

FIFTY FIFTH DAY

MORNING SESSION

Senate Chamber, Olympia, Saturday, March 8, 2014

The Senate was called to order at 9:00 a.m. by President Owen. The Secretary called the roll and announced to the President that all Senators were present with the exception of Senator Liias.

The Sergeant at Arms Color Guard consisting of Senate Legislative Assistants Adam Day and Marian Ericks, presented the Colors. Senator Dammeier offered the prayer.

MOTION

On motion of Senator Fain, the reading of the Journal of the previous day was dispensed with and it was approved.

MOTION

On motion of Senator Fain, the Senate advanced to the fourth order of business.

MESSAGE FROM THE HOUSE

March 7, 2014

MR. PRESIDENT:

The House has passed:

- SUBSTITUTE SENATE BILL NO. 5123,
- SUBSTITUTE SENATE BILL NO. 5969,
- SUBSTITUTE SENATE BILL NO. 6046,
- SUBSTITUTE SENATE BILL NO. 6074,
- SENATE BILL NO. 6219,

and the same are herewith transmitted.

BARBARA BAKER, Chief Clerk

MESSAGE FROM THE HOUSE

March 7, 2014

MR. PRESIDENT:

The House has passed:

- SUBSTITUTE SENATE BILL NO. 5360,
- SENATE BILL NO. 5956,
- ENGROSSED SENATE BILL NO. 5964,
- SENATE BILL NO. 6115,
- SENATE BILL NO. 6284,
- SENATE BILL NO. 6321,
- SENATE BILL NO. 6328,

and the same are herewith transmitted.

BARBARA BAKER, Chief Clerk

MESSAGE FROM THE HOUSE

March 7, 2014

MR. PRESIDENT:

The Speaker has signed:

- ENGROSSED SUBSTITUTE HOUSE BILL NO. 1090,
- SUBSTITUTE HOUSE BILL NO. 1171,
- HOUSE BILL NO. 1264,

ENGROSSED SUBSTITUTE HOUSE BILL NO. 1643,
 SUBSTITUTE HOUSE BILL NO. 1742,
 HOUSE BILL NO. 1785,
 ENGROSSED SUBSTITUTE HOUSE BILL NO. 1840,
 SUBSTITUTE HOUSE BILL NO. 1841,
 SUBSTITUTE HOUSE BILL NO. 2080,
 SUBSTITUTE HOUSE BILL NO. 2105,
 HOUSE BILL NO. 2137,
 SUBSTITUTE HOUSE BILL NO. 2153,
 ENGROSSED SUBSTITUTE HOUSE BILL NO. 2160,
 HOUSE BILL NO. 2167,
 ENGROSSED SECOND SUBSTITUTE HOUSE BILL NO. 2192,
 HOUSE BILL NO. 2208,
 HOUSE BILL NO. 2225,
 SUBSTITUTE HOUSE BILL NO. 2229,
 ENGROSSED SUBSTITUTE HOUSE BILL NO. 2298,
 ENGROSSED HOUSE BILL NO. 2351,
 HOUSE BILL NO. 2456,
 SUBSTITUTE HOUSE BILL NO. 2492,
 ENGROSSED HOUSE BILL NO. 2636,
 HOUSE BILL NO. 2741,
 HOUSE BILL NO. 2744,
 HOUSE BILL NO. 2776,
 and the same are herewith transmitted.

BARBARA BAKER, Chief Clerk

MESSAGE FROM THE HOUSE

March 7, 2014

MR. PRESIDENT:

The Speaker has signed:

ENGROSSED SUBSTITUTE SENATE BILL NO. 5889,
 SENATE BILL NO. 5931,
 SECOND SUBSTITUTE SENATE BILL NO. 5973,
 SUBSTITUTE SENATE BILL NO. 6007,
 SENATE BILL NO. 6013,
 SUBSTITUTE SENATE BILL NO. 6069,
 SUBSTITUTE SENATE BILL NO. 6078,
 SENATE BILL NO. 6134,
 SENATE BILL NO. 6135,
 SENATE BILL NO. 6299,
 SUBSTITUTE SENATE BILL NO. 6339,
 SENATE BILL NO. 6358,
 SENATE BILL NO. 6419,
 ENGROSSED SUBSTITUTE SENATE BILL NO. 6450,
 SUBSTITUTE SENATE BILL NO. 6453,
 SENATE JOINT MEMORIAL NO. 8003,
 and the same are herewith transmitted.

BARBARA BAKER, Chief Clerk

MOTION

On motion of Senator Fain, the Senate advanced to the fifth order of business.

INTRODUCTION AND FIRST READING

SB 6582 by Senators Baumgartner, Ericksen and Braun

AN ACT Relating to the safety of the transport of liquid bulk crude oil; amending RCW 82.23B.010, 82.23B.020, 82.23B.030, and 82.23B.040; adding new sections to chapter 90.56 RCW; and creating new sections.

Referred to Committee on Energy, Environment & Telecommunications.

INTRODUCTION AND FIRST READING OF HOUSE BILLS

HB 2798 by Representative Hunter

AN ACT Relating to payments by the health care authority to managed health care systems; and amending RCW 70.47.110.

Referred to Committee on Ways & Means.

HCR 4416 by Representatives Haler, Pollet, Zeiger, Seaquist and Gregerson

Approving specific statewide educational attainment goals.

Referred to Committee on Higher Education.

MOTION

On motion of Senator Fain, all measures listed on the Introduction and First Reading report were referred to the committees as designated.

MOTION

On motion of Senator Fain, Senate Rule 20 was suspended for the remainder of the day to allow consideration of additional floor resolutions.

EDITOR'S NOTE: Senate Rule 20 limits consideration of floor resolutions not essential to the operation of the Senate to one per day during regular daily sessions.

MOTION

On motion of Senator Fain, the Senate advanced to the eighth order of business.

MOTION

Senator McAuliffe moved adoption of the following resolution:

SENATE RESOLUTION 8717

By Senators McAuliffe, Rivers, Pedersen, Liias, Hewitt, Braun, Billig, Keiser, Darneille, Angel, King, and Cleveland

WHEREAS, Colorectal cancer is the second leading cause of cancer deaths in men and women in the United States, with the lifetime risk of developing the cancer at 5 percent; and

WHEREAS, In the United States alone, over 141,000 people are diagnosed with colorectal cancer, and it is expected to cause 50,300 deaths in the year 2014; and

WHEREAS, It is estimated that in Washington State, 3,000 people are diagnosed with, and 1,000 people will die, every year of colorectal cancer; and

WHEREAS, Colorectal cancer affects people regardless of age, race, or sex. Nine out of ten diagnoses will occur in people aged 50 and older. Men are slightly more likely to be diagnosed with colorectal cancer than women. Also, African-Americans are 20 percent more likely to be diagnosed with colorectal cancer than Caucasians, and 45 percent more likely to die of the disease; and

WHEREAS, Despite its high incidence, colorectal cancer is one of the most detectable and, if found early, most treatable forms of cancer. Ninety percent of those diagnosed early, while the cancer is still localized, survive more than five years. Sadly, only 39 percent of all colorectal cancers are detected early enough for survival to occur. When the cancer is diagnosed at a more advanced stage, having spread to surrounding areas, the five-year survival rate drops from 90 percent to 70 percent. When diagnosed at an advanced stage, having spread to distant organs, the five-year survival rate is only 12 percent; and

WHEREAS, Early detection is the best defense against this devastating, but preventable disease. Over half of all colon cancer deaths in the United States can be prevented by early screening. However, a majority of Americans are not being screened early enough to catch the cancer while it is still localized. In a recent survey, the Centers for Disease Control found that only 72 percent of all Americans reported having used the most inferior form of screening methods and just 65 percent reported have used a more advanced screening. This compares to 85 percent of all women who had been screened for breast cancer; and

WHEREAS, There are many factors that contribute to such low screening rates: A lack of public awareness and education about the prevention and treatment of colorectal cancer, negative attitudes towards screening procedures, and the absence of symptoms; and

WHEREAS, On November 19, 1999, the United States Senate designated March as National Colorectal Cancer Awareness Month, and on October 3, 2000, the United States House of Representatives passed House Concurrent Resolution 133, legislation that recognizes the impact of colorectal cancer and urges action to be taken;

NOW, THEREFORE, BE IT RESOLVED, That the Washington State Senate urge Washingtonians to become more educated of the risks facing them regarding this disease and actively fight it by getting regular screenings for colorectal cancer; and

BE IT FURTHER RESOLVED, That copies of this resolution be immediately transmitted by the Secretary of the Senate to the American Cancer Society.

Senators McAuliffe and King spoke in favor of adoption of the resolution.

The President declared the question before the Senate to be the adoption of Senate Resolution No. 8717.

The motion by Senator McAuliffe carried and the resolution was adopted by voice vote.

INTRODUCTION OF SPECIAL GUESTS

The President welcomed and introduced Ms. Bean Rodin, cancer survivor, and her children, Miss Kate Bradley and Mr. Brock Bradley; Ms. Anne Rodin McAlvey and her daughter, Miss Christine McAlvey; and Ms. Kelly Snyder, cancer prevention and awareness advocates, who were present in the gallery.

MOTION

Senator Parlette moved adoption of the following resolution:

SENATE RESOLUTION 8712

FIFTY FIFTH DAY, MARCH 8, 2014

By Senators Parlette, Fraser, Roach, Holmquist Newbry, Nelson, Kohl-Welles, Becker, Eide, Hargrove, Chase, Ericksen, Tom, Brown, King, O'Ban, Rolfes, Rivers, Schoesler, Conway, and Dammeier

WHEREAS, Washington has a rich history of being a champion for women's rights and a national leader in promoting progress for women; and

WHEREAS, In 1910, Washington distinguished itself by becoming the fifth state in the nation and the first on the Pacific Coast to permanently enact women's suffrage; and

WHEREAS, It took an additional 10 years, but Washington's action inspired and reinvigorated the national suffrage movement, which culminated in the passage of the 19th Amendment to the United States Constitution in 1920, assuring nearly all women in the nation the right to vote; and

WHEREAS, Washington's history would look very different today had it not been for the courageous women and men who were willing to speak out against the status quo in pursuit of equal rights for all; and

WHEREAS, Susan B. Anthony was a catalyst for suffrage legislation and spoke before members of the Washington State Territorial Legislature in Olympia on October 19, 1871; and

WHEREAS, Over the past 100 years, women have made significant marks on the history of the state and the legislative process through their hard work, effective leadership, and broad influence to transform economic, cultural, political, family, and social issues in Washington; and

WHEREAS, In 1926, Bertha Landes became the first woman to lead a major American city as mayor of Seattle, and gender barriers continued to crumble when Belle Reeves became Washington's first female secretary of state; and

WHEREAS, In 1977, Dixy Lee Ray became Washington's first female governor, and only two years later, Senator Jeannette Hayner became the first woman to serve as the Senate Majority Leader in the Washington Legislature; and

WHEREAS, Washington was the first state to have two female U.S. senators, Patty Murray and Maria Cantwell, and a female governor, Christine Gregoire, at the same time; and

WHEREAS, Today Chief Justice Barbara Madsen leads the state Supreme Court, where a majority of the justices are women, and Kim Wyman serves as Washington's 15th Secretary of State and is the second female to ever hold that office in Washington's 125-year history; and

WHEREAS, 18 women now serve in the Washington State Senate, Senator Pam Roach (since 1991), Senator Karen Fraser (1993), Senator Rosemary McAuliffe (1993), Senator Jeanne Kohl-Welles (1994), Senator Tracey Eide (1999), Senator Karen Keiser (2001), Senator Linda Evans Parlette (2001), Senator Janéa Holmquist Newbry (2007), Senator Randi Becker (2009), Senator Sharon Nelson (2010), Senator Maralyn Chase (2011), Senator Christine Rolfes (2011), Senator Ann Rivers (2013), Senator Barbara Bailey (2013), Senator Annette Cleveland (2013), Senator Jeannie Darneille (2013), Senator Sharon Brown (2013), and Senator Jan Angel (2013);

NOW, THEREFORE, BE IT RESOLVED, That the Washington State Senate applaud these women, and many others who have served Washington diligently and boldly, for changing the course of history and promoting the full equality of women; and

BE IT FURTHER RESOLVED, That the Senate recognize that Washington has consistently been a national leader in the percentage of women serving in the Legislature, honor the legacy of women leaders in service to the State of Washington, and celebrate their role in our democratic process over the past 100 years.

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Senators Parlette, Chase, Roach, Kohl-Welles, Holmquist Newbry, Brown, Fraser, Hargrove, Padden, Keiser and Bailey spoke in favor of adoption of the resolution.

POINT OF INQUIRY

Senator King: "Would Senator Chase yield to a question? Senator Chase you referenced the city Catherin May Bedell came from. Could you tell me what city that was?"

Senator Chase: "It was my hometown."

Senator King: "And that would be?"

Senator Chase: "Yakima."

Senators Angel, Ericksen, Baumgartner, Dandel and Becker spoke in favor of adoption of the resolution.

Senators Fraser and Parlette again spoke in favor of the resolution.

The President declared the question before the Senate to be the adoption of Senate Resolution No. 8712.

The motion by Senator Parlette carried and the resolution was adopted by voice vote.

INTRODUCTION OF SPECIAL GUESTS

The President welcomed and introduced the Honorable Kim Wyman, Secretary of State, and Ms. Shannon Stevenson, Coordinator, Women's Consortium, who were present in the gallery.

SIGNED BY THE PRESIDENT

Pursuant to Article 2, Section 32 of the State Constitution and Senate Rule 1(5), the President announced the signing of and thereupon did sign in open session:

ENGROSSED SUBSTITUTE HOUSE BILL NO. 1090,
 SUBSTITUTE HOUSE BILL NO. 1171,
 HOUSE BILL NO. 1264,
 ENGROSSED SUBSTITUTE HOUSE BILL NO. 1643,
 SUBSTITUTE HOUSE BILL NO. 1742,
 HOUSE BILL NO. 1785,
 ENGROSSED SUBSTITUTE HOUSE BILL NO. 1840,
 SUBSTITUTE HOUSE BILL NO. 1841,
 SUBSTITUTE HOUSE BILL NO. 2080,
 SUBSTITUTE HOUSE BILL NO. 2105,
 HOUSE BILL NO. 2137,
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 ENGROSSED HOUSE BILL NO. 2351,
 HOUSE BILL NO. 2456,
 SUBSTITUTE HOUSE BILL NO. 2492,
 ENGROSSED HOUSE BILL NO. 2636,
 HOUSE BILL NO. 2741,
 HOUSE BILL NO. 2744,
 HOUSE BILL NO. 2776.

MOTION

At 10:09 a.m., on motion of Senator Fain, the Senate was declared to be at ease subject to the call of the President.

The Senate was called to order at 11:32 a.m. by President Owen.

MOTION

On motion of Senator Fain, the Senate reverted to the seventh order of business.

THIRD READING
CONFIRMATION OF GUBERNATORIAL APPOINTMENTS

MOTION

Senator Holmquist Newbry moved that Keith Thompson, Gubernatorial Appointment No. 9326, be confirmed as a member of the Board of Trustees, Central Washington University.

Senator Holmquist Newbry spoke in favor of the motion.

MOTION

On motion of Senator Billig, Senators Hobbs and Liias were excused.

APPOINTMENT OF KEITH THOMPSON

The President declared the question before the Senate to be the confirmation of Keith Thompson, Gubernatorial Appointment No. 9326, as a member of the Board of Trustees, Central Washington University.

The Secretary called the roll on the confirmation of Keith Thompson, Gubernatorial Appointment No. 9326, as a member of the Board of Trustees, Central Washington University and the appointment was confirmed by the following vote: Yeas, 48; Nays, 0; Absent, 0; Excused, 1.

Voting yea: Senators Angel, Bailey, Baumgartner, Becker, Benton, Billig, Braun, Brown, Chase, Cleveland, Conway, Dammeier, Danel, Darneille, Eide, Ericksen, Fain, Fraser, Frockt, Hargrove, Hasegawa, Hatfield, Hewitt, Hill, Hobbs, Holmquist Newbry, Honeyford, Keiser, King, Kline, Kohl-Welles, Litzow, McAuliffe, McCoy, Mullet, Nelson, O'Ban, Padden, Parlette, Pearson, Pedersen, Ranker, Rivers, Roach, Rolfes, Schoesler, Sheldon and Tom

Excused: Senator Liias

Keith Thompson, Gubernatorial Appointment No. 9326, having received the constitutional majority was declared confirmed as a member of the Board of Trustees, Central Washington University.

MOTION

On motion of Senator Fain, the Senate reverted to the fourth order of business.

MESSAGE FROM THE HOUSE

March 6, 2014

MR. PRESIDENT:

The House passed ENGROSSED SUBSTITUTE SENATE BILL NO. 5045 with the following amendment(s): 5045-S.E AMH APPG H4458.1

Strike everything after the enacting clause and insert the following:

"NEW SECTION. Sec. 1. A new section is added to chapter 66.20 RCW to read as follows:

(1) There shall be a permit known as a day spa permit to allow the holder to offer or supply without charge, wine or beer by the individual glass to a customer for consumption on the premises. The customer must be at least twenty-one years of age and may only be offered wine or beer if the services he or she will be receiving will last more than one hour. Wine or beer served or consumed shall be purchased from a Washington state licensed retailer. A customer may consume no more than one six ounce glass of wine or one twelve ounce glass of beer per day under this permit. Day spas with a day spa permit may not advertise the service of complimentary wine or beer and may not sell wine or beer in any manner. Any employee involved in the service of wine or beer must complete a board-approved limited alcohol server training program.

(2) For the purposes of this section, "day spa" means a business that offers at least three of the following four service categories:

- (a) Hair care;
- (b) Skin care;
- (c) Nail care; and
- (d) Body care, such as massages, wraps, and waxing.

Day spas must provide separate service areas of the day spa for at least three of the service categories offered.

(3) The annual fee for this permit is one hundred twenty-five dollars.

NEW SECTION. Sec. 2. If specific funding for the purposes of this act, referencing this act by bill or chapter number, is not provided by June 30, 2014, in the omnibus appropriations act, this act is null and void."

Correct the title.

and the same are herewith transmitted.

BARBARA BAKER, Chief Clerk

MOTION

Senator Holmquist Newbry moved that the Senate refuse to concur in the House amendment(s) to Engrossed Substitute Senate Bill No. 5045 and ask the House to recede therefrom.

The President declared the question before the Senate to be the motion by Senator Holmquist Newbry that the Senate refuse to concur in the House amendment(s) to Engrossed Substitute Senate Bill No. 5045 and ask the House to recede therefrom.

The motion by Senator Holmquist Newbry carried and the Senate refused to concur in the House amendment(s) to Engrossed Substitute Senate Bill No. 5045 and asked the House to recede therefrom by voice vote.

MESSAGE FROM THE HOUSE

March 5, 2014

MR. PRESIDENT:

The House passed SENATE BILL NO. 5141 with the following amendment(s): 5141 AMH TR H4410.1

Strike everything after the enacting clause and insert the following:

"NEW SECTION. Sec. 1. A new section is added to chapter 46.61 RCW to read as follows:

Notwithstanding any provision of law to the contrary, the operator of a street legal motorcycle approaching an intersection,

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including a left turn intersection, that is controlled by a triggered traffic control signal using a vehicle detection device that is inoperative due to the size of the street legal motorcycle shall come to a full and complete stop at the intersection. If the traffic control signal, including the left turn signal, as appropriate, fails to begin a change in signal phase after ninety seconds, the operator may, after exercising due care, proceed directly through the intersection or proceed to turn left, as appropriate. It is not a defense to a violation of RCW 46.61.050 that the driver of a motorcycle proceeded under the belief that a traffic control signal used a vehicle detection device or was inoperative due to the size of the motorcycle when the signal did not use a vehicle detection device or that any such device was not in fact inoperative due to the size of the motorcycle."

Correct the title.

and the same are herewith transmitted.

BARBARA BAKER, Chief Clerk

MOTION

Senator King moved that the Senate refuse to concur in the House amendment(s) to Senate Bill No. 5141 and ask the House to recede therefrom.

The President declared the question before the Senate to be the motion by Senator King that the Senate refuse to concur in the House amendment(s) to Senate Bill No. 5141 and ask the House to recede therefrom.

The motion by Senator King carried and the Senate refused to concur in the House amendment(s) to Senate Bill No. 5141 and asked the House to recede therefrom by voice vote.

MESSAGE FROM THE HOUSE

March 6, 2014

MR. PRESIDENT:

The House passed SUBSTITUTE SENATE BILL NO. 6129 with the following amendment(s): 6129-S AMH ENGR H4326.E

Strike everything after the enacting clause and insert the following:

"NEW SECTION. Sec. 1. The legislature acknowledges that paraeducators have become a significant resource to students who need additional education assistance. The legislature further recognizes that there is significant variability in paraeducator standards, training, and opportunity for professional development. A carefully constructed paraeducator development program would place the highest qualified paraeducators working with the highest need students. Such a program when combined with a career ladder could offer paraeducators real opportunities for upward mobility. Since paraeducators more closely reflect the cultural diversity of the student population, a development program and career ladder would be likely to encourage more paraeducators to become teachers. Training teachers how to work with a paraeducator in their classrooms could increase paraeducators' ability to teach students who need additional assistance.

NEW SECTION. Sec. 2. (1) The superintendent of public instruction shall convene a work group to examine the use of paraeducators across school districts, including their roles and types of assignments in the classroom and the variation in paraeducator deployment in support of teachers. The work group must include paraeducators, teachers, school and school district administrators, school directors, and representatives of their respective associations. The superintendent of public instruction shall submit the findings of the work group to the professional educator standards board by August 31, 2014, to inform the work of the board and the work group established under subsection (2) of this section.

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(2)(a) The professional educator standards board shall simultaneously convene a work group to design program specific minimum employment standards for paraeducators, professional development and education opportunities that support the standards, a paraeducator career ladder, an articulated pathway for teacher preparation and certification, and teacher professional development on how to maximize the use of paraeducators in the classroom.

(b) The work group convened by the professional educator standards board must include representatives of:

(i) The professional educator standards board; the Green River Community College center of excellence for careers in education; educational service districts; community and technical college paraeducator apprenticeship and certificate programs; colleges of education; teacher, paraeducator, principal, school director, and administrator associations; career and technical education; special education parents and advocacy organizations; community-based organizations representing immigrant and refugee communities and communities of color; the educational opportunity gap oversight and accountability committee; and the office of the superintendent of public instruction; and

(ii) A maximum of two paraeducators from each program for which specific minimum employment standards will be designed.

(3) By January 10, 2015, the work group convened by the professional educator standards board shall submit a report to the education committees of the legislature that recommends:

(a) Multiple options for assuring minimum employment standards and professional development opportunities for paraeducators who work in:

(i) English language learner programs, transitional bilingual instruction programs, and federal limited English proficiency programs; and

(ii) The learning assistance program and federal disadvantaged program;

(b) A career ladder that encourages paraeducators to pursue advanced education and professional development as well as increased instructional ability and responsibility;

(c) An articulated pathway for teacher preparation that includes:

(i) Paraeducator certificate and apprenticeship programs that offer course credits that apply to transferrable associate degrees and are aligned with the standards and competencies for teachers adopted by the professional educator standards board;

(ii) Associate degree programs that build on and do not duplicate the courses and competencies of paraeducator certificate programs, incorporate field experiences, are aligned with the standards and competencies for teachers adopted by the professional educator standards board, and are transferrable to bachelor's degree in education programs and teacher certification programs;

(iii) Bachelor's degree programs that lead to teacher certification that build on and do not duplicate the courses and competencies of transferrable associate degrees;

(iv) Incorporation of the standards for cultural competence developed by the professional educator standards board under RCW 28A.410.270 throughout the courses and curriculum of the pathway, particularly focusing on multicultural education and principles of language acquisition; and

(v) A comparison of the current status of pathways for teacher certification to the elements of the articulated pathway, highlighting gaps and recommending strategies to address the gaps;

(d) Professional development for certificated employees that focuses on maximizing the success of paraeducators in the classroom.

(4) The work group convened by the professional educator standards board must submit a final report of its recommendations to the education committees of the legislature by January 10, 2016, concerning:

(a) Multiple options for assuring minimum employment standards and professional development opportunities for basic education and special education paraeducators;

(b) Whether there should be alignment of training requirements of paraeducators providing special education services for students during the school year with existing training for home care aides who provide similar services to students when they are not in school, and if so, how the alignment should be accomplished; and

(c) Appropriate professional development and training to help paraeducators meet the employment standards.

(5) This section expires June 30, 2016.

NEW SECTION. Sec. 3. A new section is added to chapter 28A.410 RCW to read as follows:

The professional educator standards board and the state board for community and technical colleges may exercise their respective authorities regarding program approval to implement the articulated pathway for teacher preparation and certification recommended pursuant to section 2, chapter . . . , Laws of 2014 (section 2 of this act) in approved teacher certification programs and certificate and degree programs offered by community and technical colleges.

NEW SECTION. Sec. 4. A new section is added to chapter 28B.50 RCW to read as follows:

Beginning with the 2016-17 academic year, any community or technical college that offers an apprenticeship program or certificate program for paraeducators must provide candidates the opportunity to earn transferrable course credits within the program. The programs must also incorporate the standards for cultural competence, including multicultural education and principles of language acquisition, developed by the professional educator standards board under RCW 28A.410.270.

NEW SECTION. Sec. 5. If specific funding for the purposes of this act, referencing this act by bill or chapter number, is not provided by June 30, 2014, in the omnibus appropriations act, this act is null and void." Correct the title. and the same are herewith transmitted.

BARBARA BAKER, Chief Clerk

MOTION

Senator Litzow moved that the Senate refuse to concur in the House amendment(s) to Substitute Senate Bill No. 6129 and ask the House to recede therefrom.

The President declared the question before the Senate to be the motion by Senator Litzow that the Senate refuse to concur in the House amendment(s) to Substitute Senate Bill No. 6129 and ask the House to recede therefrom.

The motion by Senator Litzow carried and the Senate refused to concur in the House amendment(s) to Substitute Senate Bill No. 6129 and asked the House to recede therefrom by voice vote.

MESSAGE FROM THE HOUSE

March 5, 2014

MR. PRESIDENT:

The House passed SECOND SUBSTITUTE SENATE BILL NO. 6312 with the following amendment(s): 6312-S2 AMH ENGR H4412.E

Strike everything after the enacting clause and insert the following:

"**Sec. 1.** 2013 c 338 s 1 (uncodified) is amended to read as follows:

(1)(a) Beginning (~~May~~) April 1, 2014, the legislature shall convene a task force to examine reform of the adult behavioral health system, with voting members as provided in this subsection.

(i) The president of the senate shall appoint (~~one~~) two members from each of the two largest caucuses of the senate.

(ii) The speaker of the house of representatives shall appoint (~~one~~) two members from each of the two largest caucuses in the house of representatives.

(iii) The governor shall appoint five members consisting of the secretary of the department of social and health services or the secretary's designee, the director of the health care authority or the director's designee, the director of the office of financial management or the director's designee, the secretary of the department of corrections or the secretary's designee, and a representative of the governor.

(iv) The Washington state association of counties shall appoint three members.

(v) The governor shall request participation by a representative of tribal governments.

(b) The task force shall choose two cochairs from among its legislative members.

(c) The task force shall adopt a bottom-up approach and welcome input and participation from all stakeholders interested in the improvement of the adult behavioral health system. To that end, the task force must invite participation from, at a minimum, the following: The department of commerce, behavioral health service recipients and their families; local government; representatives of regional support networks; representatives of county coordinators; law enforcement; city and county jails; tribal representatives; behavioral health service providers; housing providers; labor representatives; counties with state hospitals; mental health advocates; chemical dependency advocates; public defenders with involuntary mental health commitment or mental health court experience; chemical dependency experts working with drug courts; medicaid managed care plan and associated delivery system representatives; long-term care service providers; the Washington state hospital association; and individuals with expertise in evidence-based and research-based behavioral health service practices. Leadership of subcommittees formed by the task force may be drawn from this body of invited participants.

(2) The task force shall undertake a systemwide review of the adult behavioral health system and make recommendations (~~for reform concerning, but not limited to, the following~~) to facilitate the full integration of mental health, chemical dependency, and physical health services by January 1, 2020, including:

(a) The means by which mental health, chemical dependency, and physical health services (~~are~~) will be purchased and delivered for adults (~~with mental illness and chemical dependency disorders~~) by the department of social and health services and the health care authority, with attention to:

(i) Adequacy of the supply, type, and quality of the behavioral health and recovery workforce, services, providers, and facilities, including detoxification services that are available twenty-four hours a day, medication-assisted treatment, inpatient psychiatric involuntary treatment services, and options to reduce barriers to increasing the necessary supply, including options related to certificate of need and health professions licensing standards;

(ii) By August 1, 2014, a review of performance measures and outcomes developed pursuant to RCW 43.20A.895 and chapter 70.320 RCW;

(iii) Incentives for physical and behavioral health care providers to use community resources that will reduce utilization of the criminal justice system and promote recovery through community supports, such as supportive housing or supportive employment;

(iv) Legal, clinical, and technological obstacles to sharing relevant health care information related to mental health, chemical dependency, and physical health across practice settings; and

(v) Identification of other key issues that must be addressed by the health care authority and the department of social and health

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services to achieve the full integration of medical and behavioral health services by January 1, 2020;

(b) Guidance for the creation of common regional service areas for purchasing behavioral health services and medical care services by the department of social and health services and the health care authority, taking into consideration any proposal submitted by the Washington state association of counties under section 2 of this act;

((b) Availability of effective means to promote recovery and prevent harm associated with mental illness;))

(c) Availability of crisis services, including boarding of mental health patients outside of regularly certified treatment beds;

(d) Best practices for cross-system collaboration between behavioral health treatment providers, medical care providers, long-term care service providers, entities providing health home services to high-risk medicaid clients, law enforcement, and criminal justice agencies; ~~(and)~~

(e) ~~((Public safety practices involving persons with mental illness with forensic involvement))~~ A review of the detailed plan criteria to be used by the department of social and health services under section 4 of this act, prior to its adoption by the department of social and health services for use in awarding contracts to serve as a behavioral health and recovery organization;

(f) The appropriate use of the criminal justice treatment account in a fully integrated behavioral and physical health system; and

(g) Whether a statewide behavioral health ombuds office should be created.

(3) The task force shall review the extent and causes of variations in commitment rates in different jurisdictions across the state.

(4) Staff support for the task force must be provided by the senate committee services and the house of representatives office of program research.

~~((4))~~ (5) Legislative members of the task force must be reimbursed for travel expenses in accordance with RCW 44.04.120. Nonlegislative members, except those representing an employer or organization, are entitled to be reimbursed for travel expenses in accordance with RCW 43.03.050 and 43.03.060.

~~((5))~~ (6) The expenses of the task force must be paid jointly by the senate and house of representatives. Task force expenditures are subject to approval by the senate facilities and operations committee and the house of representatives executive rules committee, or their successor committees.

~~((6))~~ (7) The task force shall report its findings and recommendations to the governor and the appropriate committees of the legislature by January 1, 2015, except that recommendations under subsection (2)(b) of this section must be submitted to the governor by September 1, 2014.

~~((7))~~ (8) This section expires June 1, 2015.

NEW SECTION. Sec. 2. A new section is added to chapter 43.20A RCW to read as follows:

(1) The department and the health care authority shall jointly establish regional service areas by October 1, 2014, as provided in this section.

(2) Counties, through the Washington state association of counties, must be given the opportunity to propose the composition of no more than nine regional service areas. Each service area must:

(a) Include a sufficient number of medicaid lives to support full financial risk managed care contracting for services included in contracts with the department or the health care authority;

(b) Include full counties that are contiguous with one another; and

(c) Reflect natural medical and behavioral health service referral patterns and shared clinical, health care service, behavioral health service, and behavioral health crisis response resources.

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(3) The Washington state association of counties must submit their recommendations to the department, the health care authority, and the task force described in section 1 of this act on or before August 1, 2014.

NEW SECTION. Sec. 3. A new section is added to chapter 43.20A RCW to read as follows:

(1) Any agreement or contract by the department or the health care authority to provide behavioral health services as defined under RCW 71.24.025 to persons eligible for benefits under medicaid, Title XIX of the social security act, and to persons not eligible for medicaid must include the following:

(a) Contractual provisions consistent with the intent expressed in RCW 71.24.015, 71.36.005, 70.96A.010, and 70.96A.011;

(b) Standards regarding the quality of services to be provided, including increased use of evidence-based, research-based, and promising practices, as defined in RCW 71.24.025;

(c) Accountability for the client outcomes established in RCW 43.20A.895, 70.320.020, and 71.36.025 and performance measures linked to those outcomes;

(d) Standards requiring behavioral health and recovery organizations to maintain a network of appropriate providers that is supported by written agreements sufficient to provide adequate access to all services covered under the contract with the department or the health care authority and to protect essential existing behavioral health system infrastructure and capacity, including a continuum of chemical dependency services;

(e) Provisions to require that behavioral health and recovery organizations offer contracts to managed health care systems under chapter 74.09 RCW to promote access to the services of chemical dependency professionals under chapter 18.205 RCW and mental health professionals, as defined by the department in rule, for the purpose of integrating such services into primary care settings for individuals with behavioral health and medical comorbidities;

(f) Provisions to require that medically necessary chemical dependency and mental health treatment services be available to clients;

(g) Standards requiring the use of behavioral health service provider reimbursement methods that incentivize improved performance with respect to the client outcomes established in RCW 43.20A.895 and 71.36.025, integration of behavioral health and primary care services at the clinical level, and improved care coordination for individuals with complex care needs;

(h) Standards related to the financial integrity of the responding organization. The department shall adopt rules establishing the solvency requirements and other financial integrity standards for behavioral health and recovery organizations. This subsection does not limit the authority of the department to take action under a contract upon finding that a behavioral health and recovery organization's financial status jeopardizes the organization's ability to meet its contractual obligations;

(i) Mechanisms for monitoring performance under the contract and remedies for failure to substantially comply with the requirements of the contract including, but not limited to, financial deductions, termination of the contract, receivership, repurchase of the contract, and injunctive remedies;

(j) Provisions to maintain the decision-making independence of designated mental health professionals or designated chemical dependency specialists; and

(k) Provisions stating that public funds appropriated by the legislature may not be used to promote or deter, encourage, or discourage employees from exercising their rights under Title 29, chapter 7, subchapter II, United States Code or chapter 41.56 RCW.

(2) The following factors must be given significant weight in any purchasing process:

(a) Demonstrated commitment and experience in serving low-income populations;

(b) Demonstrated commitment and experience serving persons who have mental illness, chemical dependency, or co-occurring disorders;

(c) Demonstrated commitment to and experience with partnerships with county and municipal criminal justice systems, housing services, and other critical support services necessary to achieve the outcomes established in RCW 43.20A.895, 70.320.020, and 71.36.025;

(d) Recognition that meeting enrollees' physical and behavioral health care needs is a shared responsibility of contracted behavioral health and recovery organizations, managed health care systems, service providers, the state, and communities;

(e) Consideration of past and current performance and participation in other state or federal behavioral health programs as a contractor; and

(f) The ability to meet requirements established by the department.

(3) For purposes of purchasing behavioral health services and medical care services for persons eligible for benefits under medicaid, Title XIX of the social security act and for persons not eligible for medicaid, the department and the health care authority must use common regional service areas. The regional service areas must be established by the department and the health care authority as provided in section 2 of this act.

(4) Consideration must be given to using multiple-biennia contracting periods.

(5) Each behavioral health and recovery organization operating pursuant to a contract issued under this section shall enroll clients within its regional service area who meet the department's eligibility criteria for mental health and chemical dependency services.

NEW SECTION. Sec. 4. A new section is added to chapter 71.24 RCW to read as follows:

(1) The secretary shall purchase mental health and chemical dependency treatment services primarily through managed care contracting, but may continue to purchase behavioral health services from tribal clinics and other tribal providers.

(2)(a) The secretary shall request a detailed plan from the entities identified in (b) of this subsection that demonstrates compliance with the contractual elements of section 3 of this act and federal regulations related to medicaid managed care contracting, including, but not limited to: Having a sufficient network of providers to provide adequate access to mental health and chemical dependency services for residents of the regional service area that meet eligibility criteria for services, ability to maintain and manage adequate reserves, and maintenance of quality assurance processes. Any responding entity that submits a detailed plan that demonstrates that it can meet the requirements of this section must be awarded the contract to serve as the behavioral health and recovery organization.

(b)(i) For purposes of responding to the request for a detailed plan under (a) of this subsection, the entities from which a plan will be requested are:

(A) A county in a single county regional service area that currently serves as the regional support network for that area;

(B) In the event that a county has made a decision prior to January 1, 2014, not to contract as a regional support network, any private entity that serves as the regional support network for that area;

(C) All counties within a regional service area that includes more than one county, which shall form a responding entity through the adoption of an interlocal agreement. The interlocal agreement must specify the terms by which the responding entity shall serve as the behavioral health and recovery organization within the regional service area.

(ii) In the event that a regional service area is comprised of multiple counties including one that has made a decision prior to January 1, 2014, not to contract as a regional support network, the counties shall adopt an interlocal agreement and may respond to the request for a detailed plan under (a) of this subsection and the private entity may also respond to the request for a detailed plan.

(3) Contracts for behavioral health and recovery organizations must begin on April 1, 2016.

(4) Upon request of one or more county authorities, the department and the health care authority may jointly purchase behavioral health services through an integrated medical and behavioral health services contract with a behavioral health and recovery organization or a managed health care system as defined in RCW 74.09.522. Any contract for such a purchase must comply with all federal medicaid and state law requirements related to managed health care contracting.

Sec. 5. RCW 71.24.015 and 2005 c 503 s 1 are each amended to read as follows:

It is the intent of the legislature to establish a community mental health program which shall help people experiencing mental illness to retain a respected and productive position in the community. This will be accomplished through programs that focus on resilience and recovery, and practices that are evidence-based, research-based, consensus-based, or, where these do not exist, promising or emerging best practices, which provide for:

(1) Access to mental health services for adults (~~(of the state who are acutely mentally ill, chronically mentally ill,))~~ with acute mental illness, chronic mental illness, or who are seriously disturbed and children (~~(of the state who are acutely mentally ill))~~ with acute mental illness, or who are severely emotionally disturbed, or seriously disturbed, which services recognize the special needs of underserved populations, including minorities, children, the elderly, ~~((disabled))~~ individuals with disabilities, and low-income persons. Access to mental health services shall not be limited by a person's history of confinement in a state, federal, or local correctional facility. It is also the purpose of this chapter to promote the early identification of ~~((mentally ill))~~ children with mental illness and to ensure that they receive the mental health care and treatment which is appropriate to their developmental level. This care should improve home, school, and community functioning, maintain children in a safe and nurturing home environment, and should enable treatment decisions to be made in response to clinical needs in accordance with sound professional judgment while also recognizing parents' rights to participate in treatment decisions for their children;

(2) The involvement of persons with mental illness, their family members, and advocates in designing and implementing mental health services that reduce unnecessary hospitalization and incarceration and promote the recovery and employment of persons with mental illness. To improve the quality of services available and promote the rehabilitation, recovery, and reintegration of persons with mental illness, consumer and advocate participation in mental health services is an integral part of the community mental health system and shall be supported;

(3) Accountability of efficient and effective services through state-of-the-art outcome and performance measures and statewide standards for monitoring client and system outcomes, performance, and reporting of client and system outcome information. These processes shall be designed so as to maximize the use of available resources for direct care of people with a mental illness and to assure uniform data collection across the state;

(4) Minimum service delivery standards;

(5) Priorities for the use of available resources for the care of ~~((the mentally ill))~~ individuals with mental illness consistent with the priorities defined in the statute;

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(6) Coordination of services within the department, including those divisions within the department that provide services to children, between the department and the office of the superintendent of public instruction, and among state mental hospitals, county authorities, ~~((regional support networks))~~ behavioral health and recovery organizations, community mental health services, and other support services, which shall to the maximum extent feasible also include the families of ~~((the mentally ill))~~ individuals with mental illness, and other service providers; and

(7) Coordination of services aimed at reducing duplication in service delivery and promoting complementary services among all entities that provide mental health services to adults and children.

It is the policy of the state to encourage the provision of a full range of treatment and rehabilitation services in the state for mental disorders including services operated by consumers and advocates. The legislature intends to encourage the development of regional mental health services with adequate local flexibility to assure eligible people in need of care access to the least-restrictive treatment alternative appropriate to their needs, and the availability of treatment components to assure continuity of care. To this end, counties ~~((are encouraged to))~~ must enter into joint operating agreements with other counties to form regional systems of care that are consistent with the regional service areas established under section 2 of this act. Regional systems of care, whether operated by a county, group of counties, or another entity shall integrate planning, administration, and service delivery duties under chapters 71.05 and 71.24 RCW to consolidate administration, reduce administrative layering, and reduce administrative costs. The legislature hereby finds and declares that sound fiscal management requires vigilance to ensure that funds appropriated by the legislature for the provision of needed community mental health programs and services are ultimately expended solely for the purpose for which they were appropriated, and not for any other purpose.

It is further the intent of the legislature to integrate the provision of services to provide continuity of care through all phases of treatment. To this end, the legislature intends to promote active engagement with ~~((mentally ill))~~ persons with mental illness and collaboration between families and service providers.

Sec. 6. RCW 71.24.016 and 2006 c 333 s 102 are each amended to read as follows:

(1) The legislature intends that eastern and western state hospitals shall operate as clinical centers for handling the most complicated long-term care needs of patients with a primary diagnosis of mental disorder. It is further the intent of the legislature that the community mental health service delivery system focus on maintaining ~~((mentally ill))~~ individuals with mental illness in the community. The program shall be evaluated and managed through a limited number of outcome and performance measures ~~((designed to hold each regional support network accountable for program success))~~, as provided in RCW 43.20A.895, 70.320.020, and 71.36.025.

(2) The legislature intends to address the needs of people with mental disorders with a targeted, coordinated, and comprehensive set of evidence-based practices that are effective in serving individuals in their community and will reduce the need for placements in state mental hospitals. The legislature further intends to explicitly hold ~~((regional support networks))~~ behavioral health and recovery organizations accountable for serving people with mental disorders within the boundaries of their ~~((geographic boundaries))~~ regional service area and for not exceeding their allocation of state hospital beds. ~~((Within funds appropriated by the legislature for this purpose, regional support networks shall develop the means to serve the needs of people with mental disorders within their geographic boundaries. Elements of the~~

~~program may include:~~

- ~~—(a) Crisis triage;~~
- ~~—(b) Evaluation and treatment and community hospital beds;~~
- ~~—(c) Residential beds;~~
- ~~—(d) Programs for community treatment teams; and~~
- ~~—(e) Outpatient services.~~

~~(3) The regional support network shall have the flexibility, within the funds appropriated by the legislature for this purpose, to design the mix of services that will be most effective within their service area of meeting the needs of people with mental disorders and avoiding placement of such individuals at the state mental hospital. Regional support networks are encouraged to maximize the use of evidence-based practices and alternative resources with the goal of substantially reducing and potentially eliminating the use of institutions for mental diseases.)~~

NEW SECTION. Sec. 7. A new section is added to chapter 71.24 RCW to read as follows:

(1) By December 1, 2018, the department and the health care authority shall report to the governor and the legislature regarding the preparedness of each regional service area to provide mental health services, chemical dependency services, and medical care services to medicaid clients under a fully integrated managed health care purchasing system.

(2) By January 1, 2020, the department and the health care authority must transition community behavioral health services to a system of fully integrated managed health care purchasing that provides mental health services, chemical dependency services, and medical care services to medicaid clients.

NEW SECTION. Sec. 8. A new section is added to chapter 71.24 RCW to read as follows:

(1) Within funds appropriated by the legislature for this purpose, behavioral health and recovery organizations shall develop the means to serve the needs of people with mental disorders residing within the boundaries of their regional service area. Elements of the program may include:

- (a) Crisis diversion services;
- (b) Evaluation and treatment and community hospital beds;
- (c) Residential treatment;
- (d) Programs for intensive community treatment;
- (e) Outpatient services;
- (f) Peer support services;
- (g) Community support services;
- (h) Resource management services; and
- (i) Supported housing and supported employment services.

(2) The behavioral health and recovery organization shall have the flexibility, within the funds appropriated by the legislature for this purpose, the terms of their contract, and federal requirements for coverage of medicaid-funded services, to design the mix of services that will be most effective within their service area of meeting the needs of people with mental disorders and avoiding placement of such individuals at the state mental hospital. Behavioral health and recovery organizations are encouraged to maximize the use of evidence-based practices and alternative resources with the goal of substantially reducing and potentially eliminating the use of institutions for mental diseases.

Sec. 9. RCW 71.24.025 and 2013 c 338 s 5 are each amended to read as follows:

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

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

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

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

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

(2) "Available resources" means funds appropriated for the purpose of providing community mental health programs, federal funds, except those provided according to Title XIX of the Social Security Act, and state funds appropriated under this chapter or chapter 71.05 RCW by the legislature during any biennium for the purpose of providing residential services, resource management services, community support services, and other mental health services. This does not include funds appropriated for the purpose of operating and administering the state psychiatric hospitals.

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

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

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

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

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

(5) "Clubhouse" means a community-based program that provides rehabilitation services and is certified by the department of social and health services.

(6) "Community mental health program" means all mental health services, activities, or programs using available resources.

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

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

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

(10) "County authority" means the board of county commissioners, county council, or county executive having authority to establish a community mental health program, or two or more of the county authorities specified in this subsection which have entered into an agreement to provide a community mental health program.

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

(12) "Designated mental health professional" means a mental health professional designated by the county or other authority authorized in rule to perform the duties specified in this chapter.

(13) "Emerging best practice" or "promising practice" means a program or practice that, based on statistical analyses or a well established theory of change, shows potential for meeting the evidence-based or research-based criteria, which may include the use of a program that is evidence-based for outcomes other than those listed in subsection (14) of this section.

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

(15) "Licensed service provider" means an entity licensed according to this chapter or chapter 71.05 or 70.96A RCW ~~((~~☞~~))~~, an entity deemed to meet state minimum standards as a result of accreditation by a recognized behavioral health accrediting body recognized and having a current agreement with the department, or tribal attestations that meet~~((~~☞~~))~~ state minimum standards or persons licensed under chapter 18.57, 18.71, 18.83, or 18.79 RCW, as it applies to registered nurses and advanced registered nurse practitioners.

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

(17) "Mental health services" means all services provided by ~~((~~regional support networks~~))~~ behavioral health and recovery organizations and other services provided by the state for persons who are mentally ill.

(18) "Mentally ill persons," "persons who are mentally ill," and "the mentally ill" mean persons and conditions defined in subsections (1), (4), (27), and (28) of this section.

(19) "Recovery" means the process in which people are able to live, work, learn, and participate fully in their communities.

(20) "~~((~~Regional support network~~))~~ Behavioral health and recovery organization" means ~~((~~☞~~))~~ any county authority or group of county authorities or other entity recognized by the secretary in contract in a defined region.

(21) "Registration records" include all the records of the department, ~~((~~regional support networks~~))~~ behavioral health and recovery organizations, treatment facilities, and other persons providing services to the department, county departments, or facilities which identify persons who are receiving or who at any time have received services for mental illness.

(22) "Research-based" means a program or practice that has been tested with a single randomized, or statistically controlled evaluation, or both, demonstrating sustained desirable outcomes; or where the weight of the evidence from a systemic review supports sustained outcomes as described in subsection (14) of this section but does not meet the full criteria for evidence-based.

(23) "Residential services" means a complete range of residences and supports authorized by resource management

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

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

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

(26) "Secretary" means the secretary of social and health services.

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

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

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

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

(d) Exhibits suicidal preoccupation or attempts; or

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

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

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

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

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

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

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

(ii) Changes in custodial adult;

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

(iv) Subject to repeated physical abuse or neglect;

(v) Drug or alcohol abuse; or

(vi) Homelessness.

(29) "State minimum standards" means minimum requirements established by rules adopted by the secretary and necessary to implement this chapter for: (a) Delivery of mental health services; (b) licensed service providers for the provision of mental health services; (c) residential services; and (d) community support services and resource management services.

(30) "Treatment records" include registration and all other records concerning persons who are receiving or who at any time have received services for mental illness, which are maintained by the department, by ~~((regional support network))~~ behavioral health and recovery organizations and their staffs, and by treatment facilities. Treatment records do not include notes or records maintained for personal use by a person providing treatment services for the department, ~~((regional support network))~~ behavioral health and recovery organizations, or a treatment facility if the notes or records are not available to others.

(31) "Tribal authority," for the purposes of this section and RCW 71.24.300 only, means: The federally recognized Indian tribes and the major Indian organizations recognized by the secretary insofar as these organizations do not have a financial relationship with any ~~((regional support network))~~ behavioral health and recovery organization that would present a conflict of interest.

(32) "Behavioral health services" means mental health services as described in this chapter and chapter 71.36 RCW and chemical dependency treatment services as described in chapter 70.96A RCW.

Sec. 10. RCW 71.24.035 and 2013 c 200 s 24 are each amended to read as follows:

(1) The department is designated as the state mental health authority.

(2) The secretary shall provide for public, client, tribal, and licensed service provider participation in developing the state mental health program, developing contracts with ~~((regional support network))~~ behavioral health and recovery organizations, and any waiver request to the federal government under medicaid.

(3) The secretary shall provide for participation in developing the state mental health program for children and other underserved populations, by including representatives on any committee established to provide oversight to the state mental health program.

(4) The secretary shall be designated as the ~~((regional support network))~~ behavioral health and recovery organization if the ~~((regional support network))~~ behavioral health and recovery organization fails to meet state minimum standards or refuses to exercise responsibilities under its contract or RCW 71.24.045, until such time as a new ~~((regional support network))~~ behavioral health and recovery organization is designated ~~((under RCW 71.24.320))~~.

(5) The secretary shall:

(a) Develop a biennial state mental health program that incorporates regional biennial needs assessments and regional mental health service plans and state services for adults and children with mental illness (~~(The secretary shall also develop a six-year state mental health plan)~~);

(b) Assure that any ((regional)) behavioral health and recovery organization or county community mental health program provides ((access to treatment for the region's residents, including parents who are respondents in dependency cases, in the following order of priority: (i) Persons with acute mental illness; (ii) adults with chronic mental illness and children who are severely emotionally disturbed; and (iii) persons who are seriously disturbed. Such programs shall provide:

(A) Outpatient services;

(B) Emergency care services for twenty-four hours per day;

(C) Day treatment for persons with mental illness which includes training in basic living and social skills, supported work, vocational rehabilitation, and day activities. Such services may include therapeutic treatment. In the case of a child, day treatment includes age-appropriate basic living and social skills, educational and prevocational services, day activities, and therapeutic treatment;

(D) Screening for patients being considered for admission to state mental health facilities to determine the appropriateness of admission;

(E) Employment services, which may include supported employment, transitional work, placement in competitive employment, and other work-related services, that result in persons with mental illness becoming engaged in meaningful and gainful full or part-time work. Other sources of funding such as the division of vocational rehabilitation may be utilized by the secretary to maximize federal funding and provide for integration of services;

(F) Consultation and education services; and

(G) Community support services) medically necessary services to medicaid recipients consistent with the state's medicaid state plan or federal waiver authorities, and nonmedicaid services consistent with priorities established by the department;

(c) Develop and adopt rules establishing state minimum standards for the delivery of mental health services pursuant to RCW 71.24.037 including, but not limited to:

(i) Licensed service providers. These rules shall permit a county-operated mental health program to be licensed as a service provider subject to compliance with applicable statutes and rules. The secretary shall provide for deeming of compliance with state minimum standards for those entities accredited by recognized behavioral health accrediting bodies recognized and having a current agreement with the department; and

(ii) ~~((Regional support networks; and~~
~~—(iii))~~) Inpatient services, evaluation and treatment services and facilities under chapter 71.05 RCW, resource management services, and community support services;

(d) Assure that the special needs of persons who are minorities, elderly, disabled, children, low-income, and parents who are respondents in dependency cases are met within the priorities established in this section;

(e) Establish a standard contract or contracts, consistent with state minimum standards (~~(RCW 71.24.320 and 71.24.330)~~) which shall be used in contracting with ((regional support networks)) behavioral health and recovery organizations. The standard contract shall include a maximum fund balance, which shall be consistent with that required by federal regulations or waiver stipulations;

(f) Establish, to the extent possible, a standardized auditing procedure which is designed to assure compliance with contractual agreements authorized by this chapter and minimizes paperwork requirements of ((regional support networks)) behavioral health and recovery organizations and licensed service providers. The audit

procedure shall focus on the outcomes of service (~~and not the processes for accomplishing them~~) as provided in RCW 43.20A.895, 70.320.020, and 71.36.025;

(g) Develop and maintain an information system to be used by the state and ((regional support networks)) behavioral health and recovery organizations that includes a tracking method which allows the department and ((regional support networks)) behavioral health and recovery organizations to identify mental health clients' participation in any mental health service or public program on an immediate basis. The information system shall not include individual patient's case history files. Confidentiality of client information and records shall be maintained as provided in this chapter and chapter 70.02 RCW;

(h) License service providers who meet state minimum standards;

(i) ~~((Certify regional support networks that meet state minimum standards;~~

~~—(j))~~) Periodically monitor the compliance of ((certified regional support networks)) behavioral health and recovery organizations and their network of licensed service providers for compliance with the contract between the department, the ((regional support network)) behavioral health and recovery organization, and federal and state rules at reasonable times and in a reasonable manner;

~~((k))~~) (j) Fix fees to be paid by evaluation and treatment centers to the secretary for the required inspections;

~~((l))~~) (k) Monitor and audit ((regional support networks)) behavioral health and recovery organizations and licensed service providers as needed to assure compliance with contractual agreements authorized by this chapter;

~~((m))~~) (l) Adopt such rules as are necessary to implement the department's responsibilities under this chapter;

((n) Assure the availability of an appropriate amount, as determined by the legislature in the operating budget by amounts appropriated for this specific purpose, of community-based, geographically distributed residential services;

(o)) (m) License or certify crisis stabilization units that meet state minimum standards;

~~((p))~~) (n) License or certify clubhouses that meet state minimum standards; and

~~((q))~~) (o) License or certify triage facilities that meet state minimum standards.

(6) The secretary shall use available resources only for ((regional support networks)) behavioral health and recovery organizations, except:

(a) To the extent authorized, and in accordance with any priorities or conditions specified, in the biennial appropriations act; or

(b) To incentivize improved performance with respect to the client outcomes established in RCW 43.20A.895, 70.320.020, and 71.36.025, integration of behavioral health and medical services at the clinical level, and improved care coordination for individuals with complex care needs.

(7) Each ((certified regional support network)) behavioral health and recovery organization and licensed service provider shall file with the secretary, on request, such data, statistics, schedules, and information as the secretary reasonably requires. A ((certified regional support network)) behavioral health and recovery organization or licensed service provider which, without good cause, fails to furnish any data, statistics, schedules, or information as requested, or files fraudulent reports thereof, may be subject to the behavioral health and recovery organization contractual remedies in section 3 of this act or may have its service provider certification or license revoked or suspended.

(8) The secretary may suspend, revoke, limit, or restrict a certification or license, or refuse to grant a certification or license for failure to conform to: (a) The law; (b) applicable rules and

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regulations; (c) applicable standards; or (d) state minimum standards.

(9) The superior court may restrain any (~~regional support network~~) behavioral health and recovery organization or service provider from operating without a contract, certification, or a license or any other violation of this section. The court may also review, pursuant to procedures contained in chapter 34.05 RCW, any denial, suspension, limitation, restriction, or revocation of certification or license, and grant other relief required to enforce the provisions of this chapter.

(10) Upon petition by the secretary, and after hearing held upon reasonable notice to the facility, the superior court may issue a warrant to an officer or employee of the secretary authorizing him or her to enter at reasonable times, and examine the records, books, and accounts of any (~~regional support network~~) behavioral health and recovery organizations or service provider refusing to consent to inspection or examination by the authority.

(11) Notwithstanding the existence or pursuit of any other remedy, the secretary may file an action for an injunction or other process against any person or governmental unit to restrain or prevent the establishment, conduct, or operation of a (~~regional support network~~) behavioral health and recovery organization or service provider without a contract, certification, or a license under this chapter.

(12) The standards for certification or licensure of evaluation and treatment facilities shall include standards relating to maintenance of good physical and mental health and other services to be afforded persons pursuant to this chapter and chapters 71.05 and 71.34 RCW, and shall otherwise assure the effectuation of the purposes of these chapters.

(13) The standards for certification or licensure of crisis stabilization units shall include standards that:

(a) Permit location of the units at a jail facility if the unit is physically separate from the general population of the jail;

(b) Require administration of the unit by mental health professionals who direct the stabilization and rehabilitation efforts; and

(c) Provide an environment affording security appropriate with the alleged criminal behavior and necessary to protect the public safety.

(14) The standards for certification or licensure of a clubhouse shall at a minimum include:

(a) The facilities may be peer-operated and must be recovery-focused;

(b) Members and employees must work together;

(c) Members must have the opportunity to participate in all the work of the clubhouse, including administration, research, intake and orientation, outreach, hiring, training and evaluation of staff, public relations, advocacy, and evaluation of clubhouse effectiveness;

(d) Members and staff and ultimately the clubhouse director must be responsible for the operation of the clubhouse, central to this responsibility is the engagement of members and staff in all aspects of clubhouse operations;

(e) Clubhouse programs must be comprised of structured activities including but not limited to social skills training, vocational rehabilitation, employment training and job placement, and community resource development;

(f) Clubhouse programs must provide in-house educational programs that significantly utilize the teaching and tutoring skills of members and assist members by helping them to take advantage of adult education opportunities in the community;

(g) Clubhouse programs must focus on strengths, talents, and abilities of its members;

(h) The work-ordered day may not include medication clinics, day treatment, or other therapy programs within the clubhouse.

(15) The department shall distribute appropriated state and federal funds in accordance with any priorities, terms, or conditions specified in the appropriations act.

(16) The secretary shall assume all duties assigned to the nonparticipating (~~regional support networks~~) behavioral health and recovery organizations under chapters 71.05 and 71.34 RCW and this chapter. Such responsibilities shall include those which would have been assigned to the nonparticipating counties in regions where there are not participating (~~regional support networks~~) behavioral health and recovery organizations.

The (~~regional support networks~~) behavioral health and recovery organizations, or the secretary's assumption of all responsibilities under chapters 71.05 and 71.34 RCW and this chapter, shall be included in all state and federal plans affecting the state mental health program including at least those required by this chapter, the medicaid program, and P.L. 99-660. Nothing in these plans shall be inconsistent with the intent and requirements of this chapter.

(17) The secretary shall:

(a) Disburse funds for the (~~regional support networks~~) behavioral health and recovery organizations within sixty days of approval of the biennial contract. The department must either approve or reject the biennial contract within sixty days of receipt.

(b) Enter into biennial contracts with (~~regional support networks~~) behavioral health and recovery organizations. The contracts shall be consistent with available resources. No contract shall be approved that does not include progress toward meeting the goals of this chapter by taking responsibility for: (i) Short-term commitments; (ii) residential care; and (iii) emergency response systems.

(c) Notify (~~regional support networks~~) behavioral health and recovery organizations of their allocation of available resources at least sixty days prior to the start of a new biennial contract period.

(d) Deny all or part of the funding allocations to (~~regional support networks~~) behavioral health and recovery organizations based solely upon formal findings of noncompliance with the terms of the (~~regional support network's~~) behavioral health and recovery organization's contract with the department. (~~Regional support networks~~) Behavioral health and recovery organizations disputing the decision of the secretary to withhold funding allocations are limited to the remedies provided in the department's contracts with the (~~regional support networks~~) behavioral health and recovery organizations.

(18) The department, in cooperation with the state congressional delegation, shall actively seek waivers of federal requirements and such modifications of federal regulations as are necessary to allow federal medicaid reimbursement for services provided by freestanding evaluation and treatment facilities certified under chapter 71.05 RCW. The department shall periodically report its efforts to the appropriate committees of the senate and the house of representatives.

Sec. 11. RCW 71.24.045 and 2006 c 333 s 105 are each amended to read as follows:

The (~~regional support network~~) behavioral health and recovery organization shall:

(1) Contract as needed with licensed service providers. The (~~regional support network~~) behavioral health and recovery organization may, in the absence of a licensed service provider entity, become a licensed service provider entity pursuant to minimum standards required for licensing by the department for the purpose of providing services not available from licensed service providers;

(2) Operate as a licensed service provider if it deems that doing so is more efficient and cost effective than contracting for services. When doing so, the ~~((regional support network))~~ behavioral health and recovery organization shall comply with rules promulgated by the secretary that shall provide measurements to determine when a ~~((regional support network))~~ behavioral health and recovery organization provided service is more efficient and cost effective;

(3) Monitor and perform biennial fiscal audits of licensed service providers who have contracted with the ~~((regional support network))~~ behavioral health and recovery organization to provide services required by this chapter. The monitoring and audits shall be performed by means of a formal process which insures that the licensed service providers and professionals designated in this subsection meet the terms of their contracts;

(4) Assure that the special needs of minorities, the elderly, ~~((disabled))~~ individuals with disabilities, children, and low-income persons are met within the priorities established in this chapter;

(5) Maintain patient tracking information in a central location as required for resource management services and the department's information system;

(6) Collaborate to ensure that policies do not result in an adverse shift of ~~((mentally ill))~~ persons with mental illness into state and local correctional facilities;

(7) Work with the department to expedite the enrollment or re-enrollment of eligible persons leaving state or local correctional facilities and institutions for mental diseases;

(8) ~~((If a regional support network is not operated by the county))~~ Work closely with the county designated mental health professional or county designated crisis responder to maximize appropriate placement of persons into community services; and

(9) Coordinate services for individuals who have received services through the community mental health system and who become patients at a state mental hospital to ensure they are transitioned into the community in accordance with mutually agreed upon discharge plans and upon determination by the medical director of the state mental hospital that they no longer need intensive inpatient care.

Sec. 12. RCW 71.24.100 and 2012 c 117 s 442 are each amended to read as follows:

A county authority or a group of county authorities may enter into a joint operating agreement to ~~((form))~~ respond to a request for a detailed plan and contract with the state to operate a ((regional support network)) behavioral health and recovery organization whose boundaries are consistent with the regional service areas established under section 2 of this act. Any agreement between two or more county authorities ~~((for the establishment of a regional support network))~~ shall provide:

(1) That each county shall bear a share of the cost of mental health services; and

(2) That the treasurer of one participating county shall be the custodian of funds made available for the purposes of such mental health services, and that the treasurer may make payments from such funds upon audit by the appropriate auditing officer of the county for which he or she is treasurer.

Sec. 13. RCW 71.24.110 and 1999 c 10 s 7 are each amended to read as follows:

An agreement ~~((for the establishment of a community mental health program))~~ to contract with the state to operate a behavioral health and recovery organization under RCW 71.24.100 may also provide:

(1) For the joint supervision or operation of services and facilities, or for the supervision or operation of service and facilities by one participating county under contract for the other participating counties; and

(2) For such other matters as are necessary or proper to effectuate the purposes of this chapter.

Sec. 14. RCW 71.24.340 and 2005 c 503 s 13 are each amended to read as follows:

The secretary shall require the ~~((regional support networks))~~ behavioral health and recovery organizations to develop ~~((interlocal agreements pursuant to RCW 71.09.555. To this end, the regional support networks shall))~~ agreements with city and county jails to accept referrals for enrollment on behalf of a confined person, prior to the person's release.

Sec. 15. RCW 71.24.420 and 2001 c 323 s 2 are each amended to read as follows:

The department shall operate the community mental health service delivery system authorized under this chapter within the following constraints:

(1) The full amount of federal funds for mental health services, plus qualifying state expenditures as appropriated in the biennial operating budget, shall be appropriated to the department each year in the biennial appropriations act to carry out the provisions of the community mental health service delivery system authorized in this chapter.

(2) The department may expend funds defined in subsection (1) of this section in any manner that will effectively accomplish the outcome measures ~~((defined in section 5 of this act))~~ established in RCW 43.20A.895 and 71.36.025 and performance measures linked to those outcomes.

(3) The department shall implement strategies that accomplish the outcome measures ~~((identified in section 5 of this act that are within the funding constraints in this section))~~ established in RCW 43.20A.895, 70.320.020, and 71.36.025 and performance measures linked to those outcomes.

(4) The department shall monitor expenditures against the appropriation levels provided for in subsection (1) of this section.

Sec. 16. RCW 70.96A.020 and 2001 c 13 s 1 are each amended to read as follows:

For the purposes of this chapter the following words and phrases shall have the following meanings unless the context clearly requires otherwise:

(1) "Alcoholic" means a person who suffers from the disease of alcoholism.

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

(3) "Approved treatment program" means a discrete program of chemical dependency treatment provided by a treatment program certified by the department of social and health services as meeting standards adopted under this chapter.

(4) "Chemical dependency" means:

(a) Alcoholism; (b) drug addiction; or (c) dependence on alcohol and one or more other psychoactive chemicals, as the context requires.

(5) "Chemical dependency program" means expenditures and activities of the department designed and conducted to prevent or treat alcoholism and other drug addiction, including reasonable administration and overhead.

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

(7) "Designated chemical dependency specialist" or "specialist" means a person designated by the county alcoholism and other drug addiction program coordinator designated under RCW 70.96A.310 to perform the commitment duties described in RCW 70.96A.140 and qualified to do so by meeting standards adopted by the department.

(8) "Director" means the person administering the chemical dependency program within the department.

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(9) "Drug addict" means a person who suffers from the disease of drug addiction.

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

(11) "Emergency service patrol" means a patrol established under RCW 70.96A.170.

(12) "Gravely disabled by alcohol or other psychoactive chemicals" or "gravely disabled" means that a person, as a result of the use of alcohol or other psychoactive chemicals: (a) Is in danger of serious physical harm resulting from a failure to provide for his or her essential human needs of health or safety; or (b) manifests severe deterioration in routine functioning evidenced by a repeated and escalating loss of cognition or volitional control over his or her actions and is not receiving care as essential for his or her health or safety.

(13) "History of one or more violent acts" refers to the period of time ten years prior to the filing of a petition under this chapter, excluding any time spent, but not any violent acts committed, in a mental health facility, or a long-term alcoholism or drug treatment facility, or in confinement.

(14) "Incapacitated by alcohol or other psychoactive chemicals" means that a person, as a result of the use of alcohol or other psychoactive chemicals, is gravely disabled or presents a likelihood of serious harm to himself or herself, to any other person, or to property.

(15) "Incompetent person" means a person who has been adjudged incompetent by the superior court.

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

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

(18) "Likelihood of serious harm" means:

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

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

(19) "Medical necessity" for inpatient care of a minor means a requested certified inpatient service that is reasonably calculated to: (a) Diagnose, arrest, or alleviate a chemical dependency; or (b) prevent the worsening of chemical dependency conditions that endanger life or cause suffering and pain, or result in illness or infirmity or threaten to cause or aggravate a handicap, or cause physical deformity or malfunction, and there is no adequate less restrictive alternative available.

(20) "Minor" means a person less than eighteen years of age.

(21) "Parent" means the parent or parents who have the legal right to custody of the child. Parent includes custodian or guardian.

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

(23) "Person" means an individual, including a minor.

(24) "Professional person in charge" or "professional person" means a physician or chemical dependency counselor as defined in rule by the department, who is empowered by a certified treatment program with authority to make assessment, admission, continuing care, and discharge decisions on behalf of the certified program.

(25) "Secretary" means the secretary of the department of social and health services.

(26) "Treatment" means the broad range of emergency, detoxification, residential, and outpatient services and care, including diagnostic evaluation, chemical dependency education and counseling, medical, psychiatric, psychological, and social service care, vocational rehabilitation and career counseling, which may be extended to alcoholics and other drug addicts and their families, persons incapacitated by alcohol or other psychoactive chemicals, and intoxicated persons.

(27) "Treatment program" means an organization, institution, or corporation, public or private, engaged in the care, treatment, or rehabilitation of alcoholics or other drug addicts.

(28) "Violent act" means behavior that resulted in homicide, attempted suicide, nonfatal injuries, or substantial damage to property.

(29) "Behavioral health and recovery organization" means a county authority or group of county authorities or other entity recognized by the secretary in contract in a defined regional service area.

(30) "Behavioral health services" means mental health services as described in chapters 71.24 and 71.36 RCW and chemical dependency treatment services as described in this chapter.

Sec. 17. RCW 70.96A.040 and 1989 c 270 s 5 are each amended to read as follows:

The department, in the operation of the chemical dependency program may:

(1) Plan, establish, and maintain prevention and treatment programs as necessary or desirable;

(2) Make contracts necessary or incidental to the performance of its duties and the execution of its powers, including managed care contracts for behavioral health services, contracts entered into under RCW 74.09.522, and contracts with public and private agencies, organizations, and individuals to pay them for services rendered or furnished to alcoholics or other drug addicts, persons incapacitated by alcohol or other psychoactive chemicals, or intoxicated persons;

(3) Enter into agreements for monitoring of verification of qualifications of counselors employed by approved treatment programs;

(4) Adopt rules under chapter 34.05 RCW to carry out the provisions and purposes of this chapter and contract, cooperate, and coordinate with other public or private agencies or individuals for those purposes;

(5) Solicit and accept for use any gift of money or property made by will or otherwise, and any grant of money, services, or property from the federal government, the state, or any political subdivision thereof or any private source, and do all things necessary to cooperate with the federal government or any of its agencies in making an application for any grant;

(6) Administer or supervise the administration of the provisions relating to alcoholics, other drug addicts, and intoxicated persons of any state plan submitted for federal funding pursuant to federal health, welfare, or treatment legislation;

(7) Coordinate its activities and cooperate with chemical dependency programs in this and other states, and make contracts and other joint or cooperative arrangements with state, local, or private agencies in this and other states for the treatment of alcoholics and other drug addicts and their families, persons incapacitated by alcohol or other psychoactive chemicals, and

intoxicated persons and for the common advancement of chemical dependency programs;

(8) Keep records and engage in research and the gathering of relevant statistics;

(9) Do other acts and things necessary or convenient to execute the authority expressly granted to it;

(10) Acquire, hold, or dispose of real property or any interest therein, and construct, lease, or otherwise provide treatment programs.

Sec. 18. RCW 70.96A.050 and 2001 c 13 s 2 are each amended to read as follows:

The department shall:

(1) Develop, encourage, and foster statewide, regional, and local plans and programs for the prevention of alcoholism and other drug addiction, treatment of alcoholics and other drug addicts and their families, persons incapacitated by alcohol or other psychoactive chemicals, and intoxicated persons in cooperation with public and private agencies, organizations, and individuals and provide technical assistance and consultation services for these purposes;

(2) Assure that any behavioral health and recovery organization managed care contract or managed care contract under RCW 74.09.522 for behavioral health services or program for the treatment of alcoholics and other drug addicts and their families, persons incapacitated by alcohol or other psychoactive chemicals, and intoxicated persons provides medically necessary services to medicaid recipients. This must include a continuum of mental health and chemical dependency services consistent with the state's medicaid plan or federal waiver authorities, and nonmedicaid services consistent with priorities established by the department;

(3) Coordinate the efforts and enlist the assistance of all public and private agencies, organizations, and individuals interested in prevention of alcoholism and drug addiction, and treatment of alcoholics and other drug addicts and their families, persons incapacitated by alcohol or other psychoactive chemicals, and intoxicated persons;

~~((3))~~ (4) Cooperate with public and private agencies in establishing and conducting programs to provide treatment for alcoholics and other drug addicts and their families, persons incapacitated by alcohol or other psychoactive chemicals, and intoxicated persons who are clients of the correctional system;

~~((4))~~ (5) Cooperate with the superintendent of public instruction, state board of education, schools, police departments, courts, and other public and private agencies, organizations and individuals in establishing programs for the prevention of alcoholism and other drug addiction, treatment of alcoholics or other drug addicts and their families, persons incapacitated by alcohol or other psychoactive chemicals, and intoxicated persons, and preparing curriculum materials thereon for use at all levels of school education;

~~((5))~~ (6) Prepare, publish, evaluate, and disseminate educational material dealing with the nature and effects of alcohol and other psychoactive chemicals and the consequences of their use;

~~((6))~~ (7) Develop and implement, as an integral part of treatment programs, an educational program for use in the treatment of alcoholics or other drug addicts, persons incapacitated by alcohol or other psychoactive chemicals, and intoxicated persons, which program shall include the dissemination of information concerning the nature and effects of alcohol and other psychoactive chemicals, the consequences of their use, the principles of recovery, and HIV and AIDS;

~~((7))~~ (8) Organize and foster training programs for persons engaged in treatment of alcoholics or other drug addicts, persons incapacitated by alcohol or other psychoactive chemicals, and intoxicated persons;

~~((8))~~ (9) Sponsor and encourage research into the causes and nature of alcoholism and other drug addiction, treatment of alcoholics and other drug addicts, persons incapacitated by alcohol or other psychoactive chemicals, and intoxicated persons, and serve as a clearinghouse for information relating to alcoholism or other drug addiction;

~~((9))~~ (10) Specify uniform methods for keeping statistical information by public and private agencies, organizations, and individuals, and collect and make available relevant statistical information, including number of persons treated, frequency of admission and readmission, and frequency and duration of treatment;

~~((10))~~ (11) Advise the governor in the preparation of a comprehensive plan for treatment of alcoholics and other drug addicts, persons incapacitated by alcohol or other psychoactive chemicals, and intoxicated persons for inclusion in the state's comprehensive health plan;

~~((11))~~ (12) Review all state health, welfare, and treatment plans to be submitted for federal funding under federal legislation, and advise the governor on provisions to be included relating to alcoholism and other drug addiction, persons incapacitated by alcohol or other psychoactive chemicals, and intoxicated persons;

~~((12))~~ (13) Assist in the development of, and cooperate with, programs for alcohol and other psychoactive chemical education and treatment for employees of state and local governments and businesses and industries in the state;

~~((13))~~ (14) Use the support and assistance of interested persons in the community to encourage alcoholics and other drug addicts voluntarily to undergo treatment;

~~((14))~~ (15) Cooperate with public and private agencies in establishing and conducting programs designed to deal with the problem of persons operating motor vehicles while intoxicated;

~~((15))~~ (16) Encourage general hospitals and other appropriate health facilities to admit without discrimination alcoholics and other drug addicts, persons incapacitated by alcohol or other psychoactive chemicals, and intoxicated persons and to provide them with adequate and appropriate treatment;

~~((16))~~ (17) Encourage all health and disability insurance programs to include alcoholism and other drug addiction as a covered illness; and

~~((17))~~ (18) Organize and sponsor a statewide program to help court personnel, including judges, better understand the disease of alcoholism and other drug addiction and the uses of chemical dependency treatment programs.

Sec. 19. RCW 70.96A.080 and 1989 c 270 s 18 are each amended to read as follows:

(1) In coordination with the health care authority, the department shall establish by ~~((and))~~ appropriate means, ~~((including contracting for services,))~~ a comprehensive and coordinated ~~((discrete))~~ program for the treatment of alcoholics and other drug addicts and their families, persons incapacitated by alcohol or other psychoactive chemicals, and intoxicated persons.

(2)(a) The program shall include, but not necessarily be limited to, a continuum of chemical dependency treatment services that includes:

~~((a))~~ (i) Detoxification services available twenty-four hours a day;

~~((b))~~ (ii) Residential treatment; ~~((and~~

~~((c))~~ (iii) Outpatient treatment, including medication assisted treatment; and

(iv) Contracts with at least one provider directly or through contracts with behavioral health and recovery organizations, for case management and residential treatment services for pregnant and parenting women.

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(b) The program may include peer support, supported housing, supported employment, crisis diversion, or recovery support services.

(3) All appropriate public and private resources shall be coordinated with and used in the program when possible.

(4) The department may contract for the use of an approved treatment program or other individual or organization if the secretary considers this to be an effective and economical course to follow.

(5) By April 1, 2016, treatment provided under this chapter must be purchased primarily through managed care contracts. Consistent with RCW 70.96A.350, services and funding provided through the criminal justice treatment account are intended to be exempted from managed care contracting.

Sec. 20. RCW 70.96A.320 and 2013 c 320 s 8 are each amended to read as follows:

(1) A county legislative authority, or two or more counties acting jointly, may establish an alcoholism and other drug addiction program. If two or more counties jointly establish the program, they shall designate one county to provide administrative and financial services.

(2) To be eligible for funds from the department for the support of the county alcoholism and other drug addiction program, the county legislative authority shall establish a county alcoholism and other drug addiction board under RCW 70.96A.300 and appoint a county alcoholism and other drug addiction program coordinator under RCW 70.96A.310.

(3) The county legislative authority may apply to the department for financial support for the county program of alcoholism and other drug addiction. To receive financial support, the county legislative authority shall submit a plan that meets the following conditions:

(a) It shall describe the prevention, early intervention, or recovery support services and activities to be provided;

(b) It shall include anticipated expenditures and revenues;

(c) It shall be prepared by the county alcoholism and other drug addiction program board and be adopted by the county legislative authority;

(d) It shall reflect maximum effective use of existing services and programs; and

(e) It shall meet other conditions that the secretary may require.

(4) The county may accept and spend gifts, grants, and fees, from public and private sources, to implement its program of alcoholism and other drug addiction.

(5) The department shall require that any agreement to provide financial support to a county that performs the activities of a service coordination organization for alcoholism and other drug addiction services must incorporate the expected outcomes and criteria to measure the performance of service coordination organizations as provided in chapter 70.320 RCW.

(6) The county may subcontract for prevention, early intervention, or recovery support services with approved prevention or treatment programs.

(7) To continue to be eligible for financial support from the department for the county alcoholism and other drug addiction program, an increase in state financial support shall not be used to supplant local funds from a source that was used to support the county alcoholism and other drug addiction program before the effective date of the increase.

Sec. 21. RCW 71.24.049 and 2001 c 323 s 13 are each amended to read as follows:

By January 1st of each odd-numbered year, the ~~((regional support network))~~ behavioral health and recovery organization shall identify: (1) The number of children in each priority group, as defined by this chapter, who are receiving mental health services

funded in part or in whole under this chapter, (2) the amount of funds under this chapter used for children's mental health services, (3) an estimate of the number of unserved children in each priority group, and (4) the estimated cost of serving these additional children and their families.

Sec. 22. RCW 71.24.061 and 2007 c 359 s 7 are each amended to read as follows:

(1) The department shall provide flexibility in provider contracting to ~~((regional support networks))~~ behavioral health and recovery organizations for children's mental health services. Beginning with 2007-2009 biennium contracts, ~~((regional support network))~~ behavioral health and recovery organization contracts shall authorize ~~((regional support networks))~~ behavioral health and recovery organizations to allow and encourage licensed community mental health centers to subcontract with individual licensed mental health professionals when necessary to meet the need for an adequate, culturally competent, and qualified children's mental health provider network.

(2) To the extent that funds are specifically appropriated for this purpose or that nonstate funds are available, a children's mental health evidence-based practice institute shall be established at the University of Washington division of public behavioral health and justice policy. The institute shall closely collaborate with entities currently engaged in evaluating and promoting the use of evidence-based, research-based, promising, or consensus-based practices in children's mental health treatment, including but not limited to the University of Washington department of psychiatry and behavioral sciences, children's hospital and regional medical center, the University of Washington school of nursing, the University of Washington school of social work, and the Washington state institute for public policy. To ensure that funds appropriated are used to the greatest extent possible for their intended purpose, the University of Washington's indirect costs of administration shall not exceed ten percent of appropriated funding. The institute shall:

(a) Improve the implementation of evidence-based and research-based practices by providing sustained and effective training and consultation to licensed children's mental health providers and child-serving agencies who are implementing evidence-based or researched-based practices for treatment of children's emotional or behavioral disorders, or who are interested in adapting these practices to better serve ethnically or culturally diverse children. Efforts under this subsection should include a focus on appropriate oversight of implementation of evidence-based practices to ensure fidelity to these practices and thereby achieve positive outcomes;

(b) Continue the successful implementation of the "partnerships for success" model by consulting with communities so they may select, implement, and continually evaluate the success of evidence-based practices that are relevant to the needs of children, youth, and families in their community;

(c) Partner with youth, family members, family advocacy, and culturally competent provider organizations to develop a series of information sessions, literature, and online resources for families to become informed and engaged in evidence-based and research-based practices;

(d) Participate in the identification of outcome-based performance measures under RCW 71.36.025(2) and partner in a statewide effort to implement statewide outcomes monitoring and quality improvement processes; and

(e) Serve as a statewide resource to the department and other entities on child and adolescent evidence-based, research-based, promising, or consensus-based practices for children's mental health treatment, maintaining a working knowledge through ongoing review of academic and professional literature, and knowledge of

other evidence-based practice implementation efforts in Washington and other states.

(3) To the extent that funds are specifically appropriated for this purpose, the department in collaboration with the evidence-based practice institute shall implement a pilot program to support primary care providers in the assessment and provision of appropriate diagnosis and treatment of children with mental and behavioral health disorders and track outcomes of this program. The program shall be designed to promote more accurate diagnoses and treatment through timely case consultation between primary care providers and child psychiatric specialists, and focused educational learning collaboratives with primary care providers.

Sec. 23. RCW 71.24.155 and 2001 c 323 s 14 are each amended to read as follows:

Grants shall be made by the department to ~~((regional support networks))~~ behavioral health and recovery organizations for community mental health programs totaling not less than ninety-five percent of available resources. The department may use up to forty percent of the remaining five percent to provide community demonstration projects, including early intervention or primary prevention programs for children, and the remainder shall be for emergency needs and technical assistance under this chapter.

Sec. 24. RCW 71.24.160 and 2011 c 343 s 6 are each amended to read as follows:

The ~~((regional support networks))~~ behavioral health and recovery organizations shall make satisfactory showing to the secretary that state funds shall in no case be used to replace local funds from any source being used to finance mental health services prior to January 1, 1990. Maintenance of effort funds devoted to judicial services related to involuntary commitment reimbursed under RCW 71.05.730 must be expended for other purposes that further treatment for mental health and chemical dependency disorders.

Sec. 25. RCW 71.24.250 and 2001 c 323 s 16 are each amended to read as follows:

The ~~((regional support network))~~ behavioral health and recovery organization may accept and expend gifts and grants received from private, county, state, and federal sources.

Sec. 26. RCW 71.24.300 and 2008 c 261 s 4 are each amended to read as follows:

(1) Upon the request of a tribal authority or authorities within a ~~((regional support network))~~ behavioral health and recovery organization the joint operating agreement or the county authority shall allow for the inclusion of the tribal authority to be represented as a party to the ~~((regional support network))~~ behavioral health and recovery organization.

(2) The roles and responsibilities of the county and tribal authorities shall be determined by the terms of that agreement including a determination of membership on the governing board and advisory committees, the number of tribal representatives to be party to the agreement, and the provisions of law and shall assure the provision of culturally competent services to the tribes served.

(3) The state mental health authority may not determine the roles and responsibilities of county authorities as to each other under ~~((regional support networks))~~ behavioral health and recovery organizations by rule, except to assure that all duties required of ~~((regional support networks))~~ behavioral health and recovery organizations are assigned and that counties and the ~~((regional support network))~~ behavioral health and recovery organization do not duplicate functions and that a single authority has final responsibility for all available resources and performance under the ~~((regional support networks))~~ behavioral health and recovery organization's contract with the secretary.

(4) If a ~~((regional support network))~~ behavioral health and recovery organization is a private entity, the department shall allow for the inclusion of the tribal authority to be represented as a party to

the ~~((regional support network))~~ behavioral health and recovery organization.

(5) The roles and responsibilities of the private entity and the tribal authorities shall be determined by the department, through negotiation with the tribal authority.

(6) ~~((Regional support networks))~~ Behavioral health and recovery organizations shall submit an overall six-year operating and capital plan, timeline, and budget and submit progress reports and an updated two-year plan biennially thereafter, to assume within available resources all of the following duties:

(a) Administer and provide for the availability of all resource management services, residential services, and community support services.

(b) Administer and provide for the availability of all investigation, transportation, court-related, and other services provided by the state or counties pursuant to chapter 71.05 RCW.

(c) Provide within the boundaries of each ~~((regional support network))~~ behavioral health and recovery organization evaluation and treatment services for at least ninety percent of persons detained or committed for periods up to seventeen days according to chapter 71.05 RCW. ~~((Regional support networks))~~ Behavioral health and recovery organizations may contract to purchase evaluation and treatment services from other ~~((networks))~~ organizations if they are unable to provide for appropriate resources within their boundaries. Insofar as the original intent of serving persons in the community is maintained, the secretary is authorized to approve exceptions on a case-by-case basis to the requirement to provide evaluation and treatment services within the boundaries of each ~~((regional support network))~~ behavioral health and recovery organization. Such exceptions are limited to:

(i) Contracts with neighboring or contiguous regions; or

(ii) Individuals detained or committed for periods up to seventeen days at the state hospitals at the discretion of the secretary.

(d) Administer and provide for the availability of all other mental health services, which shall include patient counseling, day treatment, consultation, education services, employment services as ~~((defined))~~ described in RCW 71.24.035, and mental health services to children.

(e) Establish standards and procedures for reviewing individual service plans and determining when that person may be discharged from resource management services.

(7) A ~~((regional support network))~~ behavioral health and recovery organization may request that any state-owned land, building, facility, or other capital asset which was ever purchased, deeded, given, or placed in trust for the care of the persons with mental illness and which is within the boundaries of a ~~((regional support network))~~ behavioral health and recovery organization be made available to support the operations of the ~~((regional support network))~~ behavioral health and recovery organization. State agencies managing such capital assets shall give first priority to requests for their use pursuant to this chapter.

(8) Each ~~((regional support network))~~ behavioral health and recovery organization shall appoint a mental health advisory board which shall review and provide comments on plans and policies developed under this chapter, provide local oversight regarding the activities of the ~~((regional support network))~~ behavioral health and recovery organization, and work with the ~~((regional support network))~~ behavioral health and recovery organization to resolve significant concerns regarding service delivery and outcomes. The department shall establish statewide procedures for the operation of regional advisory committees including mechanisms for advisory board feedback to the department regarding ~~((regional support network))~~ behavioral health and recovery organization performance. The composition of the board shall be broadly representative of the demographic character of the region and shall include, but not be limited to, representatives of consumers and

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families, law enforcement, and where the county is not the ~~((regional support network))~~ behavioral health and recovery organization, county elected officials. Composition and length of terms of board members may differ between ~~((regional support networks))~~ behavioral health and recovery organizations but shall be included in each ~~((regional support network's))~~ behavioral health and recovery organization's contract and approved by the secretary.

(9) ~~((Regional support networks))~~ Behavioral health and recovery organizations shall assume all duties specified in their plans and joint operating agreements through biennial contractual agreements with the secretary.

(10) ~~((Regional support networks))~~ Behavioral health and recovery organizations may receive technical assistance from the housing trust fund and may identify and submit projects for housing and housing support services to the housing trust fund established under chapter 43.185 RCW. Projects identified or submitted under this subsection must be fully integrated with the ~~((regional support network))~~ behavioral health and recovery organization six-year operating and capital plan, timeline, and budget required by subsection (6) of this section.

Sec. 27. RCW 71.24.310 and 2013 2nd sp.s. c 4 s 994 are each amended to read as follows:

The legislature finds that administration of chapter 71.05 RCW and this chapter can be most efficiently and effectively implemented as part of the ~~((regional support network))~~ behavioral health and recovery organization defined in RCW 71.24.025. For this reason, the legislature intends that the department and the ~~((regional support networks))~~ behavioral health and recovery organizations shall work together to implement chapter 71.05 RCW as follows:

(1) By June 1, 2006, ~~((regional support networks))~~ behavioral health and recovery organizations shall recommend to the department the number of state hospital beds that should be allocated for use by each ~~((regional support network))~~ behavioral health and recovery organization. The statewide total allocation shall not exceed the number of state hospital beds offering long-term inpatient care, as defined in this chapter, for which funding is provided in the biennial appropriations act.

(2) If there is consensus among the ~~((regional support networks))~~ behavioral health and recovery organizations regarding the number of state hospital beds that should be allocated for use by each ~~((regional support network))~~ behavioral health and recovery organization, the department shall contract with each ~~((regional support network))~~ behavioral health and recovery organization accordingly.

(3) If there is not consensus among the ~~((regional support networks))~~ behavioral health and recovery organizations regarding the number of beds that should be allocated for use by each ~~((regional support network))~~ behavioral health and recovery organization, the department shall establish by emergency rule the number of state hospital beds that are available for use by each ~~((regional support network))~~ behavioral health and recovery organization. The emergency rule shall be effective September 1, 2006. The primary factor used in the allocation shall be the estimated number of adults with acute and chronic mental illness in each ~~((regional support network))~~ behavioral health and recovery organization area, based upon population-adjusted incidence and utilization.

(4) The allocation formula shall be updated at least every three years to reflect demographic changes, and new evidence regarding the incidence of acute and chronic mental illness and the need for long-term inpatient care. In the updates, the statewide total allocation shall include (a) all state hospital beds offering long-term inpatient care for which funding is provided in the biennial appropriations act; plus (b) the estimated equivalent number of beds

or comparable diversion services contracted in accordance with subsection (5) of this section.

(5) The department is encouraged to enter performance-based contracts with ~~((regional support networks))~~ behavioral health and recovery organizations to provide some or all of the ~~((regional support networks))~~ behavioral health and recovery organization's allocated long-term inpatient treatment capacity in the community, rather than in the state hospital. The performance contracts shall specify the number of patient days of care available for use by the ~~((regional support network))~~ behavioral health and recovery organization in the state hospital.

(6) If a ~~((regional support network))~~ behavioral health and recovery organization uses more state hospital patient days of care than it has been allocated under subsection (3) or (4) of this section, or than it has contracted to use under subsection (5) of this section, whichever is less, it shall reimburse the department for that care, except during the period of July 1, 2012, through December 31, 2013, where reimbursements may be temporarily altered per section 204, chapter 4, Laws of 2013 2nd sp. sess. The reimbursement rate per day shall be the hospital's total annual budget for long-term inpatient care, divided by the total patient days of care assumed in development of that budget.

(7) One-half of any reimbursements received pursuant to subsection (6) of this section shall be used to support the cost of operating the state hospital and, during the 2007-2009 fiscal biennium, implementing new services that will enable a ~~((regional support network))~~ behavioral health and recovery organization to reduce its utilization of the state hospital. The department shall distribute the remaining half of such reimbursements among ~~((regional support networks))~~ behavioral health and recovery organizations that have used less than their allocated or contracted patient days of care at that hospital, proportional to the number of patient days of care not used.

Sec. 28. RCW 71.24.350 and 2013 c 23 s 189 are each amended to read as follows:

The department shall require each ~~((regional support network))~~ behavioral health and recovery organization to provide for a separately funded mental health ombuds office in each ~~((regional support network))~~ behavioral health and recovery organization that is independent of the ~~((regional support network))~~ behavioral health and recovery organization. The ombuds office shall maximize the use of consumer advocates.

Sec. 29. RCW 71.24.370 and 2006 c 333 s 103 are each amended to read as follows:

(1) Except for monetary damage claims which have been reduced to final judgment by a superior court, this section applies to all claims against the state, state agencies, state officials, or state employees that exist on or arise after March 29, 2006.

(2) Except as expressly provided in contracts entered into between the department and the ~~((regional support networks))~~ behavioral health and recovery organizations after March 29, 2006, the entities identified in subsection (3) of this section shall have no claim for declaratory relief, injunctive relief, judicial review under chapter 34.05 RCW, or civil liability against the state or state agencies for actions or inactions performed pursuant to the administration of this chapter with regard to the following: (a) The allocation or payment of federal or state funds; (b) the use or allocation of state hospital beds; or (c) financial responsibility for the provision of inpatient mental health care.

(3) This section applies to counties, ~~((regional support networks))~~ behavioral health and recovery organizations, and entities which contract to provide ~~((regional support network))~~ behavioral health and recovery organization services and their subcontractors, agents, or employees.

Sec. 30. RCW 71.24.455 and 1997 c 342 s 2 are each amended to read as follows:

(1) The secretary shall select and contract with a (~~(regional support network)~~) behavioral health and recovery organization or private provider to provide specialized access and services to (~~(mentally ill)~~) offenders with mental illness upon release from total confinement within the department of corrections who have been identified by the department of corrections and selected by the (~~(regional support network)~~) behavioral health and recovery organization or private provider as high-priority clients for services and who meet service program entrance criteria. The program shall enroll no more than twenty-five offenders at any one time, or a number of offenders that can be accommodated within the appropriated funding level, and shall seek to fill any vacancies that occur.

(2) Criteria shall include a determination by department of corrections staff that:

(a) The offender suffers from a major mental illness and needs continued mental health treatment;

(b) The offender's previous crime or crimes have been determined by either the court or department of corrections staff to have been substantially influenced by the offender's mental illness;

(c) It is believed the offender will be less likely to commit further criminal acts if provided ongoing mental health care;

(d) The offender is unable or unlikely to obtain housing and/or treatment from other sources for any reason; and

(e) The offender has at least one year remaining before his or her sentence expires but is within six months of release to community housing and is currently housed within a work release facility or any department of corrections' division of prisons facility.

(3) The (~~(regional support network)~~) behavioral health and recovery organization or private provider shall provide specialized access and services to the selected offenders. The services shall be aimed at lowering the risk of recidivism. An oversight committee composed of a representative of the department, a representative of the selected (~~(regional support network)~~) behavioral health and recovery organization or private provider, and a representative of the department of corrections shall develop policies to guide the pilot program, provide dispute resolution including making determinations as to when entrance criteria or required services may be waived in individual cases, advise the department of corrections and the (~~(regional support network)~~) behavioral health and recovery organization or private provider on the selection of eligible offenders, and set minimum requirements for service contracts. The selected (~~(regional support network)~~) behavioral health and recovery organization or private provider shall implement the policies and service contracts. The following services shall be provided:

(a) Intensive case management to include a full range of intensive community support and treatment in client-to-staff ratios of not more than ten offenders per case manager including: (i) A minimum of weekly group and weekly individual counseling; (ii) home visits by the program manager at least two times per month; and (iii) counseling focusing on relapse prevention and past, current, or future behavior of the offender.

(b) The case manager shall attempt to locate and procure housing appropriate to the living and clinical needs of the offender and as needed to maintain the psychiatric stability of the offender. The entire range of emergency, transitional, and permanent housing and involuntary hospitalization must be considered as available housing options. A housing subsidy may be provided to offenders to defray housing costs up to a maximum of six thousand six hundred dollars per offender per year and be administered by the case manager. Additional funding sources may be used to offset these costs when available.

(c) The case manager shall collaborate with the assigned prison, work release, or community corrections staff during release planning, prior to discharge, and in ongoing supervision of the offender while under the authority of the department of corrections.

(d) Medications including the full range of psychotropic medications including atypical antipsychotic medications may be required as a condition of the program. Medication prescription, medication monitoring, and counseling to support offender understanding, acceptance, and compliance with prescribed medication regimens must be included.

(e) A systematic effort to engage offenders to continuously involve themselves in current and long-term treatment and appropriate rehabilitative activities shall be made.

(f) Classes appropriate to the clinical and living needs of the offender and appropriate to his or her level of understanding.

(g) The case manager shall assist the offender in the application and qualification for entitlement funding, including medicaid, state assistance, and other available government and private assistance at any point that the offender is qualified and resources are available.

(h) The offender shall be provided access to daily activities such as drop-in centers, prevocational and vocational training and jobs, and volunteer activities.

(4) Once an offender has been selected into the pilot program, the offender shall remain in the program until the end of his or her sentence or unless the offender is released from the pilot program earlier by the department of corrections.

(5) Specialized training in the management and supervision of high-crime risk (~~(mentally ill)~~) offenders with mental illness shall be provided to all participating mental health providers by the department and the department of corrections prior to their participation in the program and as requested thereafter.

(6) The pilot program provided for in this section must be providing services by July 1, 1998.

Sec. 31. RCW 71.24.470 and 2009 c 319 s 1 are each amended to read as follows:

(1) The secretary shall contract, to the extent that funds are appropriated for this purpose, for case management services and such other services as the secretary deems necessary to assist offenders identified under RCW 72.09.370 for participation in the offender reentry community safety program. The contracts may be with (~~(regional support networks)~~) behavioral health and recovery organizations or any other qualified and appropriate entities.

(2) The case manager has the authority to assist these offenders in obtaining the services, as set forth in the plan created under RCW 72.09.370(2), for up to five years. The services may include coordination of mental health services, assistance with unfunded medical expenses, obtaining chemical dependency treatment, housing, employment services, educational or vocational training, independent living skills, parenting education, anger management services, and such other services as the case manager deems necessary.

(3) The legislature intends that funds appropriated for the purposes of RCW 72.09.370, 71.05.145, and 71.05.212, and this section and distributed to the (~~(regional support networks)~~) behavioral health and recovery organizations are to supplement and not to supplant general funding. Funds appropriated to implement RCW 72.09.370, 71.05.145, and 71.05.212, and this section are not to be considered available resources as defined in RCW 71.24.025 and are not subject to the priorities, terms, or conditions in the appropriations act established pursuant to RCW 71.24.035.

(4) The offender reentry community safety program was formerly known as the community integration assistance program.

Sec. 32. RCW 71.24.480 and 2009 c 319 s 2 are each amended to read as follows:

(1) A licensed service provider or (~~(regional support network)~~) behavioral health and recovery organization, acting in the course of

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the provider's or (~~(network's)~~) organization's duties under this chapter, is not liable for civil damages resulting from the injury or death of another caused by a participant in the offender reentry community safety program who is a client of the provider or (~~(network)~~) organization, unless the act or omission of the provider or (~~(network)~~) organization constitutes:

- (a) Gross negligence;
- (b) Willful or wanton misconduct; or
- (c) A breach of the duty to warn of and protect from a client's threatened violent behavior if the client has communicated a serious threat of physical violence against a reasonably ascertainable victim or victims.

(2) In addition to any other requirements to report violations, the licensed service provider and (~~(regional support network)~~) behavioral health and recovery organization shall report an offender's expressions of intent to harm or other predatory behavior, regardless of whether there is an ascertainable victim, in progress reports and other established processes that enable courts and supervising entities to assess and address the progress and appropriateness of treatment.

(3) A licensed service provider's or (~~(regional support network's)~~) behavioral health and recovery organization's mere act of treating a participant in the offender reentry community safety program is not negligence. Nothing in this subsection alters the licensed service provider's or (~~(regional support network's)~~) behavioral health and recovery organization's normal duty of care with regard to the client.

(4) The limited liability provided by this section applies only to the conduct of licensed service providers and (~~(regional support networks)~~) behavioral health and recovery organizations and does not apply to conduct of the state.

(5) For purposes of this section, "participant in the offender reentry community safety program" means a person who has been identified under RCW 72.09.370 as an offender who: (a) Is reasonably believed to be dangerous to himself or herself or others; and (b) has a mental disorder.

Sec. 33. RCW 71.24.845 and 2013 c 230 s 1 are each amended to read as follows:

The (~~(regional support networks)~~) behavioral health and recovery organizations shall jointly develop a uniform transfer agreement to govern the transfer of clients between (~~(regional support networks)~~) behavioral health and recovery organizations. By September 1, 2013, the (~~(regional support networks)~~) behavioral health and recovery organizations shall submit the uniform transfer agreement to the department. By December 1, 2013, the department shall establish guidelines to implement the uniform transfer agreement and may modify the uniform transfer agreement as necessary to avoid impacts on state administrative systems.

Sec. 34. RCW 71.24.055 and 2007 c 359 s 4 are each amended to read as follows:

As part of the system transformation initiative, the department of social and health services shall undertake the following activities related specifically to children's mental health services:

(1) The development of recommended revisions to the access to care standards for children. The recommended revisions shall reflect the policies and principles set out in RCW 71.36.005, 71.36.010, and 71.36.025, and recognize that early identification, intervention and prevention services, and brief intervention services may be provided outside of the (~~(regional support network)~~) behavioral health and recovery organization system. Revised access to care standards shall assess a child's need for mental health services based upon the child's diagnosis and its negative impact upon his or her persistent impaired functioning in family, school, or the community, and should not solely condition the receipt of services upon a determination that a child is engaged in high risk

behavior or is in imminent need of hospitalization or out-of-home placement. Assessment and diagnosis for children under five years of age shall be determined using a nationally accepted assessment tool designed specifically for children of that age. The recommendations shall also address whether amendments to RCW 71.24.025 (~~((26) and~~) (27) and (28) and 71.24.035(5) are necessary to implement revised access to care standards;

(2) Development of a revised children's mental health benefit package. The department shall ensure that services included in the children's mental health benefit package reflect the policies and principles included in RCW 71.36.005 and 71.36.025, to the extent allowable under medicaid, Title XIX of the federal social security act. Strong consideration shall be given to developmentally appropriate evidence-based and research-based practices, family-based interventions, the use of natural and peer supports, and community support services. This effort shall include a review of other states' efforts to fund family-centered children's mental health services through their medicaid programs;

(3) Consistent with the timeline developed for the system transformation initiative, recommendations for revisions to the children's access to care standards and the children's mental health services benefits package shall be presented to the legislature by January 1, 2009.

Sec. 35. RCW 71.24.065 and 2007 c 359 s 10 are each amended to read as follows:

To the extent funds are specifically appropriated for this purpose, the department of social and health services shall contract for implementation of a wraparound model of integrated children's mental health services delivery in up to four (~~(regional support network)~~) behavioral health and recovery organization regions in Washington state in which wraparound programs are not currently operating, and in up to two (~~(regional support network)~~) behavioral health and recovery organization regions in which wraparound programs are currently operating. Contracts in regions with existing wraparound programs shall be for the purpose of expanding the number of children served.

(1) Funding provided may be expended for: Costs associated with a request for proposal and contracting process; administrative costs associated with successful bidders' operation of the wraparound model; the evaluation under subsection (5) of this section; and funding for services needed by children enrolled in wraparound model sites that are not otherwise covered under existing state programs. The services provided through the wraparound model sites shall include, but not be limited to, services covered under the medicaid program. The department shall maximize the use of medicaid and other existing state-funded programs as a funding source. However, state funds provided may be used to develop a broader service package to meet needs identified in a child's care plan. Amounts provided shall supplement, and not supplant, state, local, or other funding for services that a child being served through a wraparound site would otherwise be eligible to receive.

(2) The wraparound model sites shall serve children with serious emotional or behavioral disturbances who are at high risk of residential or correctional placement or psychiatric hospitalization, and who have been referred for services from the department, a county juvenile court, a tribal court, a school, or a licensed mental health provider or agency.

(3) Through a request for proposal process, the department shall contract, with (~~(regional support networks)~~) behavioral health and recovery organizations, alone or in partnership with either educational service districts or entities licensed to provide mental health services to children with serious emotional or behavioral disturbances, to operate the wraparound model sites. The contractor shall provide care coordination and facilitate the delivery

of services and other supports to families using a strength-based, highly individualized wraparound process. The request for proposal shall require that:

(a) The ~~((regional support network))~~ behavioral health and recovery organization agree to use its medicaid revenues to fund services included in the existing ~~((regional support network's))~~ behavioral health and recovery organization's benefit package that a medicaid-eligible child participating in the wraparound model site is determined to need;

(b) The contractor provide evidence of commitments from at least the following entities to participate in wraparound care plan development and service provision when appropriate: Community mental health agencies, schools, the department of social and health services children's administration, juvenile courts, the department of social and health services juvenile rehabilitation administration, and managed health care systems contracting with the department under RCW 74.09.522; and

(c) The contractor will operate the wraparound model site in a manner that maintains fidelity to the wraparound process as defined in RCW 71.36.010.

(4) Contracts for operation of the wraparound model sites shall be executed on or before April 1, 2008, with enrollment and service delivery beginning on or before July 1, 2008.

(5) The evidence-based practice institute established in RCW 71.24.061 shall evaluate the wraparound model sites, measuring outcomes for children served. Outcomes measured shall include, but are not limited to: Decreased out-of-home placement, including residential, group, and foster care, and increased stability of such placements, school attendance, school performance, recidivism, emergency room utilization, involvement with the juvenile justice system, decreased use of psychotropic medication, and decreased hospitalization.

(6) The evidence-based practice institute shall provide a report and recommendations to the appropriate committees of the legislature by December 1, 2010.

Sec. 36. RCW 71.24.240 and 2005 c 503 s 10 are each amended to read as follows:

In order to establish eligibility for funding under this chapter, any ~~((regional support network))~~ behavioral health and recovery organization seeking to obtain federal funds for the support of any aspect of a community mental health program as defined in this chapter shall submit program plans to the secretary for prior review and approval before such plans are submitted to any federal agency.

Sec. 37. RCW 71.24.320 and 2008 c 261 s 5 are each amended to read as follows:

(1) If an existing ~~((regional support network))~~ behavioral health and recovery organization chooses not to respond to a request for ~~((qualifications))~~ a detailed plan, or is unable to substantially meet the requirements of a request for ~~((qualifications))~~ a detailed plan, or notifies the department of social and health services it will no longer serve as a ~~((regional support network))~~ behavioral health and recovery organization, the department shall utilize a procurement process in which other entities recognized by the secretary may bid to serve as the ~~((regional support network))~~ behavioral health and recovery organization.

(a) The request for proposal shall include a scoring factor for proposals that include additional financial resources beyond that provided by state appropriation or allocation.

(b) The department shall provide detailed briefings to all bidders in accordance with department and state procurement policies.

(c) The request for proposal shall also include a scoring factor for proposals submitted by nonprofit entities that include a component to maximize the utilization of state provided resources and the leverage of other funds for the support of mental health services to persons with mental illness.

(2) A ~~((regional support network))~~ behavioral health and recovery organization that voluntarily terminates, refuses to renew, or refuses to sign a mandatory amendment to its contract to act as a ~~((regional support network))~~ behavioral health and recovery organization is prohibited from responding to a procurement under this section or serving as a ~~((regional support network))~~ behavioral health and recovery organization for five years from the date that the department signs a contract with the entity that will serve as the ~~((regional support network))~~ behavioral health and recovery organization.

Sec. 38. RCW 71.24.330 and 2013 c 320 s 9 are each amended to read as follows:

(1)(a) Contracts between a ~~((regional support network))~~ behavioral health and recovery organization and the department shall include mechanisms for monitoring performance under the contract and remedies for failure to substantially comply with the requirements of the contract including, but not limited to, financial penalties, termination of the contract, and reprocurement of the contract.

(b) The department shall incorporate the criteria to measure the performance of service coordination organizations into contracts with ~~((regional support networks))~~ behavioral health and recovery organizations as provided in chapter 70.320 RCW.

(2) The ~~((regional support network))~~ behavioral health and recovery organization procurement processes shall encourage the preservation of infrastructure previously purchased by the community mental health service delivery system, the maintenance of linkages between other services and delivery systems, and maximization of the use of available funds for services versus profits. However, a ~~((regional support network))~~ behavioral health and recovery organization selected through the procurement process is not required to contract for services with any county-owned or operated facility. The ~~((regional support network))~~ behavioral health and recovery organization procurement process shall provide that public funds appropriated by the legislature shall not be used to promote or deter, encourage, or discourage employees from exercising their rights under Title 29, chapter 7, subchapter II, United States Code or chapter 41.56 RCW.

(3) In addition to the requirements of RCW 71.24.035, contracts shall:

(a) Define administrative costs and ensure that the ~~((regional support network))~~ behavioral health and recovery organization does not exceed an administrative cost of ten percent of available funds;

(b) Require effective collaboration with law enforcement, criminal justice agencies, and the chemical dependency treatment system;

(c) Require substantial implementation of department adopted integrated screening and assessment process and matrix of best practices;

(d) Maintain the decision-making independence of designated mental health professionals;

(e) Except at the discretion of the secretary or as specified in the biennial budget, require ~~((regional support networks))~~ behavioral health and recovery organizations to pay the state for the costs associated with individuals who are being served on the grounds of the state hospitals and who are not receiving long-term inpatient care as defined in RCW 71.24.025;

(f) Include a negotiated alternative dispute resolution clause; and

(g) Include a provision requiring either party to provide one hundred eighty days' notice of any issue that may cause either party to voluntarily terminate, refuse to renew, or refuse to sign a mandatory amendment to the contract to act as a ~~((regional support network))~~ behavioral health and recovery organization. If either party decides to voluntarily terminate, refuse to renew, or refuse to sign a mandatory amendment to the contract to serve as a ~~((regional~~

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~~support network~~)) behavioral health and recovery organization they shall provide ninety days' advance notice in writing to the other party.

Sec. 39. RCW 71.24.360 and 2012 c 91 s 1 are each amended to read as follows:

(1) The department may establish new (~~(regional support network)~~) behavioral health and recovery organization boundaries in any part of the state:

(a) Where more than one (~~(network)~~) organization chooses not to respond to, or is unable to substantially meet the requirements of, the request for (~~(qualifications)~~) a detailed plan under RCW 71.24.320;

(b) Where a (~~(regional support network)~~) behavioral health and recovery organization is subject to repurchase under RCW 71.24.330; or

(c) Where two or more (~~(regional support networks)~~) behavioral health and recovery organizations propose to reconfigure themselves to achieve consolidation, in which case the procurement process described in RCW 71.24.320 and 71.24.330(2) does not apply.

(2) The department may establish no fewer than six and no more than fourteen (~~(regional support networks)~~) behavioral health and recovery organizations under this chapter. No entity shall be responsible for more than three (~~(regional support networks)~~) behavioral health and recovery organizations.

Sec. 40. RCW 71.24.405 and 2001 c 323 s 19 are each amended to read as follows:

The department shall establish a comprehensive and collaborative effort within (~~(regional support networks)~~) behavioral health and recovery organizations and with local mental health service providers aimed at creating innovative and streamlined community mental health service delivery systems, in order to carry out the purposes set forth in RCW 71.24.400 and to capture the diversity of the community mental health service delivery system.

The department must accomplish the following:

(1) Identification, review, and cataloging of all rules, regulations, duplicative administrative and monitoring functions, and other requirements that currently lead to inefficiencies in the community mental health service delivery system and, if possible, eliminate the requirements;

(2) The systematic and incremental development of a single system of accountability for all federal, state, and local funds provided to the community mental health service delivery system. Systematic efforts should be made to include federal and local funds into the single system of accountability;

(3) The elimination of process regulations and related contract and reporting requirements. In place of the regulations and requirements, a set of outcomes for mental health adult and children clients according to chapter 71.24 RCW must be used to measure the performance of mental health service providers and (~~(regional support networks)~~) behavioral health and recovery organizations. Such outcomes shall focus on stabilizing out-of-home and hospital care, increasing stable community living, increasing age-appropriate activities, achieving family and consumer satisfaction with services, and system efficiencies;

(4) Evaluation of the feasibility of contractual agreements between the department of social and health services and (~~(regional support networks)~~) behavioral health and recovery organizations and mental health service providers that link financial incentives to the success or failure of mental health service providers and (~~(regional support networks)~~) behavioral health and recovery organizations to meet outcomes established for mental health service clients;

(5) The involvement of mental health consumers and their representatives. Mental health consumers and their representatives

will be involved in the development of outcome standards for mental health clients under section 5 of this act; and

(6) An independent evaluation component to measure the success of the department in fully implementing the provisions of RCW 71.24.400 and this section.

Sec. 41. RCW 71.24.430 and 2001 c 323 s 3 are each amended to read as follows:

(1) The department shall ensure the coordination of allied services for mental health clients. The department shall implement strategies for resolving organizational, regulatory, and funding issues at all levels of the system, including the state, the (~~(regional support networks)~~) behavioral health and recovery organizations, and local service providers.

(2) The department shall propose, in operating budget requests, transfers of funding among programs to support collaborative service delivery to persons who require services from multiple department programs. The department shall report annually to the appropriate committees of the senate and house of representatives on actions and projects it has taken to promote collaborative service delivery.

Sec. 42. RCW 74.09.522 and 2013 2nd sp.s. c 17 s 13 are each amended to read as follows:

(1) For the purposes of this section:

(a) "Managed health care system" means any health care organization, including health care providers, insurers, health care service contractors, health maintenance organizations, health insuring organizations, or any combination thereof, that provides directly or by contract health care services covered under this chapter and rendered by licensed providers, on a prepaid capitated basis and that meets the requirements of section 1903(m)(1)(A) of Title XIX of the federal social security act or federal demonstration waivers granted under section 1115(a) of Title XI of the federal social security act;

(b) "Nonparticipating provider" means a person, health care provider, practitioner, facility, or entity, acting within their scope of practice, that does not have a written contract to participate in a managed health care system's provider network, but provides health care services to enrollees of programs authorized under this chapter whose health care services are provided by the managed health care system.

(2) The authority shall enter into agreements with managed health care systems to provide health care services to recipients of temporary assistance for needy families under the following conditions:

(a) Agreements shall be made for at least thirty thousand recipients statewide;

(b) Agreements in at least one county shall include enrollment of all recipients of temporary assistance for needy families;

(c) To the extent that this provision is consistent with section 1903(m) of Title XIX of the federal social security act or federal demonstration waivers granted under section 1115(a) of Title XI of the federal social security act, recipients shall have a choice of systems in which to enroll and shall have the right to terminate their enrollment in a system: PROVIDED, That the authority may limit recipient termination of enrollment without cause to the first month of a period of enrollment, which period shall not exceed twelve months: AND PROVIDED FURTHER, That the authority shall not restrict a recipient's right to terminate enrollment in a system for good cause as established by the authority by rule;

(d) To the extent that this provision is consistent with section 1903(m) of Title XIX of the federal social security act, participating managed health care systems shall not enroll a disproportionate number of medical assistance recipients within the total numbers of persons served by the managed health care systems, except as authorized by the authority under federal demonstration waivers

granted under section 1115(a) of Title XI of the federal social security act;

(e)(i) In negotiating with managed health care systems the authority shall adopt a uniform procedure to enter into contractual arrangements, to be included in contracts issued or renewed on or after January 1, 2015, including:

(A) Standards regarding the quality of services to be provided;

(B) The financial integrity of the responding system;

(C) Provider reimbursement methods that incentivize chronic care management within health homes, including comprehensive medication management services for patients with multiple chronic conditions consistent with the findings and goals established in RCW 74.09.5223;

(D) Provider reimbursement methods that reward health homes that, by using chronic care management, reduce emergency department and inpatient use;

(E) Promoting provider participation in the program of training and technical assistance regarding care of people with chronic conditions described in RCW 43.70.533, including allocation of funds to support provider participation in the training, unless the managed care system is an integrated health delivery system that has programs in place for chronic care management;

(F) Provider reimbursement methods within the medical billing processes that incentivize pharmacists or other qualified providers licensed in Washington state to provide comprehensive medication management services consistent with the findings and goals established in RCW 74.09.5223; ~~((and))~~

(G) Evaluation and reporting on the impact of comprehensive medication management services on patient clinical outcomes and total health care costs, including reductions in emergency department utilization, hospitalization, and drug costs; and

(H) Established consistent processes to incentivize integration of behavioral health services in the primary care setting, promoting care that is integrated, collaborative, colocated, and preventive.

(ii)(A) Health home services contracted for under this subsection may be prioritized to enrollees with complex, high cost, or multiple chronic conditions.

(B) Contracts that include the items in (e)(i)(C) through (G) of this subsection must not exceed the rates that would be paid in the absence of these provisions;

(f) The authority shall seek waivers from federal requirements as necessary to implement this chapter;

(g) The authority shall, wherever possible, enter into prepaid capitation contracts that include inpatient care. However, if this is not possible or feasible, the authority may enter into prepaid capitation contracts that do not include inpatient care;

(h) The authority shall define those circumstances under which a managed health care system is responsible for out-of-plan services and assure that recipients shall not be charged for such services;

(i) Nothing in this section prevents the authority from entering into similar agreements for other groups of people eligible to receive services under this chapter; and

(j) The authority must consult with the federal center for medicare and medicaid innovation and seek funding opportunities to support health homes.

(3) The authority shall ensure that publicly supported community health centers and providers in rural areas, who show serious intent and apparent capability to participate as managed health care systems are seriously considered as contractors. The authority shall coordinate its managed care activities with activities under chapter 70.47 RCW.

(4) The authority shall work jointly with the state of Oregon and other states in this geographical region in order to develop recommendations to be presented to the appropriate federal agencies and the United States congress for improving health care of the poor, while controlling related costs.

(5) The legislature finds that competition in the managed health care marketplace is enhanced, in the long term, by the existence of a large number of managed health care system options for medicaid clients. In a managed care delivery system, whose goal is to focus on prevention, primary care, and improved enrollee health status, continuity in care relationships is of substantial importance, and disruption to clients and health care providers should be minimized. To help ensure these goals are met, the following principles shall guide the authority in its healthy options managed health care purchasing efforts:

(a) All managed health care systems should have an opportunity to contract with the authority to the extent that minimum contracting requirements defined by the authority are met, at payment rates that enable the authority to operate as far below appropriated spending levels as possible, consistent with the principles established in this section.

(b) Managed health care systems should compete for the award of contracts and assignment of medicaid beneficiaries who do not voluntarily select a contracting system, based upon:

(i) Demonstrated commitment to or experience in serving low-income populations;

(ii) Quality of services provided to enrollees;

(iii) Accessibility, including appropriate utilization, of services offered to enrollees;

(iv) Demonstrated capability to perform contracted services, including ability to supply an adequate provider network;

(v) Payment rates; and

(vi) The ability to meet other specifically defined contract requirements established by the authority, including consideration of past and current performance and participation in other state or federal health programs as a contractor.

(c) Consideration should be given to using multiple year contracting periods.

(d) Quality, accessibility, and demonstrated commitment to serving low-income populations shall be given significant weight in the contracting, evaluation, and assignment process.

(e) All contractors that are regulated health carriers must meet state minimum net worth requirements as defined in applicable state laws. The authority shall adopt rules establishing the minimum net worth requirements for contractors that are not regulated health carriers. This subsection does not limit the authority of the Washington state health care authority to take action under a contract upon finding that a contractor's financial status seriously jeopardizes the contractor's ability to meet its contract obligations.

(f) Procedures for resolution of disputes between the authority and contract bidders or the authority and contracting carriers related to the award of, or failure to award, a managed care contract must be clearly set out in the procurement document.

(6) The authority may apply the principles set forth in subsection (5) of this section to its managed health care purchasing efforts on behalf of clients receiving supplemental security income benefits to the extent appropriate.

(7) By April 1, 2016, any contract with a managed health care system to provide services to medical assistance enrollees shall require that managed health care systems offer contracts to behavioral health and recovery organizations, mental health providers, or chemical dependency treatment providers to provide access to primary care services integrated into behavioral health clinical settings, for individuals with behavioral health and medical comorbidities.

(8) Managed health care system contracts effective on or after April 1, 2016, shall serve geographic areas that correspond to the regional service areas established in section 2 of this act.

(9) A managed health care system shall pay a nonparticipating provider that provides a service covered under this chapter to the system's enrollee no more than the lowest amount paid for that

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service under the managed health care system's contracts with similar providers in the state.

~~((8))~~ (10) For services covered under this chapter to medical assistance or medical care services enrollees and provided on or after August 24, 2011, nonparticipating providers must accept as payment in full the amount paid by the managed health care system under subsection (7) of this section in addition to any deductible, coinsurance, or copayment that is due from the enrollee for the service provided. An enrollee is not liable to any nonparticipating provider for covered services, except for amounts due for any deductible, coinsurance, or copayment under the terms and conditions set forth in the managed health care system contract to provide services under this section.

~~((9))~~ (11) Pursuant to federal managed care access standards, 42 C.F.R. Sec. 438, managed health care systems must maintain a network of appropriate providers that is supported by written agreements sufficient to provide adequate access to all services covered under the contract with the authority, including hospital-based physician services. The authority will monitor and periodically report on the proportion of services provided by contracted providers and nonparticipating providers, by county, for each managed health care system to ensure that managed health care systems are meeting network adequacy requirements. No later than January 1st of each year, the authority will review and report its findings to the appropriate policy and fiscal committees of the legislature for the preceding state fiscal year.

~~((40))~~ (12) Payments under RCW 74.60.130 are exempt from this section.

~~((11))~~ (13) Subsections ~~((7))~~ (9) through ~~((9))~~ (11) of this section expire July 1, 2016.

Sec. 43. RCW 9.41.280 and 2009 c 453 s 1 are each amended to read as follows:

(1) It is unlawful for a person to carry onto, or to possess on, public or private elementary or secondary school premises, school-provided transportation, or areas of facilities while being used exclusively by public or private schools:

- (a) Any firearm;
- (b) Any other dangerous weapon as defined in RCW 9.41.250;
- (c) Any device commonly known as "nun-chu-ka sticks", consisting of two or more lengths of wood, metal, plastic, or similar substance connected with wire, rope, or other means;
- (d) Any device, commonly known as "throwing stars", which are multi-pointed, metal objects designed to embed upon impact from any aspect;
- (e) Any air gun, including any air pistol or air rifle, designed to propel a BB, pellet, or other projectile by the discharge of compressed air, carbon dioxide, or other gas; or
- (f)(i) Any portable device manufactured to function as a weapon and which is commonly known as a stun gun, including a projectile stun gun which projects wired probes that are attached to the device that emit an electrical charge designed to administer to a person or an animal an electric shock, charge, or impulse; or
- (ii) Any device, object, or instrument which is used or intended to be used as a weapon with the intent to injure a person by an electric shock, charge, or impulse.

(2) Any such person violating subsection (1) of this section is guilty of a gross misdemeanor. If any person is convicted of a violation of subsection (1)(a) of this section, the person shall have his or her concealed pistol license, if any revoked for a period of three years. Anyone convicted under this subsection is prohibited from applying for a concealed pistol license for a period of three years. The court shall send notice of the revocation to the department of licensing, and the city, town, or county which issued the license.

Any violation of subsection (1) of this section by elementary or secondary school students constitutes grounds for expulsion from the state's public schools in accordance with RCW 28A.600.010. An appropriate school authority shall promptly notify law enforcement and the student's parent or guardian regarding any allegation or indication of such violation.

Upon the arrest of a person at least twelve years of age and not more than twenty-one years of age for violating subsection (1)(a) of this section, the person shall be detained or confined in a juvenile or adult facility for up to seventy-two hours. The person shall not be released within the seventy-two hours until after the person has been examined and evaluated by the designated mental health professional unless the court in its discretion releases the person sooner after a determination regarding probable cause or on probation bond or bail.

Within twenty-four hours of the arrest, the arresting law enforcement agency shall refer the person to the designated mental health professional for examination and evaluation under chapter 71.05 or 71.34 RCW and inform a parent or guardian of the person of the arrest, detention, and examination. The designated mental health professional shall examine and evaluate the person subject to the provisions of chapter 71.05 or 71.34 RCW. The examination shall occur at the facility in which the person is detained or confined. If the person has been released on probation, bond, or bail, the examination shall occur wherever is appropriate.

The designated mental health professional may determine whether to refer the person to the county-designated chemical dependency specialist for examination and evaluation in accordance with chapter 70.96A RCW. The county-designated chemical dependency specialist shall examine the person subject to the provisions of chapter 70.96A RCW. The examination shall occur at the facility in which the person is detained or confined. If the person has been released on probation, bond, or bail, the examination shall occur wherever is appropriate.

Upon completion of any examination by the designated mental health professional or the county-designated chemical dependency specialist, the results of the examination shall be sent to the court, and the court shall consider those results in making any determination about the person.

The designated mental health professional and county-designated chemical dependency specialist shall, to the extent permitted by law, notify a parent or guardian of the person that an examination and evaluation has taken place and the results of the examination. Nothing in this subsection prohibits the delivery of additional, appropriate mental health examinations to the person while the person is detained or confined.

If the designated mental health professional determines it is appropriate, the designated mental health professional may refer the person to the local ~~((regional support network))~~ behavioral and recovery health organization for follow-up services or the department of social and health services or other community providers for other services to the family and individual.

(3) Subsection (1) of this section does not apply to:

- (a) Any student or employee of a private military academy when on the property of the academy;
- (b) Any person engaged in military, law enforcement, or school district security activities. However, a person who is not a commissioned law enforcement officer and who provides school security services under the direction of a school administrator may not possess a device listed in subsection (1)(f) of this section unless he or she has successfully completed training in the use of such devices that is equivalent to the training received by commissioned law enforcement officers;
- (c) Any person who is involved in a convention, showing, demonstration, lecture, or firearms safety course authorized by

school authorities in which the firearms of collectors or instructors are handled or displayed;

(d) Any person while the person is participating in a firearms or air gun competition approved by the school or school district;

(e) Any person in possession of a pistol who has been issued a license under RCW 9.41.070, or is exempt from the licensing requirement by RCW 9.41.060, while picking up or dropping off a student;

(f) Any nonstudent at least eighteen years of age legally in possession of a firearm or dangerous weapon that is secured within an attended vehicle or concealed from view within a locked unattended vehicle while conducting legitimate business at the school;

(g) Any nonstudent at least eighteen years of age who is in lawful possession of an unloaded firearm, secured in a vehicle while conducting legitimate business at the school; or

(h) Any law enforcement officer of the federal, state, or local government agency.

(4) Subsections (1)(c) and (d) of this section do not apply to any person who possesses nun-chu-ka sticks, throwing stars, or other dangerous weapons to be used in martial arts classes authorized to be conducted on the school premises.

(5) Subsection (1)(f)(i) of this section does not apply to any person who possesses a device listed in subsection (1)(f)(i) of this section, if the device is possessed and used solely for the purpose approved by a school for use in a school authorized event, lecture, or activity conducted on the school premises.

(6) Except as provided in subsection (3)(b), (c), (f), and (h) of this section, firearms are not permitted in a public or private school building.

(7) "GUN-FREE ZONE" signs shall be posted around school facilities giving warning of the prohibition of the possession of firearms on school grounds.

Sec. 44. RCW 10.31.110 and 2011 c 305 s 7 and 2011 c 148 s 3 are each reenacted and amended to read as follows:

(1) When a police officer has reasonable cause to believe that the individual has committed acts constituting a nonfelony crime that is not a serious offense as identified in RCW 10.77.092 and the individual is known by history or consultation with the ((regional support network)) behavioral health and recovery organization to suffer from a mental disorder, the arresting officer may:

(a) Take the individual to a crisis stabilization unit as defined in RCW 71.05.020(6). Individuals delivered to a crisis stabilization unit pursuant to this section may be held by the facility for a period of up to twelve hours. The individual must be examined by a mental health professional within three hours of arrival;

(b) Take the individual to a triage facility as defined in RCW 71.05.020. An individual delivered to a triage facility which has elected to operate as an involuntary facility may be held up to a period of twelve hours. The individual must be examined by a mental health professional within three hours of arrival;

(c) Refer the individual to a mental health professional for evaluation for initial detention and proceeding under chapter 71.05 RCW; or

(d) Release the individual upon agreement to voluntary participation in outpatient treatment.

(2) If the individual is released to the community, the mental health provider shall inform the arresting officer of the release within a reasonable period of time after the release if the arresting officer has specifically requested notification and provided contact information to the provider.

(3) In deciding whether to refer the individual to treatment under this section, the police officer shall be guided by standards mutually agreed upon with the prosecuting authority, which address, at a minimum, the length, seriousness, and recency of the known criminal history of the individual, the mental health history of the

individual, where available, and the circumstances surrounding the commission of the alleged offense.

(4) Any agreement to participate in treatment shall not require individuals to stipulate to any of the alleged facts regarding the criminal activity as a prerequisite to participation in a mental health treatment alternative. The agreement is inadmissible in any criminal or civil proceeding. The agreement does not create immunity from prosecution for the alleged criminal activity.

(5) If an individual violates such agreement and the mental health treatment alternative is no longer appropriate:

(a) The mental health provider shall inform the referring law enforcement agency of the violation; and

(b) The original charges may be filed or referred to the prosecutor, as appropriate, and the matter may proceed accordingly.

(6) The police officer is immune from liability for any good faith conduct under this section.

Sec. 45. RCW 10.77.010 and 2011 c 89 s 4 are each 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) "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.

(3) "Conditional release" means modification of a court-ordered commitment, which may be revoked upon violation of any of its terms.

(4) A "criminally insane" person means any person who has been acquitted of a crime charged by reason of insanity, and thereupon found to be a substantial danger to other persons or to present a substantial likelihood of committing criminal acts jeopardizing public safety or security unless kept under further control by the court or other persons or institutions.

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

(6) "Designated mental health professional" has the same meaning as provided in RCW 71.05.020.

(7) "Detention" or "detain" means the lawful confinement of a person, under the provisions of this chapter, pending evaluation.

(8) "Developmental disabilities professional" means a person who has specialized training and three years of experience in directly treating or working with persons with developmental disabilities and is a psychiatrist or psychologist, or a social worker, and such other developmental disabilities professionals as may be defined by rules adopted by the secretary.

(9) "Developmental disability" means the condition as defined in RCW 71A.10.020((~~3~~))(4).

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

(11) "Furlough" means an authorized leave of absence for a resident of a state institution operated by the department designated for the custody, care, and treatment of the criminally insane, consistent with an order of conditional release from the court under this chapter, without any requirement that the resident be accompanied by, or be in the custody of, any law enforcement or institutional staff, while on such unescorted leave.

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

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(13) "History of one or more violent acts" means violent acts committed during: (a) The ten-year period of time prior to the filing of criminal charges; plus (b) the amount of time equal to time spent during the ten-year period in a mental health facility or in confinement as a result of a criminal conviction.

(14) "Immediate family member" means a spouse, child, stepchild, parent, stepparent, grandparent, sibling, or domestic partner.

(15) "Incompetency" means a person lacks the capacity to understand the nature of the proceedings against him or her or to assist in his or her own defense as a result of mental disease or defect.

(16) "Indigent" means any person who is financially unable to obtain counsel or other necessary expert or professional services without causing substantial hardship to the person or his or her family.

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

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

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

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

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

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

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

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

(18) "Professional person" means:

(a) A psychiatrist licensed as a physician and surgeon in this state who has, in addition, completed three years of graduate training in psychiatry in a program approved by the American medical association or the American osteopathic association and is certified or eligible to be certified by the American board of psychiatry and neurology or the American osteopathic board of neurology and psychiatry;

(b) A psychologist licensed as a psychologist pursuant to chapter 18.83 RCW; or

(c) A social worker with a master's or further advanced degree from a social work educational program accredited and approved as provided in RCW 18.320.010.

(19) "Registration records" include all the records of the department, (~~(regional support networks)~~) behavioral health and recovery organizations, treatment facilities, and other persons providing services to the department, county departments, or facilities which identify persons who are receiving or who at any time have received services for mental illness.

(20) "Release" means legal termination of the court-ordered commitment under the provisions of this chapter.

(21) "Secretary" means the secretary of the department of social and health services or his or her designee.

(22) "Treatment" means any currently standardized medical or mental health procedure including medication.

(23) "Treatment records" include registration and all other records concerning persons who are receiving or who at any time have received services for mental illness, which are maintained by the department, by (~~(regional support networks)~~) behavioral health and recovery organizations and their staffs, and by treatment

facilities. Treatment records do not include notes or records maintained for personal use by a person providing treatment services for the department, (~~(regional support networks)~~) behavioral health and recovery organizations, or a treatment facility if the notes or records are not available to others.

(24) "Violent act" means behavior that: (a)(i) Resulted in; (ii) if completed as intended would have resulted in; or (iii) was threatened to be carried out by a person who had the intent and opportunity to carry out the threat and would have resulted in, homicide, nonfatal injuries, or substantial damage to property; or (b) recklessly creates an immediate risk of serious physical injury to another person. As used in this subsection, "nonfatal injuries" means physical pain or injury, illness, or an impairment of physical condition. "Nonfatal injuries" shall be construed to be consistent with the definition of "bodily injury," as defined in RCW 9A.04.110.

Sec. 46. RCW 10.77.065 and 2013 c 214 s 1 are each amended to read as follows:

(1)(a)(i) The expert conducting the evaluation shall provide his or her report and recommendation to the court in which the criminal proceeding is pending. For a competency evaluation of a defendant who is released from custody, if the evaluation cannot be completed within twenty-one days due to a lack of cooperation by the defendant, the evaluator shall notify the court that he or she is unable to complete the evaluation because of such lack of cooperation.

(ii) A copy of the report and recommendation shall be provided to the designated mental health professional, the prosecuting attorney, the defense attorney, and the professional person at the local correctional facility where the defendant is being held, or if there is no professional person, to the person designated under (a)(iv) of this subsection. Upon request, the evaluator shall also provide copies of any source documents relevant to the evaluation to the designated mental health professional.

(iii) Any facility providing inpatient services related to competency shall discharge the defendant as soon as the facility determines that the defendant is competent to stand trial. Discharge shall not be postponed during the writing and distribution of the evaluation report. Distribution of an evaluation report by a facility providing inpatient services shall ordinarily be accomplished within two working days or less following the final evaluation of the defendant. If the defendant is discharged to the custody of a local correctional facility, the local correctional facility must continue the medication regimen prescribed by the facility, when clinically appropriate, unless the defendant refuses to cooperate with medication.

(iv) If there is no professional person at the local correctional facility, the local correctional facility shall designate a professional person as defined in RCW 71.05.020 or, in cooperation with the (~~(regional support network)~~) behavioral health and recovery organization, a professional person at the (~~(regional support network)~~) behavioral health and recovery organization to receive the report and recommendation.

(v) Upon commencement of a defendant's evaluation in the local correctional facility, the local correctional facility must notify the evaluator of the name of the professional person, or person designated under (a)(iv) of this subsection, to receive the report and recommendation.

(b) If the evaluator concludes, under RCW 10.77.060(3)(f), the person should be evaluated by a designated mental health professional under chapter 71.05 RCW, the court shall order such evaluation be conducted prior to release from confinement when the person is acquitted or convicted and sentenced to confinement for twenty-four months or less, or when charges are dismissed pursuant to a finding of incompetent to stand trial.

(2) The designated mental health professional shall provide written notification within twenty-four hours of the results of the determination whether to commence proceedings under chapter 71.05 RCW. The notification shall be provided to the persons identified in subsection (1)(a) of this section.

(3) The prosecuting attorney shall provide a copy of the results of any proceedings commenced by the designated mental health professional under subsection (2) of this section to the secretary.

(4) A facility conducting a civil commitment evaluation under RCW 10.77.086(4) or 10.77.088(1)(b)(ii) that makes a determination to release the person instead of filing a civil commitment petition must provide written notice to the prosecutor and defense attorney at least twenty-four hours prior to release. The notice may be given by electronic mail, facsimile, or other means reasonably likely to communicate the information immediately.

(5) The fact of admission and all information and records compiled, obtained, or maintained in the course of providing services under this chapter may also be disclosed to the courts solely to prevent the entry of any evaluation or treatment order that is inconsistent with any order entered under chapter 71.05 RCW.

Sec. 47. RCW 28A.310.202 and 2007 c 359 s 9 are each amended to read as follows:

Educational service district boards may partner with ~~((regional support networks))~~ behavioral health and recovery organizations to respond to a request for proposal for operation of a wraparound model site under chapter 359, Laws of 2007 and, if selected, may contract for the provision of services to coordinate care and facilitate the delivery of services and other supports under a wraparound model.

Sec. 48. RCW 43.185.060 and 1994 c 160 s 2 are each amended to read as follows:

Organizations that may receive assistance from the department under this chapter are local governments, local housing authorities, ~~((regional support networks))~~ behavioral health and recovery organizations established under chapter 71.24 RCW, nonprofit community or neighborhood-based organizations, federally recognized Indian tribes in the state of Washington, and regional or statewide nonprofit housing assistance organizations.

Eligibility for assistance from the department under this chapter also requires compliance with the revenue and taxation laws, as applicable to the recipient, at the time the grant is made.

Sec. 49. RCW 43.185.070 and 2013 c 145 s 3 are each amended to read as follows:

(1) During each calendar year in which funds from the housing trust fund or other legislative appropriations are available for use by the department for the housing assistance program, the department must announce to all known interested parties, and through major media throughout the state, a grant and loan application period of at least ninety days' duration. This announcement must be made as often as the director deems appropriate for proper utilization of resources. The department must then promptly grant as many applications as will utilize available funds less appropriate administrative costs of the department as provided in RCW 43.185.050.

(2) In awarding funds under this chapter, the department must:

(a) Provide for a geographic distribution on a statewide basis; and

(b) Until June 30, 2013, consider the total cost and per-unit cost of each project for which an application is submitted for funding under RCW 43.185.050(2) (a) and (j), as compared to similar housing projects constructed or renovated within the same geographic area.

(3) The department, with advice and input from the affordable housing advisory board established in RCW 43.185B.020, or a subcommittee of the affordable housing advisory board, must report

recommendations for awarding funds in a cost-effective manner. The report must include an implementation plan, timeline, and any other items the department identifies as important to consider to the legislature by December 1, 2012.

(4) The department must give first priority to applications for projects and activities which utilize existing privately owned housing stock including privately owned housing stock purchased by nonprofit public development authorities and public housing authorities as created in chapter 35.82 RCW. As used in this subsection, privately owned housing stock includes housing that is acquired by a federal agency through a default on the mortgage by the private owner. Such projects and activities must be evaluated under subsection (5) of this section. Second priority must be given to activities and projects which utilize existing publicly owned housing stock. All projects and activities must be evaluated by some or all of the criteria under subsection (5) of this section, and similar projects and activities shall be evaluated under the same criteria.

(5) The department must give preference for applications based on some or all of the criteria under this subsection, and similar projects and activities must be evaluated under the same criteria:

(a) The degree of leveraging of other funds that will occur;

(b) The degree of commitment from programs to provide necessary habilitation and support services for projects focusing on special needs populations;

(c) Recipient contributions to total project costs, including allied contributions from other sources such as professional, craft and trade services, and lender interest rate subsidies;

(d) Local government project contributions in the form of infrastructure improvements, and others;

(e) Projects that encourage ownership, management, and other project-related responsibility opportunities;

(f) Projects that demonstrate a strong probability of serving the original target group or income level for a period of at least twenty-five years;

(g) The applicant has the demonstrated ability, stability and resources to implement the project;

(h) Projects which demonstrate serving the greatest need;

(i) Projects that provide housing for persons and families with the lowest incomes;

(j) Projects serving special needs populations which are under statutory mandate to develop community housing;

(k) Project location and access to employment centers in the region or area;

(l) Projects that provide employment and training opportunities for disadvantaged youth under a youthbuild or youthbuild-type program as defined in RCW 50.72.020; and

(m) Project location and access to available public transportation services.

(6) The department may only approve applications for projects for persons with mental illness that are consistent with a ~~((regional support network))~~ behavioral health and recovery organization six-year capital and operating plan.

Sec. 50. RCW 43.185.110 and 1993 c 478 s 15 are each amended to read as follows:

The affordable housing advisory board established in RCW 43.185B.020 shall advise the director on housing needs in this state, including housing needs for persons ~~((who are mentally ill or developmentally disabled))~~ with mental illness or developmental disabilities or youth who are blind or deaf or otherwise disabled, operational aspects of the grant and loan program or revenue collection programs established by this chapter, and implementation of the policy and goals of this chapter. Such advice shall be consistent with policies and plans developed by ~~((regional support networks))~~ behavioral health and recovery organizations according to chapter 71.24 RCW for ~~((the mentally ill))~~ individuals with

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mental illness and the developmental disabilities planning council for ((the developmentally disabled)) individuals with developmental disabilities.

Sec. 51. RCW 43.20A.895 and 2013 c 338 s 2 are each amended to read as follows:

(1) The systems responsible for financing, administration, and delivery of publicly funded mental health and chemical dependency services to adults must be designed and administered to achieve improved outcomes for adult clients served by those systems through increased use and development of evidence-based, research-based, and promising practices, as defined in RCW 71.24.025. For purposes of this section, client outcomes include: Improved health status; increased participation in employment and education; reduced involvement with the criminal justice system; enhanced safety and access to treatment for forensic patients; reduction in avoidable utilization of and costs associated with hospital, emergency room, and crisis services; increased housing stability; improved quality of life, including measures of recovery and resilience; and decreased population level disparities in access to treatment and treatment outcomes.

(2) The department and the health care authority must implement a strategy for the improvement of the adult behavioral health system.

(a) The department must establish a steering committee that includes at least the following members: Behavioral health service recipients and their families; local government; representatives of (~~regional support networks~~) behavioral health and recovery organizations; representatives of county coordinators; law enforcement; city and county jails; tribal representatives; behavioral health service providers, including at least one chemical dependency provider and at least one psychiatric advanced registered nurse practitioner; housing providers; medicaid managed care plan representatives; long-term care service providers; organizations representing health care professionals providing services in mental health settings; the Washington state hospital association; the Washington state medical association; individuals with expertise in evidence-based and research-based behavioral health service practices; and the health care authority.

(b) The adult behavioral health system improvement strategy must include:

(i) An assessment of the capacity of the current publicly funded behavioral health services system to provide evidence-based, research-based, and promising practices;

(ii) Identification, development, and increased use of evidence-based, research-based, and promising practices;

(iii) Design and implementation of a transparent quality management system, including analysis of current system capacity to implement outcomes reporting and development of baseline and improvement targets for each outcome measure provided in this section;

(iv) Identification and phased implementation of service delivery, financing, or other strategies that will promote improvement of the behavioral health system as described in this section and incentivize the medical care, behavioral health, and long-term care service delivery systems to achieve the improvements described in this section and collaborate across systems. The strategies must include phased implementation of public reporting of outcome and performance measures in a form that allows for comparison of performance and levels of improvement between geographic regions of Washington; and

(v) Identification of effective methods for promoting workforce capacity, efficiency, stability, diversity, and safety.

(c) The department must seek private foundation and federal grant funding to support the adult behavioral health system improvement strategy.

(d) By May 15, 2014, the Washington state institute for public policy, in consultation with the department, the University of Washington evidence-based practice institute, the University of Washington alcohol and drug abuse institute, and the Washington institute for mental health research and training, shall prepare an inventory of evidence-based, research-based, and promising practices for prevention and intervention services pursuant to subsection (1) of this section. The department shall use the inventory in preparing the behavioral health improvement strategy. The department shall provide the institute with data necessary to complete the inventory.

(e) By August 1, 2014, the department must report to the governor and the relevant fiscal and policy committees of the legislature on the status of implementation of the behavioral health improvement strategy, including strategies developed or implemented to date, timelines, and costs to accomplish phased implementation of the adult behavioral health system improvement strategy.

(3) The department must contract for the services of an independent consultant to review the provision of forensic mental health services in Washington state and provide recommendations as to whether and how the state's forensic mental health system should be modified to provide an appropriate treatment environment for individuals with mental disorders who have been charged with a crime while enhancing the safety and security of the public and other patients and staff at forensic treatment facilities. By August 1, 2014, the department must submit a report regarding the recommendations of the independent consultant to the governor and the relevant fiscal and policy committees of the legislature.

Sec. 52. RCW 43.20A.897 and 2013 c 338 s 7 are each amended to read as follows:

(1) By November 30, 2013, the department and the health care authority must report to the governor and the relevant fiscal and policy committees of the legislature, consistent with RCW 43.01.036, a plan that establishes a tribal-centric behavioral health system incorporating both mental health and chemical dependency services. The plan must assure that child, adult, and older adult American Indians and Alaskan Natives eligible for medicaid have increased access to culturally appropriate mental health and chemical dependency services. The plan must:

(a) Include implementation dates, major milestones, and fiscal estimates as needed;

(b) Emphasize the use of culturally appropriate evidence-based and promising practices;

(c) Address equitable access to crisis services, outpatient care, voluntary and involuntary hospitalization, and behavioral health care coordination;

(d) Identify statutory changes necessary to implement the tribal-centric behavioral health system; and

(e) Be developed with the department's Indian policy advisory committee and the American Indian health commission, in consultation with Washington's federally recognized tribes.

(2) The department shall enter into agreements with the tribes and urban Indian health programs and modify (~~regional support network~~) behavioral health and recovery organization contracts as necessary to develop a tribal-centric behavioral health system that better serves the needs of the tribes.

Sec. 53. RCW 43.20C.020 and 2012 c 232 s 3 are each amended to read as follows:

The department of social and health services shall accomplish the following in consultation and collaboration with the Washington state institute for public policy, the evidence-based practice institute at the University of Washington, a university-based child welfare partnership and research entity, other national experts in the delivery

of evidence-based services, and organizations representing Washington practitioners:

(a) By September 30, 2012, the Washington state institute for public policy, the University of Washington evidence-based practice institute, in consultation with the department shall publish descriptive definitions of evidence-based, research-based, and promising practices in the areas of child welfare, juvenile rehabilitation, and children's mental health services.

(b) In addition to descriptive definitions, the Washington state institute for public policy and the University of Washington evidence-based practice institute must prepare an inventory of evidence-based, research-based, and promising practices for prevention and intervention services that will be used for the purpose of completing the baseline assessment described in subsection (2) of this section. The inventory shall be periodically updated as more practices are identified.

(c) In identifying evidence-based and research-based services, the Washington state institute for public policy and the University of Washington evidence-based practice institute must:

(i) Consider any available systemic evidence-based assessment of a program's efficacy and cost-effectiveness; and

(ii) Attempt to identify assessments that use valid and reliable evidence.

(d) Using state, federal, or private funds, the department shall prioritize the assessment of promising practices identified in (a) of this subsection with the goal of increasing the number of such practices that meet the standards for evidence-based and research-based practices.

(2) By June 30, 2013, the department and the health care authority shall complete a baseline assessment of utilization of evidence-based and research-based practices in the areas of child welfare, juvenile rehabilitation, and children's mental health services. The assessment must include prevention and intervention services provided through medicaid fee-for-service and healthy options managed care contracts. The assessment shall include estimates of:

(a) The number of children receiving each service;

(b) For juvenile rehabilitation and child welfare services, the total amount of state and federal funds expended on the service;

(c) For children's mental health services, the number and percentage of encounters using these services that are provided to children served by ~~((regional support networks))~~ behavioral health and recovery organizations and children receiving mental health services through medicaid fee-for-service or healthy options;

(d) The relative availability of the service in the various regions of the state; and

(e) To the extent possible, the unmet need for each service.

(3)(a) By December 30, 2013, the department and the health care authority shall report to the governor and to the appropriate fiscal and policy committees of the legislature on recommended strategies, timelines, and costs for increasing the use of evidence-based and research-based practices. The report must distinguish between a reallocation of existing funding to support the recommended strategies and new funding needed to increase the use of the practices.

(b) The department shall provide updated recommendations to the governor and the legislature by December 30, 2014, and by December 30, 2015.

(4)(a) The report required under subsection (3) of this section must include recommendations for the reallocation of resources for evidence-based and research-based practices and substantial increases above the baseline assessment of the use of evidence-based and research-based practices for the 2015-2017 and the 2017-2019 biennia. The recommendations for increases shall be consistent with subsection (2) of this section.

(b) If the department or health care authority anticipates that it will not meet its recommended levels for an upcoming biennium as set forth in its report, it must report to the legislature by November 1st of the year preceding the biennium. The report shall include:

(i) The identified impediments to meeting the recommended levels;

(ii) The current and anticipated performance level; and

(iii) Strategies that will be undertaken to improve performance.

(5) Recommendations made pursuant to subsections (3) and (4) of this section must include strategies to identify programs that are effective with ethnically diverse clients and to consult with tribal governments, experts within ethnically diverse communities, and community organizations that serve diverse communities.

Sec. 54. RCW 43.20C.030 and 2012 c 232 s 4 are each amended to read as follows:

The department of social and health services, in consultation with a university-based evidence-based practice institute entity in Washington, the Washington partnership council on juvenile justice, the child mental health systems of care planning committee, the children, youth, and family advisory committee, the Washington state racial disproportionality advisory committee, a university-based child welfare research entity in Washington state, ~~((regional support networks))~~ behavioral health and recovery organizations, the Washington association of juvenile court administrators, and the Washington state institute for public policy, shall:

(1) Develop strategies to use unified and coordinated case plans for children, youth, and their families who are or are likely to be involved in multiple systems within the department;

(2) Use monitoring and quality control procedures designed to measure fidelity with evidence-based and research-based prevention and treatment programs; and

(3) Utilize any existing data reporting and system of quality management processes at the state and local level for monitoring the quality control and fidelity of the implementation of evidence-based and research-based practices.

Sec. 55. RCW 44.28.800 and 1998 c 297 s 61 are each amended to read as follows:

The joint legislative audit and review committee shall conduct an evaluation of the efficiency and effectiveness of chapter 297, Laws of 1998 in meeting its stated goals. Such an evaluation shall include the operation of the state mental hospitals and the ~~((regional support networks))~~ behavioral health and recovery organizations, as well as any other appropriate entity. The joint legislative audit and review committee shall prepare an interim report of its findings which shall be delivered to the appropriate legislative committees of the house of representatives and the senate no later than September 1, 2000. In addition, the joint legislative audit and review committee shall prepare a final report of its findings which shall be delivered to the appropriate legislative committees of the house of representatives and the senate no later than January 1, 2001.

Sec. 56. RCW 48.01.220 and 1993 c 462 s 104 are each amended to read as follows:

The activities and operations of mental health ~~((regional support networks))~~ behavioral health and recovery organizations, to the extent they pertain to the operation of a medical assistance managed care system in accordance with chapters 71.24 and 74.09 RCW, are exempt from the requirements of this title.

Sec. 57. RCW 70.02.010 and 2013 c 200 s 1 are each amended to read as follows:

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

(1) "Admission" 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:

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- (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) "Commitment" has the same meaning as in RCW 71.05.020.
- (4) "Custody" has the same meaning as in RCW 71.05.020.
- (5) "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.
- (6) "Department" means the department of social and health services.
- (7) "Designated mental health professional" has the same meaning as in RCW 71.05.020 or 71.34.020, as applicable.
- (8) "Detention" or "detain" has the same meaning as in RCW 71.05.020.
- (9) "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.
- (10) "Discharge" has the same meaning as in RCW 71.05.020.
- (11) "Evaluation and treatment facility" has the same meaning as in RCW 71.05.020 or 71.34.020, as applicable.
- (12) "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.
- (13) "General health condition" means the patient's health status described in terms of "critical," "poor," "fair," "good," "excellent," or terms denoting similar conditions.
- (14) "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.
- (15) "Health care facility" means a hospital, clinic, nursing home, laboratory, office, or similar place where a health care provider provides health care to patients.
- (16) "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.
- (17) "Health care operations" means any of the following activities of a health care provider, health care facility, or third-party payor to the extent that the activities are related to functions that make an entity a health care provider, a health care facility, or a third-party payor:
- (a) Conducting: Quality assessment and improvement activities, including outcomes evaluation and development of clinical guidelines, if the obtaining of generalizable knowledge is not the primary purpose of any studies resulting from such activities; population-based activities relating to improving health or reducing health care costs, protocol development, case management and care coordination, contacting of health care providers and patients with information about treatment alternatives; and related functions that do not include treatment;
- (b) Reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance and third-party payor performance, conducting training programs in

which students, trainees, or practitioners in areas of health care learn under supervision to practice or improve their skills as health care providers, training of nonhealth care professionals, accreditation, certification, licensing, or credentialing activities;

(c) Underwriting, premium rating, and other activities relating to the creation, renewal, or replacement of a contract of health insurance or health benefits, and ceding, securing, or placing a contract for reinsurance of risk relating to claims for health care, including stop-loss insurance and excess of loss insurance, if any applicable legal requirements are met;

(d) Conducting or arranging for medical review, legal services, and auditing functions, including fraud and abuse detection and compliance programs;

(e) Business planning and development, such as conducting cost-management and planning-related analyses related to managing and operating the health care facility or third-party payor, including formulary development and administration, development, or improvement of methods of payment or coverage policies; and

(f) Business management and general administrative activities of the health care facility, health care provider, or third-party payor including, but not limited to:

(i) Management activities relating to implementation of and compliance with the requirements of this chapter;

(ii) Customer service, including the provision of data analyses for policy holders, plan sponsors, or other customers, provided that health care information is not disclosed to such policy holder, plan sponsor, or customer;

(iii) Resolution of internal grievances;

(iv) The sale, transfer, merger, or consolidation of all or part of a health care provider, health care facility, or third-party payor with another health care provider, health care facility, or third-party payor or an entity that following such activity will become a health care provider, health care facility, or third-party payor, and due diligence related to such activity; and

(v) Consistent with applicable legal requirements, creating deidentified health care information or a limited dataset for the benefit of the health care provider, health care facility, or third-party payor.

(18) "Health care provider" means a person who is licensed, certified, registered, or otherwise authorized by the law of this state to provide health care in the ordinary course of business or practice of a profession.

(19) "Human immunodeficiency virus" or "HIV" has the same meaning as in RCW 70.24.017.

(20) "Imminent" has the same meaning as in RCW 71.05.020.

(21) "Information and records related to mental health services" means a type of health care information that relates to all information and records, including mental health treatment records, compiled, obtained, or maintained in the course of providing services by a mental health service agency, as defined in this section. This may include documents of legal proceedings under chapter 71.05, 71.34, or 10.77 RCW, or somatic health care information. For health care information maintained by a hospital as defined in RCW 70.41.020 or a health care facility or health care provider that participates with a hospital in an organized health care arrangement defined under federal law, "information and records related to mental health services" is limited to information and records of services provided by a mental health professional or information and records of services created by a hospital-operated community mental health program as defined in RCW 71.24.025(6).

(22) "Information and records related to sexually transmitted diseases" means a type of health care information that relates to the identity of any person upon whom an HIV antibody test or other sexually transmitted infection test is performed, the results of such

tests, and any information relating to diagnosis of or treatment for any confirmed sexually transmitted infections.

(23) "Institutional review board" means any board, committee, or other group formally designated by an institution, or authorized under federal or state law, to review, approve the initiation of, or conduct periodic review of research programs to assure the protection of the rights and welfare of human research subjects.

(24) "Legal counsel" has the same meaning as in RCW 71.05.020.

(25) "Local public health officer" has the same meaning as in RCW 70.24.017.

(26) "Maintain," as related to health care information, means to hold, possess, preserve, retain, store, or control that information.

(27) "Mental health professional" has the same meaning as in RCW 71.05.020.

(28) "Mental health service agency" means a public or private agency that provides services to persons with mental disorders as defined under RCW 71.05.020 or 71.34.020 and receives funding from public sources. This includes evaluation and treatment facilities as defined in RCW 71.34.020, community mental health service delivery systems, or community mental health programs, as defined in RCW 71.24.025, and facilities conducting competency evaluations and restoration under chapter 10.77 RCW.

(29) "Mental health treatment records" include registration records, as defined in RCW 71.05.020, and all other records concerning persons who are receiving or who at any time have received services for mental illness, which are maintained by the department, by ~~((regional support networks))~~ behavioral health and recovery organizations and their staffs, and by treatment facilities. "Mental health treatment records" include mental health information contained in a medical bill including, but not limited to, mental health drugs, a mental health diagnosis, provider name, and dates of service stemming from a medical service. "Mental health treatment records" do not include notes or records maintained for personal use by a person providing treatment services for the department, ~~((regional support networks))~~ behavioral health and recovery organizations, or a treatment facility if the notes or records are not available to others.

(30) "Minor" has the same meaning as in RCW 71.34.020.

(31) "Parent" has the same meaning as in RCW 71.34.020.

(32) "Patient" means an individual who receives or has received health care. The term includes a deceased individual who has received health care.

(33) "Payment" means:

(a) The activities undertaken by:

(i) A third-party payor to obtain premiums or to determine or fulfill its responsibility for coverage and provision of benefits by the third-party payor; or

(ii) A health care provider, health care facility, or third-party payor, to obtain or provide reimbursement for the provision of health care; and

(b) The activities in (a) of this subsection that relate to the patient to whom health care is provided and that include, but are not limited to:

(i) Determinations of eligibility or coverage, including coordination of benefits or the determination of cost-sharing amounts, and adjudication or subrogation of health benefit claims;

(ii) Risk adjusting amounts due based on enrollee health status and demographic characteristics;

(iii) Billing, claims management, collection activities, obtaining payment under a contract for reinsurance, including stop-loss insurance and excess of loss insurance, and related health care data processing;

(iv) Review of health care services with respect to medical necessity, coverage under a health plan, appropriateness of care, or justification of charges;

(v) Utilization review activities, including precertification and preauthorization of services, and concurrent and retrospective review of services; and

(vi) Disclosure to consumer reporting agencies of any of the following health care information relating to collection of premiums or reimbursement:

(A) Name and address;

(B) Date of birth;

(C) Social security number;

(D) Payment history;

(E) Account number; and

(F) Name and address of the health care provider, health care facility, and/or third-party payor.

(34) "Person" means an individual, corporation, business trust, estate, trust, partnership, association, joint venture, government, governmental subdivision or agency, or any other legal or commercial entity.

(35) "Professional person" has the same meaning as in RCW 71.05.020.

(36) "Psychiatric advanced registered nurse practitioner" has the same meaning as in RCW 71.05.020.

(37) "Reasonable fee" means the charges for duplicating or searching the record, but shall not exceed sixty-five cents per page for the first thirty pages and fifty cents per page for all other pages. In addition, a clerical fee for searching and handling may be charged not to exceed fifteen dollars. These amounts shall be adjusted biennially in accordance with changes in the consumer price index, all consumers, for Seattle-Tacoma metropolitan statistical area as determined by the secretary of health. However, where editing of records by a health care provider is required by statute and is done by the provider personally, the fee may be the usual and customary charge for a basic office visit.

(38) "Release" has the same meaning as in RCW 71.05.020.

(39) "Resource management services" has the same meaning as in RCW 71.05.020.

(40) "Serious violent offense" has the same meaning as in RCW 71.05.020.

(41) "Sexually transmitted infection" or "sexually transmitted disease" has the same meaning as "sexually transmitted disease" in RCW 70.24.017.

(42) "Test for a sexually transmitted disease" has the same meaning as in RCW 70.24.017.

(43) "Third-party payor" means an insurer regulated under Title 48 RCW authorized to transact business in this state or other jurisdiction, including a health care service contractor, and health maintenance organization; or an employee welfare benefit plan, excluding fitness or wellness plans; or a state or federal health benefit program.

(44) "Treatment" means the provision, coordination, or management of health care and related services by one or more health care providers or health care facilities, including the coordination or management of health care by a health care provider or health care facility with a third party; consultation between health care providers or health care facilities relating to a patient; or the referral of a patient for health care from one health care provider or health care facility to another.

Sec. 58. RCW 70.02.230 and 2013 c 200 s 7 are each amended to read as follows:

(1) Except as provided in this section, RCW 70.02.050, 71.05.445, 70.96A.150, 74.09.295, 70.02.210, 70.02.240, 70.02.250, and 70.02.260, or pursuant to a valid authorization under RCW 70.02.030, the fact of admission to a provider for mental health services and all information and records compiled, obtained, or maintained in the course of providing mental health services to either voluntary or involuntary recipients of services at public or private agencies must be confidential.

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(2) Information and records related to mental health services, other than those obtained through treatment under chapter 71.34 RCW, may be disclosed only:

(a) In communications between qualified professional persons to meet the requirements of chapter 71.05 RCW, in the provision of services or appropriate referrals, or in the course of guardianship proceedings if provided to a professional person:

- (i) Employed by the facility;
- (ii) Who has medical responsibility for the patient's care;
- (iii) Who is a designated mental health professional;
- (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 as necessary to the administration of chapter 71.05 RCW 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;

(e)(i) When a mental health professional is requested by a representative of a law enforcement or corrections agency, including a police officer, sheriff, community corrections officer, a municipal attorney, or prosecuting attorney to undertake an investigation or provide treatment under RCW 71.05.150, 10.31.110, or 71.05.153, the mental health professional shall, if requested to do so, advise the representative in writing of the results of the investigation including a statement of reasons for the decision to detain or release the person investigated. The written report must be submitted within seventy-two hours of the completion of the investigation or the request from the law enforcement or corrections representative, whichever occurs later.

(ii) Disclosure under this subsection is mandatory for the purposes of the federal health insurance portability and accountability act;

(f) To the attorney of the detained person;

(g) To the prosecuting attorney as necessary to carry out the responsibilities of the office under RCW 71.05.330(2), 71.05.340(1)(b), and 71.05.335. The prosecutor must be provided

access to records regarding the committed person's treatment and prognosis, medication, behavior problems, and other records relevant to the issue of whether treatment less restrictive than inpatient treatment is in the best interest of the committed person or others. Information must be disclosed only after giving notice to the committed person and the person's counsel;

(h)(i) To appropriate law enforcement agencies and to a person, when the identity of the person is known to the public or private agency, whose health and safety has been threatened, or who is known to have been repeatedly harassed, by the patient. The person may designate a representative to receive the disclosure. The disclosure must be made by the professional person in charge of the public or private agency or his or her designee and must include the dates of commitment, admission, discharge, or release, authorized or unauthorized absence from the agency's facility, and only any other information that is pertinent to the threat or harassment. The agency or its employees are not civilly liable for the decision to disclose or not, so long as the decision was reached in good faith and without gross negligence.

(ii) Disclosure under this subsection is mandatory for the purposes of the federal health insurance portability and accountability act;

(i)(i) To appropriate corrections and law enforcement agencies all necessary and relevant information in the event of a crisis or emergent situation that poses a significant and imminent risk to the public. The mental health service agency or its employees are not civilly liable for the decision to disclose or not so long as the decision was reached in good faith and without gross negligence.

(ii) Disclosure under this subsection is mandatory for the purposes of the health insurance portability and accountability act;

(j) To the persons designated in RCW 71.05.425 for the purposes described in those sections;

(k) Upon the death of a person. The person's next of kin, personal representative, guardian, or conservator, if any, must be notified. Next of kin who are of legal age and competent must be notified under this section in the following order: Spouse, parents, children, brothers and sisters, and other relatives according to the degree of relation. Access to all records and information compiled, obtained, or maintained in the course of providing services to a deceased patient are governed by RCW 70.02.140;

(l) To mark headstones or otherwise memorialize patients interred at state hospital cemeteries. The department of social and health services shall make available the name, date of birth, and date of death of patients buried in state hospital cemeteries fifty years after the death of a patient;

(m) To law enforcement officers and to prosecuting attorneys as are necessary to enforce RCW 9.41.040(2)(a)(ii). The extent of information that may be released is limited as follows:

(i) Only the fact, place, and date of involuntary commitment, an official copy of any order or orders of commitment, and an official copy of any written or oral notice of ineligibility to possess a firearm that was provided to the person pursuant to RCW 9.41.047(1), must be disclosed upon request;

(ii) The law enforcement and prosecuting attorneys may only release the information obtained to the person's attorney as required by court rule and to a jury or judge, if a jury is waived, that presides over any trial at which the person is charged with violating RCW 9.41.040(2)(a)(ii);

(iii) Disclosure under this subsection is mandatory for the purposes of the federal health insurance portability and accountability act;

(n) When a patient would otherwise be subject to the provisions of this section and disclosure is necessary for the protection of the patient or others due to his or her unauthorized disappearance from the facility, and his or her whereabouts is unknown, notice of the

disappearance, along with relevant information, may be made to relatives, the department of corrections when the person is under the supervision of the department, and governmental law enforcement agencies designated by the physician or psychiatric advanced registered nurse practitioner in charge of the patient or the professional person in charge of the facility, or his or her professional designee;

(o) Pursuant to lawful order of a court;

(p) To qualified staff members of the department, to the director of (~~regional support networks~~) behavioral health and recovery organizations, to resource management services responsible for serving a patient, or to service providers designated by resource management services as necessary to determine the progress and adequacy of treatment and to determine whether the person should be transferred to a less restrictive or more appropriate treatment modality or facility;

(q) Within the treatment facility where the patient is receiving treatment, confidential information may be disclosed to persons employed, serving in bona fide training programs, or participating in supervised volunteer programs, at the facility when it is necessary to perform their duties;

(r) Within the department as necessary to coordinate treatment for mental illness, developmental disabilities, alcoholism, or drug abuse of persons who are under the supervision of the department;

(s) To a licensed physician or psychiatric advanced registered nurse practitioner who has determined that the life or health of the person is in danger and that treatment without the information contained in the mental health treatment records could be injurious to the patient's health. Disclosure must be limited to the portions of the records necessary to meet the medical emergency;

(t) Consistent with the requirements of the federal health information portability and accountability act, to a licensed mental health professional or a health care professional licensed under chapter 18.71, 18.71A, 18.57, 18.57A, 18.79, or 18.36A RCW who is providing care to a person, or to whom a person has been referred for evaluation or treatment, to assure coordinated care and treatment of that person. Psychotherapy notes, as defined in 45 C.F.R. Sec. 164.501, may not be released without authorization of the person who is the subject of the request for release of information;

(u) To administrative and office support staff designated to obtain medical records for those licensed professionals listed in (t) of this subsection;

(v) To a facility that is to receive a person who is involuntarily committed under chapter 71.05 RCW, or upon transfer of the person from one treatment facility to another. The release of records under this subsection is limited to the mental health treatment records required by law, a record or summary of all somatic treatments, and a discharge summary. The discharge summary may include a statement of the patient's problem, the treatment goals, the type of treatment which has been provided, and recommendation for future treatment, but may not include the patient's complete treatment record;

(w) To the person's counsel or guardian ad litem, without modification, at any time in order to prepare for involuntary commitment or recommitment proceedings, reexaminations, appeals, or other actions relating to detention, admission, commitment, or patient's rights under chapter 71.05 RCW;

(x) To staff members of the protection and advocacy agency or to staff members of a private, nonprofit corporation for the purpose of protecting and advocating the rights of persons with mental disorders or developmental disabilities. Resource management services may limit the release of information to the name, birthdate, and county of residence of the patient, information regarding whether the patient was voluntarily admitted, or involuntarily committed, the date and place of admission, placement, or commitment, the name and address of a guardian of the patient, and

the date and place of the guardian's appointment. Any staff member who wishes to obtain additional information must notify the patient's resource management services in writing of the request and of the resource management services' right to object. The staff member shall send the notice by mail to the guardian's address. If the guardian does not object in writing within fifteen days after the notice is mailed, the staff member may obtain the additional information. If the guardian objects in writing within fifteen days after the notice is mailed, the staff member may not obtain the additional information;

(y) To all current treating providers of the patient with prescriptive authority who have written a prescription for the patient within the last twelve months. For purposes of coordinating health care, the department may release without written authorization of the patient, information acquired for billing and collection purposes as described in RCW 70.02.050(1)(e). The department shall notify the patient that billing and collection information has been released to named providers, and provide the substance of the information released and the dates of such release. The department may not release counseling, inpatient psychiatric hospitalization, or drug and alcohol treatment information without a signed written release from the client;

(z)(i) To the secretary of social and health services for either program evaluation or research, or both so long as the secretary adopts rules for the conduct of the evaluation or research, or both. Such rules must include, but need not be limited to, the requirement that all evaluators and researchers sign an oath of confidentiality substantially as follows:

"As a condition of conducting evaluation or research concerning persons who have received services from (fill in the facility, agency, or person) I,, agree not to divulge, publish, or otherwise make known to unauthorized persons or the public any information obtained in the course of such evaluation or research regarding persons who have received services such that the person who received such services is identifiable.

I recognize that unauthorized release of confidential information may subject me to civil liability under the provisions of state law.

/s/"

(ii) Nothing in this chapter may be construed to prohibit the compilation and publication of statistical data for use by government or researchers under standards, including standards to assure maintenance of confidentiality, set forth by the secretary.

(3) Whenever federal law or federal regulations restrict the release of information contained in the treatment records of any patient who receives treatment for chemical dependency, the department may restrict the release of the information as necessary to comply with federal law and regulations.

(4) Civil liability and immunity for the release of information about a particular person who is committed to the department of social and health services under RCW 71.05.280(3) and 71.05.320(3)(c) after dismissal of a sex offense as defined in RCW 9.94A.030, is governed by RCW 4.24.550.

(5) The fact of admission to a provider of mental health services, as well as all records, files, evidence, findings, or orders made, prepared, collected, or maintained pursuant to chapter 71.05 RCW are not admissible as evidence in any legal proceeding outside that chapter without the written authorization of the person who was the subject of the proceeding except as provided in RCW 70.02.260, in a subsequent criminal prosecution of a person committed pursuant to RCW 71.05.280(3) or 71.05.320(3)(c) on charges that were dismissed pursuant to chapter 10.77 RCW due to incompetency to stand trial, in a civil commitment proceeding pursuant to chapter 71.09 RCW, or, in the case of a minor, a guardianship or dependency proceeding. The records and files maintained in any court proceeding pursuant to chapter 71.05 RCW must be

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confidential and available subsequent to such proceedings only to the person who was the subject of the proceeding or his or her attorney. In addition, the court may order the subsequent release or use of such records or files only upon good cause shown if the court finds that appropriate safeguards for strict confidentiality are and will be maintained.

(6)(a) Except as provided in RCW 4.24.550, any person may bring an action against an individual who has willfully released confidential information or records concerning him or her in violation of the provisions of this section, for the greater of the following amounts:

- (i) One thousand dollars; or
- (ii) Three times the amount of actual damages sustained, if any.

(b) It is not a prerequisite to recovery under this subsection that the plaintiff suffered or was threatened with special, as contrasted with general, damages.

(c) Any person may bring an action to enjoin the release of confidential information or records concerning him or her or his or her ward, in violation of the provisions of this section, and may in the same action seek damages as provided in this subsection.

(d) The court may award to the plaintiff, should he or she prevail in any action authorized by this subsection, reasonable 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. 59. RCW 70.02.250 and 2013 c 200 s 9 are each amended to read as follows:

(1) Information and records related to mental health services delivered to a person subject to chapter 9.94A or 9.95 RCW must be released, upon request, by a mental health service agency to department of corrections personnel for whom the information is necessary to carry out the responsibilities of their office. The information must be provided only for the purpose of completing presentence investigations, supervision of an incarcerated person, planning for and provision of supervision of a person, or assessment of a person's risk to the community. The request must be in writing and may not require the consent of the subject of the records.

(2) The information to be released to the department of corrections must include all relevant records and reports, as defined by rule, necessary for the department of corrections to carry out its duties, including those records and reports identified in subsection (1) of this section.

(3) The department shall, subject to available resources, electronically, or by the most cost-effective means available, provide the department of corrections with the names, last dates of services, and addresses of specific ~~((regional support networks))~~ behavioral health and recovery organizations and mental health service agencies that delivered mental health services to a person subject to chapter 9.94A or 9.95 RCW pursuant to an agreement between the departments.

(4) The department and the department of corrections, in consultation with ~~((regional support networks))~~ behavioral health and recovery organizations, mental health service agencies as defined in RCW 70.02.010, mental health consumers, and advocates for persons with mental illness, shall adopt rules to implement the provisions of this section related to the type and scope of information to be released. These rules must:

(a) Enhance and facilitate the ability of the department of corrections to carry out its responsibility of planning and ensuring community protection with respect to persons subject to sentencing under chapter 9.94A or 9.95 RCW, including accessing and releasing or disclosing information of persons who received mental health services as a minor; and

(b) Establish requirements for the notification of persons under the supervision of the department of corrections regarding the provisions of this section.

(5) The information received by the department of corrections under this section must remain confidential and subject to the limitations on disclosure outlined in chapter 71.34 RCW, except as provided in RCW 72.09.585.

(6) No mental health service agency or individual employed by a mental health service agency may be held responsible for information released to or used by the department of corrections under the provisions of this section or rules adopted under this section.

(7) Whenever federal law or federal regulations restrict the release of information contained in the treatment records of any patient who receives treatment for alcoholism or drug dependency, the release of the information may be restricted as necessary to comply with federal law and regulations.

(8) This section does not modify the terms and conditions of disclosure of information related to sexually transmitted diseases under this chapter.

Sec. 60. RCW 70.320.010 and 2013 c 320 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) "Authority" means the health care authority.

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

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

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

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

(6) "Service coordination organization" or "service contracting entity" means the authority and department, or an entity that may contract with the state to provide, directly or through subcontracts, a comprehensive delivery system of medical, behavioral, long-term care, or social support services, including entities such as ~~((regional support networks))~~ behavioral health and recovery organizations as defined in RCW 71.24.025, managed care organizations that provide medical services to clients under chapter 74.09 RCW, counties providing chemical dependency services under chapters 74.50 and 70.96A RCW, and area agencies on aging providing case management services under chapter 74.39A RCW.

Sec. 61. RCW 70.96B.010 and 2011 c 89 s 10 are each amended to read as follows:

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

(1) "Admission" or "admit" means a decision by a physician that a person should be examined or treated as a patient in a hospital, an evaluation and treatment facility, or other inpatient facility, or a decision by a professional person in charge or his or her designee that a person should be detained as a patient for evaluation and treatment in a secure detoxification facility or other certified chemical dependency provider.

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

(3) "Approved treatment program" means a discrete program of chemical dependency treatment provided by a treatment program certified by the department as meeting standards adopted under chapter 70.96A RCW.

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

(5) "Chemical dependency" means:

(a) Alcoholism;

(b) Drug addiction; or

(c) Dependence on alcohol and one or more other psychoactive chemicals, as the context requires.

(6) "Chemical dependency professional" means a person certified as a chemical dependency professional by the department of health under chapter 18.205 RCW.

(7) "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.

(8) "Conditional release" means a revocable modification of a commitment that may be revoked upon violation of any of its terms.

(9) "Custody" means involuntary detention under either chapter 71.05 or 70.96A RCW or this chapter, uninterrupted by any period of unconditional release from commitment from a facility providing involuntary care and treatment.

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

(11) "Designated chemical dependency specialist" or "specialist" means a person designated by the county alcoholism and other drug addiction program coordinator designated under RCW 70.96A.310 to perform the commitment duties described in RCW 70.96A.140 and this chapter, and qualified to do so by meeting standards adopted by the department.

(12) "Designated crisis responder" means a person designated by the county or ~~(regional support network)~~ behavioral health and recovery organization to perform the duties specified in this chapter.

(13) "Designated mental health professional" means a mental health professional designated by the county or other authority authorized in rule to perform the duties specified in this chapter.

(14) "Detention" or "detain" means the lawful confinement of a person under this chapter, or chapter 70.96A or 71.05 RCW.

(15) "Developmental disabilities professional" means a person who has specialized training and three years of experience in directly treating or working with individuals with developmental disabilities and is a psychiatrist, psychologist, or social worker, and such other developmental disabilities professionals as may be defined by rules adopted by the secretary.

(16) "Developmental disability" means that condition defined in RCW 71A.10.020.

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

(18) "Evaluation and treatment facility" means any facility that can provide directly, or by direct arrangement with other public or private agencies, emergency evaluation and treatment, outpatient care, and timely and appropriate inpatient care to persons suffering

from a mental disorder, and that is certified as such by the department. A physically separate and separately operated portion of a state hospital may be designated as an evaluation and treatment facility. A facility that is part of, or operated by, the department or any federal agency does not require certification. No correctional institution or facility, or jail, may be an evaluation and treatment facility within the meaning of this chapter.

(19) "Facility" means either an evaluation and treatment facility or a secure detoxification facility.

(20) "Gravely disabled" means a condition in which a person, as a result of a mental disorder, or as a result of the use of alcohol or other psychoactive chemicals:

(a) Is in danger of serious physical harm resulting from a failure to provide for his or her essential human needs of health or safety; or

(b) Manifests severe deterioration in routine functioning evidenced by repeated and escalating loss of cognitive or volitional control over his or her actions and is not receiving such care as is essential for his or her health or safety.

(21) "History of one or more violent acts" refers to the period of time ten years before the filing of a petition under this chapter, or chapter 70.96A or 71.05 RCW, excluding any time spent, but not any violent acts committed, in a mental health facility or a long-term alcoholism or drug treatment facility, or in confinement as a result of a criminal conviction.

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

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

(24) "Judicial commitment" means a commitment by a court under this chapter.

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

(26) "Likelihood of serious harm" means:

(a) A substantial risk that:

(i) Physical harm will be inflicted by a person upon his or her own person, as evidenced by threats or attempts to commit suicide or inflict physical harm on oneself;

(ii) Physical harm will be inflicted by a person upon another, as evidenced by behavior that has caused such harm or that places another person or persons in reasonable fear of sustaining such harm; or

(iii) Physical harm will be inflicted by a person upon the property of others, as evidenced by behavior that has caused substantial loss or damage to the property of others; or

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

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

(28) "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 under the authority of chapter 71.05 RCW.

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

(30) "Person in charge" means a physician or chemical dependency counselor as defined in rule by the department, who is empowered by a certified treatment program with authority to make assessment, admission, continuing care, and discharge decisions on behalf of the certified program.

(31) "Private agency" means any person, partnership, corporation, or association that is not a public agency, whether or

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not financed in whole or in part by public funds, that constitutes an evaluation and treatment facility or private institution, or hospital, or approved treatment program, that is conducted for, or includes a department or ward conducted for, the care and treatment of persons who are mentally ill and/or chemically dependent.

(32) "Professional person" means a mental health professional or chemical dependency 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 this chapter.

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

(34) "Psychologist" means a person who has been licensed as a psychologist under chapter 18.83 RCW.

(35) "Public agency" means any evaluation and treatment facility or institution, or hospital, or approved treatment program that is conducted for, or includes a department or ward conducted for, the care and treatment of persons who are mentally ill and/or chemically dependent, if the agency is operated directly by federal, state, county, or municipal government, or a combination of such governments.

(36) "Registration records" means all the records of the department, ~~((regional support networks))~~ behavioral health and recovery organizations, treatment facilities, and other persons providing services to the department, county departments, or facilities which identify persons who are receiving or who at any time have received services for mental illness.

(37) "Release" means legal termination of the commitment under chapter 70.96A or 71.05 RCW or this chapter.

(38) "Secretary" means the secretary of the department or the secretary's designee.

(39) "Secure detoxification facility" means a facility operated by either a public or private agency or by the program of an agency that serves the purpose of providing evaluation and assessment, and acute and/or subacute detoxification services for intoxicated persons and includes security measures sufficient to protect the patients, staff, and community.

(40) "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.

(41) "Treatment records" means registration records and all other records concerning persons who are receiving or who at any time have received services for mental illness, which are maintained by the department, by ~~((regional support networks))~~ behavioral health and recovery organizations and their staffs, and by treatment facilities. Treatment records do not include notes or records maintained for personal use by a person providing treatment services for the department, ~~((regional support networks))~~ behavioral health and recovery organizations, or a treatment facility if the notes or records are not available to others.

(42) "Violent act" means behavior that resulted in homicide, attempted suicide, nonfatal injuries, or substantial damage to property.

Sec. 62. RCW 70.96B.020 and 2005 c 504 s 203 are each amended to read as follows:

(1) The secretary, after consulting with the Washington state association of counties, shall select and contract with ~~((regional support networks))~~ behavioral health and recovery organizations or counties to provide two integrated crisis response and involuntary treatment pilot programs for adults and shall allocate resources for both integrated services and secure detoxification services in the

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pilot areas. In selecting the two ~~((regional support networks))~~ behavioral health and recovery organizations or counties, the secretary shall endeavor to site one in an urban and one in a rural ~~((regional support network))~~ behavioral health and recovery organization or county; and to site them in counties other than those selected pursuant to RCW 70.96A.800, to the extent necessary to facilitate evaluation of pilot project results.

(2) The ~~((regional support networks))~~ behavioral health and recovery organizations or counties shall implement the pilot programs by providing integrated crisis response and involuntary treatment to persons with a chemical dependency, a mental disorder, or both, consistent with this chapter. The pilot programs shall:

(a) Combine the crisis responder functions of a designated mental health professional under chapter 71.05 RCW and a designated chemical dependency specialist under chapter 70.96A RCW by establishing a new designated crisis responder who is authorized to conduct investigations and detain persons up to seventy-two hours to the proper facility;

(b) Provide training to the crisis responders as required by the department;

(c) Provide sufficient staff and resources to ensure availability of an adequate number of crisis responders twenty-four hours a day, seven days a week;

(d) Provide the administrative and court-related staff, resources, and processes necessary to facilitate the legal requirements of the initial detention and the commitment hearings for persons with a chemical dependency;

(e) Participate in the evaluation and report to assess the outcomes of the pilot programs including providing data and information as requested;

(f) Provide the other services necessary to the implementation of the pilot programs, consistent with this chapter as determined by the secretary in contract; and

(g) Collaborate with the department of corrections where persons detained or committed are also subject to supervision by the department of corrections.

(3) The pilot programs established by this section shall begin providing services by March 1, 2006.

Sec. 63. RCW 70.96B.030 and 2005 c 504 s 204 are each amended to read as follows:

To qualify as a designated crisis responder, a person must have received chemical dependency training as determined by the department and be a:

(1) Psychiatrist, psychologist, psychiatric nurse, or social worker;

(2) Person with a master's degree or further advanced degree in counseling or one of the social sciences from an accredited college or university and who have, in addition, at least two years of experience in direct treatment of persons with mental illness or emotional disturbance, such experience gained under the direction of a mental health professional;

(3) Person who meets the waiver criteria of RCW 71.24.260, which waiver was granted before 1986;

(4) Person who had an approved waiver to perform the duties of a mental health professional that was requested by the ~~((regional support network))~~ behavioral health and recovery organization and granted by the department before July 1, 2001; or

(5) Person who has been granted a time-limited exception of the minimum requirements of a mental health professional by the department consistent with rules adopted by the secretary.

Sec. 64. RCW 70.96C.010 and 2005 c 504 s 601 are each amended to read as follows:

(1) The department of social and health services, in consultation with the members of the team charged with developing the state plan for co-occurring mental and substance abuse disorders, shall

adopt, not later than January 1, 2006, an integrated and comprehensive screening and assessment process for chemical dependency and mental disorders and co-occurring chemical dependency and mental disorders.

(a) The process adopted shall include, at a minimum:

(i) An initial screening tool that can be used by intake personnel system-wide and which will identify the most common types of co-occurring disorders;

(ii) An assessment process for those cases in which assessment is indicated that provides an appropriate degree of assessment for most situations, which can be expanded for complex situations;

(iii) Identification of triggers in the screening that indicate the need to begin an assessment;

(iv) Identification of triggers after or outside the screening that indicate a need to begin or resume an assessment;

(v) The components of an assessment process and a protocol for determining whether part or all of the assessment is necessary, and at what point; and

(vi) Emphasis that the process adopted under this section is to replace and not to duplicate existing intake, screening, and assessment tools and processes.

(b) The department shall consider existing models, including those already adopted by other states, and to the extent possible, adopt an established, proven model.

(c) The integrated, comprehensive screening and assessment process shall be implemented statewide by all chemical dependency and mental health treatment providers as well as all designated mental health professionals, designated chemical dependency specialists, and designated crisis responders not later than January 1, 2007.

(2) The department shall provide adequate training to effect statewide implementation by the dates designated in this section and shall report the rates of co-occurring disorders and the stage of screening or assessment at which the co-occurring disorder was identified to the appropriate committees of the legislature.

(3) The department shall establish contractual penalties to contracted treatment providers, the ~~((regional support networks))~~ behavioral health and recovery organizations, and their contracted providers for failure to implement the integrated screening and assessment process by July 1, 2007.

Sec. 65. RCW 70.97.010 and 2011 c 89 s 11 are each amended to read as follows:

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

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

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

(3) "Chemical dependency" means alcoholism, drug addiction, or dependence on alcohol and one or more other psychoactive chemicals, as the context requires and as those terms are defined in chapter 70.96A RCW.

(4) "Chemical dependency professional" means a person certified as a chemical dependency professional by the department of health under chapter 18.205 RCW.

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

(6) "Conditional release" means a modification of a commitment that may be revoked upon violation of any of its terms.

(7) "Custody" means involuntary detention under chapter 71.05 or 70.96A RCW, uninterrupted by any period of unconditional

release from commitment from a facility providing involuntary care and treatment.

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

(9) "Designated responder" means a designated mental health professional, a designated chemical dependency specialist, or a designated crisis responder as those terms are defined in chapter 70.96A, 71.05, or 70.96B RCW.

(10) "Detention" or "detain" means the lawful confinement of an individual under chapter 70.96A or 71.05 RCW.

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

(12) "Enhanced services facility" means a facility that provides treatment and services to persons for whom acute inpatient treatment is not medically necessary and who have been determined by the department to be inappropriate for placement in other licensed facilities due to the complex needs that result in behavioral and security issues.

(13) "Expanded community services program" means a nonsecure program of enhanced behavioral and residential support provided to long-term and residential care providers serving specifically eligible clients who would otherwise be at risk for hospitalization at state hospital geriatric units.

(14) "Facility" means an enhanced services facility.

(15) "Gravely disabled" means a condition in which an individual, as a result of a mental disorder, as a result of the use of alcohol or other psychoactive chemicals, or both:

(a) Is in danger of serious physical harm resulting from a failure to provide for his or her essential human needs of health or safety; or

(b) Manifests severe deterioration in routine functioning evidenced by repeated and escalating loss of cognitive or volitional control over his or her actions and is not receiving such care as is essential for his or her health or safety.

(16) "History of one or more violent acts" refers to the period of time ten years before the filing of a petition under this chapter, or chapter 70.96A or 71.05 RCW, excluding any time spent, but not any violent acts committed, in a mental health facility or a long-term alcoholism or drug treatment facility, or in confinement as a result of a criminal conviction.

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

(18) "Likelihood of serious harm" means:

(a) A substantial risk that:

(i) Physical harm will be inflicted by an individual upon his or her own person, as evidenced by threats or attempts to commit suicide or inflict physical harm on oneself;

(ii) Physical harm will be inflicted by an individual upon another, as evidenced by behavior that has caused such harm or that places another person or persons in reasonable fear of sustaining such harm; or

(iii) Physical harm will be inflicted by an individual upon the property of others, as evidenced by behavior that has caused substantial loss or damage to the property of others; or

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

(19) "Mental disorder" means any organic, mental, or emotional impairment that has substantial adverse effects on an individual's cognitive or volitional functions.

(20) "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 under the authority of chapter 71.05 RCW.

(21) "Professional person" means a mental health professional and also means a physician, registered nurse, and such others as may

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be defined in rules adopted by the secretary pursuant to the provisions of this chapter.

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

(23) "Psychologist" means a person who has been licensed as a psychologist under chapter 18.83 RCW.

(24) "Registration records" include all the records of the department, (~~(regional support networks)~~) behavioral health and recovery organizations, treatment facilities, and other persons providing services to the department, county departments, or facilities which identify individuals who are receiving or who at any time have received services for mental illness.

(25) "Release" means legal termination of the commitment under chapter 70.96A or 71.05 RCW.

(26) "Resident" means a person admitted to an enhanced services facility.

(27) "Secretary" means the secretary of the department or the secretary's designee.

(28) "Significant change" means:

(a) A deterioration in a resident's physical, mental, or psychosocial condition that has caused or is likely to cause clinical complications or life-threatening conditions; or

(b) An improvement in the resident's physical, mental, or psychosocial condition that may make the resident eligible for release or for treatment in a less intensive or less secure setting.

(29) "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.

(30) "Treatment" means the broad range of emergency, detoxification, residential, inpatient, and outpatient services and care, including diagnostic evaluation, mental health or chemical dependency education and counseling, medical, psychiatric, psychological, and social service care, vocational rehabilitation, and career counseling, which may be extended to persons with mental disorders, chemical dependency disorders, or both, and their families.

(31) "Treatment records" include registration and all other records concerning individuals who are receiving or who at any time have received services for mental illness, which are maintained by the department, by (~~(regional support networks)~~) behavioral health and recovery organizations and their staffs, and by treatment facilities. "Treatment records" do not include notes or records maintained for personal use by an individual providing treatment services for the department, (~~(regional support networks)~~) behavioral health and recovery organizations, or a treatment facility if the notes or records are not available to others.

(32) "Violent act" means behavior that resulted in homicide, attempted suicide, nonfatal injuries, or substantial damage to property.

Sec. 66. RCW 71.05.020 and 2011 c 148 s 1 and 2011 c 89 s 14 are each reenacted and amended to read as follows:

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

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

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

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

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

(6) "Crisis stabilization unit" means a short-term facility or a portion of a facility licensed by the department of health and certified by the department of social and health services under RCW 71.24.035, such as an evaluation and treatment facility or a hospital, which has been designed to assess, diagnose, and treat individuals experiencing an acute crisis without the use of long-term hospitalization;

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

(8) "Department" means the department of social and health services;

(9) "Designated chemical dependency specialist" means a person designated by the county alcoholism and other drug addiction program coordinator designated under RCW 70.96A.310 to perform the commitment duties described in chapters 70.96A and 70.96B RCW;

(10) "Designated crisis responder" means a mental health professional appointed by the county or the (~~(regional support network)~~) behavioral health and recovery organization to perform the duties specified in this chapter;

(11) "Designated mental health professional" means a mental health professional designated by the county or other authority authorized in rule to perform the duties specified in this chapter;

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

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

(14) "Developmental disability" means that condition defined in RCW 71A.10.020(~~(3))~~(4);

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

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

(17) "Gravely disabled" means a condition in which a person, as a result of a mental disorder: (a) Is in danger of serious physical harm resulting from a failure to provide for his or her essential human needs of health or safety; or (b) manifests severe deterioration in routine functioning evidenced by repeated and escalating loss of cognitive or volitional control over his or her

actions and is not receiving such care as is essential for his or her health or safety;

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

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

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

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

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

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

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

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

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

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

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

(22) "Information related to mental health services" means all information and records compiled, obtained, or maintained in the course of providing services to either voluntary or involuntary recipients of services by a mental health service provider. This may include documents of legal proceedings under this chapter or chapter 71.34 or 10.77 RCW, or somatic health care information;

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

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

(25) "Likelihood of serious harm" means:

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

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

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

(27) "Mental health professional" means a psychiatrist, psychologist, psychiatric advanced registered nurse practitioner, psychiatric nurse, or social worker, and such other mental health

professionals as may be defined by rules adopted by the secretary pursuant to the provisions of this chapter;

(28) "Mental health service provider" means a public or private agency that provides mental health services to persons with mental disorders as defined under this section and receives funding from public sources. This includes, but is not limited to, hospitals licensed under chapter 70.41 RCW, evaluation and treatment facilities as defined in this section, community mental health service delivery systems or community mental health programs as defined in RCW 71.24.025, facilities conducting competency evaluations and restoration under chapter 10.77 RCW, and correctional facilities operated by state and local governments;

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

(30) "Private agency" means any person, partnership, corporation, or association that is not a public agency, whether or not financed in whole or in part by public funds, which constitutes an evaluation and treatment facility or private institution, or hospital, which is conducted for, or includes a department or ward conducted for, the care and treatment of persons who are mentally ill;

(31) "Professional person" means a mental health professional and shall also mean a physician, psychiatric advanced registered nurse practitioner, registered nurse, and such others as may be defined by rules adopted by the secretary pursuant to the provisions of this chapter;

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

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

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

(35) "Public agency" means any evaluation and treatment facility or institution, or hospital which is conducted for, or includes a department or ward conducted for, the care and treatment of persons with mental illness, if the agency is operated directly by, federal, state, county, or municipal government, or a combination of such governments;

(36) "Registration records" include all the records of the department, (~~(regional support networks)~~) behavioral health and recovery organizations, treatment facilities, and other persons providing services to the department, county departments, or facilities which identify persons who are receiving or who at any time have received services for mental illness;

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

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

(39) "Secretary" means the secretary of the department of social and health services, or his or her designee;

(40) "Serious violent offense" has the same meaning as provided in RCW 9.94A.030;

(41) "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;

(42) "Therapeutic court personnel" means the staff of a mental health court or other therapeutic court which has jurisdiction over defendants who are dually diagnosed with mental disorders, including court personnel, probation officers, a court monitor,

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prosecuting attorney, or defense counsel acting within the scope of therapeutic court duties;

(43) "Triage facility" means a short-term facility or a portion of a facility licensed by the department of health and certified by the department of social and health services under RCW 71.24.035, which is designed as a facility to assess and stabilize an individual or determine the need for involuntary commitment of an individual, and must meet department of health residential treatment facility standards. A triage facility may be structured as a voluntary or involuntary placement facility;

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

(45) "Violent act" means behavior that resulted in homicide, attempted suicide, nonfatal injuries, or substantial damage to property.

Sec. 67. RCW 71.05.025 and 2000 c 94 s 2 are each amended to read as follows:

The legislature intends that the procedures and services authorized in this chapter be integrated with those in chapter 71.24 RCW to the maximum extent necessary to assure a continuum of care to persons ~~((who are mentally ill))~~ with mental illness or who have mental disorders, as defined in either or both this chapter and chapter 71.24 RCW. To this end, ~~((regional support networks))~~ behavioral health and recovery organizations established in accordance with chapter 71.24 RCW shall institute procedures which require timely consultation with resource management services by ~~((county-))~~ designated mental health professionals and evaluation and treatment facilities to assure that determinations to admit, detain, commit, treat, discharge, or release persons with mental disorders under this chapter are made only after appropriate information regarding such person's treatment history and current treatment plan has been sought from resource management services.

Sec. 68. RCW 71.05.026 and 2006 c 333 s 301 are each amended to read as follows:

(1) Except for monetary damage claims which have been reduced to final judgment by a superior court, this section applies to all claims against the state, state agencies, state officials, or state employees that exist on or arise after March 29, 2006.

(2) Except as expressly provided in contracts entered into between the department and the ~~((regional support networks))~~ behavioral health and recovery organizations after March 29, 2006, the entities identified in subsection (3) of this section shall have no claim for declaratory relief, injunctive relief, judicial review under chapter 34.05 RCW, or civil liability against the state or state agencies for actions or inactions performed pursuant to the administration of this chapter with regard to the following: (a) The allocation or payment of federal or state funds; (b) the use or allocation of state hospital beds; or (c) financial responsibility for the provision of inpatient mental health care.

(3) This section applies to counties, ~~((regional support networks))~~ behavioral health and recovery organizations, and entities which contract to provide ~~((regional support network))~~ behavioral health and recovery organization services and their subcontractors, agents, or employees.

Sec. 69. RCW 71.05.027 and 2005 c 504 s 103 are each amended to read as follows:

(1) Not later than January 1, 2007, all persons providing treatment under this chapter shall also implement the integrated comprehensive screening and assessment process for chemical dependency and mental disorders adopted pursuant to RCW 70.96C.010 and shall document the numbers of clients with co-occurring mental and substance abuse disorders based on a quadrant system of low and high needs.

(2) Treatment providers and ~~((regional support networks))~~ behavioral health and recovery organizations who fail to implement the integrated comprehensive screening and assessment process for chemical dependency and mental disorders by July 1, 2007, shall be subject to contractual penalties established under RCW 70.96C.010.

Sec. 70. RCW 71.05.110 and 2011 c 343 s 5 are each amended to read as follows:

Attorneys appointed for persons pursuant to this chapter shall be compensated for their services as follows: (1) The person for whom an attorney is appointed shall, if he or she is financially able pursuant to standards as to financial capability and indigency set by the superior court of the county in which the proceeding is held, bear the costs of such legal services; (2) if such person is indigent pursuant to such standards, the ~~((regional support network))~~ behavioral health and recovery organization shall reimburse the county in which the proceeding is held for the direct costs of such legal services, as provided in RCW 71.05.730.

Sec. 71. RCW 71.05.300 and 2009 c 293 s 5 and 2009 c 217 s 4 are each reenacted and 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 the fourteen-day period of intensive treatment. At the time of filing such petition, the clerk shall set a time for the person to come before the court on the next judicial day after the day of filing unless such appearance is waived by the person's attorney, and the clerk shall notify the designated mental health professional. The designated mental health professional shall immediately notify the person detained, his or her attorney, if any, and his or her guardian or conservator, if any, the prosecuting attorney, and the ~~((regional support network))~~ behavioral health and recovery organization administrator, and provide a copy of the petition to such persons as soon as possible. The ~~((regional support network))~~ behavioral health and recovery organization administrator or designee may review the petition and may appear and testify at the full hearing on the petition.

(2) At the time set for appearance the detained person shall be brought before the court, unless such appearance has been waived and the court shall advise him or her of his or her right to be represented by an attorney, his or her right to a jury trial, and his or her loss of firearm rights if involuntarily committed. If the detained person is not represented by an attorney, or is indigent or is unwilling to retain an attorney, the court shall immediately appoint an attorney to represent him or her. The court shall, if requested, appoint a reasonably available licensed physician, psychiatric advanced registered nurse practitioner, psychologist, or psychiatrist, designated by the detained person to examine and testify on behalf of the detained person.

(3) The court may, if requested, also appoint a professional person as defined in RCW 71.05.020 to seek less restrictive alternative courses of treatment and to testify on behalf of the detained person. In the case of a person with a developmental disability who has been determined to be incompetent pursuant to RCW 10.77.086(4), then the appointed professional person under this section shall be a developmental disabilities professional.

(4) The court shall also set a date for a full hearing on the petition as provided in RCW 71.05.310.

Sec. 72. RCW 71.05.365 and 2013 c 338 s 4 are each amended to read as follows:

When a person has been involuntarily committed for treatment to a hospital for a period of ninety or one hundred eighty days, and the superintendent or professional person in charge of the hospital determines that the person no longer requires active psychiatric treatment at an inpatient level of care, the ~~((regional support network))~~ behavioral health and recovery organization responsible for resource management services for the person must work with the hospital to develop an individualized discharge plan and arrange for a transition to the community in accordance with the person's individualized discharge plan within twenty-one days of the determination.

Sec. 73. RCW 71.05.445 and 2013 c 200 s 31 are each amended to read as follows:

(1)(a) When a mental health service provider conducts its initial assessment for a person receiving court-ordered treatment, the service provider shall inquire and shall be told by the offender whether he or she is subject to supervision by the department of corrections.

(b) When a person receiving court-ordered treatment or treatment ordered by the department of corrections discloses to his or her mental health service provider that he or she is subject to supervision by the department of corrections, the mental health service provider shall notify the department of corrections that he or she is treating the offender and shall notify the offender that his or her community corrections officer will be notified of the treatment, provided that if the offender has received relief from disclosure pursuant to RCW 9.94A.562, 70.96A.155, or 71.05.132 and the offender has provided the mental health service provider with a copy of the order granting relief from disclosure pursuant to RCW 9.94A.562, 70.96A.155, or 71.05.132, the mental health service provider is not required to notify the department of corrections that the mental health service provider is treating the offender. The notification may be written or oral and shall not require the consent of the offender. If an oral notification is made, it must be confirmed by a written notification. For purposes of this section, a written notification includes notification by e-mail or facsimile, so long as the notifying mental health service provider is clearly identified.

(2) The information to be released to the department of corrections shall include all relevant records and reports, as defined by rule, necessary for the department of corrections to carry out its duties.

(3) The department and the department of corrections, in consultation with ~~((regional support networks))~~ behavioral health and recovery organizations, mental health service providers as defined in RCW 71.05.020, mental health consumers, and advocates for persons with mental illness, shall adopt rules to implement the provisions of this section related to the type and scope of information to be released. These rules shall:

(a) Enhance and facilitate the ability of the department of corrections to carry out its responsibility of planning and ensuring community protection with respect to persons subject to sentencing under chapter 9.94A or 9.95 RCW, including accessing and releasing or disclosing information of persons who received mental health services as a minor; and

(b) Establish requirements for the notification of persons under the supervision of the department of corrections regarding the provisions of this section.

(4) The information received by the department of corrections under this section shall remain confidential and subject to the limitations on disclosure outlined in chapter 71.05 RCW, except as provided in RCW 72.09.585.

(5) No mental health service provider or individual employed by a mental health service provider shall be held responsible for information released to or used by the department of corrections

under the provisions of this section or rules adopted under this section.

(6) Whenever federal law or federal regulations restrict the release of information contained in the treatment records of any patient who receives treatment for alcoholism or drug dependency, the release of the information may be restricted as necessary to comply with federal law and regulations.

(7) This section does not modify the terms and conditions of disclosure of information related to sexually transmitted diseases under chapter 70.24 RCW.

(8) The department shall, subject to available resources, electronically, or by the most cost-effective means available, provide the department of corrections with the names, last dates of services, and addresses of specific ~~((regional support networks))~~ behavioral health and recovery organizations and mental health service providers that delivered mental health services to a person subject to chapter 9.94A or 9.95 RCW pursuant to an agreement between the departments.

Sec. 74. RCW 71.05.730 and 2011 c 343 s 2 are each amended to read as follows:

(1) A county may apply to its ~~((regional support network))~~ behavioral health and recovery organization on a quarterly basis for reimbursement of its direct costs in providing judicial services for civil commitment cases under this chapter and chapter 71.34 RCW. The ~~((regional support network))~~ behavioral health and recovery organization shall in turn be entitled to reimbursement from the ~~((regional support network))~~ behavioral health and recovery organization that serves the county of residence of the individual who is the subject of the civil commitment case. Reimbursements under this section shall be paid out of the ~~((regional support networks))~~ behavioral health and recovery organization's nonmedicaid appropriation.

(2) Reimbursement for judicial services shall be provided per civil commitment case at a rate to be determined based on an independent assessment of the county's actual direct costs. This assessment must be based on an average of the expenditures for judicial services within the county over the past three years. In the event that a baseline cannot be established because there is no significant history of similar cases within the county, the reimbursement rate shall be equal to eighty percent of the median reimbursement rate of counties included in the independent assessment.

(3) For the purposes of this section:

(a) "Civil commitment case" includes all judicial hearings related to a single episode of hospitalization, or less restrictive alternative detention in lieu of hospitalization, except that the filing of a petition for a one hundred eighty-day commitment under this chapter or a petition for a successive one hundred eighty-day commitment under chapter 71.34 RCW shall be considered to be a new case regardless of whether there has been a break in detention. "Civil commitment case" does not include the filing of a petition for a one hundred eighty-day commitment under this chapter on behalf of a patient at a state psychiatric hospital.

(b) "Judicial services" means a county's reasonable direct costs in providing prosecutor services, assigned counsel and defense services, court services, and court clerk services for civil commitment cases under this chapter and chapter 71.34 RCW.

(4) To the extent that resources have shared purpose, the ~~((regional support network))~~ behavioral health and recovery organization may only reimburse counties to the extent such resources are necessary for and devoted to judicial services as described in this section.

(5) No filing fee may be charged or collected for any civil commitment case subject to reimbursement under this section.

Sec. 75. RCW 71.05.740 and 2013 c 216 s 2 are each amended to read as follows:

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By August 1, 2013, all (~~(regional support networks)~~) behavioral health and recovery organizations in the state of Washington must forward historical mental health involuntary commitment information retained by the organization including identifying information and dates of commitment to the department. As soon as feasible, the (~~(regional support networks)~~) behavioral health and recovery organizations must arrange to report new commitment data to the department within twenty-four hours. Commitment information under this section does not need to be resent if it is already in the possession of the department. (~~(Regional support networks)~~) Behavioral health and recovery organizations and the department shall be immune from liability related to the sharing of commitment information under this section.

Sec. 76. RCW 71.34.330 and 2011 c 343 s 8 are each amended to read as follows:

Attorneys appointed for minors under this chapter shall be compensated for their services as follows:

(1) Responsible others shall bear the costs of such legal services if financially able according to standards set by the court of the county in which the proceeding is held.

(2) If all responsible others are indigent as determined by these standards, the (~~(regional support network)~~) behavioral health and recovery organization shall reimburse the county in which the proceeding is held for the direct costs of such legal services, as provided in RCW 71.05.730.

Sec. 77. RCW 71.34.415 and 2011 c 343 s 4 are each amended to read as follows:

A county may apply to its (~~(regional support network)~~) behavioral health and recovery organization for reimbursement of its direct costs in providing judicial services for civil commitment cases under this chapter, as provided in RCW 71.05.730.

Sec. 78. RCW 71.36.010 and 2007 c 359 s 2 are each amended to read as follows:

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

(1) "Agency" means a state, tribal, or local governmental entity or a private not-for-profit organization.

(2) "Child" means a person under eighteen years of age, except as expressly provided otherwise in state or federal law.

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

(4) "County authority" means the board of county commissioners or county executive.

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

(6) "Early periodic screening, diagnosis, and treatment" means the component of the federal medicaid program established pursuant to 42 U.S.C. Sec. 1396d(r), as amended.

(7) "Evidence-based" means a program or practice that has had multiple site random controlled trials across heterogeneous populations demonstrating that the program or practice is effective for the population.

(8) "Family" means a child's biological parents, adoptive parents, foster parents, guardian, legal custodian authorized pursuant to Title 26 RCW, a relative with whom a child has been placed by the department of social and health services, or a tribe.

(9) "Promising practice" or "emerging best practice" means a practice that presents, based upon preliminary information, potential for becoming a research-based or consensus-based practice.

(10) "~~(Regional support network)~~ Behavioral health and recovery organization" means a county authority or group of county

authorities or other nonprofit entity that has entered into contracts with the secretary pursuant to chapter 71.24 RCW.

(11) "Research-based" means a program or practice that has some research demonstrating effectiveness, but that does not yet meet the standard of evidence-based practices.

(12) "Secretary" means the secretary of social and health services.

(13) "Wraparound process" means a family driven planning process designed to address the needs of children and youth by the formation of a team that empowers families to make key decisions regarding the care of the child or youth in partnership with professionals and the family's natural community supports. The team produces a community-based and culturally competent intervention plan which identifies the strengths and needs of the child or youth and family and defines goals that the team collaborates on achieving with respect for the unique cultural values of the family. The "wraparound process" shall emphasize principles of persistence and outcome-based measurements of success.

Sec. 79. RCW 71.36.025 and 2007 c 359 s 3 are each amended to read as follows:

(1) It is the goal of the legislature that, by 2012, the children's mental health system in Washington state include the following elements:

(a) A continuum of services from early identification, intervention, and prevention through crisis intervention and inpatient treatment, including peer support and parent mentoring services;

(b) Equity in access to services for similarly situated children, including children with co-occurring disorders;

(c) Developmentally appropriate, high quality, and culturally competent services available statewide;

(d) Treatment of each child in the context of his or her family and other persons that are a source of support and stability in his or her life;

(e) A sufficient supply of qualified and culturally competent children's mental health providers;

(f) Use of developmentally appropriate evidence-based and research-based practices;

(g) Integrated and flexible services to meet the needs of children who, due to mental illness or emotional or behavioral disturbance, are at risk of out-of-home placement or involved with multiple child-serving systems.

(2) The effectiveness of the children's mental health system shall be determined through the use of outcome-based performance measures. The department and the evidence-based practice institute established in RCW 71.24.061, in consultation with parents, caregivers, youth, (~~(regional support networks)~~) behavioral health and recovery organizations, mental health services providers, health plans, primary care providers, tribes, and others, shall develop outcome-based performance measures such as:

(a) Decreased emergency room utilization;

(b) Decreased psychiatric hospitalization;

(c) Lessening of symptoms, as measured by commonly used assessment tools;

(d) Decreased out-of-home placement, including residential, group, and foster care, and increased stability of such placements, when necessary;

(e) Decreased runaways from home or residential placements;

(f) Decreased rates of chemical dependency;

(g) Decreased involvement with the juvenile justice system;

(h) Improved school attendance and performance;

(i) Reductions in school or child care suspensions or expulsions;

(j) Reductions in use of prescribed medication where cognitive behavioral therapies are indicated;

(k) Improved rates of high school graduation and employment; and

(l) Decreased use of mental health services upon reaching adulthood for mental disorders other than those that require ongoing treatment to maintain stability.

Performance measure reporting for children's mental health services should be integrated into existing performance measurement and reporting systems developed and implemented under chapter 71.24 RCW.

Sec. 80. RCW 71.36.040 and 2003 c 281 s 2 are each amended to read as follows:

(1) The legislature supports recommendations made in the August 2002 study of the public mental health system for children conducted by the joint legislative audit and review committee.

(2) The department shall, within available funds:

(a) Identify internal business operation issues that limit the agency's ability to meet legislative intent to coordinate existing categorical children's mental health programs and funding;

(b) Collect reliable mental health cost, service, and outcome data specific to children. This information must be used to identify best practices and methods of improving fiscal management;

(c) Revise the early periodic screening diagnosis and treatment plan to reflect the mental health system structure in place on July 27, 2003, and thereafter revise the plan as necessary to conform to subsequent changes in the structure.

(3) The department and the office of the superintendent of public instruction shall jointly identify school districts where mental health and education systems coordinate services and resources to provide public mental health care for children. The department and the office of the superintendent of public instruction shall work together to share information about these approaches with other school districts, ~~((regional support networks))~~ behavioral health and recovery organizations, and state agencies.

Sec. 81. RCW 72.09.350 and 1993 c 459 s 1 are each amended to read as follows:

(1) The department of corrections and the University of Washington may enter into a collaborative arrangement to provide improved services for ~~((mentally ill))~~ offenders with mental illness with a focus on prevention, treatment, and reintegration into society. The participants in the collaborative arrangement may develop a strategic plan within sixty days after May 17, 1993, to address the management of ~~((mentally ill))~~ offenders with mental illness within the correctional system, facilitating their reentry into the community and the mental health system, and preventing the inappropriate incarceration of ~~((mentally ill))~~ individuals with mental illness. The collaborative arrangement may also specify the establishment and maintenance of a corrections mental health center located at McNeil Island corrections center. The collaborative arrangement shall require that an advisory panel of key stakeholders be established and consulted throughout the development and implementation of the center. The stakeholders advisory panel shall include a broad array of interest groups drawn from representatives of mental health, criminal justice, and correctional systems. The stakeholders advisory panel shall include, but is not limited to, membership from: The department of corrections, the department of social and health services mental health division and division of juvenile rehabilitation, ~~((regional support networks))~~ behavioral health and recovery organizations, local and regional law enforcement agencies, the sentencing guidelines commission, county and city jails, mental health advocacy groups for ~~((the mentally ill, developmentally disabled))~~ individuals with mental illness or developmental disabilities, and the traumatically brain-injured, and the general public. The center established by the department of corrections and University of Washington, in consultation with the stakeholder advisory groups, shall have the authority to:

(a) Develop new and innovative treatment approaches for corrections mental health clients;

(b) Improve the quality of mental health services within the department and throughout the corrections system;

(c) Facilitate mental health staff recruitment and training to meet departmental, county, and municipal needs;

(d) Expand research activities within the department in the area of treatment services, the design of delivery systems, the development of organizational models, and training for corrections mental health care professionals;

(e) Improve the work environment for correctional employees by developing the skills, knowledge, and understanding of how to work with offenders with special chronic mental health challenges;

(f) Establish a more positive rehabilitative environment for offenders;

(g) Strengthen multidisciplinary mental health collaboration between the University of Washington, other groups committed to the intent of this section, and the department of corrections;

(h) Strengthen department linkages between institutions of higher education, public sector mental health systems, and county and municipal corrections;

(i) Assist in the continued formulation of corrections mental health policies;

(j) Develop innovative and effective recruitment and training programs for correctional personnel working with ~~((mentally ill))~~ offenders with mental illness;

(k) Assist in the development of a coordinated continuum of mental health care capable of providing services from corrections entry to community return; and

(l) Evaluate all current and innovative approaches developed within this center in terms of their effective and efficient achievement of improved mental health of inmates, development and utilization of personnel, the impact of these approaches on the functioning of correctional institutions, and the relationship of the corrections system to mental health and criminal justice systems. Specific attention should be paid to evaluating the effects of programs on the reintegration of ~~((mentally ill))~~ offenders with mental illness into the community and the prevention of inappropriate incarceration of ~~((mentally ill))~~ persons with mental illness.

(2) The corrections mental health center may conduct research, training, and treatment activities for the ~~((mentally ill))~~ offender with mental illness within selected sites operated by the department. The department shall provide support services for the center such as food services, maintenance, perimeter security, classification, offender supervision, and living unit functions. The University of Washington may develop, implement, and evaluate the clinical, treatment, research, and evaluation components of the mentally ill offender center. The institute of ~~((for))~~ public policy and management may be consulted regarding the development of the center and in the recommendations regarding public policy. As resources permit, training within the center shall be available to state, county, and municipal agencies requiring the services. Other state colleges, state universities, and mental health providers may be involved in activities as required on a subcontract basis. Community mental health organizations, research groups, and community advocacy groups may be critical components of the center's operations and involved as appropriate to annual objectives. ~~((Mentally ill))~~ Clients with mental illness may be drawn from throughout the department's population and transferred to the center as clinical need, available services, and department jurisdiction permits.

(3) The department shall prepare a report of the center's progress toward the attainment of stated goals and provide the report to the legislature annually.

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Sec. 82. RCW 72.09.370 and 2009 c 319 s 3 and 2009 c 28 s 36 are each reenacted and amended to read as follows:

(1) The offender reentry community safety program is established to provide intensive services to offenders identified under this subsection and to thereby promote public safety. The secretary shall identify offenders in confinement or partial confinement who: (a) Are reasonably believed to be dangerous to themselves or others; and (b) have a mental disorder. In determining an offender's dangerousness, the secretary shall consider behavior known to the department and factors, based on research, that are linked to an increased risk for dangerousness of offenders with mental illnesses and shall include consideration of an offender's chemical dependency or abuse.

(2) Prior to release of an offender identified under this section, a team consisting of representatives of the department of corrections, the division of mental health, and, as necessary, the indeterminate sentence review board, other divisions or administrations within the department of social and health services, specifically including the division of alcohol and substance abuse and the division of developmental disabilities, the appropriate ~~((regional support network))~~ behavioral health and recovery organization, and the providers, as appropriate, shall develop a plan, as determined necessary by the team, for delivery of treatment and support services to the offender upon release. In developing the plan, the offender shall be offered assistance in executing a mental health directive under chapter 71.32 RCW, after being fully informed of the benefits, scope, and purposes of such directive. The team may include a school district representative for offenders under the age of twenty-one. The team shall consult with the offender's counsel, if any, and, as appropriate, the offender's family and community. The team shall notify the crime victim/witness program, which shall provide notice to all people registered to receive notice under RCW 72.09.712 of the proposed release plan developed by the team. Victims, witnesses, and other interested people notified by the department may provide information and comments to the department on potential safety risk to specific individuals or classes of individuals posed by the specific offender. The team may recommend: (a) That the offender be evaluated by the designated mental health professional, as defined in chapter 71.05 RCW; (b) department-supervised community treatment; or (c) voluntary community mental health or chemical dependency or abuse treatment.

(3) Prior to release of an offender identified under this section, the team shall determine whether or not an evaluation by a designated mental health professional is needed. If an evaluation is recommended, the supporting documentation shall be immediately forwarded to the appropriate designated mental health professional. The supporting documentation shall include the offender's criminal history, history of judicially required or administratively ordered involuntary antipsychotic medication while in confinement, and any known history of involuntary civil commitment.

(4) If an evaluation by a designated mental health professional is recommended by the team, such evaluation shall occur not more than ten days, nor less than five days, prior to release.

(5) A second evaluation by a designated mental health professional shall occur on the day of release if requested by the team, based upon new information or a change in the offender's mental condition, and the initial evaluation did not result in an emergency detention or a summons under chapter 71.05 RCW.

(6) If the designated mental health professional determines an emergency detention under chapter 71.05 RCW is necessary, the department shall release the offender only to a state hospital or to a consenting evaluation and treatment facility. The department shall arrange transportation of the offender to the hospital or facility.

(7) If the designated mental health professional believes that a less restrictive alternative treatment is appropriate, he or she shall seek a summons, pursuant to the provisions of chapter 71.05 RCW, to require the offender to appear at an evaluation and treatment facility. If a summons is issued, the offender shall remain within the corrections facility until completion of his or her term of confinement and be transported, by corrections personnel on the day of completion, directly to the identified evaluation and treatment facility.

(8) The secretary shall adopt rules to implement this section.

Sec. 83. RCW 72.09.381 and 1999 c 214 s 11 are each amended to read as follows:

The secretary of the department of corrections and the secretary of the department of social and health services shall, in consultation with the ~~((regional support networks))~~ behavioral health and recovery organizations and provider representatives, each adopt rules as necessary to implement chapter 214, Laws of 1999.

Sec. 84. RCW 72.10.060 and 1998 c 297 s 48 are each amended to read as follows:

The secretary shall, for any person committed to a state correctional facility after July 1, 1998, inquire at the time of commitment whether the person had received outpatient mental health treatment within the two years preceding confinement and the name of the person providing the treatment.

The secretary shall inquire of the treatment provider if he or she wishes to be notified of the release of the person from confinement, for purposes of offering treatment upon the inmate's release. If the treatment provider wishes to be notified of the inmate's release, the secretary shall attempt to provide such notice at least seven days prior to release.

At the time of an inmate's release if the secretary is unable to locate the treatment provider, the secretary shall notify the ~~((regional support network))~~ behavioral health and recovery organization in the county the inmate will most likely reside following release.

If the secretary has, prior to the release from the facility, evaluated the inmate and determined he or she requires postrelease mental health treatment, a copy of relevant records and reports relating to the inmate's mental health treatment or status shall be promptly made available to the offender's present or future treatment provider. The secretary shall determine which records and reports are relevant and may provide a summary in lieu of copies of the records.

Sec. 85. RCW 72.23.025 and 2011 1st sp.s. c 21 s 1 are each amended to read as follows:

(1) It is the intent of the legislature to improve the quality of service at state hospitals, eliminate overcrowding, and more specifically define the role of the state hospitals. The legislature intends that eastern and western state hospitals shall become clinical centers for handling the most complicated long-term care needs of patients with a primary diagnosis of mental disorder. To this end, the legislature intends that funds appropriated for mental health programs, including funds for ~~((regional support networks))~~ behavioral health and recovery organizations and the state hospitals be used for persons with primary diagnosis of mental disorder. The legislature finds that establishment of institutes for the study and treatment of mental disorders at both eastern state hospital and western state hospital will be instrumental in implementing the legislative intent.

(2)(a) There is established at eastern state hospital and western state hospital, institutes for the study and treatment of mental disorders. The institutes shall be operated by joint operating agreements between state colleges and universities and the department of social and health services. The institutes are intended to conduct training, research, and clinical program development activities that will directly benefit persons with mental

illness who are receiving treatment in Washington state by performing the following activities:

(i) Promote recruitment and retention of highly qualified professionals at the state hospitals and community mental health programs;

(ii) Improve clinical care by exploring new, innovative, and scientifically based treatment models for persons presenting particularly difficult and complicated clinical syndromes;

(iii) Provide expanded training opportunities for existing staff at the state hospitals and community mental health programs;

(iv) Promote bilateral understanding of treatment orientation, possibilities, and challenges between state hospital professionals and community mental health professionals.

(b) To accomplish these purposes the institutes may, within funds appropriated for this purpose:

(i) Enter joint operating agreements with state universities or other institutions of higher education to accomplish the placement and training of students and faculty in psychiatry, psychology, social work, occupational therapy, nursing, and other relevant professions at the state hospitals and community mental health programs;

(ii) Design and implement clinical research projects to improve the quality and effectiveness of state hospital services and operations;

(iii) Enter into agreements with community mental health service providers to accomplish the exchange of professional staff between the state hospitals and community mental health service providers;

(iv) Establish a student loan forgiveness and conditional scholarship program to retain qualified professionals at the state hospitals and community mental health providers when the secretary has determined a shortage of such professionals exists.

(c) Notwithstanding any other provisions of law to the contrary, the institutes may enter into agreements with the department or the state hospitals which may involve changes in staffing necessary to implement improved patient care programs contemplated by this section.

(d) The institutes are authorized to seek and accept public or private gifts, grants, contracts, or donations to accomplish their purposes under this section.

Sec. 86. RCW 74.09.515 and 2011 1st sp.s. c 15 s 26 are each amended to read as follows:

(1) The authority shall adopt rules and policies providing that when youth who were enrolled in a medical assistance program immediately prior to confinement are released from confinement, their medical assistance coverage will be fully reinstated on the day of their release, subject to any expedited review of their continued eligibility for medical assistance coverage that is required under federal or state law.

(2) The authority, in collaboration with the department, county juvenile court administrators, and ~~((regional support networks))~~ behavioral health and recovery organizations, shall establish procedures for coordination between department field offices, juvenile rehabilitation administration institutions, and county juvenile courts that result in prompt reinstatement of eligibility and speedy eligibility determinations for youth who are likely to be eligible for medical assistance services upon release from confinement. Procedures developed under this subsection must address:

(a) Mechanisms for receiving medical assistance services' applications on behalf of confined youth in anticipation of their release from confinement;

(b) Expedient review of applications filed by or on behalf of confined youth and, to the extent practicable, completion of the review before the youth is released; and

(c) Mechanisms for providing medical assistance services' identity cards to youth eligible for medical assistance services immediately upon their release from confinement.

(3) For purposes of this section, "confined" or "confinement" means detained in a facility operated by or under contract with the department of social and health services, juvenile rehabilitation administration, or detained in a juvenile detention facility operated under chapter 13.04 RCW.

(4) The authority shall adopt standardized statewide screening and application practices and forms designed to facilitate the application of a confined youth who is likely to be eligible for a medical assistance program.

Sec. 87. RCW 74.09.521 and 2011 1st sp.s. c 15 s 28 are each amended to read as follows:

(1) To the extent that funds are specifically appropriated for this purpose the authority shall revise its medicaid healthy options managed care and fee-for-service program standards under medicaid, Title XIX of the federal social security act to improve access to mental health services for children who do not meet the ~~((regional support network))~~ behavioral health and recovery organization access to care standards. The program standards shall be revised to allow outpatient therapy services to be provided by licensed mental health professionals, as defined in RCW 71.34.020, or by a mental health professional regulated under Title 18 RCW who is under the direct supervision of a licensed mental health professional, and up to twenty outpatient therapy hours per calendar year, including family therapy visits integral to a child's treatment. This section shall be administered in a manner consistent with federal early and periodic screening, diagnosis, and treatment requirements related to the receipt of medically necessary services when a child's need for such services is identified through developmental screening.

(2) The authority and the children's mental health evidence-based practice institute established in RCW 71.24.061 shall collaborate to encourage and develop incentives for the use of prescribing practices and evidence-based and research-based treatment practices developed under RCW 74.09.490 by mental health professionals serving children under this section.

Sec. 88. RCW 74.09.555 and 2011 1st sp.s. c 36 s 32 and 2011 1st sp.s c 15 s 34 are each reenacted and amended to read as follows:

(1) The authority shall adopt rules and policies providing that when persons with a mental disorder, who were enrolled in medical assistance immediately prior to confinement, are released from confinement, their medical assistance coverage will be fully reinstated on the day of their release, subject to any expedited review of their continued eligibility for medical assistance coverage that is required under federal or state law.

(2) The authority, in collaboration with the Washington association of sheriffs and police chiefs, the department of corrections, and the ~~((regional support networks))~~ behavioral health and recovery organizations, shall establish procedures for coordination between the authority and department field offices, institutions for mental disease, and correctional institutions, as defined in RCW 9.94.049, that result in prompt reinstatement of eligibility and speedy eligibility determinations for persons who are likely to be eligible for medical assistance services upon release from confinement. Procedures developed under this subsection must address:

(a) Mechanisms for receiving medical assistance services' applications on behalf of confined persons in anticipation of their release from confinement;

(b) Expedient review of applications filed by or on behalf of confined persons and, to the extent practicable, completion of the review before the person is released;

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(c) Mechanisms for providing medical assistance services identity cards to persons eligible for medical assistance services immediately upon their release from confinement; and

(d) Coordination with the federal social security administration, through interagency agreements or otherwise, to expedite processing of applications for federal supplemental security income or social security disability benefits, including federal acceptance of applications on behalf of confined persons.

(3) Where medical or psychiatric examinations during a person's confinement indicate that the person is disabled, the correctional institution or institution for mental diseases shall provide the authority with that information for purposes of making medical assistance eligibility and enrollment determinations prior to the person's release from confinement. The authority shall, to the maximum extent permitted by federal law, use the examination in making its determination whether the person is disabled and eligible for medical assistance.

(4) For purposes of this section, "confined" or "confinement" means incarcerated in a correctional institution, as defined in RCW 9.94.049, or admitted to an institute for mental disease, as defined in 42 C.F.R. part 435, Sec. 1009 on July 24, 2005.

(5) For purposes of this section, "likely to be eligible" means that a person:

(a) Was enrolled in medicaid or supplemental security income or the medical care services program immediately before he or she was confined and his or her enrollment was terminated during his or her confinement; or

(b) Was enrolled in medicaid or supplemental security income or the medical care services program at any time during the five years before his or her confinement, and medical or psychiatric examinations during the person's confinement indicate that the person continues to be disabled and the disability is likely to last at least twelve months following release.

(6) The economic services administration within the department shall adopt standardized statewide screening and application practices and forms designed to facilitate the application of a confined person who is likely to be eligible for medicaid.

Sec. 89. RCW 74.34.068 and 2001 c 233 s 2 are each amended to read as follows:

(1) After the investigation is complete, the department may provide a written report of the outcome of the investigation to an agency or program described in this subsection when the department determines from its investigation that an incident of abuse, abandonment, financial exploitation, or neglect occurred. Agencies or programs that may be provided this report are home health, hospice, or home care agencies, or after January 1, 2002, any in-home services agency licensed under chapter 70.127 RCW, a program authorized under chapter 71A.12 RCW, an adult day care or day health program, ~~((regional support networks))~~ behavioral health and recovery organizations authorized under chapter 71.24 RCW, or other agencies. The report may contain the name of the vulnerable adult and the alleged perpetrator. The report shall not disclose the identity of the person who made the report or any witness without the written permission of the reporter or witness. The department shall notify the alleged perpetrator regarding the outcome of the investigation. The name of the vulnerable adult must not be disclosed during this notification.

(2) The department may also refer a report or outcome of an investigation to appropriate state or local governmental authorities responsible for licensing or certification of the agencies or programs listed in subsection (1) of this section.

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

Sec. 90. RCW 82.04.4277 and 2011 1st sp.s. c 19 s 1 are each amended to read as follows:

(1) A health or social welfare organization may deduct from the measure of tax amounts received as compensation for providing mental health services under a government-funded program.

(2) A ~~((regional support network))~~ behavioral health and recovery organization may deduct from the measure of tax amounts received from the state of Washington for distribution to a health or social welfare organization that is eligible to deduct the distribution under subsection (1) of this section.

(3) A person claiming a deduction under this section must file a complete annual report with the department under RCW 82.32.534.

(4) The definitions in this subsection apply to this section.

(a) "Health or social welfare organization" has the meaning provided in RCW 82.04.431.

(b) "Mental health services" and "~~((regional support network))~~ behavioral health and recovery organization" have the meanings provided in RCW 71.24.025.

(5) This section expires August 1, 2016.

Sec. 91. RCW 70.38.111 and 2012 c 10 s 48 are each amended to read as follows:

(1) The department shall not require a certificate of need for the offering of an inpatient tertiary health service by:

(a) A health maintenance organization or a combination of health maintenance organizations if (i) the organization or combination of organizations has, in the service area of the organization or the service areas of the organizations in the combination, an enrollment of at least fifty thousand individuals, (ii) the facility in which the service will be provided is or will be geographically located so that the service will be reasonably accessible to such enrolled individuals, and (iii) at least seventy-five percent of the patients who can reasonably be expected to receive the tertiary health service will be individuals enrolled with such organization or organizations in the combination;

(b) A health care facility if (i) the facility primarily provides or will provide inpatient health services, (ii) the facility is or will be controlled, directly or indirectly, by a health maintenance organization or a combination of health maintenance organizations which has, in the service area of the organization or service areas of the organizations in the combination, an enrollment of at least fifty thousand individuals, (iii) the facility is or will be geographically located so that the service will be reasonably accessible to such enrolled individuals, and (iv) at least seventy-five percent of the patients who can reasonably be expected to receive the tertiary health service will be individuals enrolled with such organization or organizations in the combination; or

(c) A health care facility (or portion thereof) if (i) the facility is or will be leased by a health maintenance organization or combination of health maintenance organizations which has, in the service area of the organization or the service areas of the organizations in the combination, an enrollment of at least fifty thousand individuals and, on the date the application is submitted under subsection (2) of this section, at least fifteen years remain in the term of the lease, (ii) the facility is or will be geographically located so that the service will be reasonably accessible to such enrolled individuals, and (iii) at least seventy-five percent of the patients who can reasonably be expected to receive the tertiary health service will be individuals enrolled with such organization;

if, with respect to such offering or obligation by a nursing home, the department has, upon application under subsection (2) of this section, granted an exemption from such requirement to the organization, combination of organizations, or facility.

(2) A health maintenance organization, combination of health maintenance organizations, or health care facility shall not be exempt under subsection (1) of this section from obtaining a certificate of need before offering a tertiary health service unless:

(a) It has submitted at least thirty days prior to the offering of services reviewable under RCW 70.38.105(4)(d) an application for such exemption; and

(b) The application contains such information respecting the organization, combination, or facility and the proposed offering or obligation by a nursing home as the department may require to determine if the organization or combination meets the requirements of subsection (1) of this section or the facility meets or will meet such requirements; and

(c) The department approves such application. The department shall approve or disapprove an application for exemption within thirty days of receipt of a completed application. In the case of a proposed health care facility (or portion thereof) which has not begun to provide tertiary health services on the date an application is submitted under this subsection with respect to such facility (or portion), the facility (or portion) shall meet the applicable requirements of subsection (1) of this section when the facility first provides such services. The department shall approve an application submitted under this subsection if it determines that the applicable requirements of subsection (1) of this section are met.

(3) A health care facility (or any part thereof) with respect to which an exemption was granted under subsection (1) of this section may not be sold or leased and a controlling interest in such facility or in a lease of such facility may not be acquired and a health care facility described in (1)(c) which was granted an exemption under subsection (1) of this section may not be used by any person other than the lessee described in (1)(c) unless:

(a) The department issues a certificate of need approving the sale, lease, acquisition, or use; or

(b) The department determines, upon application, that (i) the entity to which the facility is proposed to be sold or leased, which intends to acquire the controlling interest, or which intends to use the facility is a health maintenance organization or a combination of health maintenance organizations which meets the requirements of (1)(a)(i), and (ii) with respect to such facility, meets the requirements of (1)(a)(ii) or (iii) or the requirements of (1)(b)(i) and (ii).

(4) In the case of a health maintenance organization, an ambulatory care facility, or a health care facility, which ambulatory or health care facility is controlled, directly or indirectly, by a health maintenance organization or a combination of health maintenance organizations, the department may under the program apply its certificate of need requirements to the offering of inpatient tertiary health services to the extent that such offering is not exempt under the provisions of this section or RCW 70.38.105(7).

(5)(a) The department shall not require a certificate of need for the construction, development, or other establishment of a nursing home, or the addition of beds to an existing nursing home, that is owned and operated by a continuing care retirement community that:

(i) Offers services only to contractual members;

(ii) Provides its members a contractually guaranteed range of services from independent living through skilled nursing, including some assistance with daily living activities;

(iii) Contractually assumes responsibility for the cost of services exceeding the member's financial responsibility under the contract, so that no third party, with the exception of insurance purchased by the retirement community or its members, but including the medicaid program, is liable for costs of care even if the member depletes his or her personal resources;

(iv) Has offered continuing care contracts and operated a nursing home continuously since January 1, 1988, or has obtained a certificate of need to establish a nursing home;

(v) Maintains a binding agreement with the state assuring that financial liability for services to members, including nursing home services, will not fall upon the state;

(vi) Does not operate, and has not undertaken a project that would result in a number of nursing home beds in excess of one for every four living units operated by the continuing care retirement community, exclusive of nursing home beds; and

(vii) Has obtained a professional review of pricing and long-term solvency within the prior five years which was fully disclosed to members.

(b) A continuing care retirement community shall not be exempt under this subsection from obtaining a certificate of need unless:

(i) It has submitted an application for exemption at least thirty days prior to commencing construction of, is submitting an application for the licensure of, or is commencing operation of a nursing home, whichever comes first; and

(ii) The application documents to the department that the continuing care retirement community qualifies for exemption.

(c) The sale, lease, acquisition, or use of part or all of a continuing care retirement community nursing home that qualifies for exemption under this subsection shall require prior certificate of need approval to qualify for licensure as a nursing home unless the department determines such sale, lease, acquisition, or use is by a continuing care retirement community that meets the conditions of (a) of this subsection.

(6) A rural hospital, as defined by the department, reducing the number of licensed beds to become a rural primary care hospital under the provisions of Part A Title XVIII of the Social Security Act Section 1820, 42 U.S.C., 1395c et seq. may, within three years of the reduction of beds licensed under chapter 70.41 RCW, increase the number of licensed beds to no more than the previously licensed number without being subject to the provisions of this chapter.

(7) A rural health care facility licensed under RCW 70.175.100 formerly licensed as a hospital under chapter 70.41 RCW may, within three years of the effective date of the rural health care facility license, apply to the department for a hospital license and not be subject to the requirements of RCW 70.38.105(4)(a) as the construction, development, or other establishment of a new hospital, provided there is no increase in the number of beds previously licensed under chapter 70.41 RCW and there is no redistribution in the number of beds used for acute care or long-term care, the rural health care facility has been in continuous operation, and the rural health care facility has not been purchased or leased.

(8)(a) A nursing home that voluntarily reduces the number of its licensed beds to provide assisted living, licensed assisted living facility care, adult day care, adult day health, respite care, hospice, outpatient therapy services, congregate meals, home health, or senior wellness clinic, or to reduce to one or two the number of beds per room or to otherwise enhance the quality of life for residents in the nursing home, may convert the original facility or portion of the facility back, and thereby increase the number of nursing home beds to no more than the previously licensed number of nursing home beds without obtaining a certificate of need under this chapter, provided the facility has been in continuous operation and has not been purchased or leased. Any conversion to the original licensed bed capacity, or to any portion thereof, shall comply with the same life and safety code requirements as existed at the time the nursing home voluntarily reduced its licensed beds; unless waivers from such requirements were issued, in which case the converted beds shall reflect the conditions or standards that then existed pursuant to the approved waivers.

(b) To convert beds back to nursing home beds under this subsection, the nursing home must:

(i) Give notice of its intent to preserve conversion options to the department of health no later than thirty days after the effective date of the license reduction; and

(ii) Give notice to the department of health and to the department of social and health services of the intent to convert beds back. If construction is required for the conversion of beds back,

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the notice of intent to convert beds back must be given, at a minimum, one year prior to the effective date of license modification reflecting the restored beds; otherwise, the notice must be given a minimum of ninety days prior to the effective date of license modification reflecting the restored beds. Prior to any license modification to convert beds back to nursing home beds under this section, the licensee must demonstrate that the nursing home meets the certificate of need exemption requirements of this section.

The term "construction," as used in (b)(ii) of this subsection, is limited to those projects that are expected to equal or exceed the expenditure minimum amount, as determined under this chapter.

(c) Conversion of beds back under this subsection must be completed no later than four years after the effective date of the license reduction. However, for good cause shown, the four-year period for conversion may be extended by the department of health for one additional four-year period.

(d) Nursing home beds that have been voluntarily reduced under this section shall be counted as available nursing home beds for the purpose of evaluating need under RCW 70.38.115(2) (a) and (k) so long as the facility retains the ability to convert them back to nursing home use under the terms of this section.

(e) When a building owner has secured an interest in the nursing home beds, which are intended to be voluntarily reduced by the licensee under (a) of this subsection, the applicant shall provide the department with a written statement indicating the building owner's approval of the bed reduction.

(9)(a) The department shall not require a certificate of need for a hospice agency if:

(i) The hospice agency is designed to serve the unique religious or cultural needs of a religious group or an ethnic minority and commits to furnishing hospice services in a manner specifically aimed at meeting the unique religious or cultural needs of the religious group or ethnic minority;

(ii) The hospice agency is operated by an organization that:

(A) Operates a facility, or group of facilities, that offers a comprehensive continuum of long-term care services, including, at a minimum, a licensed, medicare-certified nursing home, assisted living, independent living, day health, and various community-based support services, designed to meet the unique social, cultural, and religious needs of a specific cultural and ethnic minority group;

(B) Has operated the facility or group of facilities for at least ten continuous years prior to the establishment of the hospice agency;

(iii) The hospice agency commits to coordinating with existing hospice programs in its community when appropriate;

(iv) The hospice agency has a census of no more than forty patients;

(v) The hospice agency commits to obtaining and maintaining medicare certification;

(vi) The hospice agency only serves patients located in the same county as the majority of the long-term care services offered by the organization that operates the agency; and

(vii) The hospice agency is not sold or transferred to another agency.

(b) The department shall include the patient census for an agency exempted under this subsection (9) in its calculations for future certificate of need applications.

(10) To alleviate the need to board psychiatric patients in emergency departments, for fiscal year 2015 the department shall suspend the certificate of need requirement for a hospital licensed under chapter 70.41 RCW that changes the use of licensed beds to increase the number of beds to provide psychiatric services, including involuntary treatment services. A certificate of need exemption under this section shall be valid for two years.

Sec. 92. RCW 18.205.040 and 2008 c 135 s 17 are each amended to read as follows:

(1) Except as provided in subsection (2) of this section, nothing in this chapter shall be construed to authorize the use of the title "certified chemical dependency professional" or "certified chemical dependency professional trainee" when treating patients in settings other than programs approved under chapter 70.96A RCW.

(2) A person who holds a credential as a "certified chemical dependency professional" or a "certified chemical dependency professional trainee" may use such title when treating patients in settings other than programs approved under chapter 70.96A RCW if the person also holds a license as: An advanced registered nurse practitioner under chapter 18.79 RCW; a marriage and family therapist, mental health counselor, advanced social worker, or independent clinical social health worker under chapter 18.225 RCW; a psychologist under chapter 18.83 RCW; an osteopathic physician under chapter 18.57 RCW; an osteopathic physician assistant under chapter 18.57A RCW; a physician under chapter 18.71 RCW; or a physician assistant under chapter 18.71A RCW.

Sec. 93. RCW 70.96A.350 and 2013 2nd sp.s. c 4 s 990 are each amended to read as follows:

(1) The criminal justice treatment account is created in the state treasury. Moneys in the account may be expended solely for: (a) Substance abuse treatment and treatment support services for offenders with an addiction or a substance abuse problem that, if not treated, would result in addiction, against whom charges are filed by a prosecuting attorney in Washington state; (b) the provision of drug and alcohol treatment services and treatment support services for nonviolent offenders within a drug court program; (c) the administrative and overhead costs associated with the operation of a drug court; and (d) during the 2011-2013 biennium, the legislature may appropriate up to three million dollars from the account in order to offset reductions in the state general fund for treatment services provided by counties. This amount is not subject to the requirements of subsections (5) through (9) of this section. During the 2013-2015 fiscal biennium, the legislature may transfer from the criminal justice treatment account to the state general fund amounts as reflect the state savings associated with the implementation of the medicaid expansion of the federal affordable care act. Moneys in the account may be spent only after appropriation.

(2) For purposes of this section:

(a) "Treatment" means services that are critical to a participant's successful completion of his or her substance abuse treatment program, but does not include the following services: Housing other than that provided as part of an inpatient substance abuse treatment program, vocational training, and mental health counseling; and

(b) "Treatment support" means transportation to or from inpatient or outpatient treatment services when no viable alternative exists, and child care services that are necessary to ensure a participant's ability to attend outpatient treatment sessions.

(3) Revenues to the criminal justice treatment account consist of: (a) Funds transferred to the account pursuant to this section; and (b) any other revenues appropriated to or deposited in the account.

(4)(a) For the fiscal biennium beginning July 1, 2003, the state treasurer shall transfer eight million nine hundred fifty thousand dollars from the general fund into the criminal justice treatment account, divided into eight equal quarterly payments. For the fiscal year beginning July 1, 2005, and each subsequent fiscal year, the state treasurer shall transfer eight million two hundred fifty thousand dollars from the general fund to the criminal justice treatment account, divided into four equal quarterly payments. For the fiscal year beginning July 1, 2006, and each subsequent fiscal year, the amount transferred shall be increased on an annual basis by the

implicit price deflator as published by the federal bureau of labor statistics.

(b) In each odd-numbered year, the legislature shall appropriate the amount transferred to the criminal justice treatment account in (a) of this subsection to the division of alcohol and substance abuse for the purposes of subsection (5) of this section.

(5) Moneys appropriated to the division of alcohol and substance abuse from the criminal justice treatment account shall be distributed as specified in this subsection. The department shall serve as the fiscal agent for purposes of distribution. Until July 1, 2004, the department may not use moneys appropriated from the criminal justice treatment account for administrative expenses and shall distribute all amounts appropriated under subsection (4)(b) of this section in accordance with this subsection. Beginning in July 1, 2004, the department may retain up to three percent of the amount appropriated under subsection (4)(b) of this section for its administrative costs.

(a) Seventy percent of amounts appropriated to the division from the account shall be distributed to counties pursuant to the distribution formula adopted under this section. The division of alcohol and substance abuse, in consultation with the department of corrections, the Washington state association of counties, the Washington state association of drug court professionals, the superior court judges' association, the Washington association of prosecuting attorneys, representatives of the criminal defense bar, representatives of substance abuse treatment providers, and any other person deemed by the division to be necessary, shall establish a fair and reasonable methodology for distribution to counties of moneys in the criminal justice treatment account. County or regional plans submitted for the expenditure of formula funds must be approved by the panel established in (b) of this subsection.

(b) Thirty percent of the amounts appropriated to the division from the account shall be distributed as grants for purposes of treating offenders against whom charges are filed by a county prosecuting attorney. The division shall appoint a panel of representatives from the Washington association of prosecuting attorneys, the Washington association of sheriffs and police chiefs, the superior court judges' association, the Washington state association of counties, the Washington defender's association or the Washington association of criminal defense lawyers, the department of corrections, the Washington state association of drug court professionals, substance abuse treatment providers, and the division. The panel shall review county or regional plans for funding under (a) of this subsection and grants approved under this subsection. The panel shall attempt to ensure that treatment as funded by the grants is available to offenders statewide.

(6) The county alcohol and drug coordinator, county prosecutor, county sheriff, county superior court, a substance abuse treatment provider appointed by the county legislative authority, a member of the criminal defense bar appointed by the county legislative authority, and, in counties with a drug court, a representative of the drug court shall jointly submit a plan, approved by the county legislative authority or authorities, to the panel established in subsection (5)(b) of this section, for disposition of all the funds provided from the criminal justice treatment account within that county. The funds shall be used solely to provide approved alcohol and substance abuse treatment pursuant to RCW 70.96A.090, treatment support services, and for the administrative and overhead costs associated with the operation of a drug court.

(a) No more than ten percent of the total moneys received under subsections (4) and (5) of this section by a county or group of counties participating in a regional agreement shall be spent on the administrative and overhead costs associated with the operation of a drug court.

(b) No more than ten percent of the total moneys received under subsections (4) and (5) of this section by a county or group of

counties participating in a regional agreement shall be spent for treatment support services.

(7) Counties are encouraged to consider regional agreements and submit regional plans for the efficient delivery of treatment under this section.

(8) Moneys allocated under this section shall be used to supplement, not supplant, other federal, state, and local funds used for substance abuse treatment.

(9) Counties must meet the criteria established in RCW 2.28.170(3)(b).

(10) The authority under this section to use funds from the criminal justice treatment account for the administrative and overhead costs associated with the operation of a drug court expires June 30, 2015.

(11) Expenditures from the criminal justice treatment account may only be used for the purposes set out in this section and does not include managed care purchasing for medicaid enrollees.

Sec. 94. RCW 70.320.020 and 2013 c 320 s 2 are each amended to read as follows:

(1) The authority and the department shall base contract performance measures developed under RCW 70.320.030 on the following outcomes when contracting with service contracting entities: Improvements in client health status and wellness; increases in client participation in meaningful activities; reductions in client involvement with criminal justice systems; reductions in avoidable costs in hospitals, emergency rooms, crisis services, and jails and prisons; increases in stable housing in the community; improvements in client satisfaction with quality of life; and reductions in population-level health disparities.

(2) The performance measures must demonstrate the manner in which the following principles are achieved within each of the outcomes under subsection (1) of this section:

(a) Maximization of the use of evidence-based practices will be given priority over the use of research-based and promising practices, and research-based practices will be given priority over the use of promising practices. The agencies will develop strategies to identify programs that are effective with ethnically diverse clients and to consult with tribal governments, experts within ethnically diverse communities and community organizations that serve diverse communities;

(b) The maximization of the client's independence, recovery, and employment;

(c) The maximization of the client's participation in treatment decisions; and

(d) The collaboration between consumer-based support programs in providing services to the client.

(3) In developing performance measures under RCW 70.320.030, the authority and the department shall consider expected outcomes relevant to the general populations that each agency serves. The authority and the department may adapt the outcomes to account for the unique needs and characteristics of discrete subcategories of populations receiving services, including ethnically diverse communities.

(4) The authority and the department shall coordinate the establishment of the expected outcomes and the performance measures between each agency as well as each program to identify expected outcomes and performance measures that are common to the clients enrolled in multiple programs and to eliminate conflicting standards among the agencies and programs.

(5)(a) The authority and the department shall establish timelines and mechanisms for service contracting entities to report data related to performance measures and outcomes, including phased implementation of public reporting of outcome and performance measures in a form that allows for comparison of performance measures and levels of improvement between geographic regions of Washington.

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(b) The authority and the department may not release any public reports of client outcomes unless the data have been deidentified and aggregated in such a way that the identity of individual clients cannot be determined through directly identifiable data or the combination of multiple data elements.

NEW SECTION. Sec. 95. A new section is added to chapter 70.24 RCW to read as follows:

(1) The department and the health care authority shall develop a plan to provide integrated managed health and mental health care for foster children receiving care through the medical assistance program. The plan shall detail the steps necessary to implement and operate a fully integrated program for foster children, including development of a service delivery system, benefit design, reimbursement mechanisms, and standards for contracting with health plans. The plan must be designed so that all of the requirements for providing mental health services to children under the *T.R. v. Dreyfus and Porter* settlement are met. The plan shall include an implementation timeline and funding estimate. The department and the health care authority shall submit the plan to the legislature by December 1, 2014.

(2) This section expires July 1, 2015.

NEW SECTION. Sec. 96. Section 1 of this act is necessary for the immediate preservation of the public peace, health, or safety, or support of the state government and its existing public institutions, and takes effect immediately.

NEW SECTION. Sec. 97. Sections 6, 7, 9 through 71, and 73 through 93 of this act take effect April 1, 2016.

NEW SECTION. Sec. 98. Section 72 of this act takes effect July 1, 2018."

Correct the title.
and the same are herewith transmitted.

BARBARA BAKER, Chief Clerk

MOTION

Senator O'Ban moved that the Senate refuse to concur in the House amendment(s) to Second Substitute Senate Bill No. 6312 and ask the House to recede therefrom.

The President declared the question before the Senate to be the motion by Senator O'Ban that the Senate refuse to concur in the House amendment(s) to Second Substitute Senate Bill No. 6312 and ask the House to recede therefrom.

The motion by Senator O'Ban carried and the Senate refused to concur in the House amendment(s) to Second Substitute Senate Bill No. 6312 and asked the House to recede therefrom by voice vote.

MOTION

On motion of Senator Fain, the Senate advanced to the sixth order of business.

MOTION

On motion of Senator Fain, the Senate reverted to the fourth order of business.

MESSAGE FROM THE HOUSE

March 5, 2014

MR. PRESIDENT:

The House passed SUBSTITUTE SENATE BILL NO. 6283 with the following amendment(s): 6283-S AMH HCW H4391.1

Strike everything after the enacting clause and insert the following:

"**Sec. 1.** RCW 18.360.050 and 2013 c 128 s 3 are each amended to read as follows:

(1) A medical assistant-certified may perform the following duties delegated by, and under the supervision of, a health care practitioner:

(a) Fundamental procedures:

- (i) Wrapping items for autoclaving;
- (ii) Procedures for sterilizing equipment and instruments;
- (iii) Disposing of biohazardous materials; and
- (iv) Practicing standard precautions.

(b) Clinical procedures:

(i) Performing aseptic procedures in a setting other than a hospital licensed under chapter 70.41 RCW;

(ii) Preparing of and assisting in sterile procedures in a setting other than a hospital under chapter 70.41 RCW;

(iii) Taking vital signs;

(iv) Preparing patients for examination;

(v) Capillary blood withdrawal, venipuncture, and intradermal, subcutaneous, and intramuscular injections; and

(vi) Observing and reporting patients' signs or symptoms.

(c) Specimen collection:

(i) Capillary puncture and venipuncture;

(ii) Obtaining specimens for microbiological testing; and

(iii) Instructing patients in proper technique to collect urine and fecal specimens.

(d) Diagnostic testing:

(i) Electrocardiography;

(ii) Respiratory testing; and

(iii)(A) Tests waived under the federal clinical laboratory improvement amendments program on July 1, 2013. The department shall periodically update the tests authorized under this subsection (1)(d) based on changes made by the federal clinical laboratory improvement amendments program; and

(B) Moderate complexity tests if the medical assistant-certified meets standards for personnel qualifications and responsibilities in compliance with federal regulation for nonwaived testing.

(e) Patient care:

(i) Telephone and in-person screening limited to intake and gathering of information without requiring the exercise of judgment based on clinical knowledge;

(ii) Obtaining vital signs;

(iii) Obtaining and recording patient history;

(iv) Preparing and maintaining examination and treatment areas;

(v) Preparing patients for, and assisting with, routine and specialty examinations, procedures, treatments, and minor office surgeries;

(vi) Maintaining medication and immunization records; and

(vii) Screening and following up on test results as directed by a health care practitioner.

(f)(i) Administering medications. A medical assistant-certified may only administer medications if the drugs are:

(A) Administered only by unit or single dosage, or by a dosage calculated and verified by a health care practitioner. For purposes of this section, a combination or multidose vaccine shall be considered a unit dose;

(B) Limited to legend drugs, vaccines, and Schedule III-V controlled substances as authorized by a health care practitioner under the scope of his or her license and consistent with rules adopted by the secretary under (f)(ii) of this subsection; and

(C) Administered pursuant to a written order from a health care practitioner.

(ii) A medical assistant-certified may not administer experimental drugs or chemotherapy agents. The secretary may, by rule, further limit the drugs that may be administered under this subsection (1)(f). The rules adopted under this subsection must limit the drugs based on risk, class, or route.

(g) Intravenous injections. A medical assistant-certified may administer intravenous injections for diagnostic or therapeutic agents under the direct visual supervision of a health care practitioner if the medical assistant-certified meets minimum standards established by the secretary in rule. The minimum standards must be substantially similar to the qualifications for category D and F health care assistants as they exist on July 1, 2013.

(h) Urethral catheterization when appropriately trained.

(2) A medical assistant-hemodialysis technician may perform hemodialysis when delegated and supervised by a health care practitioner. A medical assistant-hemodialysis technician may also administer drugs and oxygen to a patient when delegated and supervised by a health care practitioner and pursuant to rules adopted by the secretary.

(3) A medical assistant-phlebotomist may perform:

(a) Capillary, venous, or arterial invasive procedures for blood withdrawal when delegated and supervised by a health care practitioner and pursuant to rules adopted by the secretary;

(b) Tests waived under the federal clinical laboratory improvement amendments program on July 1, 2013. The department shall periodically update the tests authorized under this section based on changes made by the federal clinical laboratory improvement amendments program;

(c) Moderate and high complexity tests if the medical assistant-phlebotomist meets standards for personnel qualifications and responsibilities in compliance with federal regulation for nonwaived testing and the facility in which the medical assistant-phlebotomist works meets state requirements for medical test sites in chapter 70.42 RCW and in applicable rules of the department; and

(d) Electrocardiograms.

(4) A medical assistant-registered may perform the following duties delegated by, and under the supervision of, a health care practitioner:

(a) Fundamental procedures:

- (i) Wrapping items for autoclaving;
- (ii) Procedures for sterilizing equipment and instruments;
- (iii) Disposing of biohazardous materials; and
- (iv) Practicing standard precautions.

(b) Clinical procedures:

- (i) Preparing for sterile procedures;
 - (ii) Taking vital signs;
- (iii) Preparing patients for examination; and
- (iv) Observing and reporting patients' signs or symptoms.

(c) Specimen collection:

- (i) Obtaining specimens for microbiological testing; and
- (ii) Instructing patients in proper technique to collect urine and fecal specimens.

(d) Patient care:

(i) Telephone and in-person screening limited to intake and gathering of information without requiring the exercise of judgment based on clinical knowledge;

(ii) Obtaining vital signs;

(iii) Obtaining and recording patient history;

(iv) Preparing and maintaining examination and treatment areas;

(v) Preparing patients for, and assisting with, routine and specialty examinations, procedures, treatments, and minor office surgeries utilizing no more than local anesthetic. The department may, by rule, prohibit duties authorized under this subsection (4)(d)(v) if performance of those duties by a medical

assistant-registered would pose an unreasonable risk to patient safety;

(vi) Maintaining medication and immunization records; and

(vii) Screening and following up on test results as directed by a health care practitioner.

(e)(i) Tests waived under the federal clinical laboratory improvement amendments program on July 1, 2013. The department shall periodically update the tests authorized under subsection (1)(d) of this section based on changes made by the federal clinical laboratory improvement amendments program.

(ii) Moderate complexity tests if the medical assistant-registered meets standards for personnel qualifications and responsibilities in compliance with federal regulation for nonwaived testing.

(f) Administering eye drops, topical ointments, and vaccines, including combination or multidose vaccines.

(g) Urethral catheterization when appropriately trained."

Correct the title.

and the same are herewith transmitted.

BARBARA BAKER, Chief Clerk

MOTION

Senator Becker moved that the Senate refuse to concur in the House amendment(s) to Substitute Senate Bill No. 6283 and ask the House to recede therefrom.

The President declared the question before the Senate to be the motion by Senator Becker that the Senate refuse to concur in the House amendment(s) to Substitute Senate Bill No. 6283 and ask the House to recede therefrom.

The motion by Senator Becker carried and the Senate refused to concur in the House amendment(s) to Substitute Senate Bill No. 6283 and asked the House to recede therefrom by voice vote.

MOTION

On motion of Senator Fain, the Senate advanced to the sixth order of business.

SECOND READING

SENATE BILL NO. 5887, by Senators Rivers, Tom and Litzow

Concerning the medical use of cannabis. Revised for 3rd Substitute: Merging the medical marijuana system with the recreational marijuana system.

MOTION

On motion of Senator Rivers, Third Substitute Senate Bill No. 5887 was substituted for Senate Bill No. 5887 and the third substitute bill was placed on the second reading and read the second time.

MOTION

Senator Kohl-Welles moved that the following striking amendment by Senator Kohl-Welles and others be adopted:

Strike everything after the enacting clause and insert the following:

"**Sec. 1.** RCW 66.08.012 and 2012 c 117 s 265 are each amended to read as follows:

There shall be a board, known as the "Washington state liquor (~~control~~) and cannabis board," consisting of three members, to be appointed by the governor, with the consent of the senate, who shall

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each be paid an annual salary to be fixed by the governor in accordance with the provisions of RCW 43.03.040. The governor may, in his or her discretion, appoint one of the members as chair of the board, and a majority of the members shall constitute a quorum of the board.

Sec. 2. RCW 69.50.101 and 2013 c 276 s 2 and 2013 c 116 s 1 are each reenacted and amended to read as follows:

Unless the context clearly requires otherwise, definitions of terms shall be as indicated where used in this chapter:

(a) "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:

(1) a practitioner authorized to prescribe (or, by the practitioner's authorized agent); or

(2) the patient or research subject at the direction and in the presence of the practitioner.

(b) "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.

(c) ("~~Board~~") "Commission" means the (~~(state board of)~~) pharmacy quality assurance commission.

(d) "Controlled substance" means a drug, substance, or immediate precursor included in Schedules I through V as set forth in federal or state laws, or federal or (~~board~~) commission rules.

(e)(1) "Controlled substance analog" means a substance the chemical structure of which is substantially similar to the chemical structure of a controlled substance in Schedule I or II and:

(i) that has a stimulant, depressant, or hallucinogenic effect on the central nervous system substantially similar to the stimulant, depressant, or hallucinogenic effect on the central nervous system of a controlled substance included in Schedule I or II; or

(ii) with respect to a particular individual, that the individual represents or intends to have a stimulant, depressant, or hallucinogenic effect on the central nervous system substantially similar to the stimulant, depressant, or hallucinogenic effect on the central nervous system of a controlled substance included in Schedule I or II.

(2) The term does not include:

(i) a controlled substance;

(ii) a substance for which there is an approved new drug application;

(iii) a substance with respect to which an exemption is in effect for investigational use by a particular person under Section 505 of the federal Food, Drug and Cosmetic Act, 21 U.S.C. Sec. 355, to the extent conduct with respect to the substance is pursuant to the exemption; or

(iv) any substance to the extent not intended for human consumption before an exemption takes effect with respect to the substance.

(f) "Deliver" or "delivery," means the actual or constructive transfer from one person to another of a substance, whether or not there is an agency relationship.

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

(h) "Dispense" means the interpretation of a prescription or order for a controlled substance and, pursuant to that prescription or order, the proper selection, measuring, compounding, labeling, or packaging necessary to prepare that prescription or order for delivery.

(i) "Dispenser" means a practitioner who dispenses.

(j) "Distribute" means to deliver other than by administering or dispensing a controlled substance.

(k) "Distributor" means a person who distributes.

(l) "Drug" means (1) a controlled substance recognized as a drug in the official United States pharmacopoeia/national formulary

or the official homeopathic pharmacopoeia of the United States, or any supplement to them; (2) controlled substances intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in individuals or animals; (3) controlled substances (other than food) intended to affect the structure or any function of the body of individuals or animals; and (4) controlled substances intended for use as a component of any article specified in (1), (2), or (3) of this subsection. The term does not include devices or their components, parts, or accessories.

(m) "Drug enforcement administration" means the drug enforcement administration in the United States Department of Justice, or its successor agency.

(n) "Electronic communication of prescription information" means the transmission of a prescription or refill authorization for a drug of a practitioner using computer systems. The term does not include a prescription or refill authorization verbally transmitted by telephone nor a facsimile manually signed by the practitioner.

(o) "Immediate precursor" means a substance:

(1) that the (~~(state board of)~~) pharmacy quality assurance commission has found to be and by rule designates as being the principal compound commonly used, or produced primarily for use, in the manufacture of a controlled substance;

(2) that is an immediate chemical intermediary used or likely to be used in the manufacture of a controlled substance; and

(3) the control of which is necessary to prevent, curtail, or limit the manufacture of the controlled substance.

(p) "Isomer" means an optical isomer, but in subsection (y)(5) of this section, RCW 69.50.204(a) (12) and (34), and 69.50.206(b)(4), the term includes any geometrical isomer; in RCW 69.50.204(a) (8) and (42), and 69.50.210(c) the term includes any positional isomer; and in RCW 69.50.204(a)(35), 69.50.204(c), and 69.50.208(a) the term includes any positional or geometric isomer.

(q) "Lot" means a definite quantity of marijuana, marijuana concentrates, useable marijuana, or marijuana-infused product identified by a lot number, every portion or package of which is uniform within recognized tolerances for the factors that appear in the labeling.

(r) "Lot number" shall identify the licensee by business or trade name and Washington state unified business identifier number, and the date of harvest or processing for each lot of marijuana, marijuana concentrates, useable marijuana, or marijuana-infused product.

(s) "Manufacture" means the production, preparation, propagation, compounding, conversion, or processing of a controlled substance, either directly or indirectly or by extraction from substances of natural origin, or independently by means of chemical synthesis, or by a combination of extraction and chemical synthesis, and includes any packaging or repackaging of the substance or labeling or relabeling of its container. The term does not include the preparation, compounding, packaging, repackaging, labeling, or relabeling of a controlled substance:

(1) by a practitioner as an incident to the practitioner's administering or dispensing of a controlled substance in the course of the practitioner's professional practice; or

(2) by a practitioner, or by the practitioner's authorized agent under the practitioner's supervision, for the purpose of, or as an incident to, research, teaching, or chemical analysis and not for sale.

(t) "Marijuana" or "marihuana" 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; the seeds thereof; the resin extracted from any part of the plant; and every compound, manufacture, salt, derivative, mixture, or preparation of the plant, its seeds or resin. The term does not include the mature stalks of the plant, fiber produced from the stalks, oil or cake made from the seeds of the plant, any other compound, manufacture, salt, derivative, mixture, or preparation of the mature stalks (except the

resin extracted therefrom), fiber, oil, or cake, or the sterilized seed of the plant which is incapable of germination.

(u) "Marijuana processor" means a person licensed by the state liquor (~~(control)~~) and cannabis board to process marijuana into marijuana concentrates, useable marijuana, and marijuana-infused products, package and label marijuana concentrates, useable marijuana, and marijuana-infused products for sale in retail outlets, and sell marijuana concentrates, useable marijuana, and marijuana-infused products at wholesale to marijuana retailers.

(v) "Marijuana producer" means a person licensed by the state liquor (~~(control)~~) and cannabis board to produce and sell marijuana at wholesale to marijuana processors and other marijuana producers.

(w) "Marijuana-infused products" means products that (~~(contain)~~) are not more than twenty percent marijuana (~~(or marijuana extracts)~~) and are intended for human use. The term "marijuana-infused products" does not include useable marijuana or marijuana concentrates.

(x) "Marijuana retailer" means a person licensed by the state liquor (~~(control)~~) and cannabis board to sell marijuana concentrates, useable marijuana, and marijuana-infused products in a retail outlet.

(y) "Narcotic drug" means any of the following, whether produced directly or indirectly by extraction from substances of vegetable origin, or independently by means of chemical synthesis, or by a combination of extraction and chemical synthesis:

(1) Opium, opium derivative, and any derivative of opium or opium derivative, including their salts, isomers, and salts of isomers, whenever the existence of the salts, isomers, and salts of isomers is possible within the specific chemical designation. The term does not include the isoquinoline alkaloids of opium.

(2) Synthetic opiate and any derivative of synthetic opiate, including their isomers, esters, ethers, salts, and salts of isomers, esters, and ethers, whenever the existence of the isomers, esters, ethers, and salts is possible within the specific chemical designation.

(3) Poppy straw and concentrate of poppy straw.

(4) Coca leaves, except coca leaves and extracts of coca leaves from which cocaine, ecgonine, and derivatives or ecgonine or their salts have been removed.

(5) Cocaine, or any salt, isomer, or salt of isomer thereof.

(6) Cocaine base.

(7) Ecgonine, or any derivative, salt, isomer, or salt of isomer thereof.

(8) Any compound, mixture, or preparation containing any quantity of any substance referred to in subparagraphs (1) through (7).

(z) "Opiate" means any substance having an addiction-forming or addiction-sustaining liability similar to morphine or being capable of conversion into a drug having addiction-forming or addiction-sustaining liability. The term includes opium, substances derived from opium (opium derivatives), and synthetic opiates. The term does not include, unless specifically designated as controlled under RCW 69.50.201, the dextrorotatory isomer of 3-methoxy-n-methylmorphinan and its salts (dextromethorphan). The term includes the racemic and levorotatory forms of dextromethorphan.

(aa) "Opium poppy" means the plant of the species *Papaver somniferum* L., except its seeds.

(bb) "Person" means individual, corporation, business trust, estate, trust, partnership, association, joint venture, government, governmental subdivision or agency, or any other legal or commercial entity.

(cc) "Poppy straw" means all parts, except the seeds, of the opium poppy, after mowing.

(dd) "Practitioner" means:

(1) A physician under chapter 18.71 RCW; a physician assistant under chapter 18.71A RCW; an osteopathic physician and surgeon under chapter 18.57 RCW; an osteopathic physician assistant under

chapter 18.57A RCW who is licensed under RCW 18.57A.020 subject to any limitations in RCW 18.57A.040; an optometrist licensed under chapter 18.53 RCW who is certified by the optometry board under RCW 18.53.010 subject to any limitations in RCW 18.53.010; a dentist under chapter 18.32 RCW; a podiatric physician and surgeon under chapter 18.22 RCW; a veterinarian under chapter 18.92 RCW; a registered nurse, advanced registered nurse practitioner, or licensed practical nurse under chapter 18.79 RCW; a naturopathic physician under chapter 18.36A RCW who is licensed under RCW 18.36A.030 subject to any limitations in RCW 18.36A.040; a pharmacist under chapter 18.64 RCW or a scientific investigator under this chapter, licensed, registered or otherwise permitted insofar as is consistent with those licensing laws to distribute, dispense, conduct research with respect to or administer a controlled substance in the course of their professional practice or research in this state.

(2) A pharmacy, hospital or other institution licensed, registered, or otherwise permitted to distribute, dispense, conduct research with respect to or to administer a controlled substance in the course of professional practice or research in this state.

(3) A physician licensed to practice medicine and surgery, a physician licensed to practice osteopathic medicine and surgery, a dentist licensed to practice dentistry, a podiatric physician and surgeon licensed to practice podiatric medicine and surgery, a licensed physician assistant or a licensed osteopathic physician assistant specifically approved to prescribe controlled substances by his or her state's medical quality assurance commission or equivalent and his or her supervising physician, an advanced registered nurse practitioner licensed to prescribe controlled substances, or a veterinarian licensed to practice veterinary medicine in any state of the United States.

(ee) "Prescription" means an order for controlled substances issued by a practitioner duly authorized by law or rule in the state of Washington to prescribe controlled substances within the scope of his or her professional practice for a legitimate medical purpose.

(ff) "Production" includes the manufacturing, planting, cultivating, growing, or harvesting of a controlled substance.

(gg) "Retail outlet" means a location licensed by the state liquor (~~(control)~~) and cannabis board for the retail sale of marijuana concentrates, useable marijuana, and marijuana-infused products.

(hh) "Secretary" means the secretary of health or the secretary's designee.

(ii) "State," unless the context otherwise requires, means a state of the United States, the District of Columbia, the Commonwealth of Puerto Rico, or a territory or insular possession subject to the jurisdiction of the United States.

(jj) "THC concentration" means percent of delta-9 tetrahydrocannabinol content per dry weight of any part of the plant *Cannabis*, or per volume or weight of marijuana product, or the combined percent of delta-9 tetrahydrocannabinol and tetrahydrocannabinolic acid in any part of the plant *Cannabis* regardless of moisture content.

(kk) "Ultimate user" means an individual who lawfully possesses a controlled substance for the individual's own use or for the use of a member of the individual's household or for administering to an animal owned by the individual or by a member of the individual's household.

(ll) "Useable marijuana" means dried marijuana flowers. The term "useable marijuana" does not include marijuana-infused products or marijuana concentrates.

(mm) "Authorization card" has the meaning provided in RCW 69.51A.010.

(nn) "Designated provider" has the meaning provided in RCW 69.51A.010.

(oo) "Health care professional" has the meaning provided in RCW 69.51A.010.

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(pp) "Qualifying patient" has the meaning provided in RCW 69.51A.010.

(qq) "Marijuana concentrates" means the separated resin, whether crude or purified, obtained from marijuana. The term "marijuana concentrates" does not include useable marijuana or marijuana-infused products.

(rr) "CBD concentration" means the percent of cannabidiol content per dry weight of any part of the plant *Cannabis*, or per volume or weight of marijuana product.

Sec. 3. RCW 69.50.325 and 2013 c 3 s 4 (Initiative Measure No. 502) are each amended to read as follows:

(1) There shall be a marijuana producer's license to produce marijuana for sale at wholesale to marijuana processors and other marijuana producers, regulated by the state liquor ((~~control~~) and cannabis) board and subject to annual renewal. The production, possession, delivery, distribution, and sale of marijuana in accordance with the provisions of chapter 3, Laws of 2013 and the rules adopted to implement and enforce it, by a validly licensed marijuana producer, shall not be a criminal or civil offense under Washington state law. Every marijuana producer's license shall be issued in the name of the applicant, shall specify the location at which the marijuana producer intends to operate, which must be within the state of Washington, and the holder thereof shall not allow any other person to use the license. The application fee for a marijuana producer's license shall be two hundred fifty dollars. The annual fee for issuance and renewal of a marijuana producer's license shall be one thousand dollars. A separate license shall be required for each location at which a marijuana producer intends to produce marijuana.

(2) There shall be a marijuana processor's license to process, package, and label marijuana concentrates, useable marijuana, and marijuana-infused products for sale at wholesale to marijuana processors and marijuana retailers, regulated by the state liquor ((~~control~~) and cannabis) board and subject to annual renewal. The processing, packaging, possession, delivery, distribution, and sale of marijuana, marijuana concentrates, useable marijuana, and marijuana-infused products in accordance with the provisions of chapter 3, Laws of 2013 and the rules adopted to implement and enforce it, by a validly licensed marijuana processor, shall not be a criminal or civil offense under Washington state law. Every marijuana processor's license shall be issued in the name of the applicant, shall specify the location at which the licensee intends to operate, which must be within the state of Washington, and the holder thereof shall not allow any other person to use the license. The application fee for a marijuana processor's license shall be two hundred fifty dollars. The annual fee for issuance and renewal of a marijuana processor's license shall be one thousand dollars. A separate license shall be required for each location at which a marijuana processor intends to process marijuana.

(3) There shall be a marijuana retailer's license to sell marijuana concentrates, useable marijuana, and marijuana-infused products at retail in retail outlets, regulated by the state liquor ((~~control~~) and cannabis) board and subject to annual renewal. The possession, delivery, distribution, and sale of marijuana concentrates, useable marijuana, and marijuana-infused products in accordance with the provisions of chapter 3, Laws of 2013, chapter 69.51A RCW, and the rules adopted to implement and enforce ((#)) these chapters, by a validly licensed marijuana retailer, shall not be a criminal or civil offense under Washington state law. Every marijuana retailer's license shall be issued in the name of the applicant, shall specify the location of the retail outlet the licensee intends to operate, which must be within the state of Washington, and the holder thereof shall not allow any other person to use the license. The application fee for a marijuana retailer's license shall be two hundred fifty dollars. The annual fee for issuance and renewal of a marijuana retailer's

license shall be one thousand dollars. A separate license shall be required for each location at which a marijuana retailer intends to sell marijuana concentrates, useable marijuana, and marijuana-infused products.

Sec. 4. RCW 69.50.342 and 2013 c 3 s 9 (Initiative Measure No. 502) are each amended to read as follows:

For the purpose of carrying into effect the provisions of chapter 3, Laws of 2013 according to their true intent or of supplying any deficiency therein, the state liquor ((~~control~~) and cannabis) board may adopt rules not inconsistent with the spirit of chapter 3, Laws of 2013 as are deemed necessary or advisable. Without limiting the generality of the preceding sentence, the state liquor ((~~control~~) and cannabis) board is empowered to adopt rules regarding the following:

(1) The equipment and management of retail outlets and premises where marijuana is produced or processed, and inspection of the retail outlets and premises;

(2) The books and records to be created and maintained by licensees, the reports to be made thereon to the state liquor ((~~control~~) and cannabis) board, and inspection of the books and records;

(3) Methods of producing, processing, and packaging marijuana, useable marijuana, and marijuana-infused products; conditions of sanitation; and standards of ingredients, quality, and identity of marijuana, useable marijuana, and marijuana-infused products produced, processed, packaged, or sold by licensees;

(4) Security requirements for retail outlets and premises where marijuana is produced or processed, and safety protocols for licensees and their employees;

(5) Screening, hiring, training, and supervising employees of licensees;

(6) Retail outlet locations and hours of operation;

(7) Labeling requirements and restrictions on advertisement of marijuana, useable marijuana, and marijuana-infused products;

(8) Forms to be used for purposes of chapter 3, Laws of 2013 or the rules adopted to implement and enforce it, the terms and conditions to be contained in licenses issued under chapter 3, Laws of 2013, and the qualifications for receiving a license issued under chapter 3, Laws of 2013, including a criminal history record information check. The state liquor ((~~control~~) and cannabis) board may submit any criminal history record information check to the Washington state patrol and to the identification division of the federal bureau of investigation in order that these agencies may search their records for prior arrests and convictions of the individual or individuals who filled out the forms. The state liquor ((~~control~~) and cannabis) board shall require fingerprinting of any applicant whose criminal history record information check is submitted to the federal bureau of investigation;

(9) Application, reinstatement, and renewal fees for licenses issued under chapter 3, Laws of 2013, and fees for anything done or permitted to be done under the rules adopted to implement and enforce chapter 3, Laws of 2013;

(10) The manner of giving and serving notices required by chapter 3, Laws of 2013 or rules adopted to implement or enforce it;

(11) Times and periods when, and the manner, methods, and means by which, licensees shall transport and deliver marijuana, marijuana concentrates, useable marijuana, and marijuana-infused products within the state;

(12) Identification, seizure, confiscation, destruction, or donation to law enforcement for training purposes of all marijuana, marijuana concentrates, useable marijuana, and marijuana-infused products produced, processed, sold, or offered for sale within this state which do not conform in all respects to the standards prescribed by chapter 3, Laws of 2013 or the rules adopted to implement and enforce it((~~PROVIDED, That nothing in chapter~~)).

~~3, Laws of 2013 shall be construed as authorizing the state liquor control board to seize, confiscate, destroy, or donate to law enforcement marijuana, useable marijuana, or marijuana-infused products produced, processed, sold, offered for sale, or possessed in compliance with the Washington state medical use of cannabis act,)) or chapter 69.51A RCW.~~

Sec. 5. RCW 69.50.345 and 2013 c 3 s 10 (Initiative Measure No. 502) are each amended to read as follows:

The state liquor ~~((control))~~ and cannabis board, subject to the provisions of ~~this chapter ((3, Laws of 2013)),~~ must adopt rules ~~((by December 1, 2013,))~~ that establish the procedures and criteria necessary to implement the following:

(1) Licensing of marijuana producers, marijuana processors, and marijuana retailers, including prescribing forms and establishing application, reinstatement, and renewal fees. Application forms for marijuana producers must request the applicant to state whether the applicant intends to produce marijuana for sale by marijuana retailers who hold medical marijuana endorsements and the amount of or percentage of canopy the applicant intends to commit to growing plants established to be of a THC concentration, CBD concentration, and THC to CBD ratio appropriate for marijuana concentrates, useable marijuana, or marijuana-infused products sold to qualifying patients;

(2) The state liquor and cannabis board must reconsider limits on the amount of square feet permitted to be in production on the effective date of this section and increase the percentage of production space for those marijuana producers who intend to grow plants for marijuana retailers who hold medical marijuana endorsements if the marijuana producer designates the increased production space to plants with a THC to CBD ratio appropriate for marijuana concentrates, useable marijuana, or marijuana-infused products to be sold to qualifying patients;

(3) Determining, in consultation with the office of financial management, the maximum number of retail outlets that may be licensed in each county, taking into consideration:

(a) Population distribution;

(b) Security and safety issues; ~~((and))~~

(c) The provision of adequate access to licensed sources of marijuana concentrates, useable marijuana, and marijuana-infused products to discourage purchases from the illegal market;

~~((3))~~ and

(d) The number of retail outlets holding medical marijuana endorsements necessary to meet the medical needs of qualifying patients and allowing for a number of such locations to be solely medical. The state liquor and cannabis board must reconsider the maximum number of retail outlets it established before the effective date of this section and allow for a new license application period and a greater number of retail outlets to be permitted in order to accommodate the medical needs of qualifying patients and designated providers;

(4) Establishing a preference for those marijuana retailers who are applying for a medical marijuana endorsement and who will be selling marijuana concentrates, useable marijuana, and marijuana-infused products to only qualifying patients and designated providers if the state liquor and cannabis board determines that the needs of qualifying patients are not being met by currently licensed marijuana retailers;

(5) Determining the maximum quantity of marijuana a marijuana producer may have on the premises of a licensed location at any time without violating Washington state law;

~~((4))~~ (6) Determining the maximum quantities of marijuana, marijuana concentrates, useable marijuana, and marijuana-infused products a marijuana processor may have on the premises of a licensed location at any time without violating Washington state law;

~~((5))~~ (7) Determining the maximum quantities of marijuana concentrates, useable marijuana, and marijuana-infused products a marijuana retailer may have on the premises of a retail outlet at any time without violating Washington state law;

~~((6))~~ (8) In making the determinations required by subsections ~~((3))~~ (2) through ~~((5))~~ (7) of this section, the state liquor ~~((control))~~ and cannabis board shall take into consideration:

(a) Security and safety issues;

(b) The provision of adequate access to licensed sources of marijuana, marijuana concentrates, useable marijuana, and marijuana-infused products to discourage purchases from the illegal market; and

(c) Economies of scale, and their impact on licensees' ability to both comply with regulatory requirements and undercut illegal market prices;

~~((7))~~ (9) Determining the nature, form, and capacity of all containers to be used by licensees to contain marijuana, marijuana concentrates, useable marijuana, and marijuana-infused products, and their labeling requirements, to include but not be limited to:

(a) The business or trade name and Washington state unified business identifier number of the licensees that grew, processed, and sold the marijuana, marijuana concentrates, useable marijuana, or marijuana-infused product;

(b) Lot numbers of the marijuana, marijuana concentrates, useable marijuana, or marijuana-infused product;

(c) THC concentration of the marijuana, marijuana concentrates, useable marijuana, or marijuana-infused product;

(d) Medically and scientifically accurate information about the health and safety risks posed by marijuana use; and

(e) Language required by RCW 69.04.480;

~~((8))~~ (10) In consultation with the department of agriculture, establishing classes of marijuana, marijuana concentrates, useable marijuana, and marijuana-infused products according to grade, condition, cannabinoid profile, THC concentration, or other qualitative measurements deemed appropriate by the state liquor ~~((control))~~ and cannabis board;

~~((9))~~ (11) Establishing reasonable time, place, and manner restrictions and requirements regarding advertising of marijuana, marijuana concentrates, useable marijuana, and marijuana-infused products that are not inconsistent with the provisions of this chapter ((3, Laws of 2013)), taking into consideration:

(a) Federal laws relating to marijuana that are applicable within Washington state;

(b) Minimizing exposure of people under twenty-one years of age to the advertising; and

(c) The inclusion of medically and scientifically accurate information about the health and safety risks posed by marijuana use in the advertising;

~~((10))~~ (12) Specifying and regulating the time and periods when, and the manner, methods, and means by which, licensees shall transport and deliver marijuana, marijuana concentrates, useable marijuana, and marijuana-infused products within the state;

~~((11))~~ (13) In consultation with the department and the department of agriculture, establishing accreditation requirements for testing laboratories used by licensees to demonstrate compliance with standards adopted by the state liquor ~~((control))~~ and cannabis board, and prescribing methods of producing, processing, and packaging marijuana, marijuana concentrates, useable marijuana, and marijuana-infused products; conditions of sanitation; and standards of ingredients, quality, and identity of marijuana, marijuana concentrates, useable marijuana, and marijuana-infused products produced, processed, packaged, or sold by licensees;

~~((12))~~ (14) Specifying procedures for identifying, seizing, confiscating, destroying, and donating to law enforcement for training purposes all marijuana, marijuana concentrates, useable marijuana, and marijuana-infused products produced, processed,

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packaged, labeled, or offered for sale in this state that do not conform in all respects to the standards prescribed by this chapter ((3, Laws of 2013)) or the rules of the state liquor ((control)) and cannabis board.

Sec. 6. RCW 69.50.354 and 2013 c 3 s 13 (Initiative Measure No. 502) are each amended to read as follows:

There may be licensed, in no greater number in each of the counties of the state than as the state liquor ((control)) and cannabis board shall deem advisable, retail outlets established for the purpose of making marijuana concentrates, useable marijuana, and marijuana-infused products available for sale to adults aged twenty-one and over and to qualifying patients who hold valid authorization cards and are aged eighteen and older. Retail sale of marijuana concentrates, useable marijuana, and marijuana-infused products in accordance with the provisions of this chapter ((3, Laws of 2013)) and chapter 69.51A RCW and the rules adopted to implement and enforce ((#)) this chapter, by a validly licensed marijuana retailer or retail outlet employee, shall not be a criminal or civil offense under Washington state law.

NEW SECTION. Sec. 7. A new section is added to chapter 69.50 RCW to read as follows:

(1) A medical marijuana endorsement to a marijuana retail license is hereby established to permit a marijuana retailer to sell marijuana concentrates, useable marijuana, and marijuana-infused products to:

(a) Both the recreational market in compliance with this chapter and the medical market in compliance with chapter 69.51A RCW; or

(b) Only the medical market in compliance with chapter 69.51A RCW.

(2) An applicant may apply for a medical marijuana endorsement concurrently with an application for a marijuana retail license.

(3) To be issued an endorsement, a marijuana retailer must:

(a) Indicate on its application whether the retailer intends to sell marijuana concentrates, useable marijuana, and marijuana-infused products to: (i) Both the recreational markets in compliance with this chapter and the medical market in compliance with chapter 69.51A RCW; or (ii) only the medical market in compliance with chapter 69.51A RCW;

(b) Not authorize the medical use of marijuana for qualifying patients at the retail outlet or permit health care professionals to authorize the medical use of marijuana for qualifying patients at the retail outlet;

(c) Carry marijuana concentrates, useable marijuana, and marijuana-infused products with a CBD concentration and THC to CBD ratio identified by the state liquor and cannabis board under subsection (5) of this section;

(d) Not use labels or market marijuana concentrates, useable marijuana, or marijuana-infused products in a way that make them intentionally attractive to minors or recreational users;

(e) Keep copies of the qualifying patient's or designated provider's authorization card, or keep equivalent records as required by rule of the state liquor and cannabis board or the department of revenue to document the validity of tax exempt sales under RCW 69.50.535; and

(f) Meet other requirements as adopted by rule of the department or the state liquor and cannabis board.

(4) A marijuana retailer holding a medical marijuana endorsement may sell or donate products with a THC concentration of less than .3 percent to qualifying patients or designated providers who possess valid authorization cards.

(5)(a) The state liquor and cannabis board must adopt rules on requirements for marijuana concentrates, useable marijuana, and

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marijuana-infused products that may be sold to qualifying patients under a medical marijuana endorsement. These rules must include:

(i) THC concentration, CBD concentration, and THC to CBD ratios appropriate for marijuana concentrates, useable marijuana, or marijuana-infused products sold to qualifying patients;

(ii) Labeling requirements including that the labels attached to marijuana concentrates, useable marijuana, or marijuana-infused products contain THC concentration, CBD concentration, and THC to CBD ratios;

(iii) The number and type of such products that must be offered at medical marijuana endorsed stores; and

(iv) Other product requirements the state liquor and cannabis board determines necessary to address the medical needs of qualifying patients.

(b) The state liquor and cannabis board must adopt rules on additional requirements for those retail outlets that intend to sell only to qualifying patients and designated providers under a medical marijuana endorsement.

(6) A marijuana retailer holding an endorsement to sell marijuana concentrates, useable marijuana, and marijuana-infused products to qualifying patients may consult the medical marijuana registry established in section 20 of this act for the sole purpose of confirming the validity of qualifying patient or designated provider authorization cards.

Sec. 8. RCW 69.50.357 and 2013 c 3 s 14 (Initiative Measure No. 502) are each amended to read as follows:

(1) Retail outlets shall sell no products or services other than marijuana concentrates, useable marijuana, marijuana-infused products, or paraphernalia intended for the storage or use of marijuana concentrates, useable marijuana, or marijuana-infused products.

(2) Except as provided in (a) and (b) of this subsection, licensed marijuana retailers shall not employ persons under twenty-one years of age or allow persons under twenty-one years of age to enter or remain on the premises of a retail outlet.

(a) Beginning July 1, 2015, marijuana retailers that hold a medical marijuana endorsement and are licensed to only sell medical marijuana may allow qualifying patients who hold valid authorization cards and are eighteen to twenty-one years of age to enter or remain on the premises and may allow qualifying patients with valid authorization cards under the age of eighteen to enter or remain on the premises if those minor patients are with their parent or guardian who also holds a valid authorization card; and

(b) Beginning July 1, 2015, marijuana retailers that hold a medical marijuana endorsement and are licensed to sell marijuana for both medical and recreational use, may allow qualifying patients aged eighteen years of age or older to enter or remain on the premises of a retail outlet if they possess a valid authorization card.

(3) Licensed marijuana retailers shall not display any signage in a window, on a door, or on the outside of the premises of a retail outlet that is visible to the general public from a public right-of-way, other than a single sign no larger than one thousand six hundred square inches identifying the retail outlet by the licensee's business or trade name. The state liquor and cannabis board shall adopt rules establishing a symbol that marijuana retailers who hold a medical marijuana endorsement may use on their sign to indicate they possess a medical marijuana endorsement.

(4) Licensed marijuana retailers shall not display marijuana concentrates, useable marijuana, or marijuana-infused products in a manner that is visible to the general public from a public right-of-way.

(5) No licensed marijuana retailer or employee of a retail outlet shall open or consume, or allow to be opened or consumed, any marijuana concentrates, useable marijuana, or marijuana-infused product on the outlet premises.

(6) The state liquor (~~control~~) and cannabis board shall fine a licensee one thousand dollars for each violation of any subsection of this section. Fines collected under this section must be deposited into the dedicated marijuana fund created under RCW 69.50.530.

Sec. 9. RCW 69.50.360 and 2013 c 3 s 15 (Initiative Measure No. 502) are each amended to read as follows:

The following acts, when performed by a validly licensed marijuana retailer or employee of a validly licensed retail outlet in compliance with rules adopted by the state liquor (~~control~~) and cannabis board to implement and enforce this chapter (~~(3, Laws of 2013)~~), shall not constitute criminal or civil offenses under Washington state law:

(1) Purchase and receipt of marijuana concentrates, useable marijuana, or marijuana-infused products that have been properly packaged and labeled from a marijuana processor validly licensed under this chapter (~~(3, Laws of 2013)~~);

(2) Possession of quantities of marijuana concentrates, useable marijuana, or marijuana-infused products that do not exceed the maximum amounts established by the state liquor (~~control~~) and cannabis board under RCW 69.50.345(~~(5)~~) (7); (~~and~~)

(3) ~~Except as provided in subsection (4) of this section,~~ delivery, distribution, and sale, on the premises of the retail outlet, of any combination of the following amounts of marijuana concentrates, useable marijuana, or marijuana-infused product to any person twenty-one years of age or older:

(a) One ounce of useable marijuana;

(b) Sixteen ounces of marijuana-infused product in solid form; (~~or~~)

(c) Seventy-two ounces of marijuana-infused product in liquid form; or

(d) Seven grams of marijuana concentrates; and

(4) Beginning July 1, 2015, delivery, distribution, and sale, on the premises of the retail outlet holding a medical marijuana endorsement, of any combination of the following amounts of marijuana concentrates, useable marijuana, or marijuana-infused product to a qualifying patient holding a valid authorization card who is eighteen years of age or older or a designated provider holding a valid authorization card:

(a) Three ounces of useable marijuana or as much useable marijuana as is indicated on the authorization card of the patient or provider;

(b) Forty-eight ounces of marijuana-infused product in solid form;

(c) Two hundred sixteen ounces of marijuana-infused product in liquid form; or

(d) Twenty-one grams of marijuana concentrates.

Sec. 10. RCW 69.50.4013 and 2013 c 3 s 20 (Initiative Measure No. 502) are each amended to read as follows:

(1) It is unlawful for any person to possess a controlled substance unless the substance was obtained directly from, or pursuant to, a valid prescription or order of a practitioner while acting in the course of his or her professional practice, or except as otherwise authorized by this chapter.

(2) Except as provided in RCW 69.50.4014, any person who violates this section is guilty of a class C felony punishable under chapter 9A.20 RCW.

(3)(a) The possession, by a person twenty-one years of age or older, of marijuana concentrates, useable marijuana, or marijuana-infused products in amounts that do not exceed those set forth in RCW 69.50.360(3) is not a violation of this section, this chapter, or any other provision of Washington state law.

(b) The possession by a qualifying patient or designated provider of marijuana concentrates, useable marijuana, marijuana-infused products, or plants, as that term is defined in RCW 69.51A.010, in accordance with section 17 or 24 of this act is

not a violation of this section, this chapter, or any other provision of Washington state law.

NEW SECTION. Sec. 11. A new section is added to chapter 82.08 RCW to read as follows:

(1) The tax levied by RCW 82.08.020 shall not apply to:

(a) Beginning July 1, 2015, sales of marijuana concentrates, useable marijuana, or marijuana-infused products by marijuana retailers who hold medical marijuana endorsements under section 7 of this act to qualifying patients or designated providers who hold valid authorization cards; or

(b) Until September 1, 2015, sales of marijuana concentrates, useable marijuana, or marijuana-infused products by collective gardens under RCW 69.51A.085.

(2) Each seller making exempt sales under subsection (1) of this section must maintain information establishing the purchaser's eligibility for the exemption in the form and manner required by the department.

(3) For the purposes of this section, the terms "marijuana concentrates," "useable marijuana," "marijuana-infused products," and "marijuana retailers" have the meaning provided in RCW 69.50.101 and the terms "qualifying patients," "designated providers," and "authorization card" have the meaning provided in RCW 69.51A.010.

NEW SECTION. Sec. 12. A new section is added to chapter 82.12 RCW to read as follows:

(1) The provisions of this chapter shall not apply to the use of marijuana concentrates, useable marijuana, or marijuana-infused products in compliance with chapters 69.50 and 69.51A RCW by:

(a) Until September 1, 2015, collective gardens under RCW 69.51A.085 and the qualifying patients participating in the collective gardens;

(b) Beginning July 1, 2015, qualifying patients or designated providers who hold valid authorization cards; or

(c) Beginning July 1, 2015, marijuana retailers who hold a medical marijuana endorsement under chapter 69.50 RCW with respect to marijuana concentrates, useable marijuana, or marijuana-infused products if such marijuana or product is provided at no charge to a qualifying patient or designated provider who holds a valid authorization card. Each such retailer providing such marijuana or product at no charge must maintain information establishing eligibility for this exemption in the form and manner required by the department.

(2) For the purposes of this section, the terms "marijuana concentrates," "useable marijuana," "marijuana-infused products," and "marijuana retailers" have the meaning provided in RCW 69.50.101 and the terms "qualifying patients," "designated providers," and "authorization card" have the meaning provided in RCW 69.51A.010.

Sec. 13. RCW 28B.20.502 and 2011 c 181 s 1002 are each amended to read as follows:

The University of Washington and Washington State University may conduct scientific research on the efficacy and safety of administering (~~cannabis~~) marijuana as part of medical treatment. As part of this research, the University of Washington and Washington State University may develop and conduct studies to ascertain the general medical safety and efficacy of (~~cannabis~~) marijuana and may develop medical guidelines for the appropriate administration and use of (~~cannabis~~) marijuana.

Sec. 14. RCW 69.51A.005 and 2011 c 181 s 102 are each amended to read as follows:

(1) The legislature finds that:

(a) There is medical evidence that some patients with terminal or debilitating medical conditions may, under their health care professional's care, benefit from the medical use of (~~cannabis~~) marijuana. Some of the conditions for which (~~cannabis~~) marijuana appears to be beneficial include, but are not limited to:

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(i) Nausea, vomiting, and cachexia associated with cancer, HIV-positive status, AIDS, hepatitis C, anorexia, and their treatments;

(ii) Severe muscle spasms associated with multiple sclerosis, epilepsy, and other seizure and spasticity disorders;

(iii) Acute or chronic glaucoma;

(iv) Crohn's disease; and

(v) Some forms of intractable pain.

(b) Humanitarian compassion necessitates that the decision to use ~~((cannabis))~~ marijuana by patients with terminal or debilitating medical conditions is a personal, individual decision, based upon their health care professional's professional medical judgment and discretion.

(2) Therefore, the legislature intends that, so long as such activities are in compliance with this chapter:

(a) Qualifying patients with terminal or debilitating medical conditions who, in the judgment of their health care professionals, may benefit from the medical use of ~~((cannabis))~~ marijuana, shall not be arrested, prosecuted, or subject to other criminal sanctions or civil consequences under state law based solely on their medical use of ~~((cannabis))~~ marijuana, notwithstanding any other provision of law;

(b) Persons who act as designated providers to such patients shall also not be arrested, prosecuted, or subject to other criminal sanctions or civil consequences under state law, notwithstanding any other provision of law, based solely on their assisting with the medical use of ~~((cannabis))~~ marijuana; and

(c) Health care professionals shall also not be arrested, prosecuted, or subject to other criminal sanctions or civil consequences under state law for the proper authorization of medical use of ~~((cannabis))~~ marijuana by qualifying patients for whom, in the health care professional's professional judgment, the medical use of ~~((cannabis))~~ marijuana may prove beneficial.

(3) Nothing in this chapter establishes the medical necessity or medical appropriateness of ~~((cannabis))~~ marijuana for treating terminal or debilitating medical conditions as defined in RCW 69.51A.010.

(4) Nothing in this chapter diminishes the authority of correctional agencies and departments, including local governments or jails, to establish a procedure for determining when the use of ~~((cannabis))~~ marijuana would impact community safety or the effective supervision of those on active supervision for a criminal conviction, nor does it create the right to any accommodation of any medical use of ~~((cannabis))~~ marijuana in any correctional facility or jail.

Sec. 15. RCW 69.51A.010 and 2010 c 284 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) "Designated provider" means a person who ~~((a))~~ ~~((b))~~ is ~~((eighteen))~~ twenty-one years of age or older ~~((a))~~ ~~((b))~~ and:

(a)(i) Is the parent or guardian of a qualifying patient who is under the age of eighteen; or

(ii) Has been designated in writing by a qualifying patient to serve as a designated provider ~~((under this chapter))~~ for that patient;

~~((a))~~ (b) Has been entered into the medical marijuana registry as being the designated provider to a qualifying patient and may only provide medical marijuana to that qualifying patient;

(c) Is prohibited from consuming marijuana obtained for the personal, medical use of the qualifying patient for whom the individual is acting as designated provider; ~~((and))~~

(d) Is in compliance with this chapter; and

(e) Is the designated provider to only one patient at any one time.

(2) "Health care professional," for purposes of this chapter only, means a physician licensed under chapter 18.71 RCW, a physician assistant licensed under chapter 18.71A RCW, an osteopathic physician licensed under chapter 18.57 RCW, an osteopathic physicians' assistant licensed under chapter 18.57A RCW, a naturopath licensed under chapter 18.36A RCW, or an advanced registered nurse practitioner licensed under chapter 18.79 RCW.

(3) "Medical use of marijuana" means the manufacture, production, possession, transportation, delivery, ingestion, application, or administration of marijuana ~~((, as defined in RCW 69.50.101(a)))~~ for the exclusive benefit of a qualifying patient in the treatment of his or her terminal or debilitating ~~((illness))~~ medical condition.

(4) "Qualifying patient" means a person who:

(a) ~~((i))~~ Is a patient of a health care professional;

~~((b))~~ (ii) Has been diagnosed by that health care professional as having a terminal or debilitating medical condition;

~~((c))~~ (iii) Is a resident of the state of Washington at the time of such diagnosis;

~~((d))~~ (iv) Has been advised by that health care professional about the risks and benefits of the medical use of marijuana; ~~((and~~

~~((e))~~ (v) Has been advised by that health care professional that ~~((they))~~ he or she may benefit from the medical use of marijuana;

(vi) Has been entered into the medical marijuana registry; and

(vii) Is otherwise in compliance with the terms and conditions established in this chapter.

(b) "Qualifying patient" does not include a person who is actively being supervised for a criminal conviction by a corrections agency or department that has determined that the terms of this chapter are inconsistent with and contrary to his or her supervision and all related processes and procedures related to that supervision.

(5) Until September 1, 2015, "tamper-resistant paper" means paper that meets one or more of the following industry-recognized features:

(a) One or more features designed to prevent copying of the paper;

(b) One or more features designed to prevent the erasure or modification of information on the paper; or

(c) One or more features designed to prevent the use of counterfeit valid documentation.

(6) "Terminal or debilitating medical condition" means a condition severe enough to significantly interfere with the patient's activities of daily living and ability to function, which can be objectively assessed and evaluated and limited to the following:

(a) Cancer, human immunodeficiency virus (HIV), multiple sclerosis, epilepsy or other seizure disorder, or spasticity disorders; ~~((a))~~

(b) Intractable pain, limited for the purpose of this chapter to mean pain unrelieved by standard medical treatments and medications; ~~((a))~~

(c) Glaucoma, either acute or chronic, limited for the purpose of this chapter to mean increased intraocular pressure unrelieved by standard treatments and medications; ~~((a))~~

(d) Crohn's disease with debilitating symptoms unrelieved by standard treatments or medications; ~~((a))~~

(e) Hepatitis C with debilitating nausea or intractable pain unrelieved by standard treatments or medications; ~~((a))~~

(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; or

(g) Any other medical condition duly approved by the Washington state medical quality assurance commission in consultation with the board of osteopathic medicine and surgery as directed in this chapter.

(7) Until September 1, 2015, "valid documentation" means:

(a) A statement signed and dated by a qualifying patient's health care professional written on tamper-resistant paper, which states that, in the health care professional's professional opinion, the patient may benefit from the medical use of marijuana; and

(b) Proof of identity such as a Washington state driver's license or identocard, as defined in RCW 46.20.035.

(8) "Authorization card" means a card issued by the department to qualifying patients whose health care professionals have entered them into the department's medical marijuana registry.

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

(10) "Marijuana" has the meaning provided in RCW 69.50.101.

(11) "Marijuana processor" has the meaning provided in RCW 69.50.101.

(12) "Marijuana producer" has the meaning provided in RCW 69.50.101.

(13) "Marijuana retailer" has the meaning provided in RCW 69.50.101.

(14) "Marijuana-infused products" has the meaning provided in RCW 69.50.101.

(15) "Medical marijuana registry" means the secure and confidential registry of qualifying patients and designated providers established in section 24 of this act.

(16) "Plant" means a marijuana plant having at least three distinguishable and distinct leaves, each leaf being at least three centimeters in diameter, and a readily observable root formation consisting of at least two separate and distinct roots, each being at least two centimeters in length. Multiple stalks emanating from the same root ball or root system is considered part of the same single plant.

(17) "Public place" includes streets and alleys of incorporated cities and towns; state or county or township highways or roads; buildings and grounds used for school purposes; public dance halls and grounds adjacent thereto; premises where goods and services are offered to the public for retail sale; public buildings, public meeting halls, lobbies, halls and dining rooms of hotels, restaurants, theaters, stores, garages, and filling stations that are open to and are generally used by the public and to which the public is permitted to have unrestricted access; railroad trains, stages, buses, ferries, and other public conveyances of all kinds and character, and the depots, stops, and waiting rooms used in conjunction therewith which are open to unrestricted use and access by the public; publicly owned bathing beaches, parks, or playgrounds; and all other places of like or similar nature to which the general public has unrestricted right of access, and that are generally used by the public.

(18) "THC concentration" has the meaning provided in RCW 69.50.101.

(19) "Useable marijuana" has the meaning provided in RCW 69.50.101.

(20) "Marijuana concentrates" has the meaning provided in RCW 69.50.101.

(21) "Principle care provider" means the health care professional who is designated by a qualifying patient as being the principle care provider for that patient.

Sec. 16. RCW 69.51A.030 and 2011 c 181 s 301 are each amended to read as follows:

(1) The following acts do not constitute crimes under state law or unprofessional conduct under chapter 18.130 RCW, and a health care professional may not be arrested, searched, prosecuted, disciplined, or subject to other criminal sanctions or civil consequences or liability under state law, or have real or personal property searched, seized, or forfeited pursuant to state law, notwithstanding any other provision of law as long as the health care professional complies with subsection (2) of this section:

(a) Advising a patient about the risks and benefits of medical use of ~~((cannabis))~~ marijuana or that the patient may benefit from the medical use of ~~((cannabis))~~ marijuana; or

(b) ~~((Providing))~~ Registering a patient meeting the criteria established under RCW 69.51A.010~~((26) — with valid documentation))~~ (4) with the medical marijuana registry, based upon the health care professional's assessment of the patient's medical history and current medical condition, ~~((where such use is))~~ if the health care professional has complied with this chapter and he or she determines within a professional standard of care or in the individual health care professional's medical judgment the qualifying patient may benefit from medical use of marijuana.

(2)(a) A health care professional may only ~~((provide a patient with valid documentation authorizing the medical use of cannabis or))~~ register the patient with the medical marijuana registry established in section ~~((904))~~ 20 of this act if he or she has a ~~((newly initiated or existing))~~ documented relationship with the patient, as a ~~((primary))~~ principle care provider or a specialist, relating to the diagnosis and ongoing treatment or monitoring of the patient's terminal or debilitating medical condition, and only after:

(i) Completing ~~((a))~~ an in-person physical examination of the patient ~~((as appropriate, based on the patient's condition and age));~~

(ii) Documenting the terminal or debilitating medical condition of the patient in the patient's medical record and that the patient may benefit from treatment of this condition or its symptoms with medical use of ~~((cannabis))~~ marijuana;

(iii) Informing the patient of other options for treating the terminal or debilitating medical condition and documenting in the patient's medical record that the patient has received this information; and

(iv) Documenting in the patient's medical record other measures attempted to treat the terminal or debilitating medical condition that do not involve the medical use of ~~((cannabis))~~ marijuana.

(b) A health care professional shall not:

(i) Accept, solicit, or offer any form of pecuniary remuneration from or to a ~~((licensed dispenser, licensed producer, or licensed processor of cannabis products))~~ marijuana retailer, marijuana processor, or marijuana producer;

(ii) Offer a discount or any other thing of value to a qualifying patient who is a customer of, or agrees to be a customer of, a particular ~~((licensed dispenser, licensed producer, or licensed processor of cannabis products))~~ marijuana retailer;

(iii) Examine or offer to examine a patient for purposes of diagnosing a terminal or debilitating medical condition at a location where ~~((cannabis))~~ marijuana is produced, processed, or ~~((dispensed))~~ sold;

(iv) Have a business or practice which consists ~~((solely))~~ primarily of authorizing the medical use of ~~((cannabis))~~ marijuana. However, the health care professional's business or practice must have a permanent physical location;

(v) Include any statement or reference, visual or otherwise, on the medical use of ~~((cannabis))~~ marijuana in any advertisement for his or her business or practice; or

(vi) Hold an economic interest in an enterprise that produces, processes, or ~~((dispenses cannabis))~~ sells marijuana if the health care professional authorizes the medical use of ~~((cannabis))~~ marijuana.

(3) A violation of any provision of subsection (2) of this section constitutes unprofessional conduct under chapter 18.130 RCW.

NEW SECTION. Sec. 17. A new section is added to chapter 69.51A RCW to read as follows:

(1) As part of registering a qualifying patient or designated provider in the medical marijuana registry, the health care professional may include recommendations on the amount of marijuana that is likely needed by the qualifying patient for his or her medical needs and in accordance with subsection (2) of this

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section. If no recommendations are included at point of registration, the qualifying patient or designated provider may purchase at a marijuana retailer that holds a medical marijuana endorsement a combination of the following: Three ounces of useable marijuana; forty-eight ounces of marijuana-infused product in solid form; two hundred sixteen ounces of marijuana-infused product in liquid form; or twenty-one grams of marijuana concentrates. The qualifying patient or designated provider may also grow, in his or her domicile, up to six plants for the personal medical use of the qualifying patient. If plants are grown for the qualifying patient, the patient or designated provider may possess as much useable marijuana as can be produced by three plants or by the number of plants for which the patient or provider is authorized under subsection (2) of this section.

(2) If a health care professional determines that the medical needs of a patient exceed the amounts provided for in subsection (1) of this section, the health care professional may recommend a greater amount of useable marijuana or plants for the personal medical use of the patient but not to exceed eight ounces of useable marijuana or fifteen plants. This amount must be entered into the registry at point of registration of the qualifying patient or designated provider.

NEW SECTION. Sec. 18. A new section is added to chapter 69.51A RCW to read as follows:

(1) The department shall convene a work group of representatives of the medical quality assurance commission, board of osteopathic medicine and surgery, the nursing care quality assurance commission, the board of naturopathy, and representatives of the medical marijuana community including patients, attorneys, and health care professionals, to develop practice guidelines for health care professionals to consider when authorizing the medical use of marijuana for patients and consider appropriate training and practice standards for employees of a licensed marijuana retailer that holds a medical marijuana endorsement. The representatives of the medical marijuana community must be appointed by the governor. The practice guidelines shall address:

- (a) Conditions that may benefit from the medical use of marijuana;
- (b) Assessing a patient to determine if he or she has a debilitating condition or intractable pain;
- (c) Conducting an adequate examination of a patient for the need for marijuana for medical use;
- (d) Dosing criteria related to the medical use of marijuana;
- (e) Developing a treatment plan for patients who may benefit from the medical use of marijuana;
- (f) Communicating with a patient about the medical use of marijuana and other options for treating his or her terminal or debilitating medical condition;
- (g) Maintaining records for patients who have been authorized to use marijuana for medical purposes; and
- (h) Other issues identified by the work group as necessary to provide appropriate care to patients who have been authorized to use marijuana for medical purposes.

(2) In developing standards for employees of a licensed marijuana retailer that holds a medical marijuana endorsement, the work group shall identify appropriate practices for advising qualifying patients or designated providers in selecting types of marijuana for their condition, instructing qualifying patients and designated providers on product use, fulfilling orders, and safe handling of products. The work group shall adopt a definition of "medical grade marijuana" to guide licensed marijuana retailers that hold a medical marijuana endorsement in making decisions in selecting types of marijuana for patients. The recommendations of the work group under this subsection are advisory and do not

establish regulatory standards, unless adopted by the state liquor and cannabis board or the department pursuant to existing authority.

(3) The department shall make the practice guidelines and training and practice standards broadly available to health care professionals and employees of licensed marijuana retailers that hold a medical marijuana endorsement.

NEW SECTION. Sec. 19. A new section is added to chapter 69.51A RCW to read as follows:

(1) Health care professionals may authorize the medical use of marijuana for qualifying patients who are under the age of eighteen if:

- (a) The minor's parent or guardian participates in the minor's treatment and agrees to the medical use of marijuana by the minor;
- (b) The parent or guardian acts as the designated provider for the minor and has sole control over the minor's marijuana. However, the minor may possess up to the amount of marijuana that is necessary for his or her next dose; and
- (c) The minor may not grow plants or purchase marijuana from a marijuana retailer.

(2) A health care professional who authorizes the medical use of marijuana by a minor must do so as part of the course of treatment of the minor's terminal or debilitating medical condition. If authorizing a minor for the medical use of marijuana, the health care professional must:

- (a) Consult with other health care providers involved in the child's treatment, as medically indicated, before authorization or reauthorization of the medical use of marijuana;
- (b) Reexamine the minor at least once a year or more frequently as medically indicated. The reexamination must:
 - (i) Determine that the minor continues to have a terminal or debilitating medical condition and that the condition benefits from the medical use of marijuana; and
 - (ii) Include a follow-up discussion with the minor's parent or guardian to ensure the parent or guardian continues to participate in the treatment of the minor;
- (c) Enter both the minor and the minor's parent or guardian who is acting as the designated provider in the medical marijuana registry.

NEW SECTION. Sec. 20. A new section is added to chapter 69.51A RCW to read as follows:

(1) By July 1, 2015, the department must adopt rules for the creation, implementation, maintenance, and timely upgrading of a secure and confidential medical marijuana registry that allows:

- (a) A health care professional to register a qualifying patient or designated provider and include the amount of marijuana concentrates, useable marijuana, marijuana-infused products, or plants for which the qualifying patient is authorized under section 17 of this act;
- (b) Persons authorized to prescribe or dispense controlled substances to access information on their patients for the purpose of providing medical or pharmaceutical care for their patients;
- (c) A qualifying patient or designated provider to request and receive his or her own information;
- (d) Appropriate local, state, and federal law enforcement or prosecutorial officials who are engaged in a bona fide specific investigation to confirm the validity of the authorization card of a qualifying patient or designated provider;
- (e) A marijuana retailer holding a medical marijuana endorsement to confirm the validity of the authorization card of a qualifying patient or designated provider;
- (f) The department of revenue to verify tax exemptions under chapters 82.08 and 82.12 RCW;

(g) The department and the health care professional's disciplining authorities to monitor registrations and ensure compliance with this chapter by their licensees; and

(h) Registrations to expire one year after entry into the registry.

(2) A qualifying patient and his or her designated provider, if any, must be placed in the medical marijuana registry by the qualifying patient's health care professional. After a qualifying patient or designated provider is placed in the medical marijuana registry, he or she must be provided with:

(a) A receipt of registration, generated by the registry and available immediately at point of registration; and

(b) An authorization card provided by the department, to be mailed to the qualifying patient or designated provider.

(3) The receipt of registration is valid for sixty days or until the qualifying patient or designated provider receives an authorization card from the department, whichever comes first. The receipt of registration is to be considered an authorization card for purposes of this chapter.

(4) The receipt of registration and authorization card must be developed by the department and include:

(a) The qualifying patient or designated provider's name;

(b) For designated providers, the name of the qualifying patient whom the provider is assisting;

(c) The amount of marijuana concentrates, useable marijuana, marijuana-infused products, or plants for which the qualifying patient is authorized under section 17 or 24 of this act;

(d) The effective date and expiration date of the receipt of registration and the authorization card;

(e) The name of the health care professional who registered the qualifying patient or designated provider; and

(f) For the authorization card, additional security features as necessary to ensure its validity.

(5) Authorization cards are valid for one year from the date the health care professional registers the qualifying patient or designated provider in the medical marijuana registry. Qualifying patients may not be reentered into the medical marijuana registry until they have been reexamined by a health care professional and determined to meet the definition of qualifying patient. After reexamination, the health care professional must reenter the qualifying patient or designated provider into the medical marijuana registry and a new authorization card will then be issued by the department in accordance with department rules. The department must adopt rules on replacing lost or stolen authorization cards.

(6) The department must adopt rules for removing qualifying patients and designated providers from the medical marijuana registry upon expiration of the authorization card as well as a method for permitting qualifying patients and designated providers to remove their names from the medical marijuana registry before expiration and for health care professionals to remove qualifying patients and designated providers from the medical marijuana registry before expiration if the patient or provider no longer qualifies for the medical use of marijuana. The department must retain registry records for at least five calendar years to permit the state liquor and cannabis board and the department of revenue to verify eligibility for tax exemptions.

(7) During development of the medical marijuana registry, the department of health shall consult with stakeholders and persons with relevant expertise to include, but not be limited to, qualifying patients, designated providers, health care professionals, state and local law enforcement agencies, and the University of Washington computer science and engineering security and privacy research lab.

(8) The medical marijuana registry must meet the following requirements:

(a) Any personally identifiable information included in the registry must be nonreversible, pursuant to definitions and standards set forth by the national institute of standards and technology;

(b) Any personally identifiable information included in the registry must not be susceptible to linkage by use of data external to the registry;

(c) The registry must incorporate current best differential privacy practices, allowing for maximum accuracy of registry queries while minimizing the chances of identifying the personally identifiable information included therein; and

(d) The registry must be upgradable and updated in a timely fashion to keep current with state of the art privacy and security standards and practices.

(9)(a) Personally identifiable information of qualifying patients and designated providers included in the medical marijuana registry is confidential and exempt from public disclosure, inspection, or copying under chapter 42.56 RCW.

(b) Information contained in the medical marijuana registry may be released in aggregate form, with all personally identifying information redacted, for the purpose of statistical analysis and oversight of agency performance and actions.

NEW SECTION. Sec. 21. A new section is added to chapter 42.56 RCW to read as follows:

Records in the medical marijuana registry established in section 20 of this act containing names and other personally identifiable information of qualifying patients and designated providers are exempt from disclosure under this chapter.

Sec. 22. RCW 42.56.270 and 2013 c 305 s 14 are each amended to read as follows:

The following financial, commercial, and proprietary information is exempt from disclosure under this chapter:

(1) Valuable formulae, designs, drawings, computer source code or object code, and research data obtained by any agency within five years of the request for disclosure when disclosure would produce private gain and public loss;

(2) Financial information supplied by or on behalf of a person, firm, or corporation for the purpose of qualifying to submit a bid or proposal for (a) a ferry system construction or repair contract as required by RCW 47.60.680 through 47.60.750 or (b) highway construction or improvement as required by RCW 47.28.070;

(3) Financial and commercial information and records supplied by private persons pertaining to export services provided under chapters 43.163 and 53.31 RCW, and by persons pertaining to export projects under RCW 43.23.035;

(4) Financial and commercial information and records supplied by businesses or individuals during application for loans or program services provided by chapters 43.325, 43.163, 43.160, 43.330, and 43.168 RCW, or during application for economic development loans or program services provided by any local agency;

(5) Financial information, business plans, examination reports, and any information produced or obtained in evaluating or examining a business and industrial development corporation organized or seeking certification under chapter 31.24 RCW;

(6) Financial and commercial information supplied to the state investment board by any person when the information relates to the investment of public trust or retirement funds and when disclosure would result in loss to such funds or in private loss to the providers of this information;

(7) Financial and valuable trade information under RCW 51.36.120;

(8) Financial, commercial, operations, and technical and research information and data submitted to or obtained by the clean Washington center in applications for, or delivery of, program services under chapter 70.95H RCW;

(9) Financial and commercial information requested by the public stadium authority from any person or organization that leases or uses the stadium and exhibition center as defined in RCW 36.102.010;

(10)(a) Financial information, including but not limited to account numbers and values, and other identification numbers supplied by or on behalf of a person, firm, corporation, limited liability company, partnership, or other entity related to an

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application for a horse racing license submitted pursuant to RCW 67.16.260(1)(b), liquor license, marijuana license, gambling license, or lottery retail license;

(b) Internal control documents, independent auditors' reports and financial statements, and supporting documents: (i) Of house-banked social card game licensees required by the gambling commission pursuant to rules adopted under chapter 9.46 RCW; or (ii) submitted by tribes with an approved tribal/state compact for class III gaming;

(11) Proprietary data, trade secrets, or other information that relates to: (a) A vendor's unique methods of conducting business; (b) data unique to the product or services of the vendor; or (c) determining prices or rates to be charged for services, submitted by any vendor to the department of social and health services for purposes of the development, acquisition, or implementation of state purchased health care as defined in RCW 41.05.011;

(12)(a) When supplied to and in the records of the department of commerce:

(i) Financial and proprietary information collected from any person and provided to the department of commerce pursuant to RCW 43.330.050(8); and

(ii) Financial or proprietary information collected from any person and provided to the department of commerce or the office of the governor in connection with the siting, recruitment, expansion, retention, or relocation of that person's business and until a siting decision is made, identifying information of any person supplying information under this subsection and the locations being considered for siting, relocation, or expansion of a business;

(b) When developed by the department of commerce based on information as described in (a)(i) of this subsection, any work product is not exempt from disclosure;

(c) For the purposes of this subsection, "siting decision" means the decision to acquire or not to acquire a site;

(d) If there is no written contact for a period of sixty days to the department of commerce from a person connected with siting, recruitment, expansion, retention, or relocation of that person's business, information described in (a)(ii) of this subsection will be available to the public under this chapter;

(13) Financial and proprietary information submitted to or obtained by the department of ecology or the authority created under chapter 70.95N RCW to implement chapter 70.95N RCW;

(14) Financial, commercial, operations, and technical and research information and data submitted to or obtained by the life sciences discovery fund authority in applications for, or delivery of, grants under chapter 43.350 RCW, to the extent that such information, if revealed, would reasonably be expected to result in private loss to the providers of this information;

(15) Financial and commercial information provided as evidence to the department of licensing as required by RCW 19.112.110 or 19.112.120, except information disclosed in aggregate form that does not permit the identification of information related to individual fuel licensees;

(16) Any production records, mineral assessments, and trade secrets submitted by a permit holder, mine operator, or landowner to the department of natural resources under RCW 78.44.085;

(17)(a) Farm plans developed by conservation districts, unless permission to release the farm plan is granted by the landowner or operator who requested the plan, or the farm plan is used for the application or issuance of a permit;

(b) Farm plans developed under chapter 90.48 RCW and not under the federal clean water act, 33 U.S.C. Sec. 1251 et seq., are subject to RCW 42.56.610 and 90.64.190;

(18) Financial, commercial, operations, and technical and research information and data submitted to or obtained by a health sciences and services authority in applications for, or delivery of,

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grants under RCW 35.104.010 through 35.104.060, to the extent that such information, if revealed, would reasonably be expected to result in private loss to providers of this information;

(19) Information gathered under chapter 19.85 RCW or RCW 34.05.328 that can be identified to a particular business;

(20) Financial and commercial information submitted to or obtained by the University of Washington, other than information the university is required to disclose under RCW 28B.20.150, when the information relates to investments in private funds, to the extent that such information, if revealed, would reasonably be expected to result in loss to the University of Washington consolidated endowment fund or to result in private loss to the providers of this information;

(21) Financial, commercial, operations, and technical and research information and data submitted to or obtained by innovate Washington in applications for, or delivery of, grants and loans under chapter 43.333 RCW, to the extent that such information, if revealed, would reasonably be expected to result in private loss to the providers of this information; and

(22) Market share data submitted by a manufacturer under RCW 70.95N.190(4).

Sec. 23. RCW 69.51A.040 and 2011 c 181 s 401 are each amended to read as follows:

The medical use of ~~((cannabis))~~ marijuana in accordance with the terms and conditions of this chapter does not constitute a crime and a qualifying patient or designated provider in compliance with the terms and conditions of this chapter may not be arrested, prosecuted, or subject to other criminal sanctions or civil consequences, for possession, manufacture, or delivery of, or for possession with intent to manufacture or deliver, ~~((cannabis))~~ marijuana under state law, or have real or personal property seized or forfeited for possession, manufacture, or delivery of, or for possession with intent to manufacture or deliver, ~~((cannabis))~~ marijuana under state law, and investigating ~~((peace))~~ law enforcement officers and ~~((law enforcement))~~ agencies may not be held civilly liable for failure to seize ~~((cannabis))~~ marijuana in this circumstance, if:

(1)(a) The qualifying patient or designated provider holds a valid authorization card and possesses no more than ~~((fifteen cannabis plants and:~~

(i) No more than twenty-four ounces of useable cannabis;

(ii) No more cannabis product than what could reasonably be produced with no more than twenty-four ounces of useable cannabis; or

(iii) A combination of useable cannabis and cannabis product that does not exceed a combined total representing possession and processing of no more than twenty-four ounces of useable cannabis)) the amount of marijuana concentrates, useable marijuana, plants, or marijuana-infused products authorized under section 17 or 24 of this act.

(b) If a person is both a qualifying patient and a designated provider for another qualifying patient, the person may possess no more than twice the amounts described in ~~((a) of this subsection))~~ section 17 of this act, whether the plants, ~~((useable cannabis, and cannabis product))~~ marijuana concentrates, useable marijuana, or marijuana-infused products are possessed individually or in combination between the qualifying patient and his or her designated provider;

(2) The qualifying patient or designated provider presents his or her ~~((proof of registration with the department of health,))~~ authorization card to any ~~((peace))~~ law enforcement officer who questions the patient or provider regarding his or her medical use of ~~((cannabis))~~ marijuana;

(3) The qualifying patient or designated provider keeps a copy of his or her ~~((proof of registration with the registry established in~~

~~section 901 of this act~~) authorization card and the qualifying patient or designated provider's contact information posted prominently next to any ~~((cannabis))~~ plants, ~~((cannabis))~~ marijuana concentrates, marijuana-infused products, or useable ~~((cannabis))~~ marijuana located at his or her residence;

(4) The investigating ~~((peace))~~ law enforcement officer does not possess evidence that:

(a) The designated provider has converted ~~((cannabis))~~ marijuana produced or obtained for the qualifying patient for his or her own personal use or benefit; or

(b) The qualifying patient ~~((has converted cannabis produced or obtained for his or her own medical use to the qualifying patient's personal, nonmedical use or benefit))~~ sold, donated, or otherwise supplied marijuana to another person;

~~((The investigating peace officer does not possess evidence that))~~ The designated provider has served as a designated provider to more than one qualifying patient within a fifteen-day period; and

~~((The investigating peace officer has not observed evidence of any of the circumstances identified in section 901(4) of this act))~~ qualifying patient or designated provider participates in a cooperative as provided in section 24 of this act.

NEW SECTION. Sec. 24. A new section is added to chapter 69.51A RCW to read as follows:

(1) Qualifying patients or designated providers may form a cooperative and share responsibility for acquiring and supplying the resources needed to produce and process marijuana only for the medical use of members of the cooperative. No more than four people may become members of the cooperative under this section and all members must hold valid authorization cards.

(2) The location of the cooperative must be registered with the state liquor and cannabis board and this is the only location where cooperative members may grow or process marijuana. This registration must include the names of all participating members and copies of each participant's authorization card. Only qualifying patients or designated providers registered with the state liquor and cannabis board in association with the location may participate in growing or receive useable marijuana or marijuana-infused products grown at that location.

(3) If a qualifying patient or designated provider no longer participates in growing at the location, he or she must notify the state liquor and cannabis board within fifteen days of the date the qualifying patient or designated provider ceases participation. The state liquor and cannabis board must remove his or her name from connection to the cooperative. Additional qualifying patients or designated providers may not join the cooperative until fifteen days have passed since the date on which the last qualifying patient or designated provider notifies the state liquor and cannabis board that he or she no longer participates in that cooperative.

(4) Qualifying patients or designated providers who grow plants under this section:

(a) May grow up to the total amount of plants for which each participating member is authorized on their authorization cards. At the location, the qualifying patients or designated providers may possess no more useable marijuana than what can be produced with the number of plants permitted under this subsection;

(b) Must provide assistance in growing plants. A monetary contribution or donation is not to be considered assistance under this section. Participants must provide labor in order to participate; and

(c) May not sell, donate, or otherwise provide marijuana, marijuana concentrates, useable marijuana, or marijuana-infused products to a person who is not participating under this section.

(5) The location of the cooperative must be the domicile of one of the participants. A copy of each participant's authorization card must be kept at the location at all times.

(6) The state liquor and cannabis board may adopt rules to implement this section, including any security requirements

necessary to ensure the safety of the cooperative and to reduce the risk of diversion from the cooperative.

(7) The state liquor and cannabis board may inspect a cooperative registered under this section to ensure members are in compliance with this section. The state liquor and cannabis board must adopt rules on reasonable inspection hours and reasons for inspections.

Sec. 25. RCW 69.51A.045 and 2011 c 181 s 405 are each amended to read as follows:

~~((1))~~ (1) A qualifying patient or designated provider in possession of ~~((cannabis))~~ plants, marijuana concentrates, useable ~~((cannabis))~~ marijuana, or ~~((cannabis))~~ marijuana-infused products exceeding the limits set forth in ~~((RCW 69.51A.040(1)))~~ section 17 or 24 of this act but otherwise in compliance with all other terms and conditions of this chapter may establish an affirmative defense to charges of violations of state law relating to ~~((cannabis))~~ marijuana through proof at trial, by a preponderance of the evidence, that the qualifying patient's necessary medical use exceeds the amounts set forth in RCW 69.51A.040~~((1))~~.

~~((2))~~ (2) An investigating ~~((peace))~~ law enforcement officer may seize ~~((cannabis))~~ plants, marijuana concentrates, useable ~~((cannabis))~~ marijuana, or ~~((cannabis))~~ marijuana-infused products exceeding the amounts set forth in ~~((RCW 69.51A.040(1); PROVIDED, That))~~ section 17 or 24 of this act. In the case of ~~((cannabis))~~ plants, the qualifying patient or designated provider shall be allowed to select the plants that will remain at the location. The officer and his or her law enforcement agency may not be held civilly liable for failure to seize ~~((cannabis))~~ marijuana in this circumstance.

Sec. 26. RCW 69.51A.055 and 2011 c 181 s 1105 are each amended to read as follows:

(1)(a) The arrest and prosecution protections established in RCW 69.51A.040 may not be asserted in a supervision revocation or violation hearing by a person who is supervised by a corrections agency or department, including local governments or jails, that has determined that the terms of this section are inconsistent with and contrary to his or her supervision.

(b) The affirmative defenses established in RCW ~~((69.51A.043,))~~ 69.51A.045~~((, 69.51A.047, and section 407 of this act))~~ may not be asserted in a supervision revocation or violation hearing by a person who is supervised by a corrections agency or department, including local governments or jails, that has determined that the terms of this section are inconsistent with and contrary to his or her supervision.

~~((2))~~ ~~((The provisions of))~~ RCW 69.51A.040~~((, 69.51A.085, and 69.51A.025 do))~~ does not apply to a person who is supervised for a criminal conviction by a corrections agency or department, including local governments or jails, that has determined that the terms of this chapter are inconsistent with and contrary to his or her supervision.

~~((3))~~ (3) A person may not be licensed as a licensed producer, licensed processor of cannabis products, or a licensed dispenser under section 601, 602, or 701 of this act if he or she is supervised for a criminal conviction by a corrections agency or department, including local governments or jails, that has determined that licensure is inconsistent with and contrary to his or her supervision.)

Sec. 27. RCW 69.51A.060 and 2011 c 181 s 501 are each amended to read as follows:

(1) It shall be a class 3 civil infraction to use or display medical ~~((cannabis))~~ marijuana in a manner or place which is open to the view of the general public.

(2) Nothing in this chapter establishes a right of care as a covered benefit or requires any state purchased health care as defined in RCW 41.05.011 or other health carrier or health plan as defined in Title 48 RCW to be liable for any claim for

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reimbursement for the medical use of ~~((cannabis))~~ marijuana. Such entities may enact coverage or noncoverage criteria or related policies for payment or nonpayment of medical ~~((cannabis))~~ marijuana in their sole discretion.

(3) Nothing in this chapter requires any health care professional to authorize the medical use of ~~((cannabis))~~ marijuana for a patient.

(4) Nothing in this chapter requires any accommodation of any on-site medical use of ~~((cannabis))~~ marijuana in any place of employment, in any school bus or on any school grounds, in any youth center, in any correctional facility, or smoking ~~((cannabis))~~ marijuana in any public place or hotel or motel. However, a school may permit a minor who meets the requirements of section 19 of this act to consume medical marijuana on school grounds. Such use must be in accordance with school policy relating to medication use on school grounds.

(5) Nothing in this chapter authorizes the possession or use of marijuana, marijuana concentrates, useable marijuana, or marijuana-infused products on federal property.

(6) Nothing in this chapter authorizes the use of medical ~~((cannabis))~~ marijuana by any person who is subject to the Washington code of military justice in chapter 38.38 RCW.

~~((6))~~ (7) Employers may establish drug-free work policies. Nothing in this chapter requires an accommodation for the medical use of ~~((cannabis))~~ marijuana if an employer has a drug-free workplace.

~~((7))~~ (8) Until September 1, 2015, it is a class C felony to fraudulently produce any record purporting to be, or tamper with the content of any record for the purpose of having it accepted as, valid documentation under RCW 69.51A.010(~~((32)(a))~~) (7), or to backdate such documentation to a time earlier than its actual date of execution.

~~((8))~~ (9) No person shall be entitled to claim the protection from arrest and prosecution under RCW 69.51A.040 ~~((or the affirmative defense under RCW 69.51A.043))~~ for engaging in the medical use of ~~((cannabis))~~ marijuana in a way that endangers the health or well-being of any person through the use of a motorized vehicle on a street, road, or highway, including violations of RCW 46.61.502 or 46.61.504, or equivalent local ordinances.

NEW SECTION. Sec. 28. A new section is added to chapter 69.51A RCW to read as follows:

(1) It is unlawful for a person knowingly or intentionally:

(a) To produce an authorization card or to tamper with an authorization card for the purpose of having it accepted by a marijuana retailer in order to purchase marijuana as a qualifying patient or designated provider or to grow marijuana plants in accordance with section 17 or 24 of this act;

(b) If a person is a designated provider to a qualifying patient, to sell, donate, or otherwise use the marijuana produced or obtained for the qualifying patient for the designated provider's own personal use or benefit; or

(c) If the person is a qualifying patient, to sell, donate, or otherwise supply marijuana produced or obtained by the qualifying patient to another person.

(2) A person who violates this section is guilty of a class C felony and upon conviction may be imprisoned for not more than two years, fined not more than two thousand dollars, or both.

Sec. 29. RCW 69.51A.070 and 2007 c 371 s 7 are each amended to read as follows:

The Washington state medical quality assurance commission in consultation with the board of osteopathic medicine and surgery, or other appropriate agency as designated by the governor, shall accept for consideration petitions submitted to add terminal or debilitating conditions to those included in this chapter. In considering such petitions, the Washington state medical quality assurance commission in consultation with the board of osteopathic medicine

and surgery shall include public notice of, and an opportunity to comment in a public hearing upon, such petitions. The Washington state medical quality assurance commission in consultation with the board of osteopathic medicine and surgery may make a preliminary finding of good cause before the public hearing and shall, after hearing, approve or deny such petitions within ~~((one))~~ two hundred ~~((eighty))~~ ten days of submission. The approval or denial of such a petition shall be considered a final agency action, subject to judicial review.

Sec. 30. RCW 69.51A.100 and 2011 c 181 s 404 are each amended to read as follows:

(1) A qualifying patient may revoke his or her designation of a specific designated provider and designate a different designated provider at any time. A revocation of designation must be in writing, signed and dated, and provided to the department and designated provider. The protections of this chapter cease to apply to a person who has served as a designated provider to a qualifying patient seventy-two hours after receipt of that patient's revocation of his or her designation.

(2) A person may stop serving as a designated provider to a given qualifying patient at any time by revoking that designation in writing, signed and dated, and provided to the department and the qualifying patient. However, that person may not begin serving as a designated provider to a different qualifying patient until fifteen days have elapsed from the date the last qualifying patient designated him or her to serve as a provider.

(3) The department may adopt rules to implement this section, including a procedure to remove the name of the designated provider from the medical marijuana registry upon receipt of a revocation under this section.

Sec. 31. RCW 69.51A.110 and 2011 c 181 s 408 are each amended to read as follows:

A qualifying patient's medical use of ~~((cannabis))~~ marijuana as authorized by a health care professional may not be a sole disqualifying factor in determining the patient's suitability for an organ transplant, unless it is shown that this use poses a significant risk of rejection or organ failure. This section does not preclude a health care professional from requiring that a patient abstain from the medical use of ~~((cannabis))~~ marijuana, for a period of time determined by the health care professional, while waiting for a transplant organ or before the patient undergoes an organ transplant.

Sec. 32. RCW 69.51A.120 and 2011 c 181 s 409 are each amended to read as follows:

A qualifying patient or designated provider may not have his or her parental rights or residential time with a child restricted solely due to his or her medical use of ~~((cannabis))~~ marijuana in compliance with the terms of this chapter absent written findings supported by evidence that such use has resulted in a long-term impairment that interferes with the performance of parenting functions as defined under RCW 26.09.004.

NEW SECTION. Sec. 33. A new section is added to chapter 69.51A RCW to read as follows:

Neither this chapter nor chapter 69.50 RCW prohibits a health care professional from selling or donating topical, noningestible products that have a THC concentration of less than .3 percent to qualifying patients.

NEW SECTION. Sec. 34. A new section is added to chapter 69.51A RCW to read as follows:

Valid documentation may not be issued by a health care professional after September 1, 2015. All valid documentation expires September 1, 2015. Until September 1, 2015, qualifying patients and designated providers in possession of valid documentation may establish an affirmative defense to charges of violations of state law relating to marijuana through proof at trial, by a preponderance of evidence, that the qualifying patient has been

authorized by a health care professional for the medical use of marijuana, that the qualifying patient meets the requirements of RCW 69.51A.010(4), and that the qualifying patient's necessary medical use exceeds the amounts set forth in RCW 69.50.360.

NEW SECTION. Sec. 35. A new section is added to chapter 69.51A RCW to read as follows:

A medical marijuana advisory group must be appointed by the governor to advise and assist the state liquor and cannabis board in adopting rules relating to the medical use of marijuana. The advisory group will meet at the call of the state liquor and cannabis board. Membership of the advisory group includes, but is not limited to the following:

- (1) Three health care professionals who authorize the medical use of marijuana;
- (2) Two pharmacists, one with compounding experience;
- (3) One licensed marijuana producer with medical marijuana experience;
- (4) One licensed marijuana processor with medical marijuana experience;
- (5) One licensed marijuana retailer with medical marijuana experience; and
- (6) One qualifying patient.

NEW SECTION. Sec. 36. (1) The legislature finds marijuana use for qualifying patients is a valid and necessary option health care professionals may recommend for their patients. The legislature further finds that although there is a distinction between recreational and medical use of marijuana, the changing environment for recreational marijuana use in Washington will also affect qualifying patients. The legislature further finds that while recognizing the difference between recreational and medical use of marijuana, it is imperative to develop a single, comprehensive regulatory scheme for marijuana use in the state. Acknowledging that the implementation of this act may result in changes to how qualifying patients access medical marijuana, the legislature intends to ease the transition towards a regulated market and provide a statutory means for a safe, consistent, and secure source of marijuana for qualifying patients. Therefore, the legislature intends to provide qualifying patients a retail sales and use tax exemption on purchases of marijuana for medical use when authorized by a health care professional. Because marijuana is neither a prescription medicine nor an over-the-counter medication, this policy should in no way be construed as precedence for changes in the treatment of prescription medications or over-the-counter medications.

(2)(a) This section is the tax preference performance statement for the retail sales and use tax exemptions for marijuana concentrates, useable marijuana, and marijuana-infused products purchased by qualifying patients provided in sections 11 and 12 of this act. The performance statement is only intended to be used for subsequent evaluation of the tax preference. It is not intended to create a private right of action by any party or be used to determine eligibility for preferential tax treatment.

(b) The legislature categorizes the tax preference as one intended to accomplish the general purposes indicated in RCW 82.32.808(2)(e).

(c) It is the legislature's specific public policy objective to provide qualifying patients a retail sales and use tax exemption on purchases of marijuana concentrates, useable marijuana, and marijuana-infused products for medical use when authorized by a health care professional and registered with the medical marijuana registry.

(d) To measure the effectiveness of the exemption provided in this act in achieving the specific public policy objectives described in (c) of this subsection, the joint legislative audit and review committee must evaluate the actual fiscal impact of the sales and use tax exemption in this act compared to the estimated impact in the fiscal note for this act.

NEW SECTION. Sec. 37. All references to the Washington state liquor control board must be construed as referring to the Washington state liquor and cannabis board. The code reviser must prepare legislation for the 2015 legislative session changing all references in the Revised Code of Washington from the Washington state liquor control board to the Washington state liquor and cannabis board.

NEW SECTION. Sec. 38. The following acts or parts of acts are each repealed:

- (1) RCW 69.51A.020 (Construction of chapter) and 2011 c 181 s 103 & 1999 c 2 s 3;
- (2) RCW 69.51A.025 (Construction of chapter--Compliance with RCW 69.51A.040) and 2011 c 181 s 413;
- (3) RCW 69.51A.047 (Failure to register or present valid documentation--Affirmative defense) and 2011 c 181 s 406;
- (4) RCW 69.51A.090 (Applicability of valid documentation definition) and 2010 c 284 s 5;
- (5) RCW 69.51A.140 (Counties, cities, towns--Authority to adopt and enforce requirements) and 2011 c 181 s 1102; and
- (6) RCW 69.51A.200 (Evaluation) and 2011 c 181 s 1001.

NEW SECTION. Sec. 39. RCW 69.51A.085 (Collective gardens) and 2011 c 181 s 403, as now existing or hereafter amended, are each repealed, effective September 1, 2015.

NEW SECTION. Sec. 40. RCW 69.51A.043 (Failure to register--Affirmative defense) and 2011 c 181 s 402, as now existing or hereafter amended, are each repealed, effective September 1, 2015.

NEW SECTION. Sec. 41. Sections 6, 7, 10, 16, 17, 19, 23 through 25, 27, 28, 30, and 38 of this act take effect July 1, 2015."

Senator Kohl-Welles spoke in favor of adoption of the striking amendment.

MOTION

Senator Rivers moved that the following amendment by Senator Rivers to the striking amendment be adopted:

On page 5, beginning on line 6 of the amendment, after "products" strike all material through "concentrates" on line 9 and insert "means products that meet all of the following criteria: (i) Contain marijuana; (ii) are less than fifty percent marijuana; (iii) have a THC concentration greater than 0.3 percent and no greater than twenty percent; and (iv) are intended for human use. The term "marijuana-infused products" does not include useable marijuana or marijuana concentrates"

On page 8, line 9 of the amendment after "means" insert "products consisting of fifty percent or more of"

On page 16, line 14 of the amendment, after "sell or" strike "donate" and insert "provide at no charge"

On page 16, line 14 of the amendment, after "concentration of" strike "less than .3 percent" and insert "0.3 percent or less"

On page 20, line 3 of the amendment, after "useable marijuana," strike "or" and after "products" insert ", or products containing THC with a THC concentration of 0.3 percent or less"

On page 20, line 8 of the amendment, after "useable marijuana," strike "or" and after "products" insert ", or products containing THC with a a THC concentration of 0.3 percent or less"

On page 20, line 14 of the amendment, after "terms" insert ""THC concentration,""

On page 20, line 22 of the amendment, after "useable marijuana," strike "or"

On page 20, line 23 of the amendment, after "products" insert ", or products containing THC with a THC concentration of 0.3 percent or less"

On page 20, line 31 of the amendment, after "useable marijuana," strike "or" and after "products" insert ", or products containing THC with a THC concentration of 0.3 percent or less"

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On page 21, line 1 of the amendment, after "terms" insert ""THC concentration,""

On page 26, line 10 of the amendment, after "(21)" strike "Principle" and insert "Principal"

On page 26, line 11 of the amendment, after "being the" strike "principle" and insert "principal"

On page 27, at the beginning of line 3 of the amendment, strike "principle" and insert "principal"

Senator Rivers spoke in favor of adoption of the amendment to the striking amendment.

The President declared the question before the Senate to be the adoption of the amendment by Senator Rivers on page 5, line 6 to the striking amendment to Third Substitute Senate Bill No. 5887.

The motion by Senator Rivers carried and the amendment to the striking amendment was adopted by voice vote.

MOTION

Senator Kohl-Welles moved that the following amendment by Senator Kohl-Welles to the striking amendment be adopted:

On page 12, line 14 of the amendment, after "patients" insert ". If current marijuana producers do not use all the increased production space, the liquor and cannabis board may reopen the license period for new marijuana producer license applicants but only to those mariuan producers who agree to grow products for medical marijuana endorsed retail outlets. Priority in licensing must be given to marijuana producer license applicants who have an application pending on the effective date of this section but who are not yet licensed and then to new marijuana producer license applicants."

Senators Kohl-Welles and Rivers spoke in favor of adoption of the amendment to the striking amendment.

The President declared the question before the Senate to be the adoption of the amendment by Senator Kohl-Welles on page 12, line 14 to the striking amendment to Third Substitute Senate Bill No. 5887.

The motion by Senator Kohl-Welles carried and the amendment to the striking amendment was adopted by voice vote.

MOTION

Senator Kohl-Welles moved that the following amendment by Senator Kohl-Welles to the striking amendment be adopted:

On page 15, after line 14 of the amendment, insert the following: "NEW SECTION. Sec. 7. A new section is added to chapter 69.50 RCW to read as follows:

A marijuana retailer and employees of the marijuana retailer may identify the strains, varieties, THC concentration, CBD concentration, and THC to CBD ratios of marijuana concentrates, useable marijuana, and marijuana-infused products, available for sale when assisting qualifying patients and designated providers at the retail outlet."

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

On page 16, line 13 of the amendment, after "(4)" insert "A marijuana retailer holding a medical marijuana endorsement and employees of the retailer may identify the strains, varieties, THC concentration, CBD concentration, and THC to CBD ratios of marijuana concentrates, useable marijuana, and marijuana-infused products, available for sale when assisting qualifying patients and designated providers at the retail outlet."

Senators Kohl-Welles and Rivers spoke in favor of adoption of the amendment to the striking amendment.

The President declared the question before the Senate to be the adoption of the amendment by Senator Kohl-Welles on page 15, after line 14 to the striking amendment to Third Substitute Senate Bill No. 5887.

The motion by Senator Kohl-Welles carried and the amendment to the striking amendment was adopted by voice vote.

MOTION

Senator Kohl-Welles moved that the following amendment by Senator Kohl-Welles and others to the striking amendment be adopted:

On page 24, line 6 of the amendment, after "Until" strike "September 1, 2015" and insert "April 1, 2016"

On page 24, line 36 of the amendment, after "Until" strike "September 1, 2015," and insert "April 1, 2016"

On page 26, line 25, after "marijuana" insert "or until April 1, 2016, providing a patient with valid documentation"

On page 45, line 12 of the amendment, after "after" strike "September 1, 2015" and insert "April 1, 2016"

On page 45, beginning on line 12 of the amendment, after "expires" strike "September 1, 2015" and insert "April 1, 2016"

On page 45, line 13, after "Until" strike "September 1, 2015" and insert "April 1, 2016"

Senators Kohl-Welles and Rivers spoke in favor of adoption of the amendment to the striking amendment.

The President declared the question before the Senate to be the adoption of the amendment by Senator Kohl-Welles and others on page 24, line 6 to the striking amendment to Third Substitute Senate Bill No. 5887.

The motion by Senator Kohl-Welles carried and the amendment to the striking amendment was adopted by voice vote.

MOTION

Senator Kohl-Welles moved that the following amendment by Senator Kohl-Welles to the striking amendment be adopted:

On page 31, line 15 of the amendment, after "investigation" insert "of suspected marijuana-related activity that is illegal under Washington state law"

On page 32, line 5 of the amendment, after "(a)" strike all material through "name" and insert "A randomly generated and unique identifying number"

On page 32, line 6 of the amendment, after "providers, the" strike "name" and insert "unique identifying number"

On page 32, line 8 of the amendment, after "(c)" insert "A photograph of the qualifying patient or designated provider's face taken by the registering health care professional in accordance with rules adopted by the department"

(d)"

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

On page 32, line 17, after "(5)" insert "The department may adopt rules developing an alternative method to having the photograph required by subsection (4)(c) of this section submitted by the health care professional.

(6) The department must adopt rules regarding the department's destruction of the photographs of qualifying patients and designated providers immediately upon issuance of the authorization cards.

(7)"

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

On page 32, beginning on line 31, after "remove" strike "their names" and insert "themselves"

Senators Kohl-Welles and Rivers spoke in favor of adoption of the amendment to the striking amendment.

The President declared the question before the Senate to be the adoption of the amendment by Senator Kohl-Welles on page 31, line 15 to the striking amendment to Third Substitute Senate Bill No. 5887.

The motion by Senator Kohl-Welles carried and the amendment to the striking amendment was adopted by voice vote.

MOTION

Senator Brown moved that the following amendment by Senators Brown and Rivers to the striking amendment be adopted:

On page 39, line 8 of the amendment, after "only for" strike "the" and insert ": (a) The"

On page 39, line 9 of the amendment, after "cooperative" insert "; or (b) medical research"

Senators Brown and Rivers spoke in favor of adoption of the amendment to the striking amendment.

The President declared the question before the Senate to be the adoption of the amendment by Senators Brown and Rivers on page 39, line 8 to the striking amendment to Third Substitute Senate Bill No. 5887.

The motion by Senator Brown carried and the amendment to the striking amendment was adopted by voice vote.

MOTION

Senator Kohl-Welles moved that the following amendment by Senators Kohl-Welles and Pedersen to the striking amendment be adopted:

On page 39, line 9 of the amendment, after "more than" strike "four" and insert "six"

On page 33, line 34 of the amendment, after "cards" insert ", but no more than 45 plants"

On page 40, line 8 of the amendment, after "participants." insert "Only one cooperative may be located per property tax parcel."

Senator Kohl-Welles spoke in favor of adoption of the amendment to the striking amendment.

Senator Rivers spoke against adoption of the amendment to the striking amendment.

The President declared the question before the Senate to be the adoption of the amendment by Senators Kohl-Welles and Pedersen on page 39, line 9 to the striking amendment to Third Substitute Senate Bill No. 5887.

The motion by Senator Kohl-Welles failed and the amendment to the striking amendment was not adopted by voice vote.

MOTION

Senator Kohl-Welles moved that the following amendment by Senator Kohl-Welles to the striking amendment be adopted:

On page 40, line 8 of the amendment, after "participants." insert "Only one cooperative may be located per property tax parcel."

Senators Kohl-Welles and Rivers spoke in favor of adoption of the amendment to the striking amendment.

The President declared the question before the Senate to be the adoption of the amendment by Senator Kohl-Welles on page 40, line 8 to the striking amendment to Third Substitute Senate Bill No. 5887.

The motion by Senator Kohl-Welles carried and the amendment to the striking amendment was adopted by voice vote.

MOTION

Senator Benton moved that the following amendment by Senator Benton to the striking amendment be adopted:

On page 43, line 1 of the amendment, after "(a)" insert "To access the medical marijuana registry for any reason not authorized under section 20 of this act;

(b) To disclose any information received from the medical marijuana registry in violation of section 20 of this act including, but not limited to, qualifying patient or designated provider names, addresses, or amount of marijuana for which they are authorized;

(c)"

Reletter the remaining subsection consecutively and correct any internal references accordingly.

Senators Benton and Rivers spoke in favor of adoption of the amendment to the striking amendment.

The President declared the question before the Senate to be the adoption of the amendment by Senator Benton on page 43, line 1 to the striking amendment to Third Substitute Senate Bill No. 5887.

The motion by Senator Benton carried and the amendment to the striking amendment was adopted by voice vote.

The President declared the question before the Senate to be the adoption of the striking amendment by Senator Kohl-Welles and others as amended to Third Substitute Senate Bill No. 5887.

The motion by Senator Kohl-Welles carried and the striking amendment as amended was adopted by voice vote.

MOTION

There being no objection, the following title amendment was adopted:

On page 1, line 2 of the title, after "system;" strike the remainder of the title and insert "amending RCW 66.08.012, 69.50.325, 69.50.342, 69.50.345, 69.50.354, 69.50.357, 69.50.360, 69.50.4013, 28B.20.502, 69.51A.005, 69.51A.010, 69.51A.030, 42.56.270, 69.51A.040, 69.51A.045, 69.51A.055, 69.51A.060, 69.51A.070, 69.51A.100, 69.51A.110, and 69.51A.120; reenacting and amending RCW 69.50.101; adding a new section to chapter 69.50 RCW; adding a new section to chapter 82.08 RCW; adding a new section to chapter 82.12 RCW; adding new sections to chapter 69.51A RCW; adding a new section to chapter 42.56 RCW; creating new sections; repealing RCW 69.51A.020, 69.51A.025, 69.51A.047, 69.51A.090, 69.51A.140, 69.51A.200, 69.51A.085, and 69.51A.043; prescribing penalties; and providing effective dates."

POINT OF ORDER

Senator Padden: "Mr. President, could you tell me how many votes it will take on final passage for Engrossed Third Substitute Senate Bill No. 5887?"

REPLY BY THE PRESIDENT

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President Owen: "Senator Padden Engrossed Third Substitute Senate Bill No. 5887 is in fact amending Initiative 502 within a two year period. Therefore it will take two-thirds vote which equal thirty three votes of this body to pass."

MOTION

On motion of Senator Rivers, the rules were suspended, Engrossed Third Substitute Senate Bill No. 5887 was advanced to third reading, the second reading considered the third and the bill was placed on final passage.

Senators Rivers and Kohl-Welles spoke in favor of passage of the bill.

Senators Dansel and Mullet spoke against passage of the bill.

The President declared the question before the Senate to be the final passage of Engrossed Third Substitute Senate Bill No. 5887.

ROLL CALL

The Secretary called the roll on the final passage of Engrossed Third Substitute Senate Bill No. 5887 and the bill passed the Senate by the following vote: Yeas, 34; Nays, 15; Absent, 0; Excused, 0.

Voting yea: Senators Angel, Bailey, Baumgartner, Becker, Braun, Brown, Chase, Cleveland, Conway, Dammeier, Darneille, Eide, Fain, Fraser, Hatfield, Hewitt, Hill, Hobbs, Keiser, King, Kline, Kohl-Welles, Litzow, McAuliffe, McCoy, O'Ban, Parlette, Pedersen, Ranker, Rivers, Roach, Rolfes, Schoesler and Tom

Voting nay: Senators Benton, Billig, Dansel, Ericksen, Frockt, Hargrove, Hasegawa, Holmquist Newbry, Honeyford, Liias, Mullet, Nelson, Padden, Pearson and Sheldon

ENGROSSED THIRD SUBSTITUTE SENATE BILL NO. 5887, having received the constitutional majority, was declared passed. There being no objection, the title of the bill was ordered to stand as the title of the act.

SIGNED BY THE PRESIDENT

Pursuant to Article 2, Section 32 of the State Constitution and Senate Rule 1(5), the President announced the signing of and thereupon did sign in open session:

SUBSTITUTE SENATE BILL NO. 5360,
SENATE BILL NO. 5956,
ENGROSSED SENATE BILL NO. 5964,
SUBSTITUTE SENATE BILL NO. 5969,
SUBSTITUTE SENATE BILL NO. 6046,
SUBSTITUTE SENATE BILL NO. 6074,
SENATE BILL NO. 6115,
SENATE BILL NO. 6219,
SENATE BILL NO. 6284,
SENATE BILL NO. 6321,
SENATE BILL NO. 6328.

SECOND READING

SENATE BILL NO. 6542, by Senator Kohl-Welles

Establishing the state cannabis industry coordinating committee.

MOTION

On motion of Senator Kohl-Welles, Substitute Senate Bill No. 6542 was substituted for Senate Bill No. 6542 and the substitute bill was placed on the second reading and read the second time.

MOTION

Senator Hasegawa moved that the following amendment by Senator Hasegawa be adopted:

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

"(b) Recommend a state financial system that best implements the state's marijuana marketplace while maximizing public safety, accurate tax accounting, and compliance with the United States attorney general's guidance regarding marijuana enforcement and guidance regarding marijuana related financial crimes on implementation of Initiative Measure No.502;"

Reletter the subparagraphs accordingly.

WITHDRAWAL OF AMENDMENT

On motion of Senator Hasegawa, the amendment by Senator Hasegawa on page 2, line 31 to Substitute Senate Bill No. 6542 was withdrawn.

MOTION

Senator Kohl-Welles moved that the following striking amendment by Senators Kohl-Welles and Rivers be adopted:

Strike everything after the enacting clause and insert the following:

"NEW SECTION. Sec. 1. The legislature finds that voter approval of Initiative Measure No. 502 established a system for licensing and regulating cannabis production, processing, and sale. The legislature further finds that this new industry is projected to create new jobs and generate revenues to the state estimated as high as \$1,943,936,000 over five fiscal years. The legislature also finds that qualifying patients have additional protections under chapter 69.51A RCW. The legislature further finds there is potential interest to expand into other areas, such as industrial hemp, food processing, farmers' markets, and banking. As such, given a potentially evolving demand and market in new areas, it is the intent of the legislature to create a state cannabis industry coordinating committee to promote and further develop the industry while remaining in compliance with federal guidelines. It is the intention of the legislature that the committee will coordinate and monitor new developments and their impact on Washington state, and to make recommendations to the legislature on establishment of a state comprehensive plan.

The legislature also finds that, while the state liquor control board is working to implement the regulatory structure enacted by Initiative Measure No. 502, additional issues need to be addressed. The use of medical marijuana outside of this regulatory structure, the process for medical authorizations, the establishment of medical dispensaries, and other related issues should be addressed by a statewide committee that would submit its policy recommendations for consideration by the 2015 legislature.

NEW SECTION. Sec. 2. (1) A state cannabis industry coordinating committee is established, with members as provided in this subsection.

(a) The president of the senate shall appoint one member from each of the two largest caucuses of the senate.

(b) The speaker of the house of representatives shall appoint one member from each of the two largest caucuses of the house of representatives.

(c) The governor shall appoint members representing the following state agencies:

- (i) The liquor control board;
- (ii) The department of health;
- (iii) The department of commerce;
- (iv) The department of revenue;
- (v) The office of the treasurer;
- (vi) The department of agriculture; and
- (vii) The department of financial institutions.

(d) The governor shall appoint seven members representing medical marijuana patients as follows:

- (i) A health care professional with experience authorizing qualifying patients for the medical use of marijuana;
- (ii) Two qualifying patients or their designated providers;
- (iii) A medical marijuana advocate;
- (iv) A medical marijuana producer;
- (v) A medical marijuana processor; and
- (vi) A medical marijuana retailer or a person with experience providing marijuana to or consulting with qualifying patients.

(e) One representative each from the association of Washington cities and the Washington state association of counties.

(f) The governor shall appoint up to nine industry stakeholders representing established and emerging markets for the use of cannabis including, but not limited to, the various commercial uses of industrial hemp, food processing, farmers' markets, tourism, banking, and other uses that may be relevant.

(2) The committee must appoint its cochairs, one of which shall be from among its legislative membership. The committee shall make rules for orderly procedure and, in addition to the subcommittee required in subsection (3) of this section, the committee may form subcommittees to accomplish its work.

(3) The committee shall appoint a medical marijuana subcommittee for the purpose of reviewing and making recommendations on the following issues:

(a) Whether RCW 69.50.331(8) prevents the siting of marijuana retailers who hold medical marijuana endorsements and what may be done to assist the state and local governments in siting these retail outlets;

(b) Whether there is a need for retail outlets that are licensed to only sell medical marijuana to qualifying patients or designated providers;

(c) Whether the use of valid documentation should be permitted as an alternative to registering with the medical marijuana registry;

(d) Whether a marijuana producer or marijuana processor endorsement should be established to permit a producer or processor to sell directly to qualifying patients and designated providers and whether these licensees are producing marijuana concentrates, useable marijuana, and marijuana-infused products that are meeting the needs of medical marijuana patients;

(e) Whether posttraumatic stress disorder should be added to terminal or debilitating medical conditions that qualify a person for the medical use of marijuana;

(f) Whether a different method of taxation should be established for those products designated by the liquor control board as being beneficial for qualifying patients and designated providers. This includes whether these products should be taxed at a different rate than products intended for nonmedical use or whether they should be provided with tax exemptions;

(g) Options for funding the medical marijuana registry; and

(h) Any other matters pertinent to promoting access to safe and affordable marijuana for medical use by qualifying patients.

(4) The committee has the following powers and duties:

(a) Developing a state comprehensive plan that identifies and coordinates the various business opportunities within the cannabis industry, including potential opportunities;

(b) Recommending a state financial system that best implements the state's marijuana marketplace while maximizing public safety, accurate tax accounting, and compliance with the United States attorney general's guidance regarding marijuana enforcement and guidance regarding marijuana-related financial crimes on implementation of Initiative Measure No. 502;

(c) Developing a method for monitoring and assessing the economic returns the cannabis industry delivers to the state;

(d) Examining and reporting on any changes in federal law that may impact the legal operations of the cannabis industry in the state;

(e) Making recommendations for a statewide cannabis industry coordinator;

(f) Recommending options for the distribution of tax revenue from the sale of marijuana; and

(g) Making recommendations specific to the medical use of marijuana as described in subsection (3) of this section.

(5) The committee shall provide specific preliminary recommendations to the appropriate committees of the legislature by December 15, 2014, and a final report by January 10, 2016.

(6) Staff support for the committee must be provided by senate committee services, the house of representatives office of program research, and the represented state agencies.

(7) Legislative members of the committee must serve without additional compensation, but must be reimbursed for travel expenses in accordance with RCW 44.04.120. Nonlegislative members, except those representing an employer or organization, are entitled to be reimbursed for travel expenses in accordance with RCW 43.03.050 and 43.03.060.

(8) The expenses of the committee must be paid jointly by the senate and the house of representatives. Committee expenditures are subject to approval by the senate facilities and operations committee and the house of representatives executive rules committee, or their successor committees.

(9) Meetings of the committee are subject to the open public meetings act, chapter 42.30 RCW.

(10) This section expires January 31, 2016."

Senators Kohl-Welles, Rivers and Frockt spoke in favor of adoption of the striking amendment.

The President declared the question before the Senate to be the adoption of the striking amendment by Senators Kohl-Welles and Rivers to Substitute Senate Bill No. 6542.

The motion by Senator Kohl-Welles carried and the striking amendment was adopted by voice vote.

MOTION

There being no objection, the following title amendment was adopted:

On page 1, line 2 of the title, after "committee;" strike the remainder of the title and insert "creating new sections; and providing an expiration date."

MOTION

On motion of Senator Kohl-Welles, the rules were suspended, Engrossed Substitute Senate Bill No. 6542 was advanced to third reading, the second reading considered the third and the bill was placed on final passage.

The President declared the question before the Senate to be the final passage of Engrossed Substitute Senate Bill No. 6542.

ROLL CALL

FIFTY FIFTH DAY, MARCH 8, 2014

2014 REGULAR SESSION

The Secretary called the roll on the final passage of Engrossed Substitute Senate Bill No. 6542 and the bill passed the Senate by the following vote: Yeas, 40; Nays, 8; Absent, 1; Excused, 0.

Voting yea: Senators Angel, Bailey, Becker, Billig, Braun, Brown, Chase, Cleveland, Conway, Darneille, Eide, Fain, Fraser, Frockt, Hargrove, Hasegawa, Hatfield, Hewitt, Hill, Hobbs, Keiser, King, Kline, Kohl-Welles, Lias, Litzow, McAuliffe, McCoy, Mullet, Nelson, O'Ban, Parlette, Pearson, Pedersen, Ranker, Rivers, Roach, Rolfes, Sheldon and Tom

Voting nay: Senators Benton, Dammeier, Dansel, Ericksen, Holmquist Newbry, Honeyford, Padden and Schoesler

Absent: Senator Baumgartner

ENGROSSED SUBSTITUTE SENATE BILL NO. 6542, having received the constitutional majority, was declared passed. There being no objection, the title of the bill was ordered to stand as the title of the act.

At 12:37 p.m., on motion of Senator Fain, the Senate adjourned until 1:00 p.m. Monday, March 10, 2014.

BRAD OWEN, President of the Senate

HUNTER G. GOODMAN, Secretary of the Senate

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