

3 (c) At the time of discharge, determination of the type and
4 location of follow-up care must be made by the attending provider in
5 consultation with the mother rather than by contract or agreement
6 between the hospital and the insurer. These decisions must be based
7 on accepted medical practice.

8 (d) Covered eligible services may not be denied for follow-up
9 care, including in-person care, as ordered by the attending provider
10 in consultation with the mother. Coverage for providers of follow-up
11 services must include, but need not be limited to, attending
12 providers as defined in this section, home health agencies licensed
13 under chapter 70.127 RCW, and registered nurses licensed under
14 chapter 18.79 RCW.

15 (e) This section does not require attending providers to
16 authorize care they believe to be medically unnecessary.

17 (f) Coverage for the newly born child must be no less than the
18 coverage of the child's mother for no less than three weeks, even if
19 there are separate hospital admissions.

20 (4) A carrier that provides coverage for maternity services may
21 not deselect, terminate the services of, require additional
22 documentation from, require additional utilization review of, reduce
23 payments to, or otherwise provide financial disincentives to any
24 attending provider or health care facility solely as a result of the
25 attending provider or health care facility ordering care consistent
26 with this section. This section does not prevent any insurer from
27 reimbursing an attending provider or health care facility on a
28 capitated, case rate, or other financial incentive basis.

29 (5) Every carrier that provides coverage for maternity services
30 must provide notice to policyholders regarding the coverage required
31 under this section. The notice must be in writing and must be
32 transmitted at the earliest of the next mailing to the policyholder,
33 the yearly summary of benefits sent to the policyholder, or January 1
34 of the year following June 6, 1996.

35 (6) This section does not establish a standard of medical care.

36 (7) This section applies to coverage for maternity services under
37 a contract issued or renewed by a health carrier after June 6, 1996,
38 and applies to plans operating under the health care authority under
39 chapter 41.05 RCW beginning January 1, 1998.

1 **Sec. 5106.** RCW 48.44.325 and 2023 c 366 s 5 are each amended to
2 read as follows:

3 Each health care service contract issued or renewed after January
4 1, 1990, that provides benefits for hospital or medical care shall
5 provide benefits for screening or diagnostic mammography services,
6 provided that such services are delivered upon the recommendation of
7 the patient's physician or advanced (~~((registered nurse practitioner))~~)
8 practice registered nurse as authorized by the (~~((nursing care quality~~
9 ~~assurance commission))~~) state board of nursing pursuant to chapter
10 18.79 RCW or physician assistant pursuant to chapter 18.71A RCW.

11 This section shall not be construed to prevent the application of
12 standard contract provisions, other than the cost-sharing prohibition
13 provided in RCW 48.43.076, that are applicable to other benefits.
14 This section does not limit the authority of a contractor to
15 negotiate rates and contract with specific providers for the delivery
16 of mammography services. This section shall not apply to medicare
17 supplement policies or supplemental contracts covering a specified
18 disease or other limited benefits.

19 **Sec. 5107.** RCW 48.44.327 and 2006 c 367 s 4 are each amended to
20 read as follows:

21 (1) Each health care service contract issued or renewed after
22 December 31, 2006, that provides coverage for hospital or medical
23 expenses shall provide coverage for prostate cancer screening,
24 provided that the screening is delivered upon the recommendation of
25 the patient's physician, advanced (~~((registered nurse practitioner))~~)
26 practice registered nurse, or physician assistant.

27 (2) This section shall not be construed to prevent the
28 application of standard policy provisions applicable to other
29 benefits, such as deductible or copayment provisions. This section
30 does not limit the authority of a contractor to negotiate rates and
31 contract with specific providers for the delivery of prostate cancer
32 screening services. This section shall not apply to medicare
33 supplemental policies or supplemental contracts covering a specified
34 disease or other limited benefits.

35 **Sec. 5108.** RCW 48.46.275 and 2023 c 366 s 6 are each amended to
36 read as follows:

37 Each health maintenance agreement issued or renewed after January
38 1, 1990, that provides benefits for hospital or medical care shall

1 provide benefits for screening or diagnostic mammography services,
2 provided that such services are delivered upon the recommendation of
3 the patient's physician or advanced (~~((registered nurse practitioner))~~)
4 practice registered nurse as authorized by the (~~((nursing care quality~~
5 ~~assurance commission))~~) state board of nursing pursuant to chapter
6 18.79 RCW or physician assistant pursuant to chapter 18.71A RCW.

7 All services must be provided by the health maintenance
8 organization or rendered upon referral by the health maintenance
9 organization. This section shall not be construed to prevent the
10 application of standard agreement provisions, other than the cost-
11 sharing prohibition provided in RCW 48.43.076, that are applicable to
12 other benefits. This section does not limit the authority of a health
13 maintenance organization to negotiate rates and contract with
14 specific providers for the delivery of mammography services. This
15 section shall not apply to medicare supplement policies or
16 supplemental contracts covering a specified disease or other limited
17 benefits.

18 **Sec. 5109.** RCW 48.46.277 and 2006 c 367 s 5 are each amended to
19 read as follows:

20 (1) Each health maintenance agreement issued or renewed after
21 December 31, 2006, that provides coverage for hospital or medical
22 expenses shall provide coverage for prostate cancer screening,
23 provided that the screening is delivered upon the recommendation of
24 the patient's physician, advanced (~~((registered nurse practitioner))~~)
25 practice registered nurse, or physician assistant.

26 (2) All services must be provided by the health maintenance
27 organization or rendered upon a referral by the health maintenance
28 organization.

29 (3) This section shall not be construed to prevent the
30 application of standard policy provisions applicable to other
31 benefits, such as deductible or copayment provisions. This section
32 does not limit the authority of a health maintenance organization to
33 negotiate rates and contract with specific providers for the delivery
34 of prostate cancer screening services. This section shall not apply
35 to medicare supplemental policies or supplemental contracts covering
36 a specified disease or other limited benefits.

37 **Sec. 5110.** RCW 48.125.200 and 2006 c 367 s 6 are each amended to
38 read as follows:

(1) Each self-funded multiple employer welfare arrangement established, operated, providing benefits, or maintained in this state after December 31, 2006, that provides coverage for hospital or medical expenses shall provide coverage for prostate cancer screening, provided that the screening is delivered upon the recommendation of the patient's physician, advanced (~~registered nurse—practitioner~~) practice registered nurse, or physician assistant.

(2) This section shall not be construed to prevent the application of standard policy provisions applicable to other benefits, such as deductible or copayment provisions. This section does not limit the authority of a self-funded multiple employer welfare arrangement to negotiate rates and contract with specific providers for the delivery of prostate cancer screening services.

Sec. 5111. RCW 50A.05.010 and 2023 c 25 s 2 are each amended to read as follows:

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

(1)(a) "Casual labor" means work that:

(i) Is performed infrequently and irregularly; and

(ii) If performed for an employer, does not promote or advance the employer's customary trade or business.

(b) For purposes of casual labor:

(i) "Infrequently" means work performed twelve or fewer times per calendar quarter; and

(ii) "Irregularly" means work performed not on a consistent cadence.

(2) "Child" includes a biological, adopted, or foster child, a stepchild, a child's spouse, or a child to whom the employee stands in loco parentis, is a legal guardian, or is a de facto parent, regardless of age or dependency status.

(3) "Commissioner" means the commissioner of the department or the commissioner's designee.

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

(5)(a) "Employee" means an individual who is in the employment of an employer.

(b) "Employee" does not include employees of the United States of America.

1 (6) "Employee's average weekly wage" means the quotient derived
2 by dividing the employee's total wages during the two quarters of the
3 employee's qualifying period in which total wages were highest by
4 twenty-six. If the result is not a multiple of one dollar, the
5 department must round the result to the next lower multiple of one
6 dollar.

7 (7) (a) "Employer" means: (i) Any individual or type of
8 organization, including any partnership, association, trust, estate,
9 joint stock company, insurance company, limited liability company, or
10 corporation, whether domestic or foreign, or the receiver, trustee in
11 bankruptcy, trustee, or the legal representative of a deceased
12 person, having any person in employment or, having become an
13 employer, has not ceased to be an employer as provided in this title;
14 (ii) the state, state institutions, and state agencies; and (iii) any
15 unit of local government including, but not limited to, a county,
16 city, town, municipal corporation, quasi-municipal corporation, or
17 political subdivision.

18 (b) "Employer" does not include the United States of America.

19 (8) (a) "Employment" means personal service, of whatever nature,
20 unlimited by any employment relationship as known to the common law
21 or any other legal relationship performed for wages or under any
22 contract calling for the performance of personal services, written or
23 oral, express or implied. The term "employment" includes an
24 individual's entire service performed within or without or both
25 within and without this state, if:

26 (i) The service is localized in this state; or

27 (ii) The service is not localized in any state, but some of the
28 service is performed in this state; and

29 (A) The base of operations of the employee is in the state, or if
30 there is no base of operations, then the place from which such
31 service is directed or controlled is in this state; or

32 (B) The base of operations or place from which such service is
33 directed or controlled is not in any state in which some part of the
34 service is performed, but the individual's residence is in this
35 state.

36 (b) "Employment" does not include:

37 (i) Self-employed individuals;

38 (ii) Casual labor;

39 (iii) Services for remuneration when it is shown to the
40 satisfaction of the commissioner that:

1 (A) (I) Such individual has been and will continue to be free from
2 control or direction over the performance of such service, both under
3 his or her contract of service and in fact; and

4 (II) Such service is either outside the usual course of business
5 for which such service is performed, or that such service is
6 performed outside of all the places of business of the enterprises
7 for which such service is performed; and

8 (III) Such individual is customarily engaged in an independently
9 established trade, occupation, profession, or business, of the same
10 nature as that involved in the contract of service; or

11 (B) As a separate alternative:

12 (I) Such individual has been and will continue to be free from
13 control or direction over the performance of such service, both under
14 his or her contract of service and in fact; and

15 (II) Such service is either outside the usual course of business
16 for which such service is performed, or that such service is
17 performed outside of all the places of business of the enterprises
18 for which such service is performed, or the individual is
19 responsible, both under the contract and in fact, for the costs of
20 the principal place of business from which the service is performed;
21 and

22 (III) Such individual is customarily engaged in an independently
23 established trade, occupation, profession, or business, of the same
24 nature as that involved in the contract of service, or such
25 individual has a principal place of business for the work the
26 individual is conducting that is eligible for a business deduction
27 for federal income tax purposes; and

28 (IV) On the effective date of the contract of service, such
29 individual is responsible for filing at the next applicable filing
30 period, both under the contract of service and in fact, a schedule of
31 expenses with the internal revenue service for the type of business
32 the individual is conducting; and

33 (V) On the effective date of the contract of service, or within a
34 reasonable period after the effective date of the contract, such
35 individual has established an account with the department of revenue,
36 and other state agencies as required by the particular case, for the
37 business the individual is conducting for the payment of all state
38 taxes normally paid by employers and businesses and has registered
39 for and received a unified business identifier number from the state
40 of Washington; and

1 (VI) On the effective date of the contract of service, such
2 individual is maintaining a separate set of books or records that
3 reflect all items of income and expenses of the business which the
4 individual is conducting; or

5 (iv) Services that require registration under chapter 18.27 RCW
6 or licensing under chapter 19.28 RCW rendered by an individual when:

7 (A) The individual has been and will continue to be free from
8 control or direction over the performance of the service, both under
9 the contract of service and in fact;

10 (B) The service is either outside the usual course of business
11 for which the service is performed, or the service is performed
12 outside of all the places of business of the enterprise for which the
13 service is performed, or the individual is responsible, both under
14 the contract and in fact, for the costs of the principal place of
15 business from which the service is performed;

16 (C) The individual is customarily engaged in an independently
17 established trade, occupation, profession, or business, of the same
18 nature as that involved in the contract of service, or the individual
19 has a principal place of business for the business the individual is
20 conducting that is eligible for a business deduction for federal
21 income tax purposes, other than that furnished by the employer for
22 which the business has contracted to furnish services;

23 (D) On the effective date of the contract of service, the
24 individual is responsible for filing at the next applicable filing
25 period, both under the contract of service and in fact, a schedule of
26 expenses with the internal revenue service for the type of business
27 the individual is conducting;

28 (E) On the effective date of the contract of service, or within a
29 reasonable period after the effective date of the contract, the
30 individual has an active and valid certificate of registration with
31 the department of revenue, and an active and valid account with any
32 other state agencies as required by the particular case, for the
33 business the individual is conducting for the payment of all state
34 taxes normally paid by employers and businesses and has registered
35 for and received a unified business identifier number from the state
36 of Washington;

37 (F) On the effective date of the contract of service, the
38 individual is maintaining a separate set of books or records that
39 reflect all items of income and expenses of the business that the
40 individual is conducting; and

1 (G) On the effective date of the contract of service, the
2 individual has a valid contractor registration pursuant to chapter
3 18.27 RCW or an electrical contractor license pursuant to chapter
4 19.28 RCW.

5 (9) "Employment benefits" means all benefits provided or made
6 available to employees by an employer, including group life
7 insurance, health insurance, disability insurance, sick leave, annual
8 leave, educational benefits, and pensions.

9 (10) "Family leave" means any leave taken by an employee from
10 work:

11 (a) To participate in providing care, including physical or
12 psychological care, for a family member of the employee made
13 necessary by a serious health condition of the family member;

14 (b) To bond with the employee's child during the first twelve
15 months after the child's birth, or the first twelve months after the
16 placement of a child under the age of eighteen with the employee;

17 (c) Because of any qualifying exigency as permitted under the
18 federal family and medical leave act, 29 U.S.C. Sec. 2612(a)(1)(E)
19 and 29 C.F.R. Sec. 825.126(b)(1) through (9), as they existed on
20 October 19, 2017, for family members as defined in subsection (11) of
21 this section; or

22 (d) During the seven calendar days following the death of the
23 family member for whom the employee:

24 (i) Would have qualified for medical leave under subsection (15)
25 of this section for the birth of their child; or

26 (ii) Would have qualified for family leave under (b) of this
27 subsection.

28 (11) "Family member" means a child, grandchild, grandparent,
29 parent, sibling, or spouse of an employee, and also includes any
30 individual who regularly resides in the employee's home or where the
31 relationship creates an expectation that the employee care for the
32 person, and that individual depends on the employee for care. "Family
33 member" includes any individual who regularly resides in the
34 employee's home, except that it does not include an individual who
35 simply resides in the same home with no expectation that the employee
36 care for the individual.

37 (12) "Grandchild" means a child of the employee's child.

38 (13) "Grandparent" means a parent of the employee's parent.

39 (14) "Health care provider" means: (a) A person licensed as a
40 physician under chapter 18.71 RCW or an osteopathic physician and

1 surgeon under chapter 18.57 RCW; (b) a person licensed as an advanced
2 (~~registered nurse practitioner~~) practice registered nurse under
3 chapter 18.79 RCW; or (c) any other person determined by the
4 commissioner to be capable of providing health care services.

5 (15) "Medical leave" means any leave taken by an employee from
6 work made necessary by the employee's own serious health condition.

7 (16) "Paid time off" includes vacation leave, personal leave,
8 medical leave, sick leave, compensatory leave, or any other paid
9 leave offered by an employer under the employer's established policy.

10 (17) "Parent" means the biological, adoptive, de facto, or foster
11 parent, stepparent, or legal guardian of an employee or the
12 employee's spouse, or an individual who stood in loco parentis to an
13 employee when the employee was a child.

14 (18) "Period of incapacity" means an inability to work, attend
15 school, or perform other regular daily activities because of a
16 serious health condition, treatment of that condition or recovery
17 from it, or subsequent treatment in connection with such inpatient
18 care.

19 (19) "Postnatal" means the first six weeks after birth.

20 (20) "Premium" or "premiums" means the payments required by RCW
21 50A.10.030 and paid to the department for deposit in the family and
22 medical leave insurance account under RCW 50A.05.070.

23 (21) "Qualifying period" means the first four of the last five
24 completed calendar quarters or, if eligibility is not established,
25 the last four completed calendar quarters immediately preceding the
26 application for leave.

27 (22)(a) "Remuneration" means all compensation paid for personal
28 services including commissions and bonuses and the cash value of all
29 compensation paid in any medium other than cash.

30 (b) Previously accrued compensation, other than severance pay or
31 payments received pursuant to plant closure agreements, when assigned
32 to a specific period of time by virtue of a collective bargaining
33 agreement, individual employment contract, customary trade practice,
34 or request of the individual compensated, is considered remuneration
35 for the period to which it is assigned. Assignment clearly occurs
36 when the compensation serves to make the individual eligible for all
37 regular fringe benefits for the period to which the compensation is
38 assigned.

39 (c) Remuneration also includes settlements or other proceeds
40 received by an individual as a result of a negotiated settlement for

1 termination of an individual written employment contract prior to its
2 expiration date. The proceeds are deemed assigned in the same
3 intervals and in the same amount for each interval as compensation
4 was allocated under the contract.

5 (d) Remuneration does not include:

6 (i) The payment of tips;

7 (ii) Supplemental benefit payments made by an employer to an
8 employee in addition to any paid family or medical leave benefits
9 received by the employee; or

10 (iii) Payments to members of the armed forces of the United
11 States, including the organized militia of the state of Washington,
12 for the performance of duty for periods not exceeding seventy-two
13 hours at a time.

14 (23)(a) "Serious health condition" means an illness, injury,
15 impairment, or physical or mental condition that involves:

16 (i) Inpatient care in a hospital, hospice, or residential medical
17 care facility, including any period of incapacity; or

18 (ii) Continuing treatment by a health care provider. A serious
19 health condition involving continuing treatment by a health care
20 provider includes any one or more of the following:

21 (A) A period of incapacity of more than three consecutive, full
22 calendar days, and any subsequent treatment or period of incapacity
23 relating to the same condition, that also involves:

24 (I) Treatment two or more times, within thirty days of the first
25 day of incapacity, unless extenuating circumstances exist, by a
26 health care provider, by a nurse or physician's assistant under
27 direct supervision of a health care provider, or by a provider of
28 health care services, such as a physical therapist, under orders of,
29 or on referral by, a health care provider; or

30 (II) Treatment by a health care provider on at least one occasion
31 which results in a regimen of continuing treatment under the
32 supervision of the health care provider;

33 (B) Any period of incapacity due to pregnancy, or for prenatal
34 care;

35 (C) Any period of incapacity or treatment for such incapacity due
36 to a chronic serious health condition. A chronic serious health
37 condition is one which:

38 (I) Requires periodic visits, defined as at least twice a year,
39 for treatment by a health care provider, or by a nurse under direct
40 supervision of a health care provider;

1 (II) Continues over an extended period of time, including
2 recurring episodes of a single underlying condition; and

3 (III) May cause episodic rather than a continuing period of
4 incapacity, including asthma, diabetes, and epilepsy;

5 (D) A period of incapacity which is permanent or long term due to
6 a condition for which treatment may not be effective. The employee or
7 family member must be under the continuing supervision of, but need
8 not be receiving active treatment by, a health care provider,
9 including Alzheimer's, a severe stroke, or the terminal stages of a
10 disease; or

11 (E) Any period of absence to receive multiple treatments,
12 including any period of recovery from the treatments, by a health
13 care provider or by a provider of health care services under orders
14 of, or on referral by, a health care provider, either for: (I)
15 Restorative surgery after an accident or other injury; or (II) a
16 condition that would likely result in a period of incapacity of more
17 than three consecutive, full calendar days in the absence of medical
18 intervention or treatment, such as cancer, severe arthritis, or
19 kidney disease.

20 (b) The requirement in (a)(i) and (ii) of this subsection for
21 treatment by a health care provider means an in-person visit to a
22 health care provider. The first, or only, in-person treatment visit
23 must take place within seven days of the first day of incapacity.

24 (c) Whether additional treatment visits or a regimen of
25 continuing treatment is necessary within the thirty-day period shall
26 be determined by the health care provider.

27 (d) The term extenuating circumstances in (a)(ii)(A)(I) of this
28 subsection means circumstances beyond the employee's control that
29 prevent the follow-up visit from occurring as planned by the health
30 care provider. Whether a given set of circumstances are extenuating
31 depends on the facts. For example, extenuating circumstances exist if
32 a health care provider determines that a second in-person visit is
33 needed within the thirty-day period, but the health care provider
34 does not have any available appointments during that time period.

35 (e) Treatment for purposes of (a) of this subsection includes,
36 but is not limited to, examinations to determine if a serious health
37 condition exists and evaluations of the condition. Treatment does not
38 include routine physical examinations, eye examinations, or dental
39 examinations. Under (a)(ii)(A)(II) of this subsection, a regimen of
40 continuing treatment includes, but is not limited to, a course of

1 prescription medication, such as an antibiotic, or therapy requiring
2 special equipment to resolve or alleviate the health condition, such
3 as oxygen. A regimen of continuing treatment that includes taking
4 over-the-counter medications, such as aspirin, antihistamines, or
5 salves, or bed rest, drinking fluids, exercise, and other similar
6 activities that can be initiated without a visit to a health care
7 provider, is not, by itself, sufficient to constitute a regimen of
8 continuing treatment for purposes of this title.

9 (f) Conditions for which cosmetic treatments are administered,
10 such as most treatments for acne or plastic surgery, are not serious
11 health conditions unless inpatient hospital care is required or
12 unless complications develop. Ordinarily, unless complications arise,
13 the common cold, the flu, ear aches, upset stomach, minor ulcers,
14 headaches other than migraines, routine dental or orthodontia
15 problems, and periodontal disease are examples of conditions that are
16 not serious health conditions and do not qualify for leave under this
17 title. Restorative dental or plastic surgery after an injury or
18 removal of cancerous growths are serious health conditions provided
19 all the other conditions of this section are met. Mental illness
20 resulting from stress or allergies may be serious health conditions,
21 but only if all the conditions of this section are met.

22 (g)(i) Substance abuse may be a serious health condition if the
23 conditions of this section are met. However, leave may only be taken
24 for treatment for substance abuse by a health care provider or by a
25 licensed substance abuse treatment provider. Absence because of the
26 employee's use of the substance, rather than for treatment, does not
27 qualify for leave under this title.

28 (ii) Treatment for substance abuse does not prevent an employer
29 from taking employment action against an employee. The employer may
30 not take action against the employee because the employee has
31 exercised his or her right to take medical leave for treatment.
32 However, if the employer has an established policy, applied in a
33 nondiscriminatory manner that has been communicated to all employees,
34 that provides under certain circumstances an employee may be
35 terminated for substance abuse, pursuant to that policy the employee
36 may be terminated whether or not the employee is presently taking
37 medical leave. An employee may also take family leave to care for a
38 covered family member who is receiving treatment for substance abuse.
39 The employer may not take action against an employee who is providing

1 care for a covered family member receiving treatment for substance
2 abuse.

3 (h) Absences attributable to incapacity under (a)(ii)(B) or (C)
4 of this subsection qualify for leave under this title even though the
5 employee or the family member does not receive treatment from a
6 health care provider during the absence, and even if the absence does
7 not last more than three consecutive, full calendar days. For
8 example, an employee with asthma may be unable to report for work due
9 to the onset of an asthma attack or because the employee's health
10 care provider has advised the employee to stay home when the pollen
11 count exceeds a certain level. An employee who is pregnant may be
12 unable to report to work because of severe morning sickness.

13 (24) "Service is localized in this state" has the same meaning as
14 described in RCW 50.04.120.

15 (25) "Spouse" means a husband or wife, as the case may be, or
16 state registered domestic partner.

17 (26) "State average weekly wage" means the most recent average
18 weekly wage calculated under RCW 50.04.355 and available on January
19 1st of each year.

20 (27) "Supplemental benefit payments" means payments made by an
21 employer to an employee as salary continuation or as paid time off.
22 Such payments must be in addition to any paid family or medical leave
23 benefits the employee is receiving.

24 (28) "Typical workweek hours" means:

25 (a) For an hourly employee, the average number of hours worked
26 per week by an employee within the qualifying period; and

27 (b) Forty hours for a salaried employee, regardless of the number
28 of hours the salaried employee typically works.

29 (29) "Wage" or "wages" means:

30 (a) For the purpose of premium assessment, the remuneration paid
31 by an employer to an employee. The maximum wages subject to a premium
32 assessment are those wages as set by the commissioner under RCW
33 50A.10.030;

34 (b) For the purpose of payment of benefits, the remuneration paid
35 by one or more employers to an employee for employment during the
36 employee's qualifying period. At the request of an employee, wages
37 may be calculated on the basis of remuneration payable. The
38 department shall notify each employee that wages are calculated on
39 the basis of remuneration paid, but at the employee's request a

redetermination may be performed and based on remuneration payable;
and

(c) For the purpose of a self-employed person electing coverage
under RCW 50A.10.010, the meaning is defined by rule.

Sec. 5112. RCW 51.04.030 and 2024 c 62 s 16 are each amended to
read as follows:

(1) The director shall supervise the providing of prompt and
efficient care and treatment, including care provided by physician
assistants governed by the provisions of chapter 18.71A RCW,
including chiropractic care, and including care provided by licensed
advanced ~~((registered nurse practitioners))~~ practice registered
nurses, to workers injured during the course of their employment at
the least cost consistent with promptness and efficiency, without
discrimination or favoritism, and with as great uniformity as the
various and diverse surrounding circumstances and locations of
industries will permit and to that end shall, from time to time,
establish and adopt and supervise the administration of printed
forms, rules, regulations, and practices for the furnishing of such
care and treatment: PROVIDED, That the medical coverage decisions of
the department do not constitute a "rule" as used in RCW
34.05.010(16), nor are such decisions subject to the rule-making
provisions of chapter 34.05 RCW except that criteria for establishing
medical coverage decisions shall be adopted by rule after
consultation with the workers' compensation advisory committee
established in RCW 51.04.110: PROVIDED FURTHER, That the department
may recommend to an injured worker particular health care services
and providers where specialized treatment is indicated or where cost-
effective payment levels or rates are obtained by the department: AND
PROVIDED FURTHER, That the department may enter into contracts for
goods and services including, but not limited to, durable medical
equipment so long as statewide access to quality service is
maintained for injured workers.

(2) The director shall, in consultation with interested persons,
establish and, in his or her discretion, periodically change as may
be necessary, and make available a fee schedule of the maximum
charges to be made by any physician, surgeon, chiropractor, hospital,
druggist, licensed advanced ~~((registered nurse practitioner))~~
practice registered nurse, physician assistants as defined in chapter
18.71A RCW, acting under the supervision of or in coordination with a

1 participating physician, as defined in RCW 18.71A.010, or other
2 agency or person rendering services to injured workers. The
3 department shall coordinate with other state purchasers of health
4 care services to establish as much consistency and uniformity in
5 billing and coding practices as possible, taking into account the
6 unique requirements and differences between programs. No service
7 covered under this title, including services provided to injured
8 workers, whether aliens or other injured workers, who are not
9 residing in the United States at the time of receiving the services,
10 shall be charged or paid at a rate or rates exceeding those specified
11 in such fee schedule, and no contract providing for greater fees
12 shall be valid as to the excess. The establishment of such a
13 schedule, exclusive of conversion factors, does not constitute
14 "agency action" as used in RCW 34.05.010(3), nor does such a fee
15 schedule and its associated billing or payment instructions and
16 policies constitute a "rule" as used in RCW 34.05.010(16).

17 (3) The director or self-insurer, as the case may be, shall make
18 a record of the commencement of every disability and the termination
19 thereof and, when bills are rendered for the care and treatment of
20 injured workers, shall approve and pay those which conform to the
21 adopted rules, regulations, established fee schedules, and practices
22 of the director and may reject any bill or item thereof incurred in
23 violation of the principles laid down in this section or the rules,
24 regulations, or the established fee schedules and rules and
25 regulations adopted under it.

26 **Sec. 5113.** RCW 51.28.010 and 2023 c 171 s 3 are each amended to
27 read as follows:

28 (1) Whenever any accident occurs to any worker it shall be the
29 duty of such worker or someone in his or her behalf to forthwith
30 report such accident to his or her employer, superintendent, or
31 supervisor in charge of the work, and of the employer to at once
32 report such accident and the injury resulting therefrom to the
33 department pursuant to RCW 51.28.025 where the worker has received
34 treatment from a physician, osteopathic physician, chiropractor,
35 naturopath, podiatric physician, optometrist, dentist, licensed
36 advanced (~~(registered nurse practitioner)~~) practice registered nurse,
37 physician assistant, or psychologist in claims solely for mental
38 health conditions, has been hospitalized, disabled from work, or has
39 died as the apparent result of such accident and injury.

(2) Upon receipt of such notice of accident, the department shall immediately forward to the worker or his or her beneficiaries or dependents notification, in nontechnical language, of their rights under this title. The notice must specify the worker's right to receive health services from a provider of the worker's choice under RCW 51.36.010(2)(a), including chiropractic services under RCW 51.36.015, and must list the types of providers authorized to provide these services.

(3) Employers shall not engage in claim suppression.

(4) For the purposes of this section, "claim suppression" means intentionally:

(a) Inducing employees to fail to report injuries;

(b) Inducing employees to treat injuries in the course of employment as off-the-job injuries; or

(c) Acting otherwise to suppress legitimate industrial insurance claims.

(5) In determining whether an employer has engaged in claim suppression, the department shall consider the employer's history of compliance with industrial insurance reporting requirements, and whether the employer has discouraged employees from reporting injuries or filing claims. The department has the burden of proving claim suppression by a preponderance of the evidence.

(6) Claim suppression does not include bona fide workplace safety and accident prevention programs or an employer's provision at the worksite of first aid as defined by the department. The department shall adopt rules defining bona fide workplace safety and accident prevention programs and defining first aid.

Sec. 5114. RCW 51.28.020 and 2023 c 171 s 4 are each amended to read as follows:

(1)(a) Where a worker is entitled to compensation under this title he or she shall file with the department or his or her self-insured employer, as the case may be, his or her application for such, together with the certificate of the physician, osteopathic physician, chiropractor, naturopath, podiatric physician, optometrist, dentist, licensed advanced ~~((registered—nurse practitioner))~~ practice registered nurse, physician assistant, or psychologist in claims solely for mental health conditions, who attended him or her. An application form developed by the department shall include a notice specifying the worker's right to receive

1 health services from a provider of the worker's choice under RCW
2 51.36.010(2)(a), and listing the types of providers authorized to
3 provide these services.

4 (b) The physician, osteopathic physician, chiropractor,
5 naturopath, podiatric physician, optometrist, dentist, licensed
6 advanced ((~~registered nurse practitioner~~)) practice registered nurse,
7 physician assistant, or psychologist in claims solely for mental
8 health conditions, who attended the injured worker shall inform the
9 injured worker of his or her rights under this title and lend all
10 necessary assistance in making this application for compensation and
11 such proof of other matters as required by the rules of the
12 department without charge to the worker. The department shall provide
13 a manual which outlines the procedures to be followed in applications
14 for compensation involving occupational diseases, and which describes
15 claimants' rights and responsibilities related to occupational
16 disease claims.

17 (2) If the application required by this section is:

18 (a) Made to the department and the employer has not received a
19 copy of the application, the department shall immediately send a copy
20 of the application to the employer; or

21 (b) Made to a self-insured employer, the employer shall forthwith
22 send a copy of the application to the department.

23 (3) The application required by this section may be transmitted
24 to the department electronically.

25 **Sec. 5115.** RCW 51.28.025 and 2007 c 77 s 2 are each amended to
26 read as follows:

27 (1) Whenever an employer has notice or knowledge of an injury or
28 occupational disease sustained by any worker in his or her employment
29 who has received treatment from a physician or a licensed advanced
30 ((~~registered nurse practitioner~~)) practice registered nurse, has been
31 hospitalized, disabled from work or has died as the apparent result
32 of such injury or occupational disease, the employer shall
33 immediately report the same to the department on forms prescribed by
34 it. The report shall include:

35 (a) The name, address, and business of the employer;

36 (b) The name, address, and occupation of the worker;

37 (c) The date, time, cause, and nature of the injury or
38 occupational disease;

1 (d) Whether the injury or occupational disease arose in the
2 course of the injured worker's employment;

3 (e) All available information pertaining to the nature of the
4 injury or occupational disease including but not limited to any
5 visible signs, any complaints of the worker, any time lost from work,
6 and the observable effect on the worker's bodily functions, so far as
7 is known; and

8 (f) Such other pertinent information as the department may
9 prescribe by regulation.

10 (2) The employer shall not engage in claim suppression. An
11 employer found to have engaged in claim suppression shall be subject
12 to a penalty of at least two hundred fifty dollars, not to exceed two
13 thousand five hundred dollars, for each offense. The penalty shall be
14 payable to the supplemental pension fund. The department shall adopt
15 rules establishing the amount of penalties, taking into account the
16 size of the employer and whether there are prior findings of claim
17 suppression. When a determination of claim suppression has been made,
18 the employer shall be prohibited from any current or future
19 participation in a retrospective rating program. If self-insured, the
20 director shall withdraw certification as provided in RCW 51.14.080.

21 (3) When a determination of claim suppression is made and the
22 penalty is assessed, the department shall serve the employer and any
23 affected retrospective rating group with a determination as provided
24 in RCW 51.52.050. The determination may be protested to the
25 department or appealed to the board of industrial insurance appeals.
26 Once the order is final, the amount due shall be collected in
27 accordance with the provisions of RCW 51.48.140 and 51.48.150.

28 (4) The director, or the director's designee, shall investigate
29 reports or complaints that an employer has engaged in claim
30 suppression as prohibited in RCW 51.28.010(3). The complaints or
31 allegations must be received in writing, and must include the name or
32 names of the individuals or organizations submitting the complaint.
33 In cases where the department can show probable cause, the director
34 may subpoena records from the employer, medical providers, and any
35 other entity that the director believes may have relevant
36 information. The director's investigative and subpoena authority in
37 this subsection is limited solely to investigations into allegations
38 of claim suppression or where the director has probable cause that
39 claim suppression might have occurred.

1 (5) If the director determines that an employer has engaged in
2 claim suppression and, as a result, the worker has not filed a claim
3 for industrial insurance benefits as prescribed by law, then the
4 director in his or her sole discretion may waive the time limits for
5 filing a claim provided in RCW 51.28.050, if the complaint or
6 allegation of claim suppression is received within two years of the
7 worker's accident or exposure. For the director to exercise this
8 discretion, the claim must be filed with the department within ninety
9 days of the date the determination of claim suppression is issued.

10 (6) For the purposes of this section, "claim suppression" has the
11 same meaning as in RCW 51.28.010(4).

12 **Sec. 5116.** RCW 51.28.055 and 2004 c 65 s 7 are each amended to
13 read as follows:

14 (1) Except as provided in subsection (2) of this section for
15 claims filed for occupational hearing loss, claims for occupational
16 disease or infection to be valid and compensable must be filed within
17 two years following the date the worker had written notice from a
18 physician or a licensed advanced (~~registered nurse practitioner~~)
19 practice registered nurse: (a) Of the existence of his or her
20 occupational disease, and (b) that a claim for disability benefits
21 may be filed. The notice shall also contain a statement that the
22 worker has two years from the date of the notice to file a claim. The
23 physician or licensed advanced (~~registered nurse practitioner~~)
24 practice registered nurse shall file the notice with the department.
25 The department shall send a copy to the worker and to the self-
26 insurer if the worker's employer is self-insured. However, a claim is
27 valid if it is filed within two years from the date of death of the
28 worker suffering from an occupational disease.

29 (2)(a) Except as provided in (b) of this subsection, to be valid
30 and compensable, claims for hearing loss due to occupational noise
31 exposure must be filed within two years of the date of the worker's
32 last injurious exposure to occupational noise in employment covered
33 under this title or within one year of September 10, 2003, whichever
34 is later.

35 (b) A claim for hearing loss due to occupational noise exposure
36 that is not timely filed under (a) of this subsection can only be
37 allowed for medical aid benefits under chapter 51.36 RCW.

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

1 **Sec. 5117.** RCW 51.36.010 and 2023 c 171 s 9 are each amended to
2 read as follows:

3 (1) The legislature finds that high quality medical treatment and
4 adherence to occupational health best practices can prevent
5 disability and reduce loss of family income for workers, and lower
6 labor and insurance costs for employers. Injured workers deserve high
7 quality medical care in accordance with current health care best
8 practices. To this end, the department shall establish minimum
9 standards for providers who treat workers from both state fund and
10 self-insured employers. The department shall establish a health care
11 provider network to treat injured workers, and shall accept providers
12 into the network who meet those minimum standards. The department
13 shall convene an advisory group made up of representatives from or
14 designees of the workers' compensation advisory committee and the
15 industrial insurance medical and chiropractic advisory committees to
16 consider and advise the department related to implementation of this
17 section, including development of best practices treatment guidelines
18 for providers in the network. The department shall also seek the
19 input of various health care provider groups and associations
20 concerning the network's implementation. Network providers must be
21 required to follow the department's evidence-based coverage decisions
22 and treatment guidelines, policies, and must be expected to follow
23 other national treatment guidelines appropriate for their patient.
24 The department, in collaboration with the advisory group, shall also
25 establish additional best practice standards for providers to qualify
26 for a second tier within the network, based on demonstrated use of
27 occupational health best practices. This second tier is separate from
28 and in addition to the centers for occupational health and education
29 established under subsection (5) of this section.

30 (2)(a) Upon the occurrence of any injury to a worker entitled to
31 compensation under the provisions of this title, he or she shall
32 receive proper and necessary medical and surgical services at the
33 hands of a physician, osteopathic physician, chiropractor,
34 naturopath, podiatric physician, optometrist, dentist, licensed
35 advanced (~~(registered nurse practitioner)~~) practice registered nurse,
36 physician assistant, or psychologist in claims solely for mental
37 health conditions, of his or her own choice, if conveniently located,
38 except as provided in (b) of this subsection, and proper and
39 necessary hospital care and services during the period of his or her
40 disability from such injury.

1 (b) Once the provider network is established in the worker's
2 geographic area, an injured worker may receive care from a nonnetwork
3 provider only for an initial office or emergency room visit. However,
4 the department or self-insurer may limit reimbursement to the
5 department's standard fee for the services. The provider must comply
6 with all applicable billing policies and must accept the department's
7 fee schedule as payment in full.

8 (c) The department, in collaboration with the advisory group,
9 shall adopt policies for the development, credentialing,
10 accreditation, and continued oversight of a network of health care
11 providers approved to treat injured workers. Health care providers
12 shall apply to the network by completing the department's provider
13 application which shall have the force of a contract with the
14 department to treat injured workers. The advisory group shall
15 recommend minimum network standards for the department to approve a
16 provider's application, to remove a provider from the network, or to
17 require peer review such as, but not limited to:

18 (i) Current malpractice insurance coverage exceeding a dollar
19 amount threshold, number, or seriousness of malpractice suits over a
20 specific time frame;

21 (ii) Previous malpractice judgments or settlements that do not
22 exceed a dollar amount threshold recommended by the advisory group,
23 or a specific number or seriousness of malpractice suits over a
24 specific time frame;

25 (iii) No licensing or disciplinary action in any jurisdiction or
26 loss of treating or admitting privileges by any board, commission,
27 agency, public or private health care payer, or hospital;

28 (iv) For some specialties such as surgeons, privileges in at
29 least one hospital;

30 (v) Whether the provider has been credentialed by another health
31 plan that follows national quality assurance guidelines; and

32 (vi) Alternative criteria for providers that are not credentialed
33 by another health plan.

34 The department shall develop alternative criteria for providers
35 that are not credentialed by another health plan or as needed to
36 address access to care concerns in certain regions.

37 (d) Network provider contracts will automatically renew at the
38 end of the contract period unless the department provides written
39 notice of changes in contract provisions or the department or
40 provider provides written notice of contract termination. The

1 industrial insurance medical advisory committee shall develop
2 criteria for removal of a provider from the network to be presented
3 to the department and advisory group for consideration in the
4 development of contract terms.

5 (e) In order to monitor quality of care and assure efficient
6 management of the provider network, the department shall establish
7 additional criteria and terms for network participation including,
8 but not limited to, requiring compliance with administrative and
9 billing policies.

10 (f) The advisory group shall recommend best practices standards
11 to the department to use in determining second tier network
12 providers. The department shall develop and implement financial and
13 nonfinancial incentives for network providers who qualify for the
14 second tier. The department is authorized to certify and decertify
15 second tier providers.

16 (3) The department shall work with self-insurers and the
17 department utilization review provider to implement utilization
18 review for the self-insured community to ensure consistent quality,
19 cost-effective care for all injured workers and employers, and to
20 reduce administrative burden for providers.

21 (4) The department for state fund claims shall pay, in accordance
22 with the department's fee schedule, for any alleged injury for which
23 a worker files a claim, any initial prescription drugs provided in
24 relation to that initial visit, without regard to whether the
25 worker's claim for benefits is allowed. In all accepted claims,
26 treatment shall be limited in point of duration as follows:

27 In the case of permanent partial disability, not to extend beyond
28 the date when compensation shall be awarded him or her, except when
29 the worker returned to work before permanent partial disability award
30 is made, in such case not to extend beyond the time when monthly
31 allowances to him or her shall cease; in case of temporary disability
32 not to extend beyond the time when monthly allowances to him or her
33 shall cease: PROVIDED, That after any injured worker has returned to
34 his or her work his or her medical and surgical treatment may be
35 continued if, and so long as, such continuation is deemed necessary
36 by the supervisor of industrial insurance to be necessary to his or
37 her more complete recovery; in case of a permanent total disability
38 not to extend beyond the date on which a lump sum settlement is made
39 with him or her or he or she is placed upon the permanent pension
40 roll: PROVIDED, HOWEVER, That the supervisor of industrial insurance,

1 solely in his or her discretion, may authorize continued medical and
2 surgical treatment for conditions previously accepted by the
3 department when such medical and surgical treatment is deemed
4 necessary by the supervisor of industrial insurance to protect such
5 worker's life or provide for the administration of medical and
6 therapeutic measures including payment of prescription medications,
7 but not including those controlled substances currently scheduled by
8 the pharmacy quality assurance commission as Schedule I, II, III, or
9 IV substances under chapter 69.50 RCW, which are necessary to
10 alleviate continuing pain which results from the industrial injury.
11 In order to authorize such continued treatment the written order of
12 the supervisor of industrial insurance issued in advance of the
13 continuation shall be necessary.

14 The supervisor of industrial insurance, the supervisor's
15 designee, or a self-insurer, in his or her sole discretion, may
16 authorize inoculation or other immunological treatment in cases in
17 which a work-related activity has resulted in probable exposure of
18 the worker to a potential infectious occupational disease.
19 Authorization of such treatment does not bind the department or self-
20 insurer in any adjudication of a claim by the same worker or the
21 worker's beneficiary for an occupational disease.

22 (5) (a) The legislature finds that the department and its business
23 and labor partners have collaborated in establishing centers for
24 occupational health and education to promote best practices and
25 prevent preventable disability by focusing additional provider-based
26 resources during the first twelve weeks following an injury. The
27 centers for occupational health and education represent innovative
28 accountable care systems in an early stage of development consistent
29 with national health care reform efforts. Many Washington workers do
30 not yet have access to these innovative health care delivery models.

31 (b) To expand evidence-based occupational health best practices,
32 the department shall establish additional centers for occupational
33 health and education, with the goal of extending access to at least
34 fifty percent of injured and ill workers by December 2013 and to all
35 injured workers by December 2015. The department shall also develop
36 additional best practices and incentives that span the entire period
37 of recovery, not only the first twelve weeks.

38 (c) The department shall certify and decertify centers for
39 occupational health and education based on criteria including
40 institutional leadership and geographic areas covered by the center

1 for occupational health and education, occupational health leadership
2 and education, mix of participating health care providers necessary
3 to address the anticipated needs of injured workers, health services
4 coordination to deliver occupational health best practices,
5 indicators to measure the success of the center for occupational
6 health and education, and agreement that the center's providers
7 shall, if feasible, treat certain injured workers if referred by the
8 department or a self-insurer.

9 (d) Health care delivery organizations may apply to the
10 department for certification as a center for occupational health and
11 education. These may include, but are not limited to, hospitals and
12 affiliated clinics and providers, multispecialty clinics, health
13 maintenance organizations, and organized systems of network
14 physicians.

15 (e) The centers for occupational health and education shall
16 implement benchmark quality indicators of occupational health best
17 practices for individual providers, developed in collaboration with
18 the department. A center for occupational health and education shall
19 remove individual providers who do not consistently meet these
20 quality benchmarks.

21 (f) The department shall develop and implement financial and
22 nonfinancial incentives for center for occupational health and
23 education providers that are based on progressive and measurable
24 gains in occupational health best practices, and that are applicable
25 throughout the duration of an injured or ill worker's episode of
26 care.

27 (g) The department shall develop electronic methods of tracking
28 evidence-based quality measures to identify and improve outcomes for
29 injured workers at risk of developing prolonged disability. In
30 addition, these methods must be used to provide systematic feedback
31 to physicians regarding quality of care, to conduct appropriate
32 objective evaluation of progress in the centers for occupational
33 health and education, and to allow efficient coordination of
34 services.

35 (6) If a provider fails to meet the minimum network standards
36 established in subsection (2) of this section, the department is
37 authorized to remove the provider from the network or take other
38 appropriate action regarding a provider's participation. The
39 department may also require remedial steps as a condition for a
40 provider to participate in the network. The department, with input

1 from the advisory group, shall establish waiting periods that may be
2 imposed before a provider who has been denied or removed from the
3 network may reapply.

4 (7) The department may permanently remove a provider from the
5 network or take other appropriate action when the provider exhibits a
6 pattern of conduct of low quality care that exposes patients to risk
7 of physical or psychiatric harm or death. Patterns that qualify as
8 risk of harm include, but are not limited to, poor health care
9 outcomes evidenced by increased, chronic, or prolonged pain or
10 decreased function due to treatments that have not been shown to be
11 curative, safe, or effective or for which it has been shown that the
12 risks of harm exceed the benefits that can be reasonably expected
13 based on peer-reviewed opinion.

14 (8) The department may not remove a health care provider from the
15 network for an isolated instance of poor health and recovery outcomes
16 due to treatment by the provider.

17 (9) When the department terminates a provider from the network,
18 the department or self-insurer shall assist an injured worker
19 currently under the provider's care in identifying a new network
20 provider or providers from whom the worker can select an attending or
21 treating provider. In such a case, the department or self-insurer
22 shall notify the injured worker that he or she must choose a new
23 attending or treating provider.

24 (10) The department may adopt rules related to this section.

25 (11) The department shall report to the workers' compensation
26 advisory committee and to the appropriate committees of the
27 legislature on each December 1st, beginning in 2012 and ending in
28 2016, on the implementation of the provider network and expansion of
29 the centers for occupational health and education. The reports must
30 include a summary of actions taken, progress toward long-term goals,
31 outcomes of key initiatives, access to care issues, results of
32 disputes or controversies related to new provisions, and whether any
33 changes are needed to further improve the occupational health best
34 practices care of injured workers.

35 **Sec. 5118.** RCW 51.36.110 and 2004 c 243 s 6 and 2004 c 65 s 13
36 are each reenacted and amended to read as follows:

37 The director of the department of labor and industries or the
38 director's authorized representative shall have the authority to:

1 (1) Conduct audits and investigations of providers of medical,
2 chiropractic, dental, vocational, and other health services furnished
3 to industrially injured workers pursuant to Title 51 RCW. In the
4 conduct of such audits or investigations, the director or the
5 director's authorized representatives may examine all records, or
6 portions thereof, including patient records, for which services were
7 rendered by a health services provider and reimbursed by the
8 department, notwithstanding the provisions of any other statute which
9 may make or purport to make such records privileged or confidential:
10 PROVIDED, That no original patient records shall be removed from the
11 premises of the health services provider, and that the disclosure of
12 any records or information obtained under authority of this section
13 by the department of labor and industries is prohibited and
14 constitutes a violation of RCW 42.52.050, unless such disclosure is
15 directly connected to the official duties of the department: AND
16 PROVIDED FURTHER, That the disclosure of patient information as
17 required under this section shall not subject any physician, licensed
18 advanced (~~((registered nurse practitioner))~~) practice registered nurse,
19 or other health services provider to any liability for breach of any
20 confidential relationships between the provider and the patient: AND
21 PROVIDED FURTHER, That the director or the director's authorized
22 representative shall destroy all copies of patient medical records in
23 their possession upon completion of the audit, investigation, or
24 proceedings;

25 (2) Approve or deny applications to participate as a provider of
26 services furnished to industrially injured workers pursuant to Title
27 51 RCW;

28 (3) Terminate or suspend eligibility to participate as a provider
29 of services furnished to industrially injured workers pursuant to
30 Title 51 RCW; and

31 (4) Pursue collection of unpaid overpayments and/or penalties
32 plus interest accrued from health care providers pursuant to RCW
33 51.32.240(6).

34 **Sec. 5119.** RCW 51.48.060 and 2020 c 277 s 5 are each amended to
35 read as follows:

36 Any physician or licensed advanced (~~((registered nurse~~
37 ~~practitioner))~~) practice registered nurse who fails, neglects or
38 refuses to file a report with the director, as required by this
39 title, within five days of the date of treatment, showing the

1 condition of the injured worker at the time of treatment, a
2 description of the treatment given, and an estimate of the probable
3 duration of the injury, or who fails or refuses to render all
4 necessary assistance to the injured worker, as required by this
5 title, shall be subject to a civil penalty determined by the director
6 but not to exceed five hundred dollars.

7 **Sec. 5120.** RCW 51.52.010 and 2004 c 65 s 15 are each amended to
8 read as follows:

9 There shall be a "board of industrial insurance appeals,"
10 hereinafter called the "board," consisting of three members appointed
11 by the governor, with the advice and consent of the senate, as
12 hereinafter provided. One shall be a representative of the public and
13 a lawyer, appointed from a mutually agreed to list of not less than
14 three active or judicial members of the Washington state bar
15 association, submitted to the governor by the two organizations
16 defined below, and such member shall be the chairperson of said
17 board. The second member shall be a representative of the majority of
18 workers engaged in employment under this title and selected from a
19 list of not less than three names submitted to the governor by an
20 organization, statewide in scope, which through its affiliates
21 embraces a cross section and a majority of the organized labor of the
22 state. The third member shall be a representative of employers under
23 this title, and appointed from a list of at least three names
24 submitted to the governor by a recognized statewide organization of
25 employers, representing a majority of employers. The initial terms of
26 office of the members of the board shall be for six, four, and two
27 years respectively. Thereafter all terms shall be for a period of six
28 years. Each member of the board shall be eligible for reappointment
29 and shall hold office until his or her successor is appointed and
30 qualified. In the event of a vacancy the governor is authorized to
31 appoint a successor to fill the unexpired term of his or her
32 predecessor. All appointments to the board shall be made in
33 conformity with the foregoing plan. In the event a board member
34 becomes incapacitated in excess of thirty days either due to his or
35 her illness or that of an immediate family member as determined by a
36 request for family leave or as certified by the affected member's
37 treating physician or licensed advanced ~~((registered—nurse~~
38 ~~practitioner))~~ practice registered nurse, the governor shall appoint
39 an acting member to serve pro tem. Such an appointment shall be made

1 in conformity with the foregoing plan, except that the list of
2 candidates shall be submitted to the governor not more than fifteen
3 days after the affected organizations are notified of the incapacity
4 and the governor shall make the appointment within fifteen days after
5 the list is submitted. The temporary member shall serve until such
6 time as the affected member is able to reassume his or her duties by
7 returning from requested family leave or as determined by the
8 treating physician or licensed advanced ~~((registered—nurse~~
9 ~~practitioner))~~ practice registered nurse or until the affected
10 member's term expires, whichever occurs first. Whenever the workload
11 of the board and its orderly and expeditious disposition shall
12 necessitate, the governor may appoint two additional pro-tem members
13 in addition to the regular members. Such appointments shall be for a
14 definite period of time, and shall be made from lists submitted
15 respectively by labor and industry as in the case of regular members.
16 One pro-tem member shall be a representative of labor and one shall
17 be a representative of industry. Members shall devote their entire
18 time to the duties of the board and shall receive for their services
19 a salary as fixed by the governor in accordance with the provisions
20 of RCW 43.03.040 which shall be in addition to travel expenses in
21 accordance with RCW 43.03.050 and 43.03.060 as now existing or
22 hereafter amended. Headquarters for the board shall be located in
23 Olympia. The board shall adopt a seal which shall be judicially
24 recognized.

25 **Sec. 5121.** RCW 68.50.105 and 2023 c 44 s 4 are each amended to
26 read as follows:

27 (1) Reports and records of autopsies or postmortems shall be
28 confidential, except that the following persons may examine and
29 obtain copies of any such report or record: The personal
30 representative of the decedent as defined in RCW 11.02.005, any
31 family member, the attending physician or advanced ~~((registered—nurse~~
32 ~~practitioner))~~ practice registered nurse, the prosecuting attorney or
33 law enforcement agencies having jurisdiction, public health
34 officials, the department of labor and industries in cases in which
35 it has an interest under RCW 68.50.103, the secretary of the
36 department of children, youth, and families or his or her designee in
37 cases being reviewed under RCW 74.13.640, or the secretary of the
38 department of social and health services or his or her designee under
39 chapter 74.34 RCW.

1 (2)(a) Notwithstanding the restrictions contained in this section
2 regarding the dissemination of records and reports of autopsies or
3 postmortems, nor the exemptions referenced under RCW 42.56.240(1),
4 nothing in this chapter prohibits a coroner, medical examiner, or his
5 or her designee, from publicly discussing his or her findings as to
6 any death subject to the jurisdiction of his or her office where
7 actions of a law enforcement officer or corrections officer have been
8 determined to be a proximate cause of the death, except as provided
9 in (b) of this subsection.

10 (b) A coroner, medical examiner, or his or her designee may not
11 publicly discuss his or her findings outside of formal court or
12 inquest proceedings if there is a pending or active criminal
13 investigation, or a criminal or civil action, concerning a death that
14 has commenced prior to January 1, 2014.

15 (3) The coroner, the medical examiner, or the attending physician
16 shall, upon request, meet with the family of the decedent to discuss
17 the findings of the autopsy or postmortem. For the purposes of this
18 section, the term "family" means the surviving spouse, state
19 registered domestic partner, or any child, parent, grandparent,
20 grandchild, brother, or sister of the decedent, or any person who was
21 guardian of the decedent at the time of death.

22 **Sec. 5122.** RCW 69.41.010 and 2024 c 102 s 1 are each amended to
23 read as follows:

24 As used in this chapter, the following terms have the meanings
25 indicated unless the context clearly requires otherwise:

26 (1) "Administer" means the direct application of a legend drug
27 whether by injection, inhalation, ingestion, or any other means, to
28 the body of a patient or research subject by:

29 (a) A practitioner; or

30 (b) The patient or research subject at the direction of the
31 practitioner.

32 (2) "Commission" means the pharmacy quality assurance commission.

33 (3) "Community-based care settings" include: Community
34 residential programs for persons with developmental disabilities,
35 certified by the department of social and health services under
36 chapter 71A.12 RCW; adult family homes licensed under chapter 70.128
37 RCW; and assisted living facilities licensed under chapter 18.20 RCW.
38 Community-based care settings do not include acute care or skilled
39 nursing facilities.

1 (4) "Deliver" or "delivery" means the actual, constructive, or
2 attempted transfer from one person to another of a legend drug,
3 whether or not there is an agency relationship.

4 (5) "Department" means the department of health.

5 (6) "Dispense" means the interpretation of a prescription or
6 order for a legend drug and, pursuant to that prescription or order,
7 the proper selection, measuring, compounding, labeling, or packaging
8 necessary to prepare that prescription or order for delivery.

9 (7) "Dispenser" means a practitioner who dispenses.

10 (8) "Distribute" means to deliver other than by administering or
11 dispensing a legend drug.

12 (9) "Distributor" means a person who distributes.

13 (10) "Drug" means:

14 (a) Substances recognized as drugs in the official United States
15 pharmacopoeia, official homeopathic pharmacopoeia of the United
16 States, or official national formulary, or any supplement to any of
17 them;

18 (b) Substances intended for use in the diagnosis, cure,
19 mitigation, treatment, or prevention of disease in human beings or
20 animals;

21 (c) Substances (other than food, minerals or vitamins) intended
22 to affect the structure or any function of the body of human beings
23 or animals; and

24 (d) Substances intended for use as a component of any article
25 specified in (a), (b), or (c) of this subsection. It does not include
26 devices or their components, parts, or accessories.

27 (11) "Electronic communication of prescription information" means
28 the transmission of a prescription or refill authorization for a drug
29 of a practitioner using computer systems. The term does not include a
30 prescription or refill authorization transmitted verbally by
31 telephone nor a facsimile manually signed by the practitioner.

32 (12) "In-home care settings" include an individual's place of
33 temporary and permanent residence, but does not include acute care or
34 skilled nursing facilities, and does not include community-based care
35 settings.

36 (13) "Legend drugs" means any drugs which are required by state
37 law or regulation of the pharmacy quality assurance commission to be
38 dispensed on prescription only or are restricted to use by
39 practitioners only.

1 (14) "Legible prescription" means a prescription or medication
2 order issued by a practitioner that is capable of being read and
3 understood by the pharmacist filling the prescription or the nurse or
4 other practitioner implementing the medication order. A prescription
5 must be hand printed, typewritten, or electronically generated.

6 (15) "Medication assistance" means assistance rendered by a
7 nonpractitioner to an individual residing in a community-based care
8 setting or in-home care setting to facilitate the individual's self-
9 administration of a legend drug or controlled substance. It includes
10 reminding or coaching the individual, handing the medication
11 container to the individual, opening the individual's medication
12 container, using an enabler, or placing the medication in the
13 individual's hand, and such other means of medication assistance as
14 defined by rule adopted by the department. A nonpractitioner may help
15 in the preparation of legend drugs or controlled substances for self-
16 administration where a practitioner has determined and communicated
17 orally or by written direction that such medication preparation
18 assistance is necessary and appropriate. Medication assistance shall
19 not include assistance with intravenous medications or injectable
20 medications, except prefilled insulin syringes.

21 (16) "Person" means individual, corporation, government or
22 governmental subdivision or agency, business trust, estate, trust,
23 partnership or association, or any other legal entity.

24 (17) "Practitioner" means:

25 (a) A physician under chapter 18.71 RCW, an osteopathic physician
26 or an osteopathic physician and surgeon under chapter 18.57 RCW, a
27 dentist under chapter 18.32 RCW, a podiatric physician and surgeon
28 under chapter 18.22 RCW, an acupuncturist or acupuncture and Eastern
29 medicine practitioner to the extent authorized under chapter 18.06
30 RCW and the rules adopted under RCW 18.06.010(1)(m), a veterinarian
31 under chapter 18.92 RCW, a registered nurse, advanced (~~(registered~~
32 ~~nurse practitioner)~~) practice registered nurse, or licensed practical
33 nurse under chapter 18.79 RCW, an optometrist under chapter 18.53 RCW
34 who is certified by the optometry board under RCW 18.53.010, a
35 physician assistant under chapter 18.71A RCW, a naturopath licensed
36 under chapter 18.36A RCW, a licensed athletic trainer to the extent
37 authorized under chapter 18.250 RCW, a pharmacist under chapter 18.64
38 RCW, when acting under the required supervision of a dentist licensed
39 under chapter 18.32 RCW, a dental hygienist licensed under chapter
40 18.29 RCW, a licensed dental therapist to the extent authorized under

chapter 18.265 RCW, or a licensed midwife to the extent authorized under chapter 18.50 RCW;

(b) A pharmacy, hospital, or other institution licensed, registered, or otherwise permitted to distribute, dispense, conduct research with respect to, or to administer a legend drug in the course of professional practice or research in this state; and

(c) A physician licensed to practice medicine and surgery or a physician licensed to practice osteopathic medicine and surgery in any state, or province of Canada, which shares a common border with the state of Washington.

(18) "Secretary" means the secretary of health or the secretary's designee.

Sec. 5123. RCW 69.41.030 and 2024 c 102 s 2 are each amended to read as follows:

(1) It shall be unlawful for any person to sell or deliver any legend drug, or knowingly possess any legend drug, or knowingly use any legend drug in a public place, except upon the order or prescription of a physician under chapter 18.71 RCW, an osteopathic physician and surgeon under chapter 18.57 RCW, an optometrist licensed under chapter 18.53 RCW who is certified by the optometry board under RCW 18.53.010, a dentist under chapter 18.32 RCW, a podiatric physician and surgeon under chapter 18.22 RCW, a licensed midwife to the extent authorized under chapter 18.50 RCW, a veterinarian under chapter 18.92 RCW, a commissioned medical or dental officer in the United States armed forces or public health service in the discharge of his or her official duties, a duly licensed physician or dentist employed by the veterans administration in the discharge of his or her official duties, a registered nurse or advanced (~~(registered nurse practitioner)~~) practice registered nurse under chapter 18.79 RCW when authorized by the board of nursing, a pharmacist licensed under chapter 18.64 RCW to the extent permitted by drug therapy guidelines or protocols established under RCW 18.64.011 and authorized by the commission and approved by a practitioner authorized to prescribe drugs, a physician assistant under chapter 18.71A RCW when authorized by the Washington medical commission, or any of the following professionals in any province of Canada that shares a common border with the state of Washington or in any state of the United States: A physician licensed to practice medicine and surgery or a physician licensed to practice osteopathic

1 medicine and surgery, a dentist licensed to practice dentistry, a
2 podiatric physician and surgeon licensed to practice podiatric
3 medicine and surgery, a licensed advanced ~~((registered nurse~~
4 ~~practitioner))~~ practice registered nurse, a licensed physician
5 assistant, or a veterinarian licensed to practice veterinary
6 medicine: PROVIDED, HOWEVER, That the above provisions shall not
7 apply to sale, delivery, or possession by drug wholesalers or drug
8 manufacturers, or their agents or employees, or to any practitioner
9 acting within the scope of his or her license, or to a common or
10 contract carrier or warehouse operator, or any employee thereof,
11 whose possession of any legend drug is in the usual course of
12 business or employment: PROVIDED FURTHER, That nothing in this
13 chapter or chapter 18.64 RCW shall prevent a family planning clinic
14 that is under contract with the health care authority from selling,
15 delivering, possessing, and dispensing commercially prepackaged oral
16 contraceptives prescribed by authorized, licensed health care
17 practitioners: PROVIDED FURTHER, That nothing in this chapter
18 prohibits possession or delivery of legend drugs by an authorized
19 collector or other person participating in the operation of a drug
20 take-back program authorized in chapter 69.48 RCW.

21 (2)(a) A violation of this section involving the sale, delivery,
22 or possession with intent to sell or deliver is a class B felony
23 punishable according to chapter 9A.20 RCW.

24 (b) A violation of this section involving knowing possession is a
25 misdemeanor. The prosecutor is encouraged to divert such cases for
26 assessment, treatment, or other services.

27 (c) A violation of this section involving knowing use in a public
28 place is a misdemeanor. The prosecutor is encouraged to divert such
29 cases for assessment, treatment, or other services.

30 (d) No person may be charged with both knowing possession and
31 knowing use in a public place under this section relating to the same
32 course of conduct.

33 (e) In lieu of jail booking and referral to the prosecutor for a
34 violation of this section involving knowing possession, or knowing
35 use in a public place, law enforcement is encouraged to offer a
36 referral to assessment and services available under RCW 10.31.110 or
37 other program or entity responsible for receiving referrals in lieu
38 of legal system involvement, which may include, but are not limited
39 to, arrest and jail alternative programs established under RCW
40 36.28A.450, law enforcement assisted diversion programs established

1 under RCW 71.24.589, and the recovery navigator program established
2 under RCW 71.24.115.

3 (3) For the purposes of this section, "public place" has the same
4 meaning as defined in RCW 66.04.010, but the exclusions in RCW
5 66.04.011 do not apply.

6 (4) For the purposes of this section, "use any legend drug" means
7 to introduce the drug into the human body by injection, inhalation,
8 ingestion, or any other means.

9 **Sec. 5124.** RCW 69.43.135 and 2011 c 336 s 838 are each amended
10 to read as follows:

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

13 (a) "Iodine matrix" means iodine at a concentration greater than
14 two percent by weight in a matrix or solution.

15 (b) "Matrix" means something, as a substance, in which something
16 else originates, develops, or is contained.

17 (c) "Methylsulfonylmethane" means methylsulfonylmethane in its
18 powder form only, and does not include products containing
19 methylsulfonylmethane in other forms such as liquids, tablets,
20 capsules not containing methylsulfonylmethane in pure powder form,
21 ointments, creams, cosmetics, foods, and beverages.

22 (2) Any person who knowingly purchases in a thirty-day period or
23 possesses any quantity of iodine in its elemental form, an iodine
24 matrix, or more than two pounds of methylsulfonylmethane is guilty of
25 a gross misdemeanor, except as provided in subsection (3) of this
26 section.

27 (3) Subsection (2) of this section does not apply to:

28 (a) A person who possesses iodine in its elemental form or an
29 iodine matrix as a prescription drug, under a prescription issued by
30 a licensed veterinarian, physician, or advanced ((~~registered nurse~~
31 ~~practitioner~~)) practice registered nurse;

32 (b) A person who possesses iodine in its elemental form, an
33 iodine matrix, or any quantity of methylsulfonylmethane in its powder
34 form and is actively engaged in the practice of animal husbandry of
35 livestock;

36 (c) A person who possesses iodine in its elemental form or an
37 iodine matrix in conjunction with experiments conducted in a
38 chemistry or chemistry-related laboratory maintained by a:

39 (i) Public or private secondary school;

(ii) Public or private institution of higher education that is accredited by a regional or national accrediting agency recognized by the United States department of education;

(iii) Manufacturing facility, government agency, or research facility in the course of lawful business activities;

(d) A veterinarian, physician, advanced ~~((registered—nurse practitioner))~~ practice registered nurse, pharmacist, retail distributor, wholesaler, manufacturer, warehouse operator, or common carrier, or an agent of any of these persons who possesses iodine in its elemental form, an iodine matrix, or methylsulfonylmethane in its powder form in the regular course of lawful business activities; or

(e) A person working in a general hospital who possesses iodine in its elemental form or an iodine matrix in the regular course of employment at the hospital.

(4) Any person who purchases any quantity of iodine in its elemental form, an iodine matrix, or any quantity of methylsulfonylmethane must present an identification card or driver's license issued by any state in the United States or jurisdiction of another country before purchasing the item.

(5) The Washington state patrol shall develop a form to be used in recording transactions involving iodine in its elemental form, an iodine matrix, or methylsulfonylmethane. A person who sells or otherwise transfers any quantity of iodine in its elemental form, an iodine matrix, or any quantity of methylsulfonylmethane to a person for any purpose authorized in subsection (3) of this section must record each sale or transfer. The record must be made on the form developed by the Washington state patrol and must be retained by the person for at least three years. The Washington state patrol or any local law enforcement agency may request access to the records.

(a) Failure to make or retain a record required under this subsection is a misdemeanor.

(b) Failure to comply with a request for access to records required under this subsection to the Washington state patrol or a local law enforcement agency is a misdemeanor.

Sec. 5125. RCW 69.45.010 and 2020 c 80 s 42 are each amended to read as follows:

The definitions in this section apply throughout this chapter.

(1) "Commission" means the pharmacy quality assurance commission.

1 (2) "Controlled substance" means a drug, substance, or immediate
2 precursor of such drug or substance, so designated under or pursuant
3 to chapter 69.50 RCW, the uniform controlled substances act.

4 (3) "Deliver" or "delivery" means the actual, constructive, or
5 attempted transfer from one person to another of a drug or device,
6 whether or not there is an agency relationship.

7 (4) "Department" means the department of health.

8 (5) "Dispense" means the interpretation of a prescription or
9 order for a drug, biological, or device and, pursuant to that
10 prescription or order, the proper selection, measuring, compounding,
11 labeling, or packaging necessary to prepare that prescription or
12 order for delivery.

13 (6) "Distribute" means to deliver, other than by administering or
14 dispensing, a legend drug.

15 (7) "Drug samples" means any federal food and drug administration
16 approved controlled substance, legend drug, or products requiring
17 prescriptions in this state, which is distributed at no charge to a
18 practitioner by a manufacturer or a manufacturer's representative,
19 exclusive of drugs under clinical investigations approved by the
20 federal food and drug administration.

21 (8) "Legend drug" means any drug that is required by state law or
22 by regulations of the commission to be dispensed on prescription only
23 or is restricted to use by practitioners only.

24 (9) "Manufacturer" means a person or other entity engaged in the
25 manufacture or distribution of drugs or devices, but does not include
26 a manufacturer's representative.

27 (10) "Manufacturer's representative" means an agent or employee
28 of a drug manufacturer who is authorized by the drug manufacturer to
29 possess drug samples for the purpose of distribution in this state to
30 appropriately authorized health care practitioners.

31 (11) "Person" means any individual, corporation, government or
32 governmental subdivision or agency, business trust, estate, trust,
33 partnership, association, or any other legal entity.

34 (12) "Practitioner" means a physician under chapter 18.71 RCW, an
35 osteopathic physician or an osteopathic physician and surgeon under
36 chapter 18.57 RCW, a dentist under chapter 18.32 RCW, a podiatric
37 physician and surgeon under chapter 18.22 RCW, a veterinarian under
38 chapter 18.92 RCW, a pharmacist under chapter 18.64 RCW, a
39 commissioned medical or dental officer in the United States armed
40 forces or the public health service in the discharge of his or her

official duties, a duly licensed physician or dentist employed by the veterans administration in the discharge of his or her official duties, a registered nurse or advanced ~~((registered nurse practitioner))~~ practice registered nurse under chapter 18.79 RCW when authorized to prescribe by the ~~((nursing care quality assurance commission))~~ state board of nursing, or a physician assistant under chapter 18.71A RCW when authorized by the Washington medical commission.

(13) "Reasonable cause" means a state of facts found to exist that would warrant a reasonably intelligent and prudent person to believe that a person has violated state or federal drug laws or regulations.

(14) "Secretary" means the secretary of health or the secretary's designee.

Sec. 5126. RCW 69.50.101 and 2024 c 62 s 17 are each amended to read as follows:

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

(1) "Administer" means to apply a controlled substance, whether by injection, inhalation, ingestion, or any other means, directly to the body of a patient or research subject by:

(a) a practitioner authorized to prescribe (or, by the practitioner's authorized agent); or

(b) the patient or research subject at the direction and in the presence of the practitioner.

(2) "Agent" means an authorized person who acts on behalf of or at the direction of a manufacturer, distributor, or dispenser. It does not include a common or contract carrier, public warehouseperson, or employee of the carrier or warehouseperson.

(3) "Board" means the Washington state liquor and cannabis board.

(4) "Cannabis" means all parts of the plant *Cannabis*, whether growing or not, with a THC concentration greater than 0.3 percent on a dry weight basis during the growing cycle through harvest and usable cannabis. "Cannabis" does not include hemp or industrial hemp as defined in RCW 15.140.020, or seeds used for licensed hemp production under chapter 15.140 RCW.

(5) "Cannabis concentrates" means products consisting wholly or in part of the resin extracted from any part of the plant *Cannabis* and having a THC concentration greater than ten percent.

1 (6) "Cannabis processor" means a person licensed by the board to
2 process cannabis into cannabis concentrates, useable cannabis, and
3 cannabis-infused products, package and label cannabis concentrates,
4 useable cannabis, and cannabis-infused products for sale in retail
5 outlets, and sell cannabis concentrates, useable cannabis, and
6 cannabis-infused products at wholesale to cannabis retailers.

7 (7) "Cannabis producer" means a person licensed by the board to
8 produce and sell cannabis at wholesale to cannabis processors and
9 other cannabis producers.

10 (8)(a) "Cannabis products" means useable cannabis, cannabis
11 concentrates, and cannabis-infused products as defined in this
12 section, including any product intended to be consumed or absorbed
13 inside the body by any means including inhalation, ingestion, or
14 insertion, with any detectable amount of THC.

15 (b) "Cannabis products" also means any product containing only
16 THC content.

17 (c) "Cannabis products" does not include cannabis health and
18 beauty aids as defined in RCW 69.50.575 or products approved by the
19 United States food and drug administration.

20 (9) "Cannabis researcher" means a person licensed by the board to
21 produce, process, and possess cannabis for the purposes of conducting
22 research on cannabis and cannabis-derived drug products.

23 (10) "Cannabis retailer" means a person licensed by the board to
24 sell cannabis concentrates, useable cannabis, and cannabis-infused
25 products in a retail outlet.

26 (11) "Cannabis-infused products" means products that contain
27 cannabis or cannabis extracts, are intended for human use, are
28 derived from cannabis as defined in subsection (4) of this section,
29 and have a THC concentration no greater than ten percent. The term
30 "cannabis-infused products" does not include either useable cannabis
31 or cannabis concentrates.

32 (12) "CBD concentration" has the meaning provided in RCW
33 69.51A.010.

34 (13) "CBD product" means any product containing or consisting of
35 cannabidiol.

36 (14) "Commission" means the pharmacy quality assurance
37 commission.

38 (15) "Controlled substance" means a drug, substance, or immediate
39 precursor included in Schedules I through V as set forth in federal

1 or state laws, or federal or commission rules, but does not include
2 hemp or industrial hemp as defined in RCW 15.140.020.

3 (16)(a) "Controlled substance analog" means a substance the
4 chemical structure of which is substantially similar to the chemical
5 structure of a controlled substance in Schedule I or II and:

6 (i) that has a stimulant, depressant, or hallucinogenic effect on
7 the central nervous system substantially similar to the stimulant,
8 depressant, or hallucinogenic effect on the central nervous system of
9 a controlled substance included in Schedule I or II; or

10 (ii) with respect to a particular individual, that the individual
11 represents or intends to have a stimulant, depressant, or
12 hallucinogenic effect on the central nervous system substantially
13 similar to the stimulant, depressant, or hallucinogenic effect on the
14 central nervous system of a controlled substance included in Schedule
15 I or II.

16 (b) The term does not include:

17 (i) a controlled substance;

18 (ii) a substance for which there is an approved new drug
19 application;

20 (iii) a substance with respect to which an exemption is in effect
21 for investigational use by a particular person under Section 505 of
22 the federal food, drug, and cosmetic act, 21 U.S.C. Sec. 355, or
23 chapter 69.77 RCW to the extent conduct with respect to the substance
24 is pursuant to the exemption; or

25 (iv) any substance to the extent not intended for human
26 consumption before an exemption takes effect with respect to the
27 substance.

28 (17) "Deliver" or "delivery" means the actual or constructive
29 transfer from one person to another of a substance, whether or not
30 there is an agency relationship.

31 (18) "Department" means the department of health.

32 (19) "Designated provider" has the meaning provided in RCW
33 69.51A.010.

34 (20) "Dispense" means the interpretation of a prescription or
35 order for a controlled substance and, pursuant to that prescription
36 or order, the proper selection, measuring, compounding, labeling, or
37 packaging necessary to prepare that prescription or order for
38 delivery.

39 (21) "Dispenser" means a practitioner who dispenses.

1 (22) "Distribute" means to deliver other than by administering or
2 dispensing a controlled substance.

3 (23) "Distributor" means a person who distributes.

4 (24) "Drug" means (a) a controlled substance recognized as a drug
5 in the official United States pharmacopoeia/national formulary or the
6 official homeopathic pharmacopoeia of the United States, or any
7 supplement to them; (b) controlled substances intended for use in the
8 diagnosis, cure, mitigation, treatment, or prevention of disease in
9 individuals or animals; (c) controlled substances (other than food)
10 intended to affect the structure or any function of the body of
11 individuals or animals; and (d) controlled substances intended for
12 use as a component of any article specified in (a), (b), or (c) of
13 this subsection. The term does not include devices or their
14 components, parts, or accessories.

15 (25) "Drug enforcement administration" means the drug enforcement
16 administration in the United States Department of Justice, or its
17 successor agency.

18 (26) "Electronic communication of prescription information" means
19 the transmission of a prescription or refill authorization for a drug
20 of a practitioner using computer systems. The term does not include a
21 prescription or refill authorization verbally transmitted by
22 telephone nor a facsimile manually signed by the practitioner.

23 (27) "Immature plant or clone" means a plant or clone that has no
24 flowers, is less than twelve inches in height, and is less than
25 twelve inches in diameter.

26 (28) "Immediate precursor" means a substance:

27 (a) that the commission has found to be and by rule designates as
28 being the principal compound commonly used, or produced primarily for
29 use, in the manufacture of a controlled substance;

30 (b) that is an immediate chemical intermediary used or likely to
31 be used in the manufacture of a controlled substance; and

32 (c) the control of which is necessary to prevent, curtail, or
33 limit the manufacture of the controlled substance.

34 (29) "Isomer" means an optical isomer, but in subsection (33)(e)
35 of this section, RCW 69.50.204(1) (l) and (hh), and 69.50.206(2) (d),
36 the term includes any geometrical isomer; in RCW 69.50.204(1) (h) and
37 (pp) ((~~rr~~)) and 69.50.210(3) ((~~rr~~)), the term includes any positional
38 isomer; and in RCW 69.50.204(1) (ii), 69.50.204(3), and 69.50.208(1)
39 ((~~rr~~)), the term includes any positional or geometric isomer.

1 (30) "Lot" means a definite quantity of cannabis, cannabis
2 concentrates, useable cannabis, or cannabis-infused product
3 identified by a lot number, every portion or package of which is
4 uniform within recognized tolerances for the factors that appear in
5 the labeling.

6 (31) "Lot number" must identify the licensee by business or trade
7 name and Washington state unified business identifier number, and the
8 date of harvest or processing for each lot of cannabis, cannabis
9 concentrates, useable cannabis, or cannabis-infused product.

10 (32) "Manufacture" means the production, preparation,
11 propagation, compounding, conversion, or processing of a controlled
12 substance, either directly or indirectly or by extraction from
13 substances of natural origin, or independently by means of chemical
14 synthesis, or by a combination of extraction and chemical synthesis,
15 and includes any packaging or repackaging of the substance or
16 labeling or relabeling of its container. The term does not include
17 the preparation, compounding, packaging, repackaging, labeling, or
18 relabeling of a controlled substance:

19 (a) by a practitioner as an incident to the practitioner's
20 administering or dispensing of a controlled substance in the course
21 of the practitioner's professional practice; or

22 (b) by a practitioner, or by the practitioner's authorized agent
23 under the practitioner's supervision, for the purpose of, or as an
24 incident to, research, teaching, or chemical analysis and not for
25 sale.

26 (33) "Narcotic drug" means any of the following, whether produced
27 directly or indirectly by extraction from substances of vegetable
28 origin, or independently by means of chemical synthesis, or by a
29 combination of extraction and chemical synthesis:

30 (a) Opium, opium derivative, and any derivative of opium or opium
31 derivative, including their salts, isomers, and salts of isomers,
32 whenever the existence of the salts, isomers, and salts of isomers is
33 possible within the specific chemical designation. The term does not
34 include the isoquinoline alkaloids of opium.

35 (b) Synthetic opiate and any derivative of synthetic opiate,
36 including their isomers, esters, ethers, salts, and salts of isomers,
37 esters, and ethers, whenever the existence of the isomers, esters,
38 ethers, and salts is possible within the specific chemical
39 designation.

40 (c) Poppy straw and concentrate of poppy straw.

1 (d) Coca leaves, except coca leaves and extracts of coca leaves
2 from which cocaine, ecgonine, and derivatives or ecgonine or their
3 salts have been removed.

4 (e) Cocaine, or any salt, isomer, or salt of isomer thereof.

5 (f) Cocaine base.

6 (g) Ecgonine, or any derivative, salt, isomer, or salt of isomer
7 thereof.

8 (h) Any compound, mixture, or preparation containing any quantity
9 of any substance referred to in (a) through (g) of this subsection.

10 (34) "Opiate" means any substance having an addiction-forming or
11 addiction-sustaining liability similar to morphine or being capable
12 of conversion into a drug having addiction-forming or addiction-
13 sustaining liability. The term includes opium, substances derived
14 from opium (opium derivatives), and synthetic opiates. The term does
15 not include, unless specifically designated as controlled under RCW
16 69.50.201, the dextrorotatory isomer of 3-methoxy-n-methylmorphinan
17 and its salts (dextromethorphan). The term includes the racemic and
18 levorotatory forms of dextromethorphan.

19 (35) "Opium poppy" means the plant of the species *Papaver*
20 *somniferum* L., except its seeds.

21 (36) "Package" means a container that has a single unit or group
22 of units.

23 (37) "Person" means individual, corporation, business trust,
24 estate, trust, partnership, association, joint venture, government,
25 governmental subdivision or agency, or any other legal or commercial
26 entity.

27 (38) "Plant" has the meaning provided in RCW 69.51A.010.

28 (39) "Poppy straw" means all parts, except the seeds, of the
29 opium poppy, after mowing.

30 (40) "Practitioner" means:

31 (a) A physician under chapter 18.71 RCW; a physician assistant
32 under chapter 18.71A RCW; an osteopathic physician and surgeon under
33 chapter 18.57 RCW; an optometrist licensed under chapter 18.53 RCW
34 who is certified by the optometry board under RCW 18.53.010 subject
35 to any limitations in RCW 18.53.010; a dentist under chapter 18.32
36 RCW; a podiatric physician and surgeon under chapter 18.22 RCW; a
37 veterinarian under chapter 18.92 RCW; a registered nurse, advanced
38 (~~((registered nurse practitioner))~~) practice registered nurse, or
39 licensed practical nurse under chapter 18.79 RCW; a naturopathic
40 physician under chapter 18.36A RCW who is licensed under RCW

1 18.36A.030 subject to any limitations in RCW 18.36A.040; a pharmacist
2 under chapter 18.64 RCW or a scientific investigator under this
3 chapter, licensed, registered or otherwise permitted insofar as is
4 consistent with those licensing laws to distribute, dispense, conduct
5 research with respect to or administer a controlled substance in the
6 course of their professional practice or research in this state.

7 (b) A pharmacy, hospital or other institution licensed,
8 registered, or otherwise permitted to distribute, dispense, conduct
9 research with respect to or to administer a controlled substance in
10 the course of professional practice or research in this state.

11 (c) A physician licensed to practice medicine and surgery, a
12 physician licensed to practice osteopathic medicine and surgery, a
13 dentist licensed to practice dentistry, a podiatric physician and
14 surgeon licensed to practice podiatric medicine and surgery, a
15 licensed physician assistant or a licensed osteopathic physician
16 assistant specifically approved to prescribe controlled substances by
17 his or her state's medical commission or equivalent and his or her
18 participating physician as defined in RCW 18.71A.010, an advanced
19 (~~registered nurse practitioner~~) practice registered nurse licensed
20 to prescribe controlled substances, or a veterinarian licensed to
21 practice veterinary medicine in any state of the United States.

22 (41) "Prescription" means an order for controlled substances
23 issued by a practitioner duly authorized by law or rule in the state
24 of Washington to prescribe controlled substances within the scope of
25 his or her professional practice for a legitimate medical purpose.

26 (42) "Production" includes the manufacturing, planting,
27 cultivating, growing, or harvesting of a controlled substance.

28 (43) "Qualifying patient" has the meaning provided in RCW
29 69.51A.010.

30 (44) "Recognition card" has the meaning provided in RCW
31 69.51A.010.

32 (45) "Retail outlet" means a location licensed by the board for
33 the retail sale of cannabis concentrates, useable cannabis, and
34 cannabis-infused products.

35 (46) "Secretary" means the secretary of health or the secretary's
36 designee.

37 (47) "Social equity plan" means a plan that addresses at least
38 some of the elements outlined in this subsection (47), along with any
39 additional plan components or requirements approved by the board

1 following consultation with the task force created in RCW 69.50.336.

2 The plan may include:

3 (a) A statement that indicates how the cannabis licensee will
4 work to promote social equity goals in their community;

5 (b) A description of how the cannabis licensee will meet social
6 equity goals as defined in RCW 69.50.335;

7 (c) The composition of the workforce the licensee has employed or
8 intends to hire; and

9 (d) Business plans involving partnerships or assistance to
10 organizations or residents with connections to populations with a
11 history of high rates of enforcement of cannabis prohibition.

12 (48) "State," unless the context otherwise requires, means a
13 state of the United States, the District of Columbia, the
14 Commonwealth of Puerto Rico, or a territory or insular possession
15 subject to the jurisdiction of the United States.

16 (49) "THC concentration" means percent of tetrahydrocannabinol
17 content of any part of the plant *Cannabis*, or per volume or weight of
18 cannabis product, or the combined percent of tetrahydrocannabinol and
19 tetrahydrocannabinolic acid in any part of the plant *Cannabis*
20 regardless of moisture content.

21 (50) "Ultimate user" means an individual who lawfully possesses a
22 controlled substance for the individual's own use or for the use of a
23 member of the individual's household or for administering to an
24 animal owned by the individual or by a member of the individual's
25 household.

26 (51) "Unit" means an individual consumable item within a package
27 of one or more consumable items in solid, liquid, gas, or any form
28 intended for human consumption.

29 (52) "Useable cannabis" means dried cannabis flowers. The term
30 "useable cannabis" does not include either cannabis-infused products
31 or cannabis concentrates.

32 (53) "Youth access" means the level of interest persons under the
33 age of twenty-one may have in a vapor product, as well as the degree
34 to which the product is available or appealing to such persons, and
35 the likelihood of initiation, use, or addiction by adolescents and
36 young adults.

37 **Sec. 5127.** RCW 69.51A.010 and 2022 c 16 s 116 are each reenacted
38 and amended to read as follows:

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

3 (1)(a) "Authorization" means a form developed by the department
4 that is completed and signed by a qualifying patient's health care
5 professional and printed on tamper-resistant paper.

6 (b) An authorization is not a prescription as defined in RCW
7 69.50.101.

8 (2) "Cannabis" has the meaning provided in RCW 69.50.101.

9 (3) "Cannabis concentrates" has the meaning provided in RCW
10 69.50.101.

11 (4) "Cannabis processor" has the meaning provided in RCW
12 69.50.101.

13 (5) "Cannabis producer" has the meaning provided in RCW
14 69.50.101.

15 (6) "Cannabis retailer" has the meaning provided in RCW
16 69.50.101.

17 (7) "Cannabis retailer with a medical cannabis endorsement" means
18 a cannabis retailer that has been issued a medical cannabis
19 endorsement by the state liquor and cannabis board pursuant to RCW
20 69.50.375.

21 (8) "Cannabis-infused products" has the meaning provided in RCW
22 69.50.101.

23 (9) "CBD concentration" means the percent of cannabidiol content
24 per dry weight of any part of the plant *Cannabis*, or per volume or
25 weight of cannabis product.

26 (10) "Department" means the department of health.

27 (11) "Designated provider" means a person who is twenty-one years
28 of age or older and:

29 (a)(i) Is the parent or guardian of a qualifying patient who is
30 under the age of eighteen and holds a recognition card; or

31 (ii) Has been designated in writing by a qualifying patient to
32 serve as the designated provider for that patient;

33 (b)(i) Has an authorization from the qualifying patient's health
34 care professional; or

35 (ii)(A) Has been entered into the medical cannabis authorization
36 database as being the designated provider to a qualifying patient;
37 and

38 (B) Has been provided a recognition card;

1 (c) Is prohibited from consuming cannabis obtained for the
2 personal, medical use of the qualifying patient for whom the
3 individual is acting as designated provider;

4 (d) Provides cannabis to only the qualifying patient that has
5 designated him or her;

6 (e) Is in compliance with the terms and conditions of this
7 chapter; and

8 (f) Is the designated provider to only one patient at any one
9 time.

10 (12) "Health care professional," for purposes of this chapter
11 only, means a physician licensed under chapter 18.71 RCW, a physician
12 assistant licensed under chapter 18.71A RCW, an osteopathic physician
13 licensed under chapter 18.57 RCW, a naturopath licensed under chapter
14 18.36A RCW, or an advanced (~~registered nurse practitioner~~) practice
15 registered nurse licensed under chapter 18.79 RCW.

16 (13) "Housing unit" means a house, an apartment, a mobile home, a
17 group of rooms, or a single room that is occupied as separate living
18 quarters, in which the occupants live and eat separately from any
19 other persons in the building, and which have direct access from the
20 outside of the building or through a common hall.

21 (14) "Low THC, high CBD" means products determined by the
22 department to have a low THC, high CBD ratio under RCW 69.50.375. Low
23 THC, high CBD products must be inhalable, ingestible, or absorbable.

24 (15) "Medical cannabis authorization database" means the secure
25 and confidential database established in RCW 69.51A.230.

26 (16) "Medical use of cannabis" means the manufacture, production,
27 possession, transportation, delivery, ingestion, application, or
28 administration of cannabis for the exclusive benefit of a qualifying
29 patient in the treatment of his or her terminal or debilitating
30 medical condition.

31 (17) "Plant" means a cannabis plant having at least three
32 distinguishable and distinct leaves, each leaf being at least three
33 centimeters in diameter, and a readily observable root formation
34 consisting of at least two separate and distinct roots, each being at
35 least two centimeters in length. Multiple stalks emanating from the
36 same root ball or root system is considered part of the same single
37 plant.

38 (18) "Public place" has the meaning provided in RCW 70.160.020.

39 (19) "Qualifying patient" means a person who:

40 (a) (i) Is a patient of a health care professional;

1 (ii) Has been diagnosed by that health care professional as
2 having a terminal or debilitating medical condition;

3 (iii) Is a resident of the state of Washington at the time of
4 such diagnosis;

5 (iv) Has been advised by that health care professional about the
6 risks and benefits of the medical use of cannabis;

7 (v) Has been advised by that health care professional that they
8 may benefit from the medical use of cannabis;

9 (vi) (A) Has an authorization from his or her health care
10 professional; or

11 (B) Has been entered into the medical cannabis authorization
12 database and has been provided a recognition card; and

13 (vii) Is otherwise in compliance with the terms and conditions
14 established in this chapter.

15 (b) "Qualifying patient" does not include a person who is
16 actively being supervised for a criminal conviction by a corrections
17 agency or department that has determined that the terms of this
18 chapter are inconsistent with and contrary to his or her supervision
19 and all related processes and procedures related to that supervision.

20 (20) "Recognition card" means a card issued to qualifying
21 patients and designated providers by a cannabis retailer with a
22 medical cannabis endorsement that has entered them into the medical
23 cannabis authorization database.

24 (21) "Retail outlet" has the meaning provided in RCW 69.50.101.

25 (22) "Secretary" means the secretary of the department of health.

26 (23) "Tamper-resistant paper" means paper that meets one or more
27 of the following industry-recognized features:

28 (a) One or more features designed to prevent copying of the
29 paper;

30 (b) One or more features designed to prevent the erasure or
31 modification of information on the paper; or

32 (c) One or more features designed to prevent the use of
33 counterfeit authorization.

34 (24) "Terminal or debilitating medical condition" means a
35 condition severe enough to significantly interfere with the patient's
36 activities of daily living and ability to function, which can be
37 objectively assessed and evaluated and limited to the following:

38 (a) Cancer, human immunodeficiency virus (HIV), multiple
39 sclerosis, epilepsy or other seizure disorder, or spasticity
40 disorders;

(b) Intractable pain, limited for the purpose of this chapter to mean pain unrelieved by standard medical treatments and medications;

(c) Glaucoma, either acute or chronic, limited for the purpose of this chapter to mean increased intraocular pressure unrelieved by standard treatments and medications;

(d) Crohn's disease with debilitating symptoms unrelieved by standard treatments or medications;

(e) Hepatitis C with debilitating nausea or intractable pain unrelieved by standard treatments or medications;

(f) Diseases, including anorexia, which result in nausea, vomiting, wasting, appetite loss, cramping, seizures, muscle spasms, or spasticity, when these symptoms are unrelieved by standard treatments or medications;

(g) Posttraumatic stress disorder; or

(h) Traumatic brain injury.

(25) "THC concentration" has the meaning provided in RCW 69.50.101.

(26) "Useable cannabis" has the meaning provided in RCW 69.50.101.

Sec. 5128. RCW 70.02.010 and 2024 c 209 s 31 are each amended to read as follows:

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

(1) "Admission" has the same meaning as in RCW 71.05.020.

(2) "Audit" means an assessment, evaluation, determination, or investigation of a health care provider by a person not employed by or affiliated with the provider to determine compliance with:

(a) Statutory, regulatory, fiscal, medical, or scientific standards;

(b) A private or public program of payments to a health care provider; or

(c) Requirements for licensing, accreditation, or certification.

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

(4) "Commitment" has the same meaning as in RCW 71.05.020.

(5) "Custody" has the same meaning as in RCW 71.05.020.

(6) "Deidentified" means health information that does not identify an individual and with respect to which there is no reasonable basis to believe that the information can be used to identify an individual.

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

(8) "Designated crisis responder" has the same meaning as in RCW 71.05.020 or 71.34.020, as applicable.

(9) "Detention" or "detain" has the same meaning as in RCW 71.05.020.

(10) "Directory information" means information disclosing the presence, and for the purpose of identification, the name, location within a health care facility, and the general health condition of a particular patient who is a patient in a health care facility or who is currently receiving emergency health care in a health care facility.

(11) "Discharge" has the same meaning as in RCW 71.05.020.

(12) "Evaluation and treatment facility" has the same meaning as in RCW 71.05.020 or 71.34.020, as applicable.

(13) "Federal, state, or local law enforcement authorities" means an officer of any agency or authority in the United States, a state, a tribe, a territory, or a political subdivision of a state, a tribe, or a territory who is empowered by law to: (a) Investigate or conduct an official inquiry into a potential criminal violation of law; or (b) prosecute or otherwise conduct a criminal proceeding arising from an alleged violation of law.

(14) "General health condition" means the patient's health status described in terms of "critical," "poor," "fair," "good," "excellent," or terms denoting similar conditions.

(15) "Health care" means any care, service, or procedure provided by a health care provider:

(a) To diagnose, treat, or maintain a patient's physical or mental condition; or

(b) That affects the structure or any function of the human body.

(16) "Health care facility" means a hospital, clinic, nursing home, laboratory, office, or similar place where a health care provider provides health care to patients.

(17) "Health care information" means any information, whether oral or recorded in any form or medium, that identifies or can readily be associated with the identity of a patient and directly relates to the patient's health care, including a patient's deoxyribonucleic acid and identified sequence of chemical base pairs. The term includes any required accounting of disclosures of health care information.

1 (18) "Health care operations" means any of the following
2 activities of a health care provider, health care facility, or third-
3 party payor to the extent that the activities are related to
4 functions that make an entity a health care provider, a health care
5 facility, or a third-party payor:

6 (a) Conducting: Quality assessment and improvement activities,
7 including outcomes evaluation and development of clinical guidelines,
8 if the obtaining of generalizable knowledge is not the primary
9 purpose of any studies resulting from such activities; population-
10 based activities relating to improving health or reducing health care
11 costs, protocol development, case management and care coordination,
12 contacting of health care providers and patients with information
13 about treatment alternatives; and related functions that do not
14 include treatment;

15 (b) Reviewing the competence or qualifications of health care
16 professionals, evaluating practitioner and provider performance and
17 third-party payor performance, conducting training programs in which
18 students, trainees, or practitioners in areas of health care learn
19 under supervision to practice or improve their skills as health care
20 providers, training of nonhealth care professionals, accreditation,
21 certification, licensing, or credentialing activities;

22 (c) Underwriting, premium rating, and other activities relating
23 to the creation, renewal, or replacement of a contract of health
24 insurance or health benefits, and ceding, securing, or placing a
25 contract for reinsurance of risk relating to claims for health care,
26 including stop-loss insurance and excess of loss insurance, if any
27 applicable legal requirements are met;

28 (d) Conducting or arranging for medical review, legal services,
29 and auditing functions, including fraud and abuse detection and
30 compliance programs;

31 (e) Business planning and development, such as conducting cost-
32 management and planning-related analyses related to managing and
33 operating the health care facility or third-party payor, including
34 formulary development and administration, development, or improvement
35 of methods of payment or coverage policies; and

36 (f) Business management and general administrative activities of
37 the health care facility, health care provider, or third-party payor
38 including, but not limited to:

39 (i) Management activities relating to implementation of and
40 compliance with the requirements of this chapter;

1 (ii) Customer service, including the provision of data analyses
2 for policyholders, plan sponsors, or other customers, provided that
3 health care information is not disclosed to such policyholder, plan
4 sponsor, or customer;

5 (iii) Resolution of internal grievances;

6 (iv) The sale, transfer, merger, or consolidation of all or part
7 of a health care provider, health care facility, or third-party payor
8 with another health care provider, health care facility, or third-
9 party payor or an entity that following such activity will become a
10 health care provider, health care facility, or third-party payor, and
11 due diligence related to such activity; and

12 (v) Consistent with applicable legal requirements, creating
13 deidentified health care information or a limited data set for the
14 benefit of the health care provider, health care facility, or third-
15 party payor.

16 (19) "Health care provider" means a person who is licensed,
17 certified, registered, or otherwise authorized by the law of this
18 state to provide health care in the ordinary course of business or
19 practice of a profession.

20 (20) "Human immunodeficiency virus" or "HIV" has the same meaning
21 as in RCW 70.24.017.

22 (21) "Imminent" has the same meaning as in RCW 71.05.020.

23 (22) "Indian health care provider" has the same meaning as in RCW
24 43.71B.010(11).

25 (23) "Information and records related to mental health services"
26 means a type of health care information that relates to all
27 information and records compiled, obtained, or maintained in the
28 course of providing services by a mental health service agency or
29 mental health professional to persons who are receiving or have
30 received services for mental illness. The term includes mental health
31 information contained in a medical bill, registration records, and
32 all other records regarding the person maintained by the department,
33 by the authority, by behavioral health administrative services
34 organizations and their staff, managed care organizations contracted
35 with the authority under chapter 74.09 RCW and their staff, and by
36 treatment facilities. The term further includes documents of legal
37 proceedings under chapter 71.05, 71.34, or 10.77 RCW, or somatic
38 health care information. For health care information maintained by a
39 hospital as defined in RCW 70.41.020 or a health care facility or
40 health care provider that participates with a hospital in an

1 organized health care arrangement defined under federal law,
2 "information and records related to mental health services" is
3 limited to information and records of services provided by a mental
4 health professional or information and records of services created by
5 a hospital-operated community behavioral health program as defined in
6 RCW 71.24.025. The term does not include psychotherapy notes.

7 (24) "Information and records related to sexually transmitted
8 diseases" means a type of health care information that relates to the
9 identity of any person upon whom an HIV antibody test or other
10 sexually transmitted infection test is performed, the results of such
11 tests, and any information relating to diagnosis of or treatment for
12 any confirmed sexually transmitted infections.

13 (25) "Institutional review board" means any board, committee, or
14 other group formally designated by an institution, or authorized
15 under federal or state law, to review, approve the initiation of, or
16 conduct periodic review of research programs to assure the protection
17 of the rights and welfare of human research subjects.

18 (26) "Legal counsel" has the same meaning as in RCW 71.05.020.

19 (27) "Local public health officer" has the same meaning as the
20 term "local health officer" as defined in RCW 70.24.017.

21 (28) "Maintain," as related to health care information, means to
22 hold, possess, preserve, retain, store, or control that information.

23 (29) "Managed care organization" has the same meaning as provided
24 in RCW 71.24.025.

25 (30) "Mental health professional" means a psychiatrist,
26 psychologist, psychiatric advanced ((~~registered nurse practitioner~~))
27 practice registered nurse, psychiatric nurse, or social worker, and
28 such other mental health professionals as may be defined by rules
29 adopted by the secretary of health under chapter 71.05 RCW, whether
30 that person works in a private or public setting.

31 (31) "Mental health service agency" means a public or private
32 agency that provides services to persons with mental disorders as
33 defined under RCW 71.05.020 or 71.34.020 and receives funding from
34 public sources. This includes evaluation and treatment facilities as
35 defined in RCW 71.34.020, community mental health service delivery
36 systems, or community behavioral health programs, as defined in RCW
37 71.24.025, and facilities conducting competency evaluations and
38 restoration under chapter 10.77 RCW.

39 (32) "Minor" has the same meaning as in RCW 71.34.020.

40 (33) "Parent" has the same meaning as in RCW 71.34.020.

1 (34) "Patient" means an individual who receives or has received
2 health care. The term includes a deceased individual who has received
3 health care.

4 (35) "Payment" means:

5 (a) The activities undertaken by:

6 (i) A third-party payor to obtain premiums or to determine or
7 fulfill its responsibility for coverage and provision of benefits by
8 the third-party payor; or

9 (ii) A health care provider, health care facility, or third-party
10 payor, to obtain or provide reimbursement for the provision of health
11 care; and

12 (b) The activities in (a) of this subsection that relate to the
13 patient to whom health care is provided and that include, but are not
14 limited to:

15 (i) Determinations of eligibility or coverage, including
16 coordination of benefits or the determination of cost-sharing
17 amounts, and adjudication or subrogation of health benefit claims;

18 (ii) Risk adjusting amounts due based on enrollee health status
19 and demographic characteristics;

20 (iii) Billing, claims management, collection activities,
21 obtaining payment under a contract for reinsurance, including stop-
22 loss insurance and excess of loss insurance, and related health care
23 data processing;

24 (iv) Review of health care services with respect to medical
25 necessity, coverage under a health plan, appropriateness of care, or
26 justification of charges;

27 (v) Utilization review activities, including precertification and
28 preauthorization of services, and concurrent and retrospective review
29 of services; and

30 (vi) Disclosure to consumer reporting agencies of any of the
31 following health care information relating to collection of premiums
32 or reimbursement:

33 (A) Name and address;

34 (B) Date of birth;

35 (C) Social security number;

36 (D) Payment history;

37 (E) Account number; and

38 (F) Name and address of the health care provider, health care
39 facility, and/or third-party payor.

1 (36) "Person" means an individual, corporation, business trust,
2 estate, trust, partnership, association, joint venture, government,
3 governmental subdivision or agency, or any other legal or commercial
4 entity.

5 (37) "Professional person" has the same meaning as in RCW
6 71.05.020.

7 (38) "Psychiatric advanced ((~~registered nurse practitioner~~))
8 practice registered nurse" has the same meaning as in RCW 71.05.020.

9 (39) "Psychotherapy notes" means notes recorded, in any medium,
10 by a mental health professional documenting or analyzing the contents
11 of conversations during a private counseling session or group, joint,
12 or family counseling session, and that are separated from the rest of
13 the individual's medical record. The term excludes mediation
14 prescription and monitoring, counseling session start and stop times,
15 the modalities and frequencies of treatment furnished, results of
16 clinical tests, and any summary of the following items: Diagnosis,
17 functional status, the treatment plan, symptoms, prognosis, and
18 progress to date.

19 (40) "Reasonable fee" means the charges for duplicating or
20 searching the record, but shall not exceed 65 cents per page for the
21 first 30 pages and 50 cents per page for all other pages. In
22 addition, a clerical fee for searching and handling may be charged
23 not to exceed \$15. These amounts shall be adjusted biennially in
24 accordance with changes in the consumer price index, all consumers,
25 for Seattle-Tacoma metropolitan statistical area as determined by the
26 secretary of health. However, where editing of records by a health
27 care provider is required by statute and is done by the provider
28 personally, the fee may be the usual and customary charge for a basic
29 office visit.

30 (41) "Release" has the same meaning as in RCW 71.05.020.

31 (42) "Resource management services" has the same meaning as in
32 RCW 71.05.020.

33 (43) "Serious violent offense" has the same meaning as in RCW
34 9.94A.030.

35 (44) "Sexually transmitted infection" or "sexually transmitted
36 disease" has the same meaning as "sexually transmitted disease" in
37 RCW 70.24.017.

38 (45) "Test for a sexually transmitted disease" has the same
39 meaning as in RCW 70.24.017.

1 (46) "Third-party payor" means an insurer regulated under Title
2 48 RCW authorized to transact business in this state or other
3 jurisdiction, including a health care service contractor, and health
4 maintenance organization; or an employee welfare benefit plan,
5 excluding fitness or wellness plans; or a state or federal health
6 benefit program.

7 (47) "Treatment" means the provision, coordination, or management
8 of health care and related services by one or more health care
9 providers or health care facilities, including the coordination or
10 management of health care by a health care provider or health care
11 facility with a third party; consultation between health care
12 providers or health care facilities relating to a patient; or the
13 referral of a patient for health care from one health care provider
14 or health care facility to another.

15 (48) "Tribal public health authority" means a tribe that is
16 responsible for public health matters as a part of its official
17 mandate.

18 (49) "Tribal public health officer" means the individual
19 appointed as the health officer for the tribe.

20 (50) "Tribe" has the same meaning as in RCW 71.24.025.

21 **Sec. 5129.** RCW 70.02.230 and 2024 c 209 s 32 are each amended to
22 read as follows:

23 (1) The fact of admission to a provider for mental health
24 services and all information and records compiled, obtained, or
25 maintained in the course of providing mental health services to
26 either voluntary or involuntary recipients of services at public or
27 private agencies may not be disclosed except as provided in this
28 section, RCW 70.02.050, 71.05.445, 74.09.295, 70.02.210, 70.02.240,
29 70.02.250, 70.02.260, and 70.02.265, or pursuant to a valid
30 authorization under RCW 70.02.030.

31 (2) Information and records related to mental health services,
32 other than those obtained through treatment under chapter 71.34 RCW,
33 may be disclosed:

34 (a) In communications between qualified professional persons to
35 meet the requirements of chapter 71.05 RCW, including Indian health
36 care providers, in the provision of services or appropriate
37 referrals, or in the course of guardianship proceedings if provided
38 to a professional person:

39 (i) Employed by the facility;

(ii) Who has medical responsibility for the patient's care;
(iii) Who is a designated crisis responder;
(iv) Who is providing services under chapter 71.24 RCW;
(v) Who is employed by a state or local correctional facility where the person is confined or supervised; or
(vi) Who is providing evaluation, treatment, or follow-up services under chapter 10.77 RCW;

(b) When the communications regard the special needs of a patient and the necessary circumstances giving rise to such needs and the disclosure is made by a facility providing services to the operator of a facility in which the patient resides or will reside;

(c)(i) When the person receiving services, or his or her guardian, designates persons to whom information or records may be released, or if the person is a minor, when his or her parents make such a designation;

(ii) A public or private agency shall release to a person's next of kin, attorney, personal representative, guardian, or conservator, if any:

(A) The information that the person is presently a patient in the facility or that the person is seriously physically ill;

(B) A statement evaluating the mental and physical condition of the patient, and a statement of the probable duration of the patient's confinement, if such information is requested by the next of kin, attorney, personal representative, guardian, or conservator; and

(iii) Other information requested by the next of kin or attorney as may be necessary to decide whether or not proceedings should be instituted to appoint a guardian or conservator;

(d)(i) To the courts, including tribal courts, as necessary to the administration of chapter 71.05 RCW, or equivalent proceedings in tribal courts, or to a court ordering an evaluation or treatment under chapter 10.77 RCW solely for the purpose of preventing the entry of any evaluation or treatment order that is inconsistent with any order entered under chapter 71.05 RCW.

(ii) To a court or its designee in which a motion under chapter 10.77 RCW has been made for involuntary medication of a defendant for the purpose of competency restoration.

(iii) Disclosure under this subsection is mandatory for the purpose of the federal health insurance portability and accountability act;

1 (e)(i) When a mental health professional or designated crisis
2 responder is requested by a representative of a law enforcement or
3 corrections agency, including a police officer, sheriff, community
4 corrections officer, a municipal attorney, or prosecuting attorney to
5 undertake an investigation or provide treatment under RCW 71.05.150,
6 10.31.110, or 71.05.153, the mental health professional or designated
7 crisis responder shall, if requested to do so, advise the
8 representative in writing of the results of the investigation
9 including a statement of reasons for the decision to detain or
10 release the person investigated. The written report must be submitted
11 within 72 hours of the completion of the investigation or the request
12 from the law enforcement or corrections representative, whichever
13 occurs later.

14 (ii) Disclosure under this subsection is mandatory for the
15 purposes of the federal health insurance portability and
16 accountability act;

17 (f) To the attorney of the detained person;

18 (g) To the prosecuting attorney, including tribal prosecuting
19 attorney, as necessary to carry out the responsibilities of the
20 office under RCW 71.05.330(2), 71.05.340(1)(b), and 71.05.335. The
21 prosecutor, including tribal prosecutor, must be provided access to
22 records regarding the committed person's treatment and prognosis,
23 medication, behavior problems, and other records relevant to the
24 issue of whether treatment less restrictive than inpatient treatment
25 is in the best interest of the committed person or others.
26 Information must be disclosed only after giving notice to the
27 committed person and the person's counsel;

28 (h)(i) To appropriate law enforcement agencies, including tribal
29 law enforcement agencies, and to a person, when the identity of the
30 person is known to the public or private agency, whose health and
31 safety has been threatened, or who is known to have been repeatedly
32 harassed, by the patient. The person may designate a representative
33 to receive the disclosure. The disclosure must be made by the
34 professional person in charge of the public or private agency or his
35 or her designee and must include the dates of commitment, admission,
36 discharge, or release, authorized or unauthorized absence from the
37 agency's facility, and only any other information that is pertinent
38 to the threat or harassment. The agency or its employees are not
39 civilly liable for the decision to disclose or not, so long as the
40 decision was reached in good faith and without gross negligence.

1 Nothing in this section shall be interpreted as a waiver of sovereign
2 immunity by a tribe.

3 (ii) Disclosure under this subsection is mandatory for the
4 purposes of the federal health insurance portability and
5 accountability act;

6 (i)(i) To appropriate corrections and law enforcement agencies,
7 including tribal corrections and law enforcement agencies, all
8 necessary and relevant information in the event of a crisis or
9 emergent situation that poses a significant and imminent risk to the
10 public. The mental health service agency or its employees are not
11 civilly liable for the decision to disclose or not so long as the
12 decision was reached in good faith and without gross negligence.

13 (ii) Disclosure under this subsection is mandatory for the
14 purposes of the health insurance portability and accountability act;

15 (j) To the persons designated in RCW 71.05.425 for the purposes
16 described in those sections;

17 (k) By a care coordinator, including an Indian health care
18 provider, under RCW 71.05.585 or 10.77.175 assigned to a person
19 ordered to receive less restrictive alternative treatment for the
20 purpose of sharing information to parties necessary for the
21 implementation of proceedings under chapter 71.05 or 10.77 RCW;

22 (l) Upon the death of a person. The person's next of kin,
23 personal representative, guardian, or conservator, if any, must be
24 notified. Next of kin who are of legal age and competent must be
25 notified under this section in the following order: Spouse, parents,
26 children, brothers and sisters, and other relatives according to the
27 degree of relation. Access to all records and information compiled,
28 obtained, or maintained in the course of providing services to a
29 deceased patient are governed by RCW 70.02.140;

30 (m) To mark headstones or otherwise memorialize patients interred
31 at state hospital cemeteries. The department of social and health
32 services shall make available the name, date of birth, and date of
33 death of patients buried in state hospital cemeteries fifty years
34 after the death of a patient;

35 (n) To law enforcement officers and to prosecuting attorneys as
36 are necessary to enforce RCW 9.41.040(2)(a)(iii). The extent of
37 information that may be released is limited as follows:

38 (i) Only the fact, place, and date of involuntary commitment, an
39 official copy of any order or orders of commitment, and an official
40 copy of any written or oral notice of ineligibility to possess a

1 firearm that was provided to the person pursuant to RCW 9.41.047(1),
2 must be disclosed upon request;

3 (ii) The law enforcement and prosecuting attorneys may only
4 release the information obtained to the person's attorney as required
5 by court rule and to a jury or judge, if a jury is waived, that
6 presides over any trial at which the person is charged with violating
7 RCW 9.41.040(2)(a)(iii);

8 (iii) Tribal law enforcement officers and tribal prosecuting
9 attorneys who enforce tribal laws or tribal court orders similar to
10 RCW 9.41.040(2)(a)(v) may also receive confidential information in
11 accordance with this subsection;

12 (iv) Disclosure under this subsection is mandatory for the
13 purposes of the federal health insurance portability and
14 accountability act;

15 (o) When a patient would otherwise be subject to the provisions
16 of this section and disclosure is necessary for the protection of the
17 patient or others due to his or her unauthorized disappearance from
18 the facility, and his or her whereabouts is unknown, notice of the
19 disappearance, along with relevant information, may be made to
20 relatives, the department of corrections when the person is under the
21 supervision of the department, and governmental law enforcement
22 agencies designated by the physician or psychiatric advanced
23 (~~((registered nurse practitioner))~~) practice registered nurse in charge
24 of the patient or the professional person in charge of the facility,
25 or his or her professional designee;

26 (p) Pursuant to lawful order of a court, including a tribal
27 court;

28 (q) To qualified staff members of the department, to the
29 authority, to behavioral health administrative services
30 organizations, to managed care organizations, to resource management
31 services responsible for serving a patient, or to service providers
32 designated by resource management services as necessary to determine
33 the progress and adequacy of treatment and to determine whether the
34 person should be transferred to a less restrictive or more
35 appropriate treatment modality or facility;

36 (r) Within the mental health service agency or Indian health care
37 provider facility where the patient is receiving treatment,
38 confidential information may be disclosed to persons employed,
39 serving in bona fide training programs, or participating in

1 supervised volunteer programs, at the facility when it is necessary
2 to perform their duties;

3 (s) Within the department and the authority as necessary to
4 coordinate treatment for mental illness, developmental disabilities,
5 or substance use disorder of persons who are under the supervision of
6 the department;

7 (t) Between the department of social and health services, the
8 department of children, youth, and families, and the health care
9 authority as necessary to coordinate treatment for mental illness,
10 developmental disabilities, or substance use disorder of persons who
11 are under the supervision of the department of social and health
12 services or the department of children, youth, and families;

13 (u) To a licensed physician or psychiatric advanced ((~~registered~~
14 ~~nurse-practitioner~~)) practice registered nurse who has determined
15 that the life or health of the person is in danger and that treatment
16 without the information and records related to mental health services
17 could be injurious to the patient's health. Disclosure must be
18 limited to the portions of the records necessary to meet the medical
19 emergency;

20 (v)(i) Consistent with the requirements of the federal health
21 insurance portability and accountability act, to:

22 (A) A health care provider, including an Indian health care
23 provider, who is providing care to a patient, or to whom a patient
24 has been referred for evaluation or treatment; or

25 (B) Any other person who is working in a care coordinator role
26 for a health care facility, health care provider, or Indian health
27 care provider, or is under an agreement pursuant to the federal
28 health insurance portability and accountability act with a health
29 care facility or a health care provider and requires the information
30 and records to assure coordinated care and treatment of that patient.

31 (ii) A person authorized to use or disclose information and
32 records related to mental health services under this subsection
33 (2)(v) must take appropriate steps to protect the information and
34 records relating to mental health services.

35 (iii) Psychotherapy notes may not be released without
36 authorization of the patient who is the subject of the request for
37 release of information;

38 (w) To administrative and office support staff designated to
39 obtain medical records for those licensed professionals listed in (v)
40 of this subsection;

1 (x) To a facility that is to receive a person who is
2 involuntarily committed under chapter 71.05 RCW, or upon transfer of
3 the person from one evaluation and treatment facility to another. The
4 release of records under this subsection is limited to the
5 information and records related to mental health services required by
6 law, a record or summary of all somatic treatments, and a discharge
7 summary. The discharge summary may include a statement of the
8 patient's problem, the treatment goals, the type of treatment which
9 has been provided, and recommendation for future treatment, but may
10 not include the patient's complete treatment record;

11 (y) To the person's counsel or guardian ad litem, without
12 modification, at any time in order to prepare for involuntary
13 commitment or recommitment proceedings, reexaminations, appeals, or
14 other actions relating to detention, admission, commitment, or
15 patient's rights under chapter 71.05 RCW;

16 (z) To staff members of the protection and advocacy agency or to
17 staff members of a private, nonprofit corporation for the purpose of
18 protecting and advocating the rights of persons with mental disorders
19 or developmental disabilities. Resource management services may limit
20 the release of information to the name, birthdate, and county of
21 residence of the patient, information regarding whether the patient
22 was voluntarily admitted, or involuntarily committed, the date and
23 place of admission, placement, or commitment, the name and address of
24 a guardian of the patient, and the date and place of the guardian's
25 appointment. Any staff member who wishes to obtain additional
26 information must notify the patient's resource management services in
27 writing of the request and of the resource management services' right
28 to object. The staff member shall send the notice by mail to the
29 guardian's address. If the guardian does not object in writing within
30 fifteen days after the notice is mailed, the staff member may obtain
31 the additional information. If the guardian objects in writing within
32 fifteen days after the notice is mailed, the staff member may not
33 obtain the additional information;

34 (aa) To all current treating providers, including Indian health
35 care providers, of the patient with prescriptive authority who have
36 written a prescription for the patient within the last twelve months.
37 For purposes of coordinating health care, the department or the
38 authority may release without written authorization of the patient,
39 information acquired for billing and collection purposes as described
40 in RCW 70.02.050(1)(d). The department, or the authority, if

1 applicable, shall notify the patient that billing and collection
2 information has been released to named providers, and provide the
3 substance of the information released and the dates of such release.
4 Neither the department nor the authority may release counseling,
5 inpatient psychiatric hospitalization, or drug and alcohol treatment
6 information without a signed written release from the client;

7 (bb)(i) To the secretary of social and health services and the
8 director of the health care authority for either program evaluation
9 or research, or both so long as the secretary or director, where
10 applicable, adopts rules for the conduct of the evaluation or
11 research, or both. Such rules must include, but need not be limited
12 to, the requirement that all evaluators and researchers sign an oath
13 of confidentiality substantially as follows:

14 "As a condition of conducting evaluation or research concerning
15 persons who have received services from (fill in the facility,
16 agency, or person) I,, agree not to divulge, publish, or
17 otherwise make known to unauthorized persons or the public any
18 information obtained in the course of such evaluation or research
19 regarding persons who have received services such that the person who
20 received such services is identifiable.

21 I recognize that unauthorized release of confidential information
22 may subject me to civil liability under the provisions of state law.

23 /s/"

24 (ii) Nothing in this chapter may be construed to prohibit the
25 compilation and publication of statistical data for use by government
26 or researchers under standards, including standards to assure
27 maintenance of confidentiality, set forth by the secretary, or
28 director, where applicable;

29 (cc) To any person if the conditions in RCW 70.02.205 are met;

30 (dd) To the secretary of health for the purposes of the maternal
31 mortality review panel established in RCW 70.54.450; or

32 (ee) To a tribe or Indian health care provider to carry out the
33 requirements of RCW 71.05.150(5).

34 (3) Whenever federal law or federal regulations restrict the
35 release of information contained in the information and records
36 related to mental health services of any patient who receives
37 treatment for a substance use disorder, the department or the
38 authority may restrict the release of the information as necessary to
39 comply with federal law and regulations.

1 (4) Civil liability and immunity for the release of information
2 about a particular person who is committed to the department of
3 social and health services or the authority under RCW 71.05.280(3)
4 and 71.05.320(4)(c) after dismissal of a sex offense as defined in
5 RCW 9.94A.030, is governed by RCW 4.24.550.

6 (5) The fact of admission to a provider of mental health
7 services, as well as all records, files, evidence, findings, or
8 orders made, prepared, collected, or maintained pursuant to chapter
9 71.05 RCW are not admissible as evidence in any legal proceeding
10 outside that chapter without the written authorization of the person
11 who was the subject of the proceeding except as provided in RCW
12 70.02.260, in a subsequent criminal prosecution of a person committed
13 pursuant to RCW 71.05.280(3) or 71.05.320(4)(c) on charges that were
14 dismissed pursuant to chapter 10.77 RCW due to incompetency to stand
15 trial, in a civil commitment proceeding pursuant to chapter 71.09
16 RCW, or, in the case of a minor, a guardianship or dependency
17 proceeding. The records and files maintained in any court proceeding
18 pursuant to chapter 71.05 RCW must be confidential and available
19 subsequent to such proceedings in accordance with RCW 71.05.620. In
20 addition, the court may order the subsequent release or use of such
21 records or files only upon good cause shown if the court finds that
22 appropriate safeguards for strict confidentiality are and will be
23 maintained.

24 (6)(a) Except as provided in RCW 4.24.550, any person may bring
25 an action against an individual who has willfully released
26 confidential information or records concerning him or her in
27 violation of the provisions of this section, for the greater of the
28 following amounts:

29 (i) One thousand dollars; or

30 (ii) Three times the amount of actual damages sustained, if any.

31 (b) It is not a prerequisite to recovery under this subsection
32 that the plaintiff suffered or was threatened with special, as
33 contrasted with general, damages.

34 (c) Any person may bring an action to enjoin the release of
35 confidential information or records concerning him or her or his or
36 her ward, in violation of the provisions of this section, and may in
37 the same action seek damages as provided in this subsection.

38 (d) The court may award to the plaintiff, should he or she
39 prevail in any action authorized by this subsection, reasonable
40 attorney fees in addition to those otherwise provided by law.

(e) If an action is brought under this subsection, no action may be brought under RCW 70.02.170.

Sec. 5130. RCW 70.24.115 and 2024 c 248 s 4 are each amended to read as follows:

(1) Notwithstanding any other law, a health care provider who diagnoses a case of sexually transmitted chlamydia, gonorrhea, trichomoniasis, or other sexually transmitted infection, as determined by the department or recommended in the most recent federal centers for disease control and prevention guidelines for the prevention or treatment of sexually transmitted diseases, in an individual patient may prescribe, dispense, furnish, or otherwise provide prescription antibiotic drugs to the individual patient's sexual partner or partners without examination of that patient's partner or partners or having an established provider and patient relationship with the partner or partners. This practice shall be known as expedited partner therapy.

(2) A health care provider may provide expedited partner therapy as outlined in subsection (1) of this section if all the following requirements are met:

(a) The patient has a confirmed laboratory test result, or direct observation of clinical signs or assessment of clinical data by a health care provider confirming the person has, or is likely to have, a sexually transmitted infection;

(b) The patient indicates that the individual has a partner or partners with whom the patient has engaged in sexual activity within the 60-day period immediately before the diagnosis of a sexually transmitted infection; and

(c) The patient indicates that the partner or partners of the individual are unable or unlikely to seek clinical services in a timely manner.

(3) A prescribing health care provider may prescribe, dispense, furnish, or otherwise provide medication to the diagnosed patient as outlined in subsection (1) of this section for the patient to deliver to the exposed sexual partner or partners of the patient in order to prevent reinfection in the diagnosed patient.

(4) If a health care provider does not have the name of a patient's sexual partner for a drug prescribed under subsection (1) of this section, the prescription shall include the words "expedited partner therapy" or "EPT."

1 (5) A health care provider shall not be liable in a medical
2 malpractice action or professional disciplinary action if the health
3 care provider's use of expedited partner therapy is in compliance
4 with this section, except in cases of intentional misconduct, gross
5 negligence, or wanton or reckless activity.

6 (6) The department may adopt rules necessary to implement this
7 section.

8 (7) For the purpose of this section, "health care provider" means
9 a physician under chapter 18.71 RCW, an osteopathic physician or an
10 osteopathic physician and surgeon under chapter 18.57 RCW, or a
11 registered nurse, advanced (~~((registered nurse practitioner))~~) practice
12 registered nurse, or licensed practical nurse under chapter 18.79
13 RCW.

14 **Sec. 5131.** RCW 70.30.061 and 1999 c 172 s 5 are each amended to
15 read as follows:

16 Any person residing in the state and needing treatment for
17 tuberculosis may apply in person to the local health officer or to
18 any licensed physician, advanced (~~((registered nurse practitioner))~~)
19 practice registered nurse, or licensed physician assistant for
20 examination and if that health care provider has reasonable cause to
21 believe that the person is suffering from tuberculosis in any form he
22 or she may apply to the local health officer or designee for
23 admission of the person to an appropriate facility for the care and
24 treatment of tuberculosis.

25 **Sec. 5132.** RCW 70.41.230 and 2019 c 104 s 1, 2019 c 55 s 15, and
26 2019 c 49 s 1 are each reenacted and amended to read as follows:

27 (1) Except as provided in subsection (3) of this section, prior
28 to granting or renewing clinical privileges or association of any
29 physician, physician assistant, or advanced (~~((registered nurse~~
30 ~~practitioner))~~) practice registered nurse or hiring a physician,
31 physician assistant, or advanced (~~((registered nurse practitioner))~~)
32 practice registered nurse who will provide clinical care under his or
33 her license, a hospital or facility approved pursuant to this chapter
34 shall request from the physician, physician assistant, or advanced
35 (~~((registered nurse practitioner))~~) practice registered nurse and the
36 physician, physician assistant, or advanced (~~((registered nurse~~
37 ~~practitioner))~~) practice registered nurse shall provide the following
38 information:

1 (a) The name of any hospital or facility with or at which the
2 physician, physician assistant, or advanced ~~((registered nurse~~
3 ~~practitioner))~~ practice registered nurse had or has any association,
4 employment, privileges, or practice during the prior five years:
5 PROVIDED, That the hospital may request additional information going
6 back further than five years, and the physician, physician assistant,
7 or advanced ~~((registered nurse practitioner))~~ practice registered
8 nurse shall use his or her best efforts to comply with such a request
9 for additional information;

10 (b) Whether the physician, physician assistant, or advanced
11 ~~((registered nurse practitioner))~~ practice registered nurse has ever
12 been or is in the process of being denied, revoked, terminated,
13 suspended, restricted, reduced, limited, sanctioned, placed on
14 probation, monitored, or not renewed for any professional activity
15 listed in (b)(i) through (x) of this subsection, or has ever
16 voluntarily or involuntarily relinquished, withdrawn, or failed to
17 proceed with an application for any professional activity listed in
18 (b)(i) through (x) of this subsection in order to avoid an adverse
19 action or to preclude an investigation or while under investigation
20 relating to professional competence or conduct:

21 (i) License to practice any profession in any jurisdiction;

22 (ii) Other professional registration or certification in any
23 jurisdiction;

24 (iii) Specialty or subspecialty board certification;

25 (iv) Membership on any hospital medical staff;

26 (v) Clinical privileges at any facility, including hospitals,
27 ambulatory surgical centers, or skilled nursing facilities;

28 (vi) Medicare, medicaid, the food and drug administration, the
29 national institute ~~((of health))~~ s of health (office of human research
30 protection), governmental, national, or international regulatory
31 agency, or any public program;

32 (vii) Professional society membership or fellowship;

33 (viii) Participation or membership in a health maintenance
34 organization, preferred provider organization, independent practice
35 association, physician-hospital organization, or other entity;

36 (ix) Academic appointment;

37 (x) Authority to prescribe controlled substances (drug
38 enforcement agency or other authority);

39 (c) Any pending professional medical misconduct proceedings or
40 any pending medical malpractice actions in this state or another

1 state, the substance of the allegations in the proceedings or
2 actions, and any additional information concerning the proceedings or
3 actions as the physician, physician assistant, or advanced
4 (~~((registered nurse practitioner))~~) practice registered nurse deems
5 appropriate;

6 (d) The substance of the findings in the actions or proceedings
7 and any additional information concerning the actions or proceedings
8 as the physician, physician assistant, or advanced (~~((registered nurse~~
9 ~~practitioner))~~) practice registered nurse deems appropriate;

10 (e) A waiver by the physician, physician assistant, or advanced
11 (~~((registered nurse practitioner))~~) practice registered nurse of any
12 confidentiality provisions concerning the information required to be
13 provided to hospitals pursuant to this subsection; and

14 (f) A verification by the physician, physician assistant, or
15 advanced (~~((registered nurse practitioner))~~) practice registered nurse
16 that the information provided by the physician, physician assistant,
17 or advanced (~~((registered nurse practitioner))~~) practice registered
18 nurse is accurate and complete.

19 (2) Except as provided in subsection (3) of this section, prior
20 to granting privileges or association to any physician, physician
21 assistant, or advanced (~~((registered nurse practitioner))~~) practice
22 registered nurse or hiring a physician, physician assistant, or
23 advanced (~~((registered nurse practitioner))~~) practice registered nurse
24 who will provide clinical care under his or her license, a hospital
25 or facility approved pursuant to this chapter shall request from any
26 hospital with or at which the physician, physician assistant, or
27 advanced (~~((registered nurse practitioner))~~) practice registered nurse
28 had or has privileges, was associated, or was employed, during the
29 preceding five years, the following information concerning the
30 physician, physician assistant, or advanced (~~((registered nurse~~
31 ~~practitioner))~~) practice registered nurse:

32 (a) Any pending professional medical misconduct proceedings or
33 any pending medical malpractice actions, in this state or another
34 state;

35 (b) Any judgment or settlement of a medical malpractice action
36 and any finding of professional misconduct in this state or another
37 state by a licensing or disciplinary board; and

38 (c) Any information required to be reported by hospitals pursuant
39 to RCW 18.71.0195.

(3) In lieu of the requirements of subsections (1) and (2) of this section, when granting or renewing credentials and privileges or association of any physician, physician assistant, or advanced ~~((registered nurse practitioner))~~ practice registered nurse providing telemedicine or store and forward services, an originating site hospital may rely on a distant site hospital's decision to grant or renew credentials and clinical privileges or association of the physician, physician assistant, or advanced ~~((registered nurse practitioner))~~ practice registered nurse if the originating site hospital obtains reasonable assurances, through a written agreement with the distant site hospital, that all of the following provisions are met:

(a) The distant site hospital providing the telemedicine or store and forward services is a medicare participating hospital;

(b) Any physician, physician assistant, or advanced ~~((registered nurse practitioner))~~ practice registered nurse providing telemedicine or store and forward services at the distant site hospital will be fully credentialed and privileged to provide such services by the distant site hospital;

(c) Any physician, physician assistant, or advanced ~~((registered nurse practitioner))~~ practice registered nurse providing telemedicine or store and forward services will hold and maintain a valid license to perform such services issued or recognized by the state of Washington; and

(d) With respect to any distant site physician, physician assistant, or advanced ~~((registered nurse practitioner))~~ practice registered nurse who holds current credentials and privileges at the originating site hospital whose patients are receiving the telemedicine or store and forward services, the originating site hospital has evidence of an internal review of the distant site physician's, physician assistant's, or advanced ~~((registered nurse practitioner's))~~ practice registered nurse's performance of these credentials and privileges and sends the distant site hospital such performance information for use in the periodic appraisal of the distant site physician, physician assistant, or advanced ~~((registered nurse practitioner))~~ practice registered nurse. At a minimum, this information must include all adverse events, as defined in RCW 70.56.010, that result from the telemedicine or store and forward services provided by the distant site physician, physician assistant, or advanced ~~((registered nurse practitioner))~~ practice registered

1 nurse to the originating site hospital's patients and all complaints
2 the originating site hospital has received about the distant site
3 physician, physician assistant, or advanced ((~~registered nurse~~
4 ~~practitioner~~)) practice registered nurse.

5 (4)(a) The Washington medical commission or the board of
6 osteopathic medicine and surgery shall be advised within thirty days
7 of the name of any physician or physician assistant denied staff
8 privileges, association, or employment on the basis of adverse
9 findings under subsection (1) of this section.

10 (b) The ((~~nursing care quality assurance commission~~)) state board
11 of nursing shall be advised within thirty days of the name of any
12 advanced ((~~registered nurse practitioner~~)) practice registered nurse
13 denied staff privileges, association, or employment on the basis of
14 adverse findings under subsection (1) of this section.

15 (5) A hospital or facility that receives a request for
16 information from another hospital or facility pursuant to subsections
17 (1) through (3) of this section shall provide such information
18 concerning the physician, physician assistant, or advanced
19 ((~~registered nurse practitioner~~)) practice registered nurse in
20 question to the extent such information is known to the hospital or
21 facility receiving such a request, including the reasons for
22 suspension, termination, or curtailment of employment or privileges
23 at the hospital or facility. A hospital, facility, or other person
24 providing such information in good faith is not liable in any civil
25 action for the release of such information.

26 (6) Information and documents, including complaints and incident
27 reports, created specifically for, and collected, and maintained by a
28 quality improvement committee are not subject to discovery or
29 introduction into evidence in any civil action, and no person who was
30 in attendance at a meeting of such committee or who participated in
31 the creation, collection, or maintenance of information or documents
32 specifically for the committee shall be permitted or required to
33 testify in any civil action as to the content of such proceedings or
34 the documents and information prepared specifically for the
35 committee. This subsection does not preclude: (a) In any civil
36 action, the discovery of the identity of persons involved in the
37 medical care that is the basis of the civil action whose involvement
38 was independent of any quality improvement activity; (b) in any civil
39 action, the testimony of any person concerning the facts which form
40 the basis for the institution of such proceedings of which the person

1 had personal knowledge acquired independently of such proceedings;
2 (c) in any civil action by a health care provider regarding the
3 restriction or revocation of that individual's clinical or staff
4 privileges, introduction into evidence information collected and
5 maintained by quality improvement committees regarding such health
6 care provider; (d) in any civil action, disclosure of the fact that
7 staff privileges were terminated or restricted, including the
8 specific restrictions imposed, if any and the reasons for the
9 restrictions; or (e) in any civil action, discovery and introduction
10 into evidence of the patient's medical records required by regulation
11 of the department of health to be made regarding the care and
12 treatment received.

13 (7) Hospitals shall be granted access to information held by the
14 Washington medical commission, the board of osteopathic medicine and
15 surgery, and the (~~nursing care quality assurance commission~~) state
16 board of nursing pertinent to decisions of the hospital regarding
17 credentialing and recredentialing of practitioners.

18 (8) Violation of this section shall not be considered negligence
19 per se.

20 **Sec. 5133.** RCW 70.41.410 and 2023 c 114 s 2 are each amended to
21 read as follows:

22 The definitions in this section apply throughout this
23 section((~~r~~)) and RCW 70.41.420((~~r~~)) and 70.41.425 unless the context
24 clearly requires otherwise.

25 (1) "Hospital" has the same meaning as defined in RCW 70.41.020,
26 and also includes state hospitals as defined in RCW 72.23.010.

27 (2) "Hospital staffing committee" means the committee established
28 by a hospital under RCW 70.41.420.

29 (3) "Intensity" means the level of patient need for nursing care,
30 as determined by the nursing assessment.

31 (4) "Nursing assistant-certified" means an individual certified
32 under chapter 18.88A RCW who provides direct care to patients.

33 (5) "Nursing staff" means registered nurses, licensed practical
34 nurses, nursing assistants-certified, and unlicensed assistive
35 nursing personnel providing direct patient care.

36 (6) "Patient care staff" means a person who is providing direct
37 care or supportive services to patients but who is not:

38 (a) Nursing staff as defined in this section;

39 (b) A physician licensed under chapter 18.71 or 18.57 RCW;

(c) A physician's assistant licensed under chapter 18.71A RCW; or
(d) An advanced (~~((registered nurse practitioner))~~) practice registered nurse licensed under RCW 18.79.250, unless working as a direct care registered nurse.

(7) "Patient care unit" means any unit or area of the hospital that provides patient care by registered nurses.

(8) "Reasonable efforts" means that the employer exhausts and documents all of the following but is unable to obtain staffing coverage:

(a) Seeks individuals to consent to work additional time from all available qualified staff who are working;

(b) Contacts qualified employees who have made themselves available to work additional time;

(c) Seeks the use of per diem staff; and

(d) When practical, seeks personnel from a contracted temporary agency when such staffing is permitted by law or an applicable collective bargaining agreement, and when the employer regularly uses a contracted temporary agency.

(9) "Registered nurse" means an individual licensed as a nurse under chapter 18.79 RCW who provides direct care to patients.

(10) "Skill mix" means the experience of, and number and relative percentages of, nursing and patient care staff.

(11) "Unforeseeable emergent circumstance" means:

(a) Any unforeseen declared national, state, or municipal emergency;

(b) When a hospital disaster plan is activated;

(c) Any unforeseen disaster or other catastrophic event that substantially affects or increases the need for health care services; or

(d) When a hospital is diverting patients to another hospital or hospitals for treatment.

Sec. 5134. RCW 70.47.210 and 2006 c 367 s 7 are each amended to read as follows:

(1) Any schedule of benefits established or renewed by the Washington basic health plan after December 31, 2006, shall provide coverage for prostate cancer screening, provided that the screening is delivered upon the recommendation of the patient's physician, advanced (~~((registered nurse practitioner))~~) practice registered nurse, or physician assistant.

(2) This section shall not be construed to prevent the application of standard policy provisions applicable to other benefits, such as deductible or copayment provisions. This section does not limit the authority of the health care authority to negotiate rates and contract with specific providers for the delivery of prostate cancer screening services.

Sec. 5135. RCW 70.48.135 and 2018 c 41 s 2 are each amended to read as follows:

(1) Jails must make reasonable accommodations for the provision of available midwifery or doula services to inmates who are pregnant or who have given birth in the last six weeks. Persons providing midwifery or doula services must be granted appropriate facility access, must be allowed to attend and provide assistance during labor and childbirth where feasible, and must have access to the inmate's relevant health care information, as defined in RCW 70.02.010, if the inmate authorizes disclosure.

(2) For purposes of this section, the following definitions apply:

(a) "Doula services" are services provided by a trained doula and designed to provide physical, emotional, or informational support to a pregnant woman before, during, and after delivery of a child. Doula services may include, but are not limited to: Support and assistance during labor and childbirth; prenatal and postpartum education; breastfeeding assistance; parenting education; and support in the event that a woman has been or will become separated from her child.

(b) "Midwifery services" means medical aid rendered by a midwife to a woman during prenatal, intrapartum, or postpartum stages or to a woman's newborn up to two weeks of age.

(c) "Midwife" means a midwife licensed under chapter 18.50 RCW or an advanced ~~((registered nurse practitioner))~~ practice registered nurse licensed under chapter 18.79 RCW.

(3) Nothing in this section requires governing units to establish or provide funding for midwifery or doula services, or prevents the adoption of policy guidelines for the delivery of midwifery or doula services to inmates. Services provided under this section may not supplant health care services routinely provided to the inmate.

Sec. 5136. RCW 70.48.490 and 2009 c 411 s 4 are each amended to read as follows:

1 Jails may provide for the delivery and administration of
2 medications and medication assistance for inmates in their custody by
3 nonpractitioner jail personnel, subject to the following conditions:

4 (1) The jail administrator or his or her designee, or chief law
5 enforcement executive or his or her designee, shall enter into an
6 agreement between the jail and a licensed pharmacist, pharmacy, or
7 other licensed practitioner or health care facility to ensure access
8 to pharmaceutical services on a twenty-four hour a day basis,
9 including consultation and dispensing services.

10 (2) The jail administrator or chief law enforcement executive
11 shall adopt policies which address the designation and training of
12 nonpractitioner jail personnel who may deliver and administer
13 medications or provide medication assistance to inmates as provided
14 in this chapter. The policies must address the administration of
15 prescriptions from licensed practitioners prescribing within the
16 scope of their prescriptive authority, the identification of
17 medication to be delivered and administered or administered through
18 medication assistance, the means of securing medication with
19 attention to the safeguarding of legend drugs, and the means of
20 maintaining a record of the delivery, administration, self-
21 administration, or medication assistance of all medication. The jail
22 administrator or chief law enforcement executive shall designate a
23 physician licensed under chapter 18.71 RCW, or a registered nurse or
24 advanced ((~~registered nurse practitioner~~)) practice registered nurse
25 licensed under chapter 18.79 RCW, to train the designated
26 nonpractitioner jail personnel in proper medication procedures and
27 monitor their compliance with the procedures.

28 (3) The jail administrator or chief law enforcement executive
29 shall consult with one or more pharmacists, and one or more licensed
30 physicians or nurses, in the course of developing the policies
31 described in subsections (1) and (2) of this section. A jail shall
32 provide the Washington association of sheriffs and police chiefs with
33 a copy of the jail's current policies regarding medication
34 management.

35 (4) The practitioner or nonpractitioner jail personnel
36 delivering, administering, or providing medication assistance is in
37 receipt of (a) for prescription drugs, a written, current, and
38 unexpired prescription, and instructions for administration from a
39 licensed practitioner prescribing within the scope of his or her
40 prescriptive authority for administration of the prescription drug;

(b) for nonprescription drugs, a written, current, and unexpired instruction from a licensed practitioner regarding the administration of the nonprescription drug; and (c) for minors under the age of eighteen, a written, current consent from the minor's parent, legal guardian, or custodian consenting to the administration of the medication.

(5) Nonpractitioner jail personnel may help in the preparation of legend drugs or controlled substances for self-administration where a practitioner has determined and communicated orally or by written direction that the medication preparation assistance is necessary and appropriate. Medication assistance shall not include assistance with intravenous medications or injectable medications.

(6) Nonpractitioner jail personnel shall not include inmates.

(7) All medication is delivered and administered and all medication assistance is provided by a practitioner or nonpractitioner jail personnel pursuant to the policies adopted in this section, and in compliance with the prescription of a practitioner prescribing within the scope of his or her prescriptive authority, or the written instructions as provided in this section.

(8) The jail administrator or the chief law enforcement executive shall ensure that all nonpractitioner jail personnel authorized to deliver, administer, and provide medication assistance are trained pursuant to the policies adopted in this section prior to being permitted to deliver, administer, or provide medication assistance to an inmate.

Sec. 5137. RCW 70.54.400 and 2020 c 80 s 46 are each amended to read as follows:

(1) For purposes of this section:

(a) "Customer" means an individual who is lawfully on the premises of a retail establishment.

(b) "Eligible medical condition" means:

(i) Crohn's disease, ulcerative colitis, or any other inflammatory bowel disease;

(ii) Irritable bowel syndrome;

(iii) Any condition requiring use of an ostomy device; or

(iv) Any permanent or temporary medical condition that requires immediate access to a restroom.

(c) "Employee restroom" means a restroom intended for employees only in a retail facility and not intended for customers.

1 (d) "Health care provider" means an advanced (~~registered nurse~~
2 ~~practitioner~~) practice registered nurse licensed under chapter 18.79
3 RCW, an osteopathic physician or surgeon licensed under chapter 18.57
4 RCW, a physician or surgeon licensed under chapter 18.71 RCW, or a
5 physician assistant licensed under chapter 18.71A RCW.

6 (e) "Retail establishment" means a place of business open to the
7 general public for the sale of goods or services. Retail
8 establishment does not include any structure such as a filling
9 station, service station, or restaurant of eight hundred square feet
10 or less that has an employee restroom located within that structure.

11 (2) A retail establishment that has an employee restroom must
12 allow a customer with an eligible medical condition to use that
13 employee restroom during normal business hours if:

14 (a) The customer requesting the use of the employee restroom
15 provides in writing either:

16 (i) A signed statement by the customer's health care provider on
17 a form that has been prepared by the department of health under
18 subsection (4) of this section; or

19 (ii) An identification card that is issued by a nonprofit
20 organization whose purpose includes serving individuals who suffer
21 from an eligible medical condition; and

22 (b) One of the following conditions are met:

23 (i) The employee restroom is reasonably safe and is not located
24 in an area where providing access would create an obvious health or
25 safety risk to the customer; or

26 (ii) Allowing the customer to access the restroom facility does
27 not pose a security risk to the retail establishment or its
28 employees.

29 (3) A retail establishment that has an employee restroom must
30 allow a customer to use that employee restroom during normal business
31 hours if:

32 (a)(i) Three or more employees of the retail establishment are
33 working at the time the customer requests use of the employee
34 restroom; and

35 (ii) The retail establishment does not normally make a restroom
36 available to the public; and

37 (b)(i) The employee restroom is reasonably safe and is not
38 located in an area where providing access would create an obvious
39 health or safety risk to the customer; or

1 (ii) Allowing the customer to access the employee restroom does
2 not pose a security risk to the retail establishment or its
3 employees.

4 (4) The department of health shall develop a standard electronic
5 form that may be signed by a health care provider as evidence of the
6 existence of an eligible medical condition as required by subsection
7 (2) of this section. The form shall include a brief description of a
8 customer's rights under this section and shall be made available for
9 a customer or his or her health care provider to access by computer.
10 Nothing in this section requires the department to distribute printed
11 versions of the form.

12 (5) Fraudulent use of a form as evidence of the existence of an
13 eligible medical condition is a misdemeanor punishable under RCW
14 9A.20.010.

15 (6) For a first violation of this section, the city or county
16 attorney shall issue a warning letter to the owner or operator of the
17 retail establishment, and to any employee of a retail establishment
18 who denies access to an employee restroom in violation of this
19 section, informing the owner or operator of the establishment and
20 employee of the requirements of this section. A retail establishment
21 or an employee of a retail establishment that violates this section
22 after receiving a warning letter is guilty of a class 2 civil
23 infraction under chapter 7.80 RCW.

24 (7) A retail establishment is not required to make any physical
25 changes to an employee restroom under this section and may require
26 that an employee accompany a customer or a customer with an eligible
27 medical condition to the employee restroom.

28 (8) A retail establishment or an employee of a retail
29 establishment is not civilly liable for any act or omission in
30 allowing a customer or a customer with an eligible medical condition
31 to use an employee restroom if the act or omission meets all of the
32 following:

33 (a) It is not willful or grossly negligent;

34 (b) It occurs in an area of the retail establishment that is not
35 accessible to the public; and

36 (c) It results in an injury to or death of the customer or the
37 customer with an eligible medical condition or any individual other
38 than an employee accompanying the customer or the customer with an
39 eligible medical condition.

1 **Sec. 5138.** RCW 70.58A.010 and 2020 c 312 s 729 are each amended
2 to read as follows:

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

5 (1) "Adult" means a person who is at least eighteen years of age,
6 or an emancipated minor under chapter 13.64 RCW.

7 (2) "Amendment" means a change to a certification item on the
8 vital record.

9 (3) "Authorized representative" means a person permitted to
10 receive a certification who is:

11 (a) Identified in a notarized statement signed by a qualified
12 applicant; or

13 (b) An agent identified in a power of attorney as defined in
14 chapter 11.125 RCW.

15 (4) "Certification" means the document, in either paper or
16 electronic format, containing all or part of the information
17 contained in the original vital record from which the document is
18 derived, and is issued from the central vital records system. A
19 certification includes an attestation by the state or local registrar
20 to the accuracy of information, and has the full force and effect of
21 the original vital record.

22 (5) "Certification item" means any item of information that
23 appears on certifications.

24 (6) "Coroner" means the person elected or appointed in a county
25 under chapter 36.16 RCW to serve as the county coroner and fulfill
26 the responsibilities established under chapter 36.24 RCW.

27 (7) "Cremated remains" has the same meaning as "cremated human
28 remains" in chapter 68.04 RCW.

29 (8) "Delayed report of live birth" means the report submitted to
30 the department for the purpose of registering the live birth of a
31 person born in state that was not registered within one year of the
32 date of live birth.

33 (9) "Department" means the department of health.

34 (10) "Domestic partner" means a party to a state registered
35 domestic partnership established under chapter 26.60 RCW.

36 (11) "Facility" means any licensed establishment, public or
37 private, located in state, which provides inpatient or outpatient
38 medical, surgical, or diagnostic care or treatment; or nursing,
39 custodial, or domiciliary care. The term also includes establishments
40 to which persons are committed by law including, but not limited to:

1 (a) Mental illness detention facilities designated to assess,
2 diagnose, and treat individuals detained or committed, under chapter
3 71.05 RCW;

4 (b) City and county jails;

5 (c) State department of corrections facilities; and

6 (d) Juvenile correction centers governed by Title 72 RCW.

7 (12) "Fetal death" means any product of conception that shows no
8 evidence of life, such as breathing, beating of the heart, pulsation
9 of the umbilical cord, or definite movement of voluntary muscles
10 after complete expulsion or extraction from the individual who gave
11 birth that is not an induced termination of pregnancy and:

12 (a) Has completed twenty or more weeks of gestation as calculated
13 from the date the last menstrual period of the individual who gave
14 birth began, to the date of expulsion or extraction; or

15 (b) Weighs three hundred fifty grams or more, if weeks of
16 gestation are not known.

17 (13) "Final disposition" means the burial, interment, entombment,
18 cremation, removal from the state, or other manner of disposing of
19 human remains as authorized under chapter 68.50 RCW.

20 (14) "Funeral director" means a person licensed under chapter
21 18.39 RCW as a funeral director.

22 (15) "Funeral establishment" means a place of business licensed
23 under chapter 18.39 RCW as a funeral establishment.

24 (16) "Government agencies" include state boards, commissions,
25 committees, departments, educational institutions, or other state
26 agencies which are created by or pursuant to statute, other than
27 courts and the legislature; county or city agencies, United States
28 federal agencies, and federally recognized tribes and tribal
29 organizations.

30 (17) "Human remains" means the body of a deceased person,
31 includes the body in any stage of decomposition, and includes
32 cremated human remains, but does not include human remains that are
33 or were at any time under the jurisdiction of the state physical
34 anthropologist under chapter 27.44 RCW.

35 (18) "Individual" means a natural person.

36 (19) "Induced termination of pregnancy" means the purposeful
37 interruption of an intrauterine pregnancy with an intention other
38 than to produce a live-born infant, and which does not result in a
39 live birth.

1 (20) "Informational copy" means a birth or death record issued
2 from the central vital records system, containing all or part of the
3 information contained in the original vital record from which the
4 document is derived, and indicating it cannot be used for legal
5 purposes on its face.

6 (21) "Legal guardian" means a person who serves as a guardian for
7 the purpose of either legal or custodial matters, or both, relating
8 to the person for whom the guardian is appointed. The term legal
9 guardian includes, but is not limited to, guardians appointed
10 pursuant to chapters 11.130 and 13.36 RCW.

11 (22) "Legal representative" means a licensed attorney
12 representing either the subject of the record or qualified applicant.

13 (23) "Live birth" means the complete expulsion or extraction of a
14 product of human conception from the individual who gave birth,
15 irrespective of the duration of pregnancy, which, after such
16 expulsion or extraction, breathes or shows any other evidence of
17 life, such as beating of the heart, pulsation of the umbilical cord,
18 or definite movement of voluntary muscles.

19 (24) "Local health officer" has the same meaning as in chapter
20 70.05 RCW.

21 (25) "Medical certifier" for a death or fetal death means an
22 individual required to attest to the cause of death information
23 provided on a report of death or fetal death. Each individual
24 certifying cause of death or fetal death may certify cause of death
25 only as permitted by that individual's professional scope of
26 practice. These individuals include:

27 (a) A physician, physician's assistant, or an advanced
28 (~~((registered nurse practitioner))~~) practice registered nurse last in
29 attendance at death or who treated the decedent through examination,
30 medical advice, or medications within the twelve months preceding the
31 death;

32 (b) A midwife, only in cases of fetal death; and

33 (c) A physician performing an autopsy, when the decedent was not
34 treated within the last twelve months and the person died a natural
35 death.

36 (26) "Medical examiner" means the person appointed under chapter
37 36.24 RCW to fulfill the responsibilities established under chapter
38 36.24 RCW.

39 (27) "Midwife" means a person licensed to practice midwifery
40 pursuant to chapter 18.50 RCW.

1 (28) "Physician" means a person licensed to practice medicine,
2 naturopathy, or osteopathy pursuant to Title 18 RCW.

3 (29) "Registration" or "register" means the process by which a
4 report is approved and incorporated as a vital record into the vital
5 records system.

6 (30) "Registration date" means the month, day, and year a report
7 is incorporated into the vital records system.

8 (31) "Report" means an electronic or paper document containing
9 information related to a vital life event for the purpose of
10 registering the vital life event.

11 (32) "Sealed record" means the original record of a vital life
12 event and the evidence submitted to support a change to the original
13 record.

14 (33) "Secretary" means the secretary of the department of health.

15 (34) "State" means Washington state unless otherwise specified.

16 (35) "State registrar" means the person appointed by the
17 secretary to administer the vital records system under RCW
18 70.58A.030.

19 (36) "Territory of the United States" means American Samoa, the
20 Commonwealth of the Northern Mariana Islands, the Commonwealth of
21 Puerto Rico, Guam, and the United States Virgin Islands.

22 (37) "Vital life event" means a birth, death, fetal death,
23 marriage, dissolution of marriage, dissolution of domestic
24 partnership, declaration of invalidity of marriage, declaration of
25 invalidity of domestic partnership, and legal separation.

26 (38) "Vital record" or "record" means a report of a vital life
27 event that has been registered and supporting documentation.

28 (39) "Vital records system" means the statewide system created,
29 operated, and maintained by the department under this chapter.

30 (40) "Vital statistics" means the aggregated data derived from
31 vital records, including related reports, and supporting
32 documentation.

33 **Sec. 5139.** RCW 70.122.051 and 2006 c 108 s 6 are each amended to
34 read as follows:

35 (1) For the purposes of this section, "provider" means a
36 physician, advanced ((~~registered nurse practitioner~~)) practice
37 registered nurse, health care provider acting under the direction of
38 a physician or an advanced ((~~registered nurse practitioner~~)) practice

1 registered nurse, or health care facility, as defined in this chapter
2 or in chapter 71.32 RCW, and its personnel.

3 (2) Any provider who participates in good faith in the
4 withholding or withdrawal of life-sustaining treatment from a
5 qualified patient in accordance with the requirements of this
6 chapter, shall be immune from legal liability, including civil,
7 criminal, or professional conduct sanctions, unless otherwise
8 negligent.

9 (3) The establishment of a health care declarations registry does
10 not create any new or distinct obligation for a provider to determine
11 whether a patient has a health care declaration.

12 (4) A provider is not subject to civil or criminal liability or
13 sanctions for unprofessional conduct under the uniform disciplinary
14 act, chapter 18.130 RCW, when in good faith and without negligence:

15 (a) The provider provides, does not provide, withdraws, or
16 withholds treatment to a patient in the absence of actual knowledge
17 of the existence of a health care declaration stored in the health
18 care declarations registry established in RCW 70.122.130;

19 (b) The provider provides, does not provide, withdraws, or
20 withholds treatment pursuant to a health care declaration stored in
21 the health care declarations registry established in RCW 70.122.130
22 in the absence of actual knowledge of the revocation of the
23 declaration;

24 (c) The provider provides, does not provide, withdraws, or
25 withholds treatment according to a health care declaration stored in
26 the health care declarations registry established in RCW 70.122.130
27 in good faith reliance upon the validity of the health care
28 declaration and the declaration is subsequently found to be invalid;
29 or

30 (d) The provider provides, does not provide, withdraws, or
31 withholds treatment according to the patient's health care
32 declaration stored in the health care declarations registry
33 established in RCW 70.122.130.

34 (5) Except for acts of gross negligence, willful misconduct, or
35 intentional wrongdoing, the department of health is not subject to
36 civil liability for any claims or demands arising out of the
37 administration or operation of the health care declarations registry
38 established in RCW 70.122.130.

1 **Sec. 5140.** RCW 70.122.130 and 2016 c 209 s 406 are each amended
2 to read as follows:

3 (1) The department of health shall establish and maintain a
4 statewide health care declarations registry containing the health
5 care declarations identified in subsection (2) of this section as
6 submitted by residents of Washington. The department shall digitally
7 reproduce and store health care declarations in the registry. The
8 department may establish standards for individuals to submit
9 digitally reproduced health care declarations directly to the
10 registry, but is not required to review the health care declarations
11 that it receives to ensure they comply with the particular statutory
12 requirements applicable to the document. The department may contract
13 with an organization that meets the standards identified in this
14 section.

15 (2)(a) An individual may submit any of the following health care
16 declarations to the department of health to be digitally reproduced
17 and stored in the registry:

18 (i) A directive, as defined by this chapter;

19 (ii) A durable power of attorney for health care, as authorized
20 in chapter 11.125 RCW;

21 (iii) A mental health advance directive, as defined by chapter
22 71.32 RCW; or

23 (iv) A form adopted pursuant to the department of health's
24 authority in RCW 43.70.480.

25 (b) Failure to submit a health care declaration to the department
26 of health does not affect the validity of the declaration.

27 (c) Failure to notify the department of health of a valid
28 revocation of a health care declaration does not affect the validity
29 of the revocation.

30 (d) The entry of a health care directive in the registry under
31 this section does not:

32 (i) Affect the validity of the document;

33 (ii) Take the place of any requirements in law necessary to make
34 the submitted document legal; or

35 (iii) Create a presumption regarding the validity of the
36 document.

37 (3) The department of health shall prescribe a procedure for an
38 individual to revoke a health care declaration contained in the
39 registry.

40 (4) The registry must:

1 (a) Be maintained in a secure database that is accessible through
2 a website maintained by the department of health;

3 (b) Send annual electronic messages to individuals that have
4 submitted health care declarations to request that they review the
5 registry materials to ensure that it is current;

6 (c) Provide individuals who have submitted one or more health
7 care declarations with access to their documents and the ability to
8 revoke their documents at all times; and

9 (d) Provide the personal representatives of individuals who have
10 submitted one or more health care declarations to the registry,
11 attending physicians, advanced (~~((registered nurse practitioners))~~)
12 practice registered nurses, health care providers licensed by a
13 disciplining authority identified in RCW 18.130.040 who is acting
14 under the direction of a physician or an advanced (~~((registered nurse practitioner))~~) practice registered nurse, and health care facilities,
15 as defined in this chapter or in chapter 71.32 RCW, access to the
16 registry at all times.

17
18 (5) In designing the registry and website, the department of
19 health shall ensure compliance with state and federal requirements
20 related to patient confidentiality.

21 (6) The department shall provide information to health care
22 providers and health care facilities on the registry website
23 regarding the different federal and Washington state requirements to
24 ascertain and document whether a patient has an advance directive.

25 (7) The department of health may accept donations, grants, gifts,
26 or other forms of voluntary contributions to support activities
27 related to the creation and maintenance of the health care
28 declarations registry and statewide public education campaigns
29 related to the existence of the registry. All receipts from donations
30 made under this section, and other contributions and appropriations
31 specifically made for the purposes of creating and maintaining the
32 registry established under this section and statewide public
33 education campaigns related to the existence of the registry, shall
34 be deposited into the general fund. These moneys in the general fund
35 may be spent only after appropriation.

36 (8) The department of health may adopt rules as necessary to
37 implement chapter 108, Laws of 2006.

38 (9) By December 1, 2008, the department shall report to the house
39 and senate committees on health care the following information:

40 (a) Number of participants in the registry;

(b) Number of health care declarations submitted by type of declaration as defined in this section;

(c) Number of health care declarations revoked and the method of revocation;

(d) Number of providers and facilities, by type, that have been provided access to the registry;

(e) Actual costs of operation of the registry.

Sec. 5141. RCW 70.128.120 and 2021 c 219 s 6 are each amended to read as follows:

Each adult family home provider, applicant, and each resident manager shall have the following minimum qualifications, except that only applicants are required to meet the provisions of subsections (10) and (11) of this section:

(1) Twenty-one years of age or older;

(2) For those applying after September 1, 2001, to be licensed as providers, and for resident managers whose employment begins after September 1, 2001, a United States high school diploma or high school equivalency certificate as provided in RCW 28B.50.536 or any English or translated government documentation of the following:

(a) Successful completion of government-approved public or private school education in a foreign country that includes an annual average of one thousand hours of instruction over twelve years or no less than twelve thousand hours of instruction;

(b) A foreign college, foreign university, or United States community college two-year diploma;

(c) Admission to, or completion of coursework at, a foreign university or college for which credit was granted;

(d) Admission to, or completion of coursework at, a United States college or university for which credits were awarded;

(e) Admission to, or completion of postgraduate coursework at, a United States college or university for which credits were awarded; or

(f) Successful passage of the United States board examination for registered nursing, or any professional medical occupation for which college or university education preparation was required;

(3) Good moral and responsible character and reputation;

(4) Literacy and the ability to communicate in the English language;

1 (5) Management and administrative ability to carry out the
2 requirements of this chapter;

3 (6) Satisfactory completion of department-approved basic training
4 and continuing education training as required by RCW 74.39A.074, and
5 in rules adopted by the department;

6 (7) Satisfactory completion of department-approved, or
7 equivalent, special care training before a provider may provide
8 special care services to a resident;

9 (8) Not be disqualified by a department background check;

10 (9) For those applying to be licensed as providers, and for
11 resident managers whose employment begins after August 24, 2011, at
12 least one thousand hours in the previous sixty months of successful,
13 direct caregiving experience obtained after age eighteen to
14 vulnerable adults in a licensed or contracted setting prior to
15 operating or managing an adult family home. The applicant or resident
16 manager must have credible evidence of the successful, direct
17 caregiving experience or, currently hold one of the following
18 professional licenses: Physician licensed under chapter 18.71 RCW;
19 osteopathic physician licensed under chapter 18.57 RCW; physician
20 assistant licensed under chapter 18.71A RCW; registered nurse,
21 advanced (~~(registered nurse practitioner)~~) practice registered nurse,
22 or licensed practical nurse licensed under chapter 18.79 RCW;

23 (10) For applicants, proof of financial solvency, as defined in
24 rule; and

25 (11) Applicants must successfully complete an adult family home
26 administration and business planning class, prior to being granted a
27 license. The class must be a minimum of forty-eight hours of
28 classroom time and approved by the department. The department shall
29 promote and prioritize bilingual capabilities within available
30 resources and when materials are available for this purpose. Under
31 exceptional circumstances, such as the sudden and unexpected death of
32 a provider, the department may consider granting a license to an
33 applicant who has not completed the class but who meets all other
34 requirements. If the department decides to grant the license due to
35 exceptional circumstances, the applicant must have enrolled in or
36 completed the class within four months of licensure.

37 **Sec. 5142.** RCW 70.180.020 and 1994 c 103 s 1 are each amended to
38 read as follows:

1 The department shall establish or contract for a health
2 professional temporary substitute resource pool. The purpose of the
3 pool is to provide short-term physician, physician assistant,
4 pharmacist, and advanced ((~~registered nurse practitioner~~)) practice
5 registered nurse personnel to rural communities where these health
6 care providers:

7 (1) Are unavailable due to provider shortages;

8 (2) Need time off from practice to attend continuing education
9 and other training programs; and

10 (3) Need time off from practice to attend to personal matters or
11 recover from illness.

12 The health professional temporary substitute resource pool is
13 intended to provide short-term assistance and should complement
14 active health provider recruitment efforts by rural communities where
15 shortages exist.

16 **Sec. 5143.** RCW 70.180.040 and 1994 c 103 s 3 are each amended to
17 read as follows:

18 (1) Requests for a temporary substitute health care professional
19 may be made to the department by the certified health plan, local
20 rural hospital, public health department or district, community
21 health clinic, local practicing physician, physician assistant,
22 pharmacist, or advanced ((~~registered nurse practitioner~~)) practice
23 registered nurse, or local city or county government.

24 (2) The department may provide directly or contract for services
25 to:

26 (a) Establish a manner and form for receiving requests;

27 (b) Minimize paperwork and compliance requirements for
28 participant health care professionals and entities requesting
29 assistance; and

30 (c) Respond promptly to all requests for assistance.

31 (3) The department may apply for, receive, and accept gifts and
32 other payments, including property and services, from any
33 governmental or other public or private entity or person, and may
34 make arrangements as to the use of these receipts to operate the
35 pool. The department shall make available upon request to the
36 appropriate legislative committees information concerning the source,
37 amount, and use of such gifts or payments.

Sec. 5144. RCW 70.245.010 and 2023 c 38 s 1 are each amended to read as follows:

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

(1) "Adult" means an individual who is 18 years of age or older.

(2) "Attending qualified medical provider" means the qualified medical provider who has primary responsibility for the care of the patient and treatment of the patient's terminal disease.

(3) "Competent" means that, in the opinion of a court or in the opinion of the patient's attending qualified medical provider, consulting qualified medical provider, psychiatrist, or psychologist, a patient has the ability to make and communicate an informed decision to health care providers, including communication through persons familiar with the patient's manner of communicating if those persons are available.

(4) "Consulting qualified medical provider" means a qualified medical provider who is qualified by specialty or experience to make a professional diagnosis and prognosis regarding the patient's disease.

(5) "Counseling" means one or more consultations as necessary between a state licensed psychiatrist, psychologist, independent clinical social worker, advanced social worker, mental health counselor, or psychiatric advanced ~~((registered nurse practitioner))~~ practice registered nurse and a patient for the purpose of determining that the patient is competent and not suffering from a psychiatric or psychological disorder or depression causing impaired judgment.

(6) "Health care provider" means a person licensed, certified, or otherwise authorized or permitted by law to administer health care or dispense medication in the ordinary course of business or practice of a profession, and includes a health care facility.

(7) "Informed decision" means a decision by a qualified patient, to request and obtain a prescription for medication that the qualified patient may self-administer to end his or her life in a humane and dignified manner, that is based on an appreciation of the relevant facts and after being fully informed by the attending qualified medical provider of:

(a) His or her medical diagnosis;

(b) His or her prognosis;

(c) The potential risks associated with taking the medication to be prescribed;

(d) The probable result of taking the medication to be prescribed; and

(e) The feasible alternatives including, but not limited to, comfort care, hospice care, and pain control.

(8) "Medically confirmed" means the medical opinion of the attending qualified medical provider has been confirmed by a consulting qualified medical provider who has examined the patient and the patient's relevant medical records.

(9) "Patient" means a person who is under the care of an attending qualified medical provider.

(10) "Qualified medical provider" means a physician licensed under chapter 18.57 or 18.71 RCW, a physician assistant licensed under chapter 18.71A RCW, or an advanced ~~((registered—nurse practitioner))~~ practice registered nurse licensed under chapter 18.79 RCW.

(11) "Qualified patient" means a competent adult who is a resident of Washington state and has satisfied the requirements of this chapter in order to obtain a prescription for medication that the qualified patient may self-administer to end his or her life in a humane and dignified manner.

(12) "Self-administer" means a qualified patient's act of ingesting medication to end his or her life in a humane and dignified manner.

(13) "Terminal disease" means an incurable and irreversible disease that has been medically confirmed and will, within reasonable medical judgment, produce death within six months.

Sec. 5145. RCW 71.05.148 and 2024 c 209 s 9 are each amended to read as follows:

(1) A person is in need of assisted outpatient treatment if the court finds by clear, cogent, and convincing evidence pursuant to a petition filed under this section that:

(a) The person has a behavioral health disorder;

(b) Based on a clinical determination and in view of the person's treatment history and current behavior, at least one of the following is true:

1 (i) The person is unlikely to survive safely in the community
2 without supervision and the person's condition is substantially
3 deteriorating; or

4 (ii) The person is in need of assisted outpatient treatment in
5 order to prevent a relapse or deterioration that would be likely to
6 result in grave disability or a likelihood of serious harm to the
7 person or to others;

8 (c) The person has a history of lack of compliance with treatment
9 for his or her behavioral health disorder that has:

10 (i) At least twice within the 36 months prior to the filing of
11 the petition been a significant factor in necessitating
12 hospitalization of the person, or the person's receipt of services in
13 a forensic or other mental health unit of a state or tribal
14 correctional facility or local correctional facility, provided that
15 the 36-month period shall be extended by the length of any
16 hospitalization or incarceration of the person that occurred within
17 the 36-month period;

18 (ii) At least twice within the 36 months prior to the filing of
19 the petition been a significant factor in necessitating emergency
20 medical care or hospitalization for behavioral health-related medical
21 conditions including overdose, infected abscesses, sepsis,
22 endocarditis, or other maladies, or a significant factor in behavior
23 which resulted in the person's incarceration in a state, tribal, or
24 local correctional facility; or

25 (iii) Resulted in one or more violent acts, threats, or attempts
26 to cause serious physical harm to the person or another within the 48
27 months prior to the filing of the petition, provided that the 48-
28 month period shall be extended by the length of any hospitalization
29 or incarceration of the person that occurred during the 48-month
30 period;

31 (d) Participation in an assisted outpatient treatment program
32 would be the least restrictive alternative necessary to ensure the
33 person's recovery and stability; and

34 (e) The person will benefit from assisted outpatient treatment.

35 (2) The following individuals may directly file a petition for
36 less restrictive alternative treatment on the basis that a person is
37 in need of assisted outpatient treatment:

38 (a) The director of a hospital where the person is hospitalized
39 or the director's designee;

1 (b) The director of a behavioral health service provider
2 providing behavioral health care or residential services to the
3 person or the director's designee;

4 (c) The person's treating mental health professional or substance
5 use disorder professional or one who has evaluated the person;

6 (d) A designated crisis responder;

7 (e) A release planner from a corrections facility; or

8 (f) An emergency room physician.

9 (3) A court order for less restrictive alternative treatment on
10 the basis that the person is in need of assisted outpatient treatment
11 may be effective for up to 18 months. The petitioner must personally
12 interview the person, unless the person refuses an interview, to
13 determine whether the person will voluntarily receive appropriate
14 treatment.

15 (4) The petitioner must allege specific facts based on personal
16 observation, evaluation, or investigation, and must consider the
17 reliability or credibility of any person providing information
18 material to the petition.

19 (5) The petition must include:

20 (a) A statement of the circumstances under which the person's
21 condition was made known and the basis for the opinion, from personal
22 observation or investigation, that the person is in need of assisted
23 outpatient treatment. The petitioner must state which specific facts
24 come from personal observation and specify what other sources of
25 information the petitioner has relied upon to form this belief;

26 (b) A declaration from a physician, physician assistant, advanced
27 (~~((registered nurse practitioner))~~) practice registered nurse, or the
28 person's treating mental health professional or substance use
29 disorder professional, who has examined the person no more than 10
30 days prior to the submission of the petition and who is willing to
31 testify in support of the petition, or who alternatively has made
32 appropriate attempts to examine the person within the same period but
33 has not been successful in obtaining the person's cooperation, and
34 who is willing to testify to the reasons they believe that the person
35 meets the criteria for assisted outpatient treatment. If the
36 declaration is provided by the person's treating mental health
37 professional or substance use disorder professional, it must be
38 cosigned by a supervising physician, physician assistant, or advanced
39 (~~((registered nurse practitioner))~~) practice registered nurse who
40 certifies that they have reviewed the declaration;

1 (c) The declarations of additional witnesses, if any, supporting
2 the petition for assisted outpatient treatment;

3 (d) The name of an agency, provider, or facility that agrees to
4 provide less restrictive alternative treatment if the petition is
5 granted by the court; and

6 (e) If the person is detained in a state hospital, inpatient
7 treatment facility, jail, or correctional facility at the time the
8 petition is filed, the anticipated release date of the person and any
9 other details needed to facilitate successful reentry and transition
10 into the community.

11 (6)(a) Upon receipt of a petition meeting all requirements of
12 this section, the court shall fix a date for a hearing:

13 (i) No sooner than three days or later than seven days after the
14 date of service or as stipulated by the parties or, upon a showing of
15 good cause, no later than 30 days after the date of service; or

16 (ii) If the respondent is hospitalized at the time of filing of
17 the petition, before discharge of the respondent and in sufficient
18 time to arrange for a continuous transition from inpatient treatment
19 to assisted outpatient treatment.

20 (b) A copy of the petition and notice of hearing shall be served,
21 in the same manner as a summons, on the petitioner, the respondent,
22 the qualified professional whose affidavit accompanied the petition,
23 a current provider, if any, and a surrogate decision maker or agent
24 under chapter 71.32 RCW, if any.

25 (c) If the respondent has a surrogate decision maker or agent
26 under chapter 71.32 RCW who wishes to provide testimony at the
27 hearing, the court shall afford the surrogate decision maker or agent
28 an opportunity to testify.

29 (d) The respondent shall be represented by counsel at all stages
30 of the proceedings.

31 (e) If the respondent fails to appear at the hearing after
32 notice, the court may conduct the hearing in the respondent's
33 absence; provided that the respondent's counsel is present.

34 (f) If the respondent has refused to be examined by the qualified
35 professional whose affidavit accompanied the petition, the court may
36 order a mental examination of the respondent. The examination of the
37 respondent may be performed by the qualified professional whose
38 affidavit accompanied the petition. If the examination is performed
39 by another qualified professional, the examining qualified

1 professional shall be authorized to consult with the qualified
2 professional whose affidavit accompanied the petition.

3 (g) If the respondent has refused to be examined by a qualified
4 professional and the court finds reasonable grounds to believe that
5 the allegations of the petition are true, the court may issue a
6 written order directing a peace officer who has completed crisis
7 intervention training to detain and transport the respondent to a
8 provider for examination by a qualified professional. A respondent
9 detained pursuant to this subsection shall be detained no longer than
10 necessary to complete the examination and in no event longer than 24
11 hours.

12 (7) If the petition involves a person whom the petitioner or
13 behavioral health administrative services organization knows, or has
14 reason to know, is an American Indian or Alaska Native who receives
15 medical or behavioral health services from a tribe within this state,
16 the petitioner or behavioral health administrative services
17 organization shall notify the tribe and Indian health care provider.
18 Notification shall be made in person or by telephonic or electronic
19 communication to the tribal contact listed in the authority's tribal
20 crisis coordination plan as soon as possible, but before the hearing
21 and no later than 24 hours from the time the petition is served upon
22 the person and the person's guardian. The notice to the tribe or
23 Indian health care provider must include a copy of the petition,
24 together with any orders issued by the court and a notice of the
25 tribe's right to intervene. The court clerk shall provide copies of
26 any court orders necessary for the petitioner or the behavioral
27 health administrative services organization to provide notice to the
28 tribe or Indian health care provider under this section.

29 (8) A petition for assisted outpatient treatment filed under this
30 section shall be adjudicated under RCW 71.05.240.

31 (9) After January 1, 2023, a petition for assisted outpatient
32 treatment must be filed on forms developed by the administrative
33 office of the courts.

34 **Sec. 5146.** RCW 71.05.154 and 2017 3rd sp.s. c 14 s 12 are each
35 amended to read as follows:

36 If a person subject to evaluation under RCW 71.05.150 or
37 71.05.153 is located in an emergency room at the time of evaluation,
38 the designated crisis responder conducting the evaluation shall take
39 serious consideration of observations and opinions by an examining

1 emergency room physician, advanced ((~~registered nurse practitioner~~))
2 practice registered nurse, or physician assistant in determining
3 whether detention under this chapter is appropriate. The designated
4 crisis responder must document his or her consultation with this
5 professional, if the professional is available, or his or her review
6 of the professional's written observations or opinions regarding
7 whether detention of the person is appropriate.

8 **Sec. 5147.** RCW 71.05.210 and 2021 c 264 s 7 are each amended to
9 read as follows:

10 (1) Each person involuntarily detained and accepted or admitted
11 at an evaluation and treatment facility, secure withdrawal management
12 and stabilization facility, or approved substance use disorder
13 treatment program:

14 (a) Shall, within twenty-four hours of his or her admission or
15 acceptance at the facility, not counting time periods prior to
16 medical clearance, be examined and evaluated by:

17 (i) One physician, physician assistant, or advanced ((~~registered~~
18 ~~nurse practitioner~~)) practice registered nurse; and

19 (ii) One mental health professional. If the person is detained
20 for substance use disorder evaluation and treatment, the person may
21 be examined by a substance use disorder professional instead of a
22 mental health professional; and

23 (b) Shall receive such treatment and care as his or her condition
24 requires including treatment on an outpatient basis for the period
25 that he or she is detained, except that, beginning twenty-four hours
26 prior to a trial or hearing pursuant to RCW 71.05.215, 71.05.240,
27 71.05.310, 71.05.320, 71.05.590, or 71.05.217, the individual may
28 refuse psychiatric medications, but may not refuse: (i) Any other
29 medication previously prescribed by a person licensed under Title 18
30 RCW; or (ii) emergency lifesaving treatment, and the individual shall
31 be informed at an appropriate time of his or her right of such
32 refusal. The person shall be detained up to one hundred twenty hours,
33 if, in the opinion of the professional person in charge of the
34 facility, or his or her professional designee, the person presents a
35 likelihood of serious harm, or is gravely disabled. A person who has
36 been detained for one hundred twenty hours shall no later than the
37 end of such period be released, unless referred for further care on a
38 voluntary basis, or detained pursuant to court order for further
39 treatment as provided in this chapter.

1 (2) If, at any time during the involuntary treatment hold and
2 following the initial examination and evaluation, the mental health
3 professional or substance use disorder professional and licensed
4 physician, physician assistant, or psychiatric advanced ((~~registered~~
5 ~~nurse practitioner~~)) practice registered nurse determine that the
6 initial needs of the person, if detained to an evaluation and
7 treatment facility, would be better served by placement in a secure
8 withdrawal management and stabilization facility or approved
9 substance use disorder treatment program, or, if detained to a secure
10 withdrawal management and stabilization facility or approved
11 substance use disorder treatment program, would be better served in
12 an evaluation and treatment facility then the person shall be
13 referred to the more appropriate placement for the remainder of the
14 current commitment period without any need for further court review.

15 (3) An evaluation and treatment center, secure withdrawal
16 management and stabilization facility, or approved substance use
17 disorder treatment program admitting or accepting any person pursuant
18 to this chapter whose physical condition reveals the need for
19 hospitalization shall assure that such person is transferred to an
20 appropriate hospital for evaluation or admission for treatment.
21 Notice of such fact shall be given to the court, the designated
22 attorney, and the designated crisis responder and the court shall
23 order such continuance in proceedings under this chapter as may be
24 necessary, but in no event may this continuance be more than fourteen
25 days.

26 **Sec. 5148.** RCW 71.05.215 and 2024 c 62 s 20 are each amended to
27 read as follows:

28 (1) A person found to be gravely disabled or to present a
29 likelihood of serious harm as a result of a behavioral health
30 disorder has a right to refuse antipsychotic medication unless it is
31 determined that the failure to medicate may result in a likelihood of
32 serious harm or substantial deterioration or substantially prolong
33 the length of involuntary commitment and there is no less intrusive
34 course of treatment than medication in the best interest of that
35 person.

36 (2) The authority shall adopt rules to carry out the purposes of
37 this chapter. These rules shall include:

38 (a) An attempt to obtain the informed consent of the person prior
39 to administration of antipsychotic medication.

1 (b) For short-term treatment up to thirty days, the right to
2 refuse antipsychotic medications unless there is an additional
3 concurring medical opinion approving medication by a psychiatrist,
4 physician assistant working with a psychiatrist who is acting as a
5 participating physician as defined in RCW 18.71A.010, psychiatric
6 advanced ((~~registered nurse practitioner~~)) practice registered nurse,
7 or physician or physician assistant in consultation with a mental
8 health professional with prescriptive authority.

9 (c) For continued treatment beyond thirty days through the
10 hearing on any petition filed under RCW 71.05.217, the right to
11 periodic review of the decision to medicate by the medical director
12 or designee.

13 (d) Administration of antipsychotic medication in an emergency
14 and review of this decision within twenty-four hours. An emergency
15 exists if the person presents an imminent likelihood of serious harm,
16 and medically acceptable alternatives to administration of
17 antipsychotic medications are not available or are unlikely to be
18 successful; and in the opinion of the physician, physician assistant,
19 or psychiatric advanced ((~~registered nurse practitioner~~)) practice
20 registered nurse, the person's condition constitutes an emergency
21 requiring the treatment be instituted prior to obtaining a second
22 medical opinion.

23 (e) Documentation in the medical record of the attempt by the
24 physician, physician assistant, or psychiatric advanced ((~~registered~~
25 ~~nurse practitioner~~)) practice registered nurse to obtain informed
26 consent and the reasons why antipsychotic medication is being
27 administered over the person's objection or lack of consent.

28 **Sec. 5149.** RCW 71.05.217 and 2024 c 209 s 20 and 2024 c 62 s 21
29 are each reenacted and amended to read as follows:

30 (1) Insofar as danger to the individual or others is not created,
31 each person involuntarily detained, treated in a less restrictive
32 alternative course of treatment, or committed for treatment and
33 evaluation pursuant to this chapter shall have, in addition to other
34 rights not specifically withheld by law, the following rights, a list
35 of which shall be prominently posted in all facilities, institutions,
36 and hospitals providing such services:

37 (a) To wear his or her own clothes and to keep and use his or her
38 own personal possessions, except when deprivation of same is
39 essential to protect the safety of the resident or other persons;

1 (b) To keep and be allowed to spend a reasonable sum of his or
2 her own money for canteen expenses and small purchases;

3 (c) To have access to individual storage space for his or her
4 private use;

5 (d) To have visitors at reasonable times;

6 (e) To have reasonable access to a telephone, both to make and
7 receive confidential calls;

8 (f) To have ready access to letter writing materials, including
9 stamps, and to send and receive uncensored correspondence through the
10 mails;

11 (g) To have the right to individualized care and adequate
12 treatment;

13 (h) To discuss treatment plans and decisions with professional
14 persons;

15 (i) To not be denied access to treatment by spiritual means
16 through prayer in accordance with the tenets and practices of a
17 church or religious denomination in addition to the treatment
18 otherwise proposed;

19 (j) Not to consent to the administration of antipsychotic
20 medications beyond the hearing conducted pursuant to RCW 71.05.320(4)
21 or the performance of electroconvulsant therapy or surgery, except
22 emergency lifesaving surgery, unless ordered by a court of competent
23 jurisdiction pursuant to the following standards and procedures:

24 (i) The administration of antipsychotic medication or
25 electroconvulsant therapy shall not be ordered unless the petitioning
26 party proves by clear, cogent, and convincing evidence that there
27 exists a compelling state interest that justifies overriding the
28 patient's lack of consent to the administration of antipsychotic
29 medications or electroconvulsant therapy, that the proposed treatment
30 is necessary and effective, and that medically acceptable alternative
31 forms of treatment are not available, have not been successful, or
32 are not likely to be effective.

33 (ii) The court shall make specific findings of fact concerning:
34 (A) The existence of one or more compelling state interests; (B) the
35 necessity and effectiveness of the treatment; and (C) the person's
36 desires regarding the proposed treatment. If the patient is unable to
37 make a rational and informed decision about consenting to or refusing
38 the proposed treatment, the court shall make a substituted judgment
39 for the patient as if he or she were competent to make such a
40 determination.

1 (iii) The person shall be present at any hearing on a request to
2 administer antipsychotic medication or electroconvulsant therapy
3 filed pursuant to this subsection. The person has the right: (A) To
4 be represented by an attorney; (B) to present evidence; (C) to cross-
5 examine witnesses; (D) to have the rules of evidence enforced; (E) to
6 remain silent; (F) to view and copy all petitions and reports in the
7 court file; and (G) to be given reasonable notice and an opportunity
8 to prepare for the hearing. The court may appoint a psychiatrist,
9 physician assistant working with a psychiatrist who is acting as a
10 participating physician as defined in RCW 18.71A.010, psychiatric
11 advanced ~~((registered nurse practitioner))~~ practice registered nurse,
12 psychologist within their scope of practice, physician assistant, or
13 physician to examine and testify on behalf of such person. The court
14 shall appoint a psychiatrist, physician assistant working with a
15 psychiatrist who is acting as a participating physician as defined in
16 RCW 18.71A.010, psychiatric advanced ~~((registered nurse~~
17 ~~practitioner))~~ practice registered nurse, psychologist within their
18 scope of practice, physician assistant, or physician designated by
19 such person or the person's counsel to testify on behalf of the
20 person in cases where an order for electroconvulsant therapy is
21 sought.

22 (iv) An order for the administration of antipsychotic medications
23 entered following a hearing conducted pursuant to this section shall
24 be effective for the period of the current involuntary treatment
25 order, and any interim period during which the person is awaiting
26 trial or hearing on a new petition for involuntary treatment or
27 involuntary medication.

28 (v) Any person detained pursuant to RCW 71.05.320(4), who
29 subsequently refuses antipsychotic medication, shall be entitled to
30 the procedures set forth in this subsection.

31 (vi) Antipsychotic medication may be administered to a
32 nonconsenting person detained or committed pursuant to this chapter
33 without a court order pursuant to RCW 71.05.215(2) or under the
34 following circumstances:

35 (A) A person presents an imminent likelihood of serious harm;

36 (B) Medically acceptable alternatives to administration of
37 antipsychotic medications are not available, have not been
38 successful, or are not likely to be effective; and

39 (C) (I) In the opinion of the physician, physician assistant, or
40 psychiatric advanced ~~((registered nurse practitioner))~~ practice

1 registered nurse with responsibility for treatment of the person, or
2 his or her designee, the person's condition constitutes an emergency
3 requiring the treatment be instituted before a judicial hearing as
4 authorized pursuant to this section can be held.

5 (II) If antipsychotic medications are administered over a
6 person's lack of consent pursuant to this subsection, a petition for
7 an order authorizing the administration of antipsychotic medications
8 shall be filed on the next judicial day. The hearing shall be held
9 within two judicial days. If deemed necessary by the physician,
10 physician assistant, or psychiatric advanced ((~~registered nurse~~
11 ~~practitioner~~)) practice registered nurse with responsibility for the
12 treatment of the person, administration of antipsychotic medications
13 may continue until the hearing is held;

14 (k) To dispose of property and sign contracts unless such person
15 has been adjudicated an incompetent in a court proceeding directed to
16 that particular issue;

17 (l) Not to have psychosurgery performed on him or her under any
18 circumstances;

19 (m) To not be denied access to treatment by cultural or spiritual
20 means through practices that are in accordance with a tribal or
21 cultural tradition in addition to the treatment otherwise proposed.

22 (2) Every person involuntarily detained or committed under the
23 provisions of this chapter is entitled to all the rights set forth in
24 this chapter and retains all rights not denied him or her under this
25 chapter except as limited by chapter 9.41 RCW.

26 (3) No person may be presumed incompetent as a consequence of
27 receiving evaluation or treatment for a behavioral health disorder.
28 Competency may not be determined or withdrawn except under the
29 provisions of chapter 10.77 RCW.

30 (4) Subject to RCW 71.05.745 and related regulations, persons
31 receiving evaluation or treatment under this chapter must be given a
32 reasonable choice of an available physician, physician assistant,
33 psychiatric advanced ((~~registered nurse practitioner~~)) practice
34 registered nurse, or other professional person qualified to provide
35 such services.

36 (5) Whenever any person is detained under this chapter, the
37 person must be advised that unless the person is released or
38 voluntarily admits himself or herself for treatment within 120 hours
39 of the initial detention, a judicial hearing must be held in a
40 superior court within 120 hours to determine whether there is

1 probable cause to detain the person for up to an additional 14 days
2 based on an allegation that because of a behavioral health disorder
3 the person presents a likelihood of serious harm or is gravely
4 disabled, and that at the probable cause hearing the person has the
5 following rights:

6 (a) To communicate immediately with an attorney; to have an
7 attorney appointed if the person is indigent; and to be told the name
8 and address of the attorney that has been designated;

9 (b) To remain silent, and to know that any statement the person
10 makes may be used against him or her;

11 (c) To present evidence on the person's behalf;

12 (d) To cross-examine witnesses who testify against him or her;

13 (e) To be proceeded against by the rules of evidence;

14 (f) To have the court appoint a reasonably available independent
15 professional person to examine the person and testify in the hearing,
16 at public expense unless the person is able to bear the cost;

17 (g) To view and copy all petitions and reports in the court file;
18 and

19 (h) To refuse psychiatric medications, including antipsychotic
20 medication beginning 24 hours prior to the probable cause hearing.

21 (6) The judicial hearing described in subsection (5) of this
22 section must be held according to the provisions of subsection (5) of
23 this section and rules promulgated by the supreme court.

24 (7)(a) Privileges between patients and physicians, physician
25 assistants, psychologists, or psychiatric advanced (~~registered nurse~~
26 ~~practitioners~~) practice registered nurses are deemed waived in
27 proceedings under this chapter relating to the administration of
28 antipsychotic medications. As to other proceedings under this
29 chapter, the privileges are waived when a court of competent
30 jurisdiction in its discretion determines that such waiver is
31 necessary to protect either the detained person or the public.

32 (b) The waiver of a privilege under this section is limited to
33 records or testimony relevant to evaluation of the detained person
34 for purposes of a proceeding under this chapter. Upon motion by the
35 detained person or on its own motion, the court shall examine a
36 record or testimony sought by a petitioner to determine whether it is
37 within the scope of the waiver.

38 (c) The record maker may not be required to testify in order to
39 introduce medical or psychological records of the detained person so
40 long as the requirements of RCW 5.45.020 are met except that portions

1 of the record which contain opinions as to the detained person's
2 mental state must be deleted from such records unless the person
3 making such conclusions is available for cross-examination.

4 (8) Nothing contained in this chapter prohibits the patient from
5 petitioning by writ of habeas corpus for release.

6 (9) Nothing in this section permits any person to knowingly
7 violate a no-contact order or a condition of an active judgment and
8 sentence or an active condition of supervision by the department of
9 corrections.

10 (10) The rights set forth under this section apply equally to 90-
11 day or 180-day hearings under RCW 71.05.310.

12 **Sec. 5150.** RCW 71.05.230 and 2022 c 210 s 11 are each amended to
13 read as follows:

14 A person detained for one hundred twenty hours of evaluation and
15 treatment may be committed for not more than fourteen additional days
16 of involuntary intensive treatment or ninety additional days of a
17 less restrictive alternative treatment. A petition may only be filed
18 if the following conditions are met:

19 (1) The professional staff of the facility providing evaluation
20 services has analyzed the person's condition and finds that the
21 condition is caused by a behavioral health disorder and results in:

22 (a) A likelihood of serious harm; or (b) the person being gravely
23 disabled; and are prepared to testify those conditions are met; and

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

27 (3) The facility providing intensive treatment is certified to
28 provide such treatment by the department or under RCW 71.05.745; and

29 (4) (a) (i) The professional staff of the facility or the
30 designated crisis responder has filed a petition with the court for a
31 fourteen day involuntary detention or a ninety day less restrictive
32 alternative. The petition must be signed by:

33 (A) One physician, physician assistant, or psychiatric advanced
34 (~~((registered nurse practitioner))~~) practice registered nurse; and

35 (B) One physician, physician assistant, psychiatric advanced
36 (~~((registered nurse practitioner))~~) practice registered nurse, or
37 mental health professional.

38 (ii) If the petition is for substance use disorder treatment, the
39 petition may be signed by a substance use disorder professional

1 instead of a mental health professional and by an advanced
2 (~~((registered nurse practitioner))~~) practice registered nurse instead
3 of a psychiatric advanced (~~((registered nurse practitioner))~~) practice
4 registered nurse. The persons signing the petition must have examined
5 the person.

6 (b) If involuntary detention is sought the petition shall state
7 facts that support the finding that such person, as a result of a
8 behavioral health disorder, presents a likelihood of serious harm, or
9 is gravely disabled and that there are no less restrictive
10 alternatives to detention in the best interest of such person or
11 others. The petition shall state specifically that less restrictive
12 alternative treatment was considered and specify why treatment less
13 restrictive than detention is not appropriate. If an involuntary less
14 restrictive alternative is sought, the petition shall state facts
15 that support the finding that such person, as a result of a
16 behavioral health disorder, presents a likelihood of serious harm or
17 is gravely disabled and shall set forth any recommendations for less
18 restrictive alternative treatment services; and

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

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

25 (7) The petition reflects that the person was informed of the
26 loss of firearm rights if involuntarily committed for mental health
27 treatment; and

28 (8) At the conclusion of the initial commitment period, the
29 professional staff of the agency or facility or the designated crisis
30 responder may petition for an additional period of either 90 days of
31 less restrictive alternative treatment or 90 days of involuntary
32 intensive treatment as provided in RCW 71.05.290; and

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

38 **Sec. 5151.** RCW 71.05.290 and 2023 c 453 s 23 are each amended to
39 read as follows:

(1) At any time during a person's 14-day intensive treatment period, the professional person in charge of a treatment facility or his or her professional designee or the designated crisis responder may petition the superior court for an order requiring such person to undergo an additional period of treatment. Such petition must be based on one or more of the grounds set forth in RCW 71.05.280.

(2)(a)(i) The petition shall summarize the facts which support the need for further commitment and shall be supported by affidavits based on an examination of the patient and signed by:

(A) One physician, physician assistant, or psychiatric advanced ~~((registered nurse practitioner))~~ practice registered nurse; and

(B) One physician, physician assistant, psychiatric advanced ~~((registered nurse practitioner))~~ practice registered nurse, or mental health professional.

(ii) If the petition is for substance use disorder treatment, the petition may be signed by a substance use disorder professional instead of a mental health professional and by an advanced ~~((registered nurse practitioner))~~ practice registered nurse instead of a psychiatric advanced ~~((registered nurse practitioner))~~ practice registered nurse.

(b) The affidavits shall describe in detail the behavior of the detained person which supports the petition and shall explain what, if any, less restrictive treatments which are alternatives to detention are available to such person, and shall state the willingness of the affiant to testify to such facts in subsequent judicial proceedings under this chapter. If less restrictive alternative treatment is sought, the petition shall set forth any recommendations for less restrictive alternative treatment services.

(3) If a person has been determined to be incompetent pursuant to RCW 10.77.086(7), then the professional person in charge of the treatment facility or his or her professional designee or the designated crisis responder may directly file a petition for 180-day treatment under RCW 71.05.280(3), or for 90-day treatment under RCW 71.05.280 (1), (2), or (4). No petition for initial detention or 14-day detention is required before such a petition may be filed.

Sec. 5152. RCW 71.05.300 and 2023 c 453 s 24 are each amended to read as follows:

(1) The petition for ninety day treatment shall be filed with the clerk of the superior court at least three days before expiration of

1 the fourteen-day period of intensive treatment. The clerk shall set a
2 trial setting date as provided in RCW 71.05.310 on the next judicial
3 day after the date of filing the petition and notify the designated
4 crisis responder. The designated crisis responder shall immediately
5 notify the person detained, his or her attorney, if any, and his or
6 her guardian or conservator, if any, the prosecuting attorney, and
7 the behavioral health administrative services organization
8 administrator, and provide a copy of the petition to such persons as
9 soon as possible. The behavioral health administrative services
10 organization administrator or designee may review the petition and
11 may appear and testify at the full hearing on the petition.

12 (2) The attorney for the detained person shall advise him or her
13 of his or her right to be represented by an attorney, his or her
14 right to a jury trial, and, if the petition is for commitment for
15 mental health treatment, his or her loss of firearm rights if
16 involuntarily committed. If the detained person is not represented by
17 an attorney, or is indigent or is unwilling to retain an attorney,
18 the court shall immediately appoint an attorney to represent him or
19 her. The court shall, if requested, appoint a reasonably available
20 licensed physician, physician assistant, psychiatric advanced
21 (~~registered nurse practitioner~~) practice registered nurse,
22 psychologist, psychiatrist, or other professional person, designated
23 by the detained person to examine and testify on behalf of the
24 detained person.

25 (3) The court may, if requested, also appoint a professional
26 person as defined in RCW 71.05.020 to seek less restrictive
27 alternative courses of treatment and to testify on behalf of the
28 detained person. In the case of a person with a developmental
29 disability who has been determined to be incompetent pursuant to RCW
30 10.77.086(7), the appointed professional person under this section
31 shall be a developmental disabilities professional.

32 **Sec. 5153.** RCW 71.05.585 and 2024 c 62 s 22 are each amended to
33 read as follows:

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

- 36 (a) Assignment of a care coordinator;
37 (b) An intake evaluation with the provider of the less
38 restrictive alternative treatment;

1 (c) A psychiatric evaluation, a substance use disorder
2 evaluation, or both;

3 (d) A schedule of regular contacts with the provider of the
4 treatment services for the duration of the order;

5 (e) A transition plan addressing access to continued services at
6 the expiration of the order;

7 (f) An individual crisis plan;

8 (g) Consultation about the formation of a mental health advance
9 directive under chapter 71.32 RCW; and

10 (h) Notification to the care coordinator assigned in (a) of this
11 subsection if reasonable efforts to engage the client fail to produce
12 substantial compliance with court-ordered treatment conditions.

13 (2) Less restrictive alternative treatment may additionally
14 include requirements to participate in the following services:

15 (a) Medication management;

16 (b) Psychotherapy;

17 (c) Nursing;

18 (d) Substance use disorder counseling;

19 (e) Residential treatment;

20 (f) Partial hospitalization;

21 (g) Intensive outpatient treatment;

22 (h) Support for housing, benefits, education, and employment; and

23 (i) Periodic court review.

24 (3) If the person was provided with involuntary medication under
25 RCW 71.05.215 or pursuant to a judicial order during the involuntary
26 commitment period, the less restrictive alternative treatment order
27 may authorize the less restrictive alternative treatment provider or
28 its designee to administer involuntary antipsychotic medication to
29 the person if the provider has attempted and failed to obtain the
30 informed consent of the person and there is a concurring medical
31 opinion approving the medication by a psychiatrist, physician
32 assistant working with a psychiatrist who is acting as a
33 participating physician as defined in RCW 18.71A.010, psychiatric
34 advanced (~~((registered nurse practitioner))~~) practice registered nurse,
35 or physician or physician assistant in consultation with an
36 independent mental health professional with prescribing authority.

37 (4) Less restrictive alternative treatment must be administered
38 by a provider that is certified or licensed to provide or coordinate
39 the full scope of services required under the less restrictive
40 alternative order and that has agreed to assume this responsibility.

1 (5) The care coordinator assigned to a person ordered to less
2 restrictive alternative treatment must submit an individualized plan
3 for the person's treatment services to the court that entered the
4 order. An initial plan must be submitted as soon as possible
5 following the intake evaluation and a revised plan must be submitted
6 upon any subsequent modification in which a type of service is
7 removed from or added to the treatment plan.

8 (6) A care coordinator may disclose information and records
9 related to mental health services pursuant to RCW 70.02.230(2)(k) for
10 purposes of implementing less restrictive alternative treatment.

11 (7) For the purpose of this section, "care coordinator" means a
12 clinical practitioner who coordinates the activities of less
13 restrictive alternative treatment. The care coordinator coordinates
14 activities with the designated crisis responders that are necessary
15 for enforcement and continuation of less restrictive alternative
16 orders and is responsible for coordinating service activities with
17 other agencies and establishing and maintaining a therapeutic
18 relationship with the individual on a continuing basis.

19 **Sec. 5154.** RCW 71.12.540 and 2016 c 155 s 11 are each amended to
20 read as follows:

21 The authorities of each establishment as defined in this chapter
22 shall place on file in the office of the establishment the
23 recommendations made by the department of health as a result of such
24 visits, for the purpose of consultation by such authorities, and for
25 reference by the department representatives upon their visits. Every
26 such establishment shall keep records of every person admitted
27 thereto as follows and shall furnish to the department, when
28 required, the following data: Name, age, sex, marital status, date of
29 admission, voluntary or other commitment, name of physician,
30 physician assistant, or psychiatric advanced ~~((registered nurse~~
31 ~~practitioner))~~ practice registered nurse, diagnosis, and date of
32 discharge.

33 **Sec. 5155.** RCW 71.32.020 and 2021 c 287 s 4 are each reenacted
34 and amended to read as follows:

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

37 (1) "Adult" means any individual who has attained the age of
38 majority or is an emancipated minor.

(2) "Agent" has the same meaning as an attorney-in-fact or agent as provided in chapter 11.125 RCW.

(3) "Behavioral health disorder" means a mental disorder, a substance use disorder, or a co-occurring mental health and substance use disorder.

(4) "Capacity" means that a person has not been found to be incapacitated pursuant to this chapter or subject to a guardianship under RCW 11.130.265.

(5) "Court" means a superior court under chapter 2.08 RCW.

(6) "Health care facility" means a hospital, as defined in RCW 70.41.020; an institution, as defined in RCW 71.12.455; a state hospital, as defined in RCW 72.23.010; a nursing home, as defined in RCW 18.51.010; or a clinic that is part of a community behavioral health service delivery system, as defined in RCW 71.24.025.

(7) "Health care provider" means an osteopathic physician licensed under chapter 18.57 RCW, a physician or physician's assistant licensed under chapter 18.71 or 18.71A RCW, or an advanced ~~((registered nurse practitioner))~~ practice registered nurse licensed under RCW 18.79.050.

(8) "Incapacitated" means a person who: (a) Is unable to understand the nature, character, and anticipated results of proposed treatment or alternatives; understand the recognized serious possible risks, complications, and anticipated benefits in treatments and alternatives, including nontreatment; or communicate his or her understanding or treatment decisions; or (b) has been found to be subject to a guardianship under RCW 11.130.265.

(9) "Informed consent" means consent that is given after a person: (a) Is provided with a description of the nature, character, and anticipated results of proposed treatments and alternatives, and the recognized serious possible risks, complications, and anticipated benefits in the treatments and alternatives, including nontreatment, in language that the person can reasonably be expected to understand; or (b) elects not to be given the information included in (a) of this subsection.

(10) "Long-term care facility" has the same meaning as defined in RCW 43.190.020.

(11) "Mental disorder" means any organic, mental, or emotional impairment which has substantial adverse effects on an individual's cognitive or volitional functions.

(12) "Mental health advance directive" or "directive" means a written document in which the principal makes a declaration of instructions or preferences or appoints an agent to make decisions on behalf of the principal regarding the principal's mental health treatment, or both, and that is consistent with the provisions of this chapter.

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

(14) "Principal" means a person who has executed a mental health advance directive.

(15) "Professional person" means a mental health professional and shall also mean a physician, registered nurse, and such others as may be defined by rules adopted by the secretary pursuant to the provisions of chapter 71.05 RCW.

(16) "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.

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

Sec. 5156. RCW 71.32.110 and 2024 c 62 s 23 are each amended to read as follows:

(1) For the purposes of this chapter, a principal, agent, professional person, or health care provider may seek a determination whether the principal is incapacitated or has regained capacity.

(2)(a) For the purposes of this chapter, no adult may be declared an incapacitated person except by:

(i) A court, if the request is made by the principal or the principal's agent;

(ii) One mental health professional or substance use disorder professional and one health care provider; or

(iii) Two health care providers.

(b) One of the persons making the determination under (a)(ii) or (iii) of this subsection must be a psychiatrist, physician assistant

1 working with a psychiatrist who is acting as a participating
2 physician as defined in RCW 18.71A.010, psychologist, or a
3 psychiatric advanced ((~~registered nurse practitioner~~)) practice
4 registered nurse.

5 (3) When a professional person or health care provider requests a
6 capacity determination, he or she shall promptly inform the principal
7 that:

8 (a) A request for capacity determination has been made; and

9 (b) The principal may request that the determination be made by a
10 court.

11 (4) At least one mental health professional, substance use
12 disorder professional, or health care provider must personally
13 examine the principal prior to making a capacity determination.

14 (5) (a) When a court makes a determination whether a principal has
15 capacity, the court shall, at a minimum, be informed by the testimony
16 of one mental health professional or substance use disorder
17 professional familiar with the principal and shall, except for good
18 cause, give the principal an opportunity to appear in court prior to
19 the court making its determination.

20 (b) To the extent that local court rules permit, any party or
21 witness may testify telephonically.

22 (6) When a court has made a determination regarding a principal's
23 capacity and there is a subsequent change in the principal's
24 condition, subsequent determinations whether the principal is
25 incapacitated may be made in accordance with any of the provisions of
26 subsection (2) of this section.

27 **Sec. 5157.** RCW 71.32.140 and 2024 c 62 s 24 are each amended to
28 read as follows:

29 (1) A principal who:

30 (a) Chose not to be able to revoke his or her directive during
31 any period of incapacity;

32 (b) Consented to voluntary admission to inpatient behavioral
33 health treatment, or authorized an agent to consent on the
34 principal's behalf; and

35 (c) At the time of admission to inpatient treatment, refuses to
36 be admitted, may only be admitted into inpatient behavioral health
37 treatment under subsection (2) of this section.

38 (2) A principal may only be admitted to inpatient behavioral
39 health treatment under his or her directive if, prior to admission, a

1 member of the treating facility's professional staff who is a
2 physician, physician assistant, or psychiatric advanced ((~~registered~~
3 ~~nurse practitioner~~)) practice registered nurse:

4 (a) Evaluates the principal's mental condition, including a
5 review of reasonably available psychiatric and psychological history,
6 diagnosis, and treatment needs, and determines, in conjunction with
7 another health care provider, mental health professional, or
8 substance use disorder professional, that the principal is
9 incapacitated;

10 (b) Obtains the informed consent of the agent, if any, designated
11 in the directive;

12 (c) Makes a written determination that the principal needs an
13 inpatient evaluation or is in need of inpatient treatment and that
14 the evaluation or treatment cannot be accomplished in a less
15 restrictive setting; and

16 (d) Documents in the principal's medical record a summary of the
17 physician's, physician assistant's, or psychiatric advanced
18 ((~~registered nurse practitioner's~~)) practice registered nurse's
19 findings and recommendations for treatment or evaluation.

20 (3) In the event the admitting physician is not a psychiatrist,
21 the admitting physician assistant is not working with a psychiatrist
22 who is acting as a participating physician as defined in RCW
23 18.71A.010, or the advanced ((~~registered nurse practitioner~~))
24 practice registered nurse is not a psychiatric advanced ((~~registered~~
25 ~~nurse practitioner~~)) practice registered nurse, the principal shall
26 receive a complete behavioral health assessment by a mental health
27 professional or substance use disorder professional within 24 hours
28 of admission to determine the continued need for inpatient evaluation
29 or treatment.

30 (4)(a) If it is determined that the principal has capacity, then
31 the principal may only be admitted to, or remain in, inpatient
32 treatment if he or she consents at the time, is admitted for family-
33 initiated treatment under chapter 71.34 RCW, or is detained under the
34 involuntary treatment provisions of chapter 71.05 or 71.34 RCW.

35 (b) If a principal who is determined by two health care providers
36 or one mental health professional or substance use disorder
37 professional and one health care provider to be incapacitated
38 continues to refuse inpatient treatment, the principal may
39 immediately seek injunctive relief for release from the facility.

1 (5) If, at the end of the period of time that the principal or
2 the principal's agent, if any, has consented to voluntary inpatient
3 treatment, but no more than 14 days after admission, the principal
4 has not regained capacity or has regained capacity but refuses to
5 consent to remain for additional treatment, the principal must be
6 released during reasonable daylight hours, unless detained under
7 chapter 71.05 or 71.34 RCW.

8 (6)(a) Except as provided in (b) of this subsection, any
9 principal who is voluntarily admitted to inpatient behavioral health
10 treatment under this chapter shall have all the rights provided to
11 individuals who are voluntarily admitted to inpatient treatment under
12 chapter 71.05, 71.34, or 72.23 RCW.

13 (b) Notwithstanding RCW 71.05.050 regarding consent to inpatient
14 treatment for a specified length of time, the choices an
15 incapacitated principal expressed in his or her directive shall
16 control, provided, however, that a principal who takes action
17 demonstrating a desire to be discharged, in addition to making
18 statements requesting to be discharged, shall be discharged, and no
19 principal shall be restrained in any way in order to prevent his or
20 her discharge. Nothing in this subsection shall be construed to
21 prevent detention and evaluation for civil commitment under chapter
22 71.05 RCW.

23 (7) Consent to inpatient admission in a directive is effective
24 only while the professional person, health care provider, and health
25 care facility are in substantial compliance with the material
26 provisions of the directive related to inpatient treatment.

27 **Sec. 5158.** RCW 71.32.250 and 2024 c 62 s 25 are each amended to
28 read as follows:

29 (1) If a principal who is a resident of a long-term care facility
30 is admitted to inpatient behavioral health treatment pursuant to his
31 or her directive, the principal shall be allowed to be readmitted to
32 the same long-term care facility as if his or her inpatient admission
33 had been for a physical condition on the same basis that the
34 principal would be readmitted under state or federal statute or rule
35 when:

36 (a) The treating facility's professional staff determine that
37 inpatient behavioral health treatment is no longer medically
38 necessary for the resident. The determination shall be made in
39 writing by a psychiatrist, physician assistant working with a

1 psychiatrist who is acting as a participating physician as defined in
2 RCW 18.71A.010, or a psychiatric advanced ((~~registered nurse~~
3 ~~practitioner~~)) practice registered nurse, or (i) one physician and a
4 mental health professional or substance use disorder professional;
5 (ii) one physician assistant and a mental health professional or
6 substance use disorder professional; or (iii) one psychiatric
7 advanced ((~~registered nurse practitioner~~)) practice registered nurse
8 and a mental health professional or substance use disorder
9 professional; or

10 (b) The person's consent to admission in his or her directive has
11 expired.

12 (2)(a) If the long-term care facility does not have a bed
13 available at the time of discharge, the treating facility may
14 discharge the resident, in consultation with the resident and agent
15 if any, and in accordance with a medically appropriate discharge
16 plan, to another long-term care facility.

17 (b) This section shall apply to inpatient behavioral health
18 treatment admission of long-term care facility residents, regardless
19 of whether the admission is directly from a facility, hospital
20 emergency room, or other location.

21 (c) This section does not restrict the right of the resident to
22 an earlier release from the inpatient treatment facility. This
23 section does not restrict the right of a long-term care facility to
24 initiate transfer or discharge of a resident who is readmitted
25 pursuant to this section, provided that the facility has complied
26 with the laws governing the transfer or discharge of a resident.

27 (3) The joint legislative audit and review committee shall
28 conduct an evaluation of the operation and impact of this section.
29 The committee shall report its findings to the appropriate committees
30 of the legislature by December 1, 2004.

31 **Sec. 5159.** RCW 71.32.260 and 2021 c 287 s 19 and 2021 c 215 s
32 159 are each reenacted and amended to read as follows:

33 The directive shall be in substantially the following form:

34 Mental Health Advance Directive of (client name)

35 With Appointment of (agent name) as

36 Agent for Mental Health Decisions
37

1 **PART I.**

2 **STATEMENT OF INTENT TO CREATE A**
3 **MENTAL HEALTH ADVANCE DIRECTIVE**

4 I, (Client name), being a person with capacity, willfully and voluntarily execute this mental health advance directive so that
5 my choices regarding my mental health care will be carried out in circumstances when I am unable to express my
6 instructions and preferences regarding my mental health care.

7 **PART II.**

8 **MY CARE NEEDS – WHAT WORKS FOR ME**

9 In order to assist in carrying out my directive I would like my providers and my agent to know the following information:

10 I have been diagnosed with (client illnesses both mental health and physical diagnoses) for which I take (list medications).

11 I am also on the following other medications: (list any other medications for other conditions).

12 The best treatment method for my illness is (give general overview of what works best for client).

13 I have/do not have a history of substance abuse. My preferences and treatment options around medication management
14 related to substance abuse are:

15 **PART III.**

16 **WHEN THIS DIRECTIVE IS EFFECTIVE**

17 *(You must complete this part for your directive to be valid.)*

18 I intend that this directive become effective (YOU MUST CHOOSE ONLY ONE):

19 Immediately upon my signing of this directive.

20 If I become incapacitated.

21 When the following circumstances, symptoms, or behaviors occur:

22 **PART IV.**

23 **DURATION OF THIS DIRECTIVE**

24 *(You must complete this part for your directive to be valid.)*

25 I want this directive to (YOU MUST CHOOSE ONLY ONE):

26 Remain valid and in effect for an indefinite period of time.

27 Automatically expire years from the date it was created.

28 **PART V.**

29 **WHEN I MAY REVOKE THIS DIRECTIVE**

30 *(You must complete this part for this directive to be valid.)*

31 I intend that I be able to revoke this directive (YOU MUST CHOOSE ONLY ONE):

32 Only when I have capacity.

33 I understand that choosing this option means I may only revoke this directive if I have capacity. I further understand that if
34 I choose this option and become incapacitated while this directive is in effect, I may receive treatment that I specify in this
35 directive, even if I object at the time.

36 Even if I am incapacitated.

37 I understand that choosing this option means that I may revoke this directive even if I am incapacitated. I further
38 understand that if I choose this option and revoke this directive while I am incapacitated I may not receive treatment that I
39 specify in this directive, even if I want the treatment.

1 **PART VI.**

2 **PREFERENCES AND INSTRUCTIONS ABOUT TREATMENT, FACILITIES, AND PHYSICIANS, PHYSICIAN**
3 **ASSISTANTS, OR ADVANCED ((~~REGISTERED NURSE PRACTITIONERS~~)) PRACTICE REGISTERED**
4 **NURSES**

5 **A. Preferences and Instructions About Physician(s), Physician Assistant(s), or Advanced ((~~Registered Nurse~~**
6 **~~Practitioner(s))~~ Practice Registered Nurse(s) to be Involved in My Treatment**

7 I would like the physician(s), physician assistant(s), or advanced ((~~registered nurse practitioner(s))~~) practice registered
8 nurse(s) named below to be involved in my treatment decisions:

9 I do not wish to be treated by

10 **B. Preferences and Instructions About Other Providers**

11 I am receiving other treatment or care from providers who I feel have an impact on my mental health care. I would like the
12 following treatment provider(s) to be contacted when this directive is effective:

13 **C. Preferences and Instructions About Medications for Psychiatric Treatment (check all that apply)**

14 I consent, and authorize my agent (if appointed) to consent, to the following medications:

15 I do not consent, and I do not authorize my agent (if appointed) to consent, to the administration of the following
16 medications:

17 I am willing to take the medications excluded above if my only reason for excluding them is the side effects which
18 include:

19 and these side effects can be eliminated by dosage adjustment or other means

20 I am willing to try any other medication the hospital doctor, physician assistant, or advanced ((~~registered nurse~~
21 ~~practitioner~~)) practice registered nurse recommends.

22 I am willing to try any other medications my outpatient doctor, physician assistant, or advanced ((~~registered nurse~~
23 ~~practitioner~~)) practice registered nurse recommends.

24 I do not want to try any other medications.

25 Medication Allergies.

26 I have allergies to, or severe side effects from, the following:

27 Other Medication Preferences or Instructions

28 I have the following other preferences or instructions about medications:

D. Preferences and Instructions About Hospitalization and Alternatives

(check all that apply and, if desired, rank "1" for first choice, "2" for second choice, and so on)

..... In the event my psychiatric condition is serious enough to require 24-hour care and I have no physical conditions that require immediate access to emergency medical care, I prefer to receive this care in programs/facilities designed as alternatives to psychiatric hospitalizations.

..... I would also like the interventions below to be tried before hospitalization is considered:

..... Calling someone or having someone call me when needed.

Name:..... Telephone/text:..... Email:.....

..... Staying overnight with someone

Name:..... Telephone/text:..... Email:.....

..... Having a mental health service provider come to see me.

..... Going to a crisis triage center or emergency room.

..... Staying overnight at a crisis respite (temporary) bed.

..... Seeing a service provider for help with psychiatric medications.

..... Other, specify:

Authority to Consent to Inpatient Treatment

I consent, and authorize my agent (if appointed) to consent, to voluntary admission to inpatient mental health treatment for days (not to exceed 14 days).

(Sign one):

..... If deemed appropriate by my agent (if appointed) and treating physician, physician assistant, or advanced ((~~registered nurse practitioner~~)) practice registered nurse

.....

(Signature)

Or

..... Under the following circumstances (specify symptoms, behaviors, or circumstances that indicate the need for hospitalization)

.....

(Signature)

..... I do not consent, or authorize my agent (if appointed) to consent, to inpatient treatment

.....

(Signature)

Hospital Preferences and Instructions

If hospitalization is required, I prefer the following hospitals:

I do not consent to be admitted to the following hospitals:

E. Preferences and Instructions About Preemergency

I would like the interventions below to be tried before use of seclusion or restraint is considered (check all that apply):

- "Talk me down" one-on-one
- More medication
- Time out/privacy
- Show of authority/force
- Shift my attention to something else
- Set firm limits on my behavior
- Help me to discuss/vent feelings
- Decrease stimulation
- Offer to have neutral person settle dispute
- Other:

F. Preferences and Instructions About Seclusion, Restraint, and Emergency Medications

If it is determined that I am engaging in behavior that requires seclusion, physical restraint, and/or emergency use of medication, I prefer these interventions in the order I have chosen (choose "1" for first choice, "2" for second choice, and so on):

- Seclusion
- Seclusion and physical restraint (combined)
- Medication by injection
- Medication in pill or liquid form

In the event that my attending physician, physician assistant, or advanced ((~~registered nurse practitioner~~)) practice registered nurse decides to use medication in response to an emergency situation after due consideration of my preferences and instructions for emergency treatments stated above, I expect the choice of medication to reflect any preferences and instructions I have expressed in Part VI C. of this form. The preferences and instructions I express in this section regarding medication in emergency situations do not constitute consent to use of the medication for nonemergency treatment.

**G. Preferences and Instructions About Electroconvulsive Therapy
(ECT or Shock Therapy)**

My wishes regarding electroconvulsive therapy are (sign one):

..... I do not consent, nor authorize my agent (if appointed) to consent, to the administration of electroconvulsive therapy
.....

(Signature)

..... I consent, and authorize my agent (if appointed) to consent, to the administration of electroconvulsive therapy
.....

(Signature)

..... I consent, and authorize my agent (if appointed) to consent, to the administration of electroconvulsive therapy, but only under the following conditions:

.....

(Signature)

H. Preferences and Instructions About Who is Permitted to Visit

If I have been admitted to a mental health treatment facility, the following people are not permitted to visit me there:

Name:

Name:

I understand that persons not listed above may be permitted to visit me.

I. Additional Instructions About My Mental Health Care

Other instructions about my mental health care:

In case of emergency, please contact:

Name: Address:

Work telephone: Home telephone:

Physician, physician assistant, or advanced Address:

((~~registered nurse practitioner~~)) practice Email:

registered nurse:

Telephone:

The following may help me to avoid a hospitalization:

I generally react to being hospitalized as follows:

Staff of the hospital or crisis unit can help me by doing the following:

J. Refusal of Treatment

I do not consent to any mental health treatment.

.....

(Signature)

PART VII.

DURABLE POWER OF ATTORNEY (APPOINTMENT OF MY AGENT)

(Fill out this part only if you wish to appoint an agent or nominate a guardian.)

1 I authorize an agent to make mental health treatment decisions on my behalf. The authority granted to my agent includes
2 the right to consent, refuse consent, or withdraw consent to any mental health care, treatment, service, or procedure,
3 consistent with any instructions and/or limitations I have set forth in this directive. I intend that those decisions should be
4 made in accordance with my expressed wishes as set forth in this document. If I have not expressed a choice in this
5 document **and my agent does not otherwise know my wishes**, I authorize my agent to make the decision that my agent
6 determines is in my best interest. This agency shall not be affected by my incapacity. Unless I state otherwise in this
7 durable power of attorney, I may revoke it unless prohibited by other state law.

8
9 HIPAA Release Authority. In addition to the other powers granted by this document, I grant to my Attorney-in-Fact the
10 power and authority to serve as my personal representative for all purposes under the Health Insurance Portability and
11 Accountability Act (HIPAA) of 1996, as amended from time to time, and its regulations. My Attorney-in-Fact will serve as
12 my "HIPAA personal representative" and will exercise this authority at any time that my Attorney-in-Fact is exercising
13 authority under this document.

14 **A. Designation of an Agent**

15 Name: Address:
16 Work phone: Home/cell phone:
17 Relationship: Email:

18 **B. Designation of Alternate Agent**

19 If the person named above is unavailable, unable, or refuses to serve as my agent, or I revoke that person's authority to
20 serve as my agent, I hereby appoint the following person as my alternate agent and request that this person be notified
21 immediately when this directive becomes effective or when my original agent is no longer my agent:

22 Name: Address:
23 Work phone: Home phone:
24 Relationship: Email:

25 **C. Limitations on My Agent's Authority**

26 I do not grant my agent the authority to consent on my behalf to the following:

27 **D. Limitations on My Ability to Revoke this Durable Power of Attorney**

28 I choose to limit my ability to revoke this durable power of attorney as follows:

29 **E. Preference as to Court-Appointed Guardian**

30 In the event a court appoints a guardian who will make decisions regarding my mental health treatment, I **nominate** my
31 then-serving agent (or name someone else) **as my guardian**:

32 Name and contact information (if someone other than agent or alternate):

33 The appointment of a guardian of my estate or my person or any other decision maker shall not give the guardian or
34 decision maker the power to revoke, suspend, or terminate this directive or the powers of my agent, except as authorized by
35 law.

1
2
3 **PART VIII.**
4 **OTHER DOCUMENTS**

5 *(Initial all that apply)*

6 I have executed the following documents that include the power to make decisions regarding health care services for
7 myself:

8 Health care power of attorney (chapter 11.125 RCW)

9 "Living will" (Health care directive; chapter 70.122 RCW)

10 I have appointed more than one agent. I understand that the most recently appointed agent controls except as stated
11 below:

12 **PART IX.**
13 **NOTIFICATION OF OTHERS AND CARE OF PERSONAL AFFAIRS**

14 *(Fill out this part only if you wish to provide nontreatment instructions.)*

15 I understand the preferences and instructions in this part are **NOT** the responsibility of my treatment provider and that no
16 treatment provider is required to act on them.

17 **A. Who Should Be Notified**

18 I desire my agent to notify the following individuals as soon as possible if I am admitted to a mental health facility:

19 Name: Address:

20 Day telephone: Evening telephone:

21 Name: Address:

22 Day telephone: Evening telephone:

23 Name: Address:

24 Day telephone: Evening telephone:

25 **B. Preferences or Instructions About Personal Affairs**

26 I have the following preferences or instructions about my personal affairs (e.g., care of dependents, pets, household) if I am
27 admitted to a mental health treatment facility:

28 **C. Additional Preferences and Instructions:**

29 **PART X.**
30 **SIGNATURE**

31 By signing here, I indicate that I understand the purpose and effect of this document and that I am giving my informed
32 consent to the treatments and/or admission to which I have consented or authorized my agent to consent in this directive. I
33 intend that my consent in this directive be construed as being consistent with the elements of informed consent under
34 chapter 7.70 RCW.

1 In witness of this, I have signed on this day of, 20. . . .

2 Signature:

3 STATE OF WASHINGTON)

4) ss.

5 COUNTY OF)

6
7 I certify that I know or have satisfactory evidence that (client name) is
8 the person who appeared before me, and said person acknowledged that
9 he or she signed this Durable Power of Attorney and acknowledged it to
10 be his or her free and voluntary act for the uses and purposes mentioned
11 in this instrument.

12 SUBSCRIBED and SWORN to before me this day of,
20. . . .

13
14 SIGNATURE OF NOTARY

15
16
17 PRINT NAME OF NOTARY

18
19 NOTARY PUBLIC for the State of Washington at

20 My commission expires

21 OR have two witnesses:

22 Name:

23 This directive was signed and declared by the "Principal," to be his or her directive, in our presence who, at his or her
24 request, have signed our names below as witnesses. We declare that, at the time of the creation of this instrument, the
25 Principal is personally known to us, and, according to our best knowledge and belief, has capacity at this time and does not
26 appear to be acting under duress, undue influence, or fraud. We further declare that none of us is:

27 (A) A person designated to make medical decisions on the principal's behalf;

28 (B) A health care provider or professional person directly involved with the provision of care to the principal at the time the
29 directive is executed;

30 (C) An owner, operator, employee, or relative of an owner or operator of a health care facility or long-term care facility in
31 which the principal is a patient or resident;

32 (D) A person who is related by blood, marriage, or adoption to the person, or with whom the principal has a dating
33 relationship as defined in RCW 7.105.010;

34 (E) An incapacitated person;

35 (F) A person who would benefit financially if the principal undergoes mental health treatment; or

36 (G) A minor.

Witness 1 Signature: Date:

Printed Name: Address:

Telephone:

Witness 2 Signature: Date:

Printed Name: Address:

Telephone:

PART XI.
RECORD OF DIRECTIVE

I have given a copy of this directive to the following persons:

Name: Address:

Day telephone: Evening telephone:

Name: Address:

Day telephone: Evening telephone:

DO NOT FILL OUT PART XII UNLESS YOU INTEND TO REVOKE
THIS DIRECTIVE IN PART OR IN WHOLE

PART XII.
REVOCATION OF THIS DIRECTIVE

(Initial any that apply):

..... I am revoking the following part(s) of this directive (specify):

Date:

..... I am revoking all of this directive.

By signing here, I indicate that I understand the purpose and effect of my revocation and that no person is bound by any
revoked provision(s). I intend this revocation to be interpreted as if I had never completed the revoked provision(s).

(Signature)

Printed Name:

**DO NOT SIGN THIS PART UNLESS YOU INTEND TO REVOKE THIS
DIRECTIVE IN PART OR IN WHOLE**

Sec. 5160. RCW 71.34.720 and 2021 c 264 s 34 are each amended to
read as follows:

1 (1) Each minor approved by the facility for inpatient admission
2 shall be examined and evaluated by a children's mental health
3 specialist, for minors admitted as a result of a mental disorder, or
4 by a substance use disorder professional or co-occurring disorder
5 specialist, for minors admitted as a result of a substance use
6 disorder, as to the child's mental condition and by a physician,
7 physician assistant, or psychiatric advanced ~~((registered nurse~~
8 ~~practitioner))~~ practice registered nurse as to the child's physical
9 condition within twenty-four hours of admission. Reasonable measures
10 shall be taken to ensure medical treatment is provided for any
11 condition requiring immediate medical attention.

12 (2) If, at any time during the involuntary treatment hold and
13 following the initial examination and evaluation, the children's
14 mental health specialist or substance use disorder specialist and the
15 physician, physician assistant, or psychiatric advanced ~~((registered~~
16 ~~nurse practitioner))~~ practice registered nurse determine that the
17 initial needs of the minor, if detained to an evaluation and
18 treatment facility, would be better served by placement in a secure
19 withdrawal management and stabilization facility or approved
20 substance use disorder treatment program or, if detained to a secure
21 withdrawal management and stabilization facility or approved
22 substance use disorder treatment program, would be better served in
23 an evaluation and treatment facility, then the minor shall be
24 referred to the more appropriate placement for the remainder of the
25 current commitment period without any need for further court review.

26 (3) The admitting facility shall take reasonable steps to notify
27 immediately the minor's parent of the admission.

28 (4) During the initial one hundred twenty hour treatment period,
29 the minor has a right to associate or receive communications from
30 parents or others unless the professional person in charge determines
31 that such communication would be seriously detrimental to the minor's
32 condition or treatment and so indicates in the minor's clinical
33 record, and notifies the minor's parents of this determination. A
34 minor must not be denied the opportunity to consult an attorney
35 unless there is an immediate risk of harm to the minor or others.

36 (5) If the evaluation and treatment facility, secure withdrawal
37 management and stabilization facility, or approved substance use
38 disorder treatment program admits the minor, it may detain the minor
39 for evaluation and treatment for a period not to exceed one hundred
40 twenty hours from the time of provisional acceptance. The computation

1 of such one hundred twenty hour period shall exclude Saturdays,
2 Sundays, and holidays. This initial treatment period shall not exceed
3 one hundred twenty hours except when an application for voluntary
4 inpatient treatment is received or a petition for fourteen-day
5 commitment is filed.

6 (6) Within twelve hours of the admission, the facility shall
7 advise the minor of his or her rights as set forth in this chapter.

8 **Sec. 5161.** RCW 71.34.730 and 2020 c 302 s 89 and 2020 c 185 s 5
9 are each reenacted and amended to read as follows:

10 (1) The professional person in charge of an evaluation and
11 treatment facility, secure withdrawal management and stabilization
12 facility, or approved substance use disorder treatment program where
13 a minor has been admitted involuntarily for the initial one hundred
14 twenty hour treatment period under this chapter may petition to have
15 a minor committed to an evaluation and treatment facility, a secure
16 withdrawal management and stabilization facility, or an approved
17 substance use disorder treatment program for fourteen-day diagnosis,
18 evaluation, and treatment.

19 If the professional person in charge of the facility does not
20 petition to have the minor committed, the parent who has custody of
21 the minor may seek review of that decision in court. The parent shall
22 file notice with the court and provide a copy of the treatment and
23 evaluation facility's report.

24 (2) A petition for commitment of a minor under this section shall
25 be filed with the superior court in the county where the minor is
26 being detained.

27 (a) A petition for a fourteen-day commitment shall be signed by:

28 (i) One physician, physician assistant, or psychiatric advanced
29 ~~((registered nurse practitioner))~~ practice registered nurse; and

30 (ii) One physician, physician assistant, psychiatric advanced
31 ~~((registered nurse practitioner))~~ practice registered nurse, or
32 mental health professional.

33 (b) If the petition is for substance use disorder treatment, the
34 petition may be signed by a substance use disorder professional
35 instead of a mental health professional and by an advanced
36 ~~((registered nurse practitioner))~~ practice registered nurse instead
37 of a psychiatric advanced ~~((registered nurse practitioner))~~ practice
38 registered nurse. The person signing the petition must have examined
39 the minor, and the petition must contain the following:

(i) The name and address of the petitioner;

(ii) The name of the minor alleged to meet the criteria for fourteen-day commitment;

(iii) The name, telephone number, and address if known of every person believed by the petitioner to be legally responsible for the minor;

(iv) A statement that the petitioner has examined the minor and finds that the minor's condition meets required criteria for fourteen-day commitment and the supporting facts therefor;

(v) A statement that the minor has been advised of the need for voluntary treatment but has been unwilling or unable to consent to necessary treatment;

(vi) If the petition is for mental health treatment, a statement that the minor has been advised of the loss of firearm rights if involuntarily committed;

(vii) A statement recommending the appropriate facility or facilities to provide the necessary treatment; and

(viii) A statement concerning whether a less restrictive alternative to inpatient treatment is in the best interests of the minor.

(c) A copy of the petition shall be personally served on the minor by the petitioner or petitioner's designee. A copy of the petition shall be provided to the minor's attorney and the minor's parent.

Sec. 5162. RCW 71.34.750 and 2024 c 62 s 29 are each amended to read as follows:

(1) At any time during the minor's period of fourteen-day commitment, the professional person in charge may petition the court for an order requiring the minor to undergo an additional one hundred eighty-day period of treatment. The evidence in support of the petition shall be presented by the county prosecutor unless the petition is filed by the professional person in charge of a state-operated facility in which case the evidence shall be presented by the attorney general.

(2) The petition for one hundred eighty-day commitment shall contain the following:

(a) The name and address of the petitioner or petitioners;

(b) The name of the minor alleged to meet the criteria for one hundred eighty-day commitment;

1 (c) A statement that the petitioner is the professional person in
2 charge of the evaluation and treatment facility, secure withdrawal
3 management and stabilization facility, or approved substance use
4 disorder treatment program responsible for the treatment of the
5 minor;

6 (d) The date of the fourteen-day commitment order; and

7 (e) A summary of the facts supporting the petition.

8 (3) The petition shall be supported by accompanying affidavits
9 signed by: (a) Two examining physicians, one of whom shall be a child
10 psychiatrist, or two psychiatric advanced ~~((registered—nurse
11 practitioner))~~ practice registered nurses, one of whom shall be a
12 child and adolescent or family psychiatric advanced ~~((registered
13 nurse—practitioner))~~ practice registered nurse. If the petition is
14 for substance use disorder treatment, the petition may be signed by a
15 substance use disorder professional instead of a mental health
16 professional and by an advanced ~~((registered—nurse—practitioner))~~
17 practice registered nurse instead of a psychiatric advanced
18 ~~((registered—nurse—practitioner))~~ practice registered nurse, or two
19 physician assistants, one of whom must be supervised by or
20 collaborating with a child psychiatrist; (b) one children's mental
21 health specialist and either an examining physician, physician
22 assistant, or a psychiatric advanced ~~((registered—nurse
23 practitioner))~~ practice registered nurse; or (c) two among an
24 examining physician, physician assistant, and a psychiatric advanced
25 ~~((registered—nurse—practitioner))~~ practice registered nurse, one of
26 which needs to be a child psychiatrist, a physician assistant
27 supervised by or collaborating with a child psychiatrist, or a child
28 and adolescent psychiatric nurse practitioner. The affidavits shall
29 describe in detail the behavior of the detained minor which supports
30 the petition and shall state whether a less restrictive alternative
31 to inpatient treatment is in the best interests of the minor.

32 (4) The petition for one hundred eighty-day commitment shall be
33 filed with the clerk of the court at least three days before the
34 expiration of the fourteen-day commitment period. The petitioner or
35 the petitioner's designee shall within twenty-four hours of filing
36 serve a copy of the petition on the minor and notify the minor's
37 attorney and the minor's parent. A copy of the petition shall be
38 provided to such persons at least twenty-four hours prior to the
39 hearing.

1 (5) At the time of filing, the court shall set a date within
2 seven days for the hearing on the petition. If the hearing is not
3 commenced within thirty days after the filing of the petition,
4 including extensions of time requested by the detained person or his
5 or her attorney or the court in the administration of justice under
6 RCW 71.34.735, the minor must be released. The minor or the parents
7 shall be afforded the same rights as in a fourteen-day commitment
8 hearing. Treatment of the minor shall continue pending the
9 proceeding.

10 (6) For one hundred eighty-day commitment, the court must find by
11 clear, cogent, and convincing evidence that the minor:

12 (a) Is suffering from a mental disorder or substance use
13 disorder;

14 (b) Presents a likelihood of serious harm or is gravely disabled;
15 and

16 (c) Is in need of further treatment that only can be provided in
17 a one hundred eighty-day commitment.

18 (7) In determining whether an inpatient or less restrictive
19 alternative commitment is appropriate, great weight must be given to
20 evidence of a prior history or pattern of decompensation and
21 discontinuation of treatment resulting in: (a) Repeated
22 hospitalizations; or (b) repeated peace officer interventions
23 resulting in juvenile charges. Such evidence may be used to provide a
24 factual basis for concluding that the minor would not receive, if
25 released, such care as is essential for his or her health or safety.

26 (8)(a) If the court finds that the criteria for commitment are
27 met and that less restrictive treatment in a community setting is not
28 appropriate or available, the court shall order the minor committed
29 to the custody of the director for further inpatient mental health
30 treatment, to an approved substance use disorder treatment program
31 for further substance use disorder treatment, or to a private
32 treatment and evaluation facility for inpatient mental health or
33 substance use disorder treatment if the minor's parents have assumed
34 responsibility for payment for the treatment. If the court finds that
35 a less restrictive alternative is in the best interest of the minor,
36 the court shall order less restrictive alternative treatment upon
37 such conditions as necessary.

38 (b) If the court determines that the minor does not meet the
39 criteria for one hundred eighty-day commitment, the minor shall be
40 released.

(9) Successive one hundred eighty-day commitments are permissible on the same grounds and under the same procedures as the original one hundred eighty-day commitment. Such petitions shall be filed at least three days prior to the expiration of the previous one hundred eighty-day commitment order.

Sec. 5163. RCW 71.34.755 and 2024 c 62 s 30 are each amended to read as follows:

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

- (a) Assignment of a care coordinator;
- (b) An intake evaluation with the provider of the less restrictive alternative treatment;
- (c) A psychiatric evaluation, a substance use disorder evaluation, or both;
- (d) A schedule of regular contacts with the provider of the less restrictive alternative treatment services for the duration of the order;
- (e) A transition plan addressing access to continued services at the expiration of the order;
- (f) An individual crisis plan;
- (g) Consultation about the formation of a mental health advance directive under chapter 71.32 RCW; and
- (h) Notification to the care coordinator assigned in (a) of this subsection if reasonable efforts to engage the client fail to produce substantial compliance with court-ordered treatment conditions.

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

- (a) Medication management;
- (b) Psychotherapy;
- (c) Nursing;
- (d) Substance use disorder counseling;
- (e) Residential treatment;
- (f) Partial hospitalization;
- (g) Intensive outpatient treatment;
- (h) Support for housing, benefits, education, and employment; and
- (i) Periodic court review.

(3) If the minor was provided with involuntary medication during the involuntary commitment period, the less restrictive alternative treatment order may authorize the less restrictive alternative

1 treatment provider or its designee to administer involuntary
2 antipsychotic medication to the person if the provider has attempted
3 and failed to obtain the informed consent of the person and there is
4 a concurring medical opinion approving the medication by a
5 psychiatrist, physician assistant working with a psychiatrist who is
6 acting as a participating physician as defined in RCW 18.71A.010,
7 psychiatric advanced ((~~registered nurse practitioner~~)) practice
8 registered nurse, or physician or physician assistant in consultation
9 with an independent mental health professional with prescribing
10 authority.

11 (4) Less restrictive alternative treatment must be administered
12 by a provider that is certified or licensed to provide or coordinate
13 the full scope of services required under the less restrictive
14 alternative order and that has agreed to assume this responsibility.

15 (5) The care coordinator assigned to a minor ordered to less
16 restrictive alternative treatment must submit an individualized plan
17 for the minor's treatment services to the court that entered the
18 order. An initial plan must be submitted as soon as possible
19 following the intake evaluation and a revised plan must be submitted
20 upon any subsequent modification in which a type of service is
21 removed from or added to the treatment plan.

22 (6) A care coordinator may disclose information and records
23 related to mental health services pursuant to RCW 70.02.230(2)(k) for
24 purposes of implementing less restrictive alternative treatment.

25 (7) For the purpose of this section, "care coordinator" means a
26 clinical practitioner who coordinates the activities of less
27 restrictive alternative treatment. The care coordinator coordinates
28 activities with the designated crisis responders that are necessary
29 for enforcement and continuation of less restrictive alternative
30 treatment orders and is responsible for coordinating service
31 activities with other agencies and establishing and maintaining a
32 therapeutic relationship with the individual on a continuing basis.

33 **Sec. 5164.** RCW 71.34.770 and 2016 c 155 s 22 are each amended to
34 read as follows:

35 (1) The professional person in charge of the inpatient treatment
36 facility may authorize release for the minor under such conditions as
37 appropriate. Conditional release may be revoked pursuant to RCW
38 71.34.780 if leave conditions are not met or the minor's functioning
39 substantially deteriorates.

(2) Minors may be discharged prior to expiration of the commitment period if the treating physician, physician assistant, psychiatric advanced ((~~registered nurse practitioner~~)) practice registered nurse, or professional person in charge concludes that the minor no longer meets commitment criteria.

Sec. 5165. RCW 71.34.815 and 2024 c 209 s 10 are each amended to read as follows:

(1) An adolescent is in need of assisted outpatient treatment if the court finds by clear, cogent, and convincing evidence in response to a petition filed under this section that:

(a) The adolescent has a behavioral health disorder;

(b) Based on a clinical determination and in view of the adolescent's treatment history and current behavior, at least one of the following is true:

(i) The adolescent is unlikely to survive safely in the community without supervision and the adolescent's condition is substantially deteriorating; or

(ii) The adolescent is in need of assisted outpatient treatment in order to prevent a relapse or deterioration that would be likely to result in grave disability or a likelihood of serious harm to the adolescent or to others;

(c) The adolescent has a history of lack of compliance with treatment for his or her behavioral health disorder that has:

(i) At least twice within the 36 months prior to the filing of the petition been a significant factor in necessitating hospitalization of the adolescent, or the adolescent's receipt of services in a forensic or other mental health unit of a state, local, or tribal correctional facility, provided that the 36-month period shall be extended by the length of any hospitalization or incarceration of the adolescent that occurred within the 36-month period;

(ii) At least twice within the 36 months prior to the filing of the petition been a significant factor in necessitating emergency medical care or hospitalization for behavioral health-related medical conditions including overdose, infected abscesses, sepsis, endocarditis, or other maladies, or a significant factor in behavior which resulted in the adolescent's incarceration in a state, local, or tribal correctional facility; or

1 (iii) Resulted in one or more violent acts, threats, or attempts
2 to cause serious physical harm to the adolescent or another within
3 the 48 months prior to the filing of the petition, provided that the
4 48-month period shall be extended by the length of any
5 hospitalization or incarceration of the person that occurred during
6 the 48-month period;

7 (d) Participation in an assisted outpatient treatment program
8 would be the least restrictive alternative necessary to ensure the
9 adolescent's recovery and stability; and

10 (e) The adolescent will benefit from assisted outpatient
11 treatment.

12 (2) The following individuals may directly file a petition for
13 less restrictive alternative treatment on the basis that an
14 adolescent is in need of assisted outpatient treatment:

15 (a) The director of a hospital where the adolescent is
16 hospitalized or the director's designee;

17 (b) The director of a behavioral health service provider
18 providing behavioral health care or residential services to the
19 adolescent or the director's designee;

20 (c) The adolescent's treating mental health professional or
21 substance use disorder professional or one who has evaluated the
22 person;

23 (d) A designated crisis responder;

24 (e) A release planner from a juvenile detention or rehabilitation
25 facility; or

26 (f) An emergency room physician.

27 (3) A court order for less restrictive alternative treatment on
28 the basis that the adolescent is in need of assisted outpatient
29 treatment may be effective for up to 18 months. The petitioner must
30 personally interview the adolescent, unless the adolescent refuses an
31 interview, to determine whether the adolescent will voluntarily
32 receive appropriate treatment.

33 (4) The petitioner must allege specific facts based on personal
34 observation, evaluation, or investigation, and must consider the
35 reliability or credibility of any person providing information
36 material to the petition.

37 (5) The petition must include:

38 (a) A statement of the circumstances under which the adolescent's
39 condition was made known and the basis for the opinion, from personal
40 observation or investigation, that the adolescent is in need of

1 assisted outpatient treatment. The petitioner must state which
2 specific facts come from personal observation and specify what other
3 sources of information the petitioner has relied upon to form this
4 belief;

5 (b) A declaration from a physician, physician assistant, or
6 advanced ((~~registered nurse practitioner~~)) practice registered nurse,
7 or the adolescent's treating mental health professional or substance
8 use disorder professional, who has examined the adolescent no more
9 than 10 days prior to the submission of the petition and who is
10 willing to testify in support of the petition, or who alternatively
11 has made appropriate attempts to examine the adolescent within the
12 same period but has not been successful in obtaining the adolescent's
13 cooperation, and who is willing to testify to the reasons they
14 believe that the adolescent meets the criteria for assisted
15 outpatient treatment. If the declaration is provided by the
16 adolescent's treating mental health professional or substance use
17 disorder professional, it must be cosigned by a supervising
18 physician, physician assistant, or advanced ((~~registered nurse~~
19 ~~practitioner~~)) practice registered nurse who certifies that they have
20 reviewed the declaration;

21 (c) The declarations of additional witnesses, if any, supporting
22 the petition for assisted outpatient treatment;

23 (d) The name of an agency, provider, or facility that agrees to
24 provide less restrictive alternative treatment if the petition is
25 granted by the court; and

26 (e) If the adolescent is detained in a state hospital, inpatient
27 treatment facility, or juvenile detention or rehabilitation facility
28 at the time the petition is filed, the anticipated release date of
29 the adolescent and any other details needed to facilitate successful
30 reentry and transition into the community.

31 (6)(a) Upon receipt of a petition meeting all requirements of
32 this section, the court shall fix a date for a hearing:

33 (i) No sooner than three days or later than seven days after the
34 date of service or as stipulated by the parties or, upon a showing of
35 good cause, no later than 30 days after the date of service; or

36 (ii) If the adolescent is hospitalized at the time of filing of
37 the petition, before discharge of the adolescent and in sufficient
38 time to arrange for a continuous transition from inpatient treatment
39 to assisted outpatient treatment.

1 (b) A copy of the petition and notice of hearing shall be served,
2 in the same manner as a summons, on the petitioner, the adolescent,
3 the qualified professional whose affidavit accompanied the petition,
4 a current provider, if any, and a surrogate decision maker or agent
5 under chapter 71.32 RCW, if any.

6 (c) If the adolescent has a surrogate decision maker or agent
7 under chapter 71.32 RCW who wishes to provide testimony at the
8 hearing, the court shall afford the surrogate decision maker or agent
9 an opportunity to testify.

10 (d) The adolescent shall be represented by counsel at all stages
11 of the proceedings.

12 (e) If the adolescent fails to appear at the hearing after
13 notice, the court may conduct the hearing in the adolescent's
14 absence; provided that the adolescent's counsel is present.

15 (f) If the adolescent has refused to be examined by the qualified
16 professional whose affidavit accompanied the petition, the court may
17 order a mental examination of the adolescent. The examination of the
18 adolescent may be performed by the qualified professional whose
19 affidavit accompanied the petition. If the examination is performed
20 by another qualified professional, the examining qualified
21 professional shall be authorized to consult with the qualified
22 professional whose affidavit accompanied the petition.

23 (g) If the adolescent has refused to be examined by a qualified
24 professional and the court finds reasonable grounds to believe that
25 the allegations of the petition are true, the court may issue a
26 written order directing a peace officer who has completed crisis
27 intervention training to detain and transport the adolescent to a
28 provider for examination by a qualified professional. An adolescent
29 detained pursuant to this subsection shall be detained no longer than
30 necessary to complete the examination and in no event longer than 24
31 hours. All papers in the court file must be provided to the
32 adolescent's designated attorney.

33 (7) If the petition involves an adolescent whom the petitioner or
34 behavioral health administrative services organization knows, or has
35 reason to know, is an American Indian or Alaska Native who receives
36 medical or behavioral health services from a tribe within this state,
37 the petitioner or behavioral health administrative services
38 organization shall notify the tribe and Indian health care provider.
39 Notification shall be made in person or by telephonic or electronic
40 communication to the tribal contact listed in the authority's tribal

1 crisis coordination plan as soon as possible, but before the hearing
2 and no later than 24 hours from the time the petition is served upon
3 the person and the person's guardian. The notice to the tribe or
4 Indian health care provider must include a copy of the petition,
5 together with any orders issued by the court and a notice of the
6 tribe's right to intervene. The court clerk shall provide copies of
7 any court orders necessary for the petitioner or the behavioral
8 health administrative services organization to provide notice to the
9 tribe or Indian health care provider under this section.

10 (8) A petition for assisted outpatient treatment filed under this
11 section shall be adjudicated under RCW 71.34.740.

12 (9) After January 1, 2023, a petition for assisted outpatient
13 treatment must be filed on forms developed by the administrative
14 office of the courts.

15 **Sec. 5166.** RCW 72.09.588 and 2018 c 41 s 1 are each amended to
16 read as follows:

17 (1) The department must make reasonable accommodations for the
18 provision of available midwifery or doula services to inmates who are
19 pregnant or who have given birth in the last six weeks. Persons
20 providing midwifery or doula services must be granted appropriate
21 facility access, must be allowed to attend and provide assistance
22 during labor and childbirth where feasible, and must have access to
23 the inmate's relevant health care information, as defined in RCW
24 70.02.010, if the inmate authorizes disclosure.

25 (2) For purposes of this section, the following definitions
26 apply:

27 (a) "Doula services" are services provided by a trained doula and
28 designed to provide physical, emotional, or informational support to
29 a pregnant woman before, during, and after delivery of a child. Doula
30 services may include, but are not limited to: Support and assistance
31 during labor and childbirth; prenatal and postpartum education;
32 breastfeeding assistance; parenting education; and support in the
33 event that a woman has been or will become separated from her child.

34 (b) "Midwifery services" means medical aid rendered by a midwife
35 to a woman during prenatal, intrapartum, or postpartum stages or to a
36 woman's newborn up to two weeks of age.

37 (c) "Midwife" means a midwife licensed under chapter 18.50 RCW or
38 an advanced (~~registered nurse practitioner~~) practice registered
39 nurse licensed under chapter 18.79 RCW.

(3) Nothing in this section requires the department to establish or provide funding for midwifery or doula services, or prevents the department from adopting policy guidelines for the delivery of midwifery or doula services to inmates. Services provided under this section may not supplant health care services routinely provided to the inmate.

Sec. 5167. RCW 74.09.010 and 2023 c 51 s 33 are each amended to read as follows:

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

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

(2) "Bidirectional integration" means integrating behavioral health services into primary care settings and integrating primary care services into behavioral health settings.

(3) "Children's health program" means the health care services program provided to children under eighteen years of age and in households with incomes at or below the federal poverty level as annually defined by the federal department of health and human services as adjusted for family size, and who are not otherwise eligible for medical assistance or the limited casualty program for the medically needy.

(4) "Chronic care management" means the health care management within a health home of persons identified with, or at high risk for, one or more chronic conditions. Effective chronic care management:

(a) Actively assists patients to acquire self-care skills to improve functioning and health outcomes, and slow the progression of disease or disability;

(b) Employs evidence-based clinical practices;

(c) Coordinates care across health care settings and providers, including tracking referrals;

(d) Provides ready access to behavioral health services that are, to the extent possible, integrated with primary care; and

(e) Uses appropriate community resources to support individual patients and families in managing chronic conditions.

(5) "Chronic condition" means a prolonged condition and includes, but is not limited to:

(a) A mental health condition;

(b) A substance use disorder;

(c) Asthma;

1 (d) Diabetes;
2 (e) Heart disease; and
3 (f) Being overweight, as evidenced by a body mass index over
4 twenty-five.

5 (6) "County" means the board of county commissioners, county
6 council, county executive, or tribal jurisdiction, or its designee.

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

9 (8) "Department of health" means the Washington state department
10 of health created pursuant to RCW 43.70.020.

11 (9) "Director" means the director of the Washington state health
12 care authority.

13 (10) "Full benefit dual eligible beneficiary" means an individual
14 who, for any month: Has coverage for the month under a medicare
15 prescription drug plan or medicare advantage plan with part D
16 coverage; and is determined eligible by the state for full medicaid
17 benefits for the month under any eligibility category in the state's
18 medicaid plan or a section 1115 demonstration waiver that provides
19 pharmacy benefits.

20 (11) "Health home" or "primary care health home" means
21 coordinated health care provided by a licensed primary care provider
22 coordinating all medical care services, and a multidisciplinary
23 health care team comprised of clinical and nonclinical staff. The
24 term "coordinating all medical care services" shall not be construed
25 to require prior authorization by a primary care provider in order
26 for a patient to receive treatment for covered services by an
27 optometrist licensed under chapter 18.53 RCW. Primary care health
28 home services shall include those services defined as health home
29 services in 42 U.S.C. Sec. 1396w-4 and, in addition, may include, but
30 are not limited to:

31 (a) Comprehensive care management including, but not limited to,
32 chronic care treatment and management;

33 (b) Extended hours of service;

34 (c) Multiple ways for patients to communicate with the team,
35 including electronically and by phone;

36 (d) Education of patients on self-care, prevention, and health
37 promotion, including the use of patient decision aids;

38 (e) Coordinating and assuring smooth transitions and follow-up
39 from inpatient to other settings;

1 (f) Individual and family support including authorized
2 representatives;

3 (g) The use of information technology to link services, track
4 tests, generate patient registries, and provide clinical data; and

5 (h) Ongoing performance reporting and quality improvement.

6 (12) "Limited casualty program" means the medical care program
7 provided to medically needy persons as defined under Title XIX of the
8 federal social security act, and to medically indigent persons who
9 are without income or resources sufficient to secure necessary
10 medical services.

11 (13) "Managed care organization" means any health care
12 organization, including health care providers, insurers, health care
13 service contractors, health maintenance organizations, health
14 insuring organizations, or any other entity or combination thereof,
15 that provides directly or by contract health care services covered
16 under this chapter and rendered by licensed providers, on a prepaid
17 capitated basis and that meets the requirements of section
18 1903(m)(1)(A) of Title XIX of the federal social security act or
19 federal demonstration waivers granted under section 1115(a) of Title
20 XI of the federal social security act.

21 (14) "Medical assistance" means the federal aid medical care
22 program provided to categorically needy persons as defined under
23 Title XIX of the federal social security act.

24 (15) "Medical care services" means the limited scope of care
25 financed by state funds and provided to persons who are not eligible
26 for medicaid under RCW 74.09.510 and who are eligible for the aged,
27 blind, or disabled assistance program authorized in RCW 74.62.030 or
28 the essential needs and housing support program pursuant to RCW
29 74.04.805.

30 (16) "Multidisciplinary health care team" means an
31 interdisciplinary team of health professionals which may include, but
32 is not limited to, medical specialists, nurses, pharmacists,
33 nutritionists, dieticians, social workers, behavioral and mental
34 health providers including substance use disorder prevention and
35 treatment providers, doctors of chiropractic, physical therapists,
36 licensed complementary and alternative medicine practitioners, home
37 care and other long-term care providers, and physicians' assistants.

38 (17) "Nursing home" means nursing home as defined in RCW
39 18.51.010.

(18) "Poverty" means the federal poverty level determined annually by the United States department of health and human services, or successor agency.

(19) "Primary care behavioral health" means a health care integration model in which behavioral health care is colocated, collaborative, and integrated within a primary care setting.

(20) "Primary care provider" means a general practice physician, family practitioner, internist, pediatrician, osteopathic physician, naturopath, physician assistant, and advanced (~~registered nurse practitioner~~) practice registered nurse licensed under Title 18 RCW.

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

(22) "Whole-person care in behavioral health" means a health care integration model in which primary care services are integrated into a behavioral health setting either through colocation or community-based care management.

Sec. 5168. RCW 74.09.725 and 2011 1st sp.s. c 15 s 46 are each amended to read as follows:

The authority shall provide coverage for prostate cancer screening under this chapter, provided that the screening is delivered upon the recommendation of the patient's physician, advanced (~~registered nurse practitioner~~) practice registered nurse, or physician assistant.

Sec. 5169. RCW 74.42.010 and 2020 c 80 s 56 are each amended to read as follows:

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

(1) "Department" means the department of social and health services and the department's employees.

(2) "Direct care staff" means the staffing domain identified and defined in the center(~~(f+s))~~s for medicare and medicaid services' five-star quality rating system and as reported through the center(~~(f+s))~~s for medicare and medicaid services' payroll-based journal. For purposes of calculating hours per resident day minimum staffing standards for facilities with sixty-one or more licensed beds, the director of nursing services classification (job title code five), as identified in the centers for medicare and medicaid services' payroll-based journal, shall not be used. For facilities

1 with sixty or fewer beds the director of nursing services
2 classification (job title code five) shall be included in calculating
3 hours per resident day minimum staffing standards.

4 (3) "Facility" refers to a nursing home as defined in RCW
5 18.51.010.

6 (4) "Geriatric behavioral health worker" means a person with a
7 bachelor's or master's degree in social work, behavioral health, or
8 other related areas, or a person who has received specialized
9 training devoted to mental illness and treatment of older adults.

10 (5) "Licensed practical nurse" means a person licensed to
11 practice practical nursing under chapter 18.79 RCW.

12 (6) "Medicaid" means Title XIX of the Social Security Act enacted
13 by the social security amendments of 1965 (42 U.S.C. Sec. 1396; 79
14 Stat. 343), as amended.

15 (7) "Nurse practitioner" means a person licensed to practice
16 advanced practice registered nursing under chapter 18.79 RCW.

17 (8) "Nursing care" means that care provided by a registered
18 nurse, an advanced ((~~registered nurse practitioner~~)) practice
19 registered nurse, a licensed practical nurse, or a nursing assistant
20 in the regular performance of their duties.

21 (9) "Physician" means a person practicing pursuant to chapter
22 18.57 or 18.71 RCW, including, but not limited to, a physician
23 employed by the facility as provided in chapter 18.51 RCW.

24 (10) "Physician assistant" means a person practicing pursuant to
25 chapter 18.71A RCW.

26 (11) "Qualified therapist" means:

27 (a) An activities specialist who has specialized education,
28 training, or experience specified by the department.

29 (b) An audiologist who is eligible for a certificate of clinical
30 competence in audiology or who has the equivalent education and
31 clinical experience.

32 (c) A mental health professional as defined in chapter 71.05 RCW.

33 (d) An intellectual disabilities professional who is a qualified
34 therapist or a therapist approved by the department and has
35 specialized training or one year experience in treating or working
36 with persons with intellectual or developmental disabilities.

37 (e) An occupational therapist who is a graduate of a program in
38 occupational therapy or who has equivalent education or training.

39 (f) A physical therapist as defined in chapter 18.74 RCW.

40 (g) A social worker as defined in RCW 18.320.010(2).

1 (h) A speech pathologist who is eligible for a certificate of
2 clinical competence in speech pathology or who has equivalent
3 education and clinical experience.

4 (12) "Registered nurse" means a person licensed to practice
5 registered nursing under chapter 18.79 RCW.

6 (13) "Resident" means an individual residing in a nursing home,
7 as defined in RCW 18.51.010.

8 **Sec. 5170.** RCW 74.42.380 and 1994 sp.s. c 9 s 753 are each
9 amended to read as follows:

10 (1) The facility shall have a director of nursing services. The
11 director of nursing services shall be a registered nurse or an
12 advanced (~~((registered nurse practitioner))~~) practice registered nurse.

13 (2) The director of nursing services is responsible for:

14 (a) Coordinating the plan of care for each resident;

15 (b) Permitting only licensed personnel to administer medications:
16 PROVIDED, That nothing herein shall be construed as prohibiting
17 graduate nurses or student nurses from administering medications when
18 permitted to do so under chapter 18.79 RCW and rules adopted under
19 it: PROVIDED FURTHER, That nothing herein shall be construed as
20 prohibiting persons certified under chapter 18.135 RCW from
21 practicing pursuant to the delegation and supervision requirements of
22 chapter 18.135 RCW and rules adopted under it; and

23 (c) Insuring that the licensed practical nurses and the
24 registered nurses comply with chapter 18.79 RCW, and persons
25 certified under chapter 18.135 RCW comply with the provisions of that
26 chapter and rules adopted under it.

27 NEW SECTION. **Sec. 5171.** Sections 5004, 5005, 5006, 5010, 5012,
28 5013, 5014, 5016, 5017, 5018, 5019, 5020, 5024, 5029, 5030, 5043,
29 5044, 5045, 5047, 5048, 5049, 5051, 5052, 5053, and 5055 of this act
30 expire June 30, 2027.

31 NEW SECTION. **Sec. 5172.** Sections 5058 through 5170 of this act
32 take effect June 30, 2027.

--- END ---