

THIRTY SIXTH DAY, FEBRUARY 12, 2024

2024 REGULAR SESSION

THIRTY SIXTH DAY**MORNING SESSION**Senate Chamber, Olympia
Monday, February 12, 2024

The Senate was called to order at 10 o'clock a.m. by the President of the Senate, Lt. Governor Heck presiding. The Secretary called the roll and announced to the President that all senators were present.

The Sergeant at Arms Color Guard consisting of Pages Mr. Theo Lerner and Mr. James Carmony, presented the Colors.

Page Miss Kate Yu led the Senate in the Pledge of Allegiance.

The prayer was offered by Rabbi Keren Gorban, Temple Beth El of Tacoma.

MOTIONS

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

On motion of Senator Pedersen, the Senate advanced to the third order of business.

**MESSAGE FROM THE GOVERNOR
GUBERNATORIAL APPOINTMENTS**

January 25, 2024

TO THE HONORABLE, THE SENATE OF THE STATE OF WASHINGTON

Ladies and Gentlemen:

I have the honor to submit the following reappointment, subject to your confirmation.

ELI TAYLOR, reappointed January 25, 2024, for the term ending September 30, 2028, as Member of the Clover Park Technical College Board of Trustees.

Sincerely,

JAY INSLEE, Governor

Referred to Committee on Higher Education & Workforce Development as Senate Gubernatorial Appointment No. 9449.

February 1, 2024

TO THE HONORABLE, THE SENATE OF THE STATE OF WASHINGTON

Ladies and Gentlemen:

I have the honor to submit the following appointment, subject to your confirmation.

RAMONA BRANDES, appointed February 1, 2024, for the term ending August 2, 2026, as Member of the Sentencing Guidelines Commission.

Sincerely,

JAY INSLEE, Governor

Referred to Committee on Law & Justice as Senate Gubernatorial Appointment No. 9450.

February 1, 2024

TO THE HONORABLE, THE SENATE OF THE STATE OF WASHINGTON

Ladies and Gentlemen:

I have the honor to submit the following appointment, subject to your confirmation.

CARL BRUNER, appointed February 1, 2024, for the term ending September 30, 2028, as Member of the Skagit Valley College Board of Trustees.

Sincerely,

JAY INSLEE, Governor

Referred to Committee on Higher Education & Workforce Development as Senate Gubernatorial Appointment No. 9451.

February 5, 2024

TO THE HONORABLE, THE SENATE OF THE STATE OF WASHINGTON

Ladies and Gentlemen:

I have the honor to submit the following appointment, subject to your confirmation.

TRACY STANLEY, appointed February 5, 2024, for the term ending December 31, 2026, as Member of the State Investment Board.

Sincerely,

JAY INSLEE, Governor

Referred to Committee on Ways & Means as Senate Gubernatorial Appointment No. 9452.

MOTIONS

On motion of Senator Pedersen, all appointees listed on the Gubernatorial Appointments report were referred to the committees as designated.

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

MESSAGES FROM THE HOUSE

February 9, 2024

MR. PRESIDENT:

The House has passed:

ENGROSSED SUBSTITUTE HOUSE BILL NO. 1300,

HOUSE BILL NO. 1507,

SUBSTITUTE HOUSE BILL NO. 1889,

HOUSE BILL NO. 1943,

SUBSTITUTE HOUSE BILL NO. 1945,

HOUSE BILL NO. 1962,

HOUSE BILL NO. 1992,

SECOND SUBSTITUTE HOUSE BILL NO. 2022,

HOUSE BILL NO. 2034,

ENGROSSED SUBSTITUTE HOUSE BILL NO. 2115,

ENGROSSED SUBSTITUTE HOUSE BILL NO. 2131,

ENGROSSED HOUSE BILL NO. 2199,

SUBSTITUTE HOUSE BILL NO. 2252,

SUBSTITUTE HOUSE BILL NO. 2287,

HOUSE BILL NO. 2316,

SECOND SUBSTITUTE HOUSE BILL NO. 2320,

ENGROSSED SUBSTITUTE HOUSE BILL NO. 2361,

and the same are herewith transmitted.

MELISSA PALMER, Deputy Chief Clerk

February 9, 2024

MR. PRESIDENT:

The House has passed:

ENGROSSED SECOND SUBSTITUTE

HOUSE BILL NO. 1368,

SUBSTITUTE HOUSE BILL NO. 1453,
 SECOND SUBSTITUTE HOUSE BILL NO. 1877,
 HOUSE BILL NO. 1901,
 SUBSTITUTE HOUSE BILL NO. 1903,
 ENGROSSED SECOND SUBSTITUTE
 HOUSE BILL NO. 1956,
 SUBSTITUTE HOUSE BILL NO. 1974,
 SUBSTITUTE HOUSE BILL NO. 1997,
 ENGROSSED SUBSTITUTE HOUSE BILL NO. 2019,
 SUBSTITUTE HOUSE BILL NO. 2020,
 SUBSTITUTE HOUSE BILL NO. 2025,
 SUBSTITUTE HOUSE BILL NO. 2136,
 SUBSTITUTE HOUSE BILL NO. 2217,
 SUBSTITUTE HOUSE BILL NO. 2348,
 SUBSTITUTE HOUSE BILL NO. 2355,
 ENGROSSED SECOND SUBSTITUTE
 HOUSE BILL NO. 2401,

and the same are herewith transmitted.

MELISSA PALMER, Deputy Chief Clerk

February 9, 2024

MR. PRESIDENT:

The House has passed:

ENGROSSED THIRD SUBSTITUTE HOUSE BILL NO. 1433,
 ENGROSSED SUBSTITUTE HOUSE BILL NO. 1493,
 ENGROSSED SECOND SUBSTITUTE
 HOUSE BILL NO. 2000,
 ENGROSSED SUBSTITUTE HOUSE BILL NO. 2021,
 ENGROSSED SUBSTITUTE HOUSE BILL NO. 2041,
 ENGROSSED SECOND SUBSTITUTE
 HOUSE BILL NO. 2099,
 SECOND SUBSTITUTE HOUSE BILL NO. 2214,
 ENGROSSED HOUSE BILL NO. 2255,
 ENGROSSED HOUSE BILL NO. 2266,
 SECOND SUBSTITUTE HOUSE BILL NO. 2270,
 SUBSTITUTE HOUSE BILL NO. 2283,
 HOUSE BILL NO. 2433,

and the same are herewith transmitted.

MELISSA PALMER, Deputy Chief Clerk

February 10, 2024

MR. PRESIDENT:

The House has passed:

ENGROSSED SECOND SUBSTITUTE
 HOUSE BILL NO. 1185,
 SUBSTITUTE HOUSE BILL NO. 1249,
 HOUSE BILL NO. 1879,
 SECOND SUBSTITUTE HOUSE BILL NO. 1929,
 SUBSTITUTE HOUSE BILL NO. 1989,
 SECOND SUBSTITUTE HOUSE BILL NO. 2014,
 ENGROSSED SUBSTITUTE HOUSE BILL NO. 2037,
 ENGROSSED SECOND SUBSTITUTE
 HOUSE BILL NO. 2311,

and the same are herewith transmitted.

BERNARD DEAN, Chief Clerk

February 9, 2024

MR. PRESIDENT:

The House has passed:

ENGROSSED SUBSTITUTE HOUSE BILL NO. 1835,
 and the same is herewith transmitted.

MELISSA PALMER, Deputy Chief Clerk

MOTION

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

INTRODUCTION AND FIRST READING

ESHB 1248 by House Committee on Appropriations
 (originally sponsored by Reed)

AN ACT Relating to pupil transportation; amending RCW 28A.160.193 and 28A.160.140; and adding new sections to chapter 28A.160 RCW.

Referred to Committee on Early Learning & K-12 Education.

2ESHB 1371 by House Committee on Finance (originally sponsored by Gregerson)

AN ACT Relating to government incentives for improving freight railroad infrastructure; adding new sections to chapter 82.04 RCW; adding a new section to chapter 82.08 RCW; adding a new section to chapter 82.12 RCW; adding new sections to chapter 82.16 RCW; creating new sections; providing an effective date; and providing expiration dates.

Referred to Committee on Business, Financial Services, Gaming & Trade.

2SHB 1391 by House Committee on Appropriations
 (originally sponsored by Reed)

AN ACT Relating to energy in buildings; amending RCW 70A.50.010; adding new sections to chapter 70A.50 RCW; and creating new sections.

Referred to Committee on Environment, Energy & Technology.

E2SHB 1692 by House Committee on State Government & Tribal Relations (originally sponsored by Simmons)

AN ACT Relating to increasing youth engagement in the legislative process by creating student advisory groups to examine issues important to youth; amending RCW 43.15.095; adding a new section to chapter 28A.345 RCW; adding a new chapter to Title 44 RCW; creating new sections; and providing an expiration date.

Referred to Committee on State Government & Elections.

HB 1752 by Representative Eslick

AN ACT Relating to modifying the application of the annual consumptive quantity calculation to change applications related to certain water rights held by the United States bureau of reclamation; and amending RCW 90.03.380.

Referred to Committee on Agriculture, Water, Natural Resources & Parks.

SHB 1892 by House Committee on Housing (originally sponsored by Pollet)

AN ACT Relating to the workforce housing accelerator program; and adding a new chapter to Title 43 RCW.

Referred to Committee on Housing.

SHB 1905 by House Committee on Labor & Workplace Standards (originally sponsored by Simmons)

AN ACT Relating to including protected classes in the Washington equal pay and opportunities act; amending RCW 49.58.005, 49.58.010, 49.58.020, and 49.58.030;

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adding a new section to chapter 49.58 RCW; and providing an effective date.

Referred to Committee on Labor & Commerce.

SHB 1915 by House Committee on Education (originally sponsored by Griffey)
AN ACT Relating to making financial education instruction a graduation prerequisite and a required component of public education; amending RCW 28A.300.468; adding a new section to chapter 28A.230 RCW; and creating a new section.

Referred to Committee on Early Learning & K-12 Education.

ESHB 1932 by House Committee on State Government & Tribal Relations (originally sponsored by Fosse)
AN ACT Relating to shifting general elections for local governments to even-numbered years to increase voter participation; amending RCW 29A.04.330, 35.17.020, 35.18.270, 35.23.051, 35.27.090, 35.30.080, 35A.02.050, and 3.50.040; and creating a new section.

Referred to Committee on State Government & Elections.

HB 1946 by Representative Davis
AN ACT Relating to creating the Washington health corps behavioral health scholarship program; amending RCW 28B.115.030, 28B.115.080, 28B.115.090, 28B.115.120, and 28B.115.135; and reenacting and amending RCW 28B.115.070.

Referred to Committee on Higher Education & Workforce Development.

SHB 1947 by House Committee on State Government & Tribal Relations (originally sponsored by Reeves)
AN ACT Relating to governance of technology services in state government; amending RCW 43.105.006, 43.105.007, 43.105.020, 43.105.025, 43.105.052, 43.105.054, 43.105.220, 43.105.240, 43.105.245, 43.105.255, 43.105.265, 43.105.285, 43.105.287, 43.105.342, 43.105.359, 43.105.369, 43.105.375, 43.105.385, 43.105.450, 43.105.331, 2.36.054, 2.36.057, 2.36.0571, 2.68.060, 19.27.076, 29A.08.760, 38.52.040, 39.26.090, 39.26.100, 39.26.235, 40.14.020, 40.26.020, 41.05.031, 41.06.070, 41.06.094, 41.06.142, 41.07.020, 42.17A.060, 42.17A.705, 43.41.391, 43.41.440, 43.41.442, 43.41.444, 43.63A.550, 43.70.054, 43.88.090, 43.88.092, 43.371.090, 43.42A.030, 43.41.430, 43.330.534, 43.371.020, 44.68.065, 46.20.037, 46.20.157, 70A.02.110, and 71.24.898; reenacting and amending RCW 39.94.040, 43.88.160, and 50A.25.070; adding a new section to chapter 38.52 RCW; recodifying RCW 43.105.331; and repealing RCW 41.06.101 and 43.105.205.

Referred to Committee on Environment, Energy & Technology.

HB 1948 by Representative Pollet
AN ACT Relating to ensuring that methods for calculating the electric load of utilities under the energy independence act do not have the effect of discouraging voluntary

investments in renewable power; amending RCW 19.285.030; and reenacting and amending RCW 19.285.040.

Referred to Committee on Environment, Energy & Technology.

ESHB 1957 by House Committee on Health Care & Wellness (originally sponsored by Davis)
AN ACT Relating to preserving coverage of preventive services without cost sharing; and amending RCW 48.43.047.

Referred to Committee on Health & Long-Term Care.

HB 1963 by Representative Hackney
AN ACT Relating to prohibiting license plate covers; amending RCW 46.16A.200; and adding a new section to chapter 46.16A RCW.

Referred to Committee on Transportation.

HB 1967 by Representative Caldier
AN ACT Relating to excluding any person who is convicted of a hit and run resulting in death from being eligible for a first-time offender waiver; and amending RCW 9.94A.650.

Referred to Committee on Law & Justice.

HB 1975 by Representative Pollet
AN ACT Relating to relieving individuals from paying interest on certain unemployment insurance overpayment assessments; amending RCW 50.20.190; and creating a new section.

Referred to Committee on Labor & Commerce.

HB 1982 by Representative Santos
AN ACT Relating to the authority of the community economic revitalization board with respect to loans and grants to political subdivisions and federally recognized Indian tribes for broadband; amending RCW 43.160.020; adding a new section to chapter 43.160 RCW; and creating a new section.

Referred to Committee on Business, Financial Services, Gaming & Trade.

HB 1983 by Representative Davis
AN ACT Relating to the criminal justice treatment account; and amending RCW 71.24.580.

Referred to Committee on Ways & Means.

SHB 1999 by House Committee on Community Safety, Justice, & Reentry (originally sponsored by Davis)
AN ACT Relating to fabricated intimate or sexually explicit images and depictions; amending RCW 9.68A.011, 9.68A.055, 9.68A.110, 9.68A.170, 9.68A.180, 9.68A.190, 9A.86.010, 9A.86.020, 7.110.010, 7.110.020, 7.110.030, 7.110.050, and 7.110.060; adding a new section to chapter 9A.86 RCW; adding a new section to chapter 7.110 RCW; and prescribing penalties.

Referred to Committee on Law & Justice.

HB 2031 by Representative Reeves

AN ACT Relating to recognizing posttraumatic stress disorder as an occupational disease for county coroners, examiners, and investigative personnel; and amending RCW 51.08.142.

Referred to Committee on Labor & Commerce.

SHB 2056 by House Committee on Civil Rights & Judiciary (originally sponsored by Reeves)

AN ACT Relating to information sharing and limited investigative authority of supreme court bailiffs; amending RCW 10.97.050; and adding a new section to chapter 2.04 RCW.

Referred to Committee on Law & Justice.

SHB 2061 by House Committee on Labor & Workplace Standards (originally sponsored by Kloba)

AN ACT Relating to defining an employee of a health care facility for purposes of mandatory overtime provisions; amending RCW 49.28.130; creating a new section; providing an effective date; and providing an expiration date.

Referred to Committee on Labor & Commerce.

SHB 2072 by House Committee on Civil Rights & Judiciary (originally sponsored by Hackney)

AN ACT Relating to the antitrust penalties improvement act; amending RCW 19.86.140; and creating new sections.

Referred to Committee on Law & Justice.

SHB 2075 by House Committee on Health Care & Wellness (originally sponsored by Reeves)

AN ACT Relating to licensing of Indian health care providers as establishments; and amending RCW 71.12.460.

Referred to Committee on Health & Long-Term Care.

EHB 2088 by Representative Reeves

AN ACT Relating to extending liability protections for responders dispatched from mobile rapid response crisis teams and community-based crisis teams; and amending RCW 71.24.907.

Referred to Committee on Law & Justice.

SHB 2091 by House Committee on State Government & Tribal Relations (originally sponsored by Kloba)

AN ACT Relating to establishing a fallen firefighter memorial; adding new sections to chapter 43.34 RCW; and creating a new section.

Referred to Committee on State Government & Elections.

SHB 2102 by House Committee on Health Care & Wellness (originally sponsored by Pollet)

AN ACT Relating to establishing requirements for the disclosure of health care information for qualifying persons to receive paid family and medical leave benefits; amending RCW 70.02.030; and adding a new section to chapter 70.02 RCW.

Referred to Committee on Health & Long-Term Care.

HB 2110 by Representative Reeves

AN ACT Relating to reorganizing statutory requirements governing high school graduation by reordering requirements, making nonsubstantive revisions, and removing expired provisions; amending RCW 28A.230.090, 28A.655.260, 28A.230.212, 28A.230.300, 28A.230.320, 28A.150.220, 28A.300.900, 28A.300.750, and 28A.305.130; reenacting and amending RCW 28A.655.250; adding new sections to chapter 28A.230 RCW; and recodifying RCW 28A.320.208, 28A.655.250, and 28A.655.260.

Referred to Committee on Early Learning & K-12 Education.

2SHB 2112 by House Committee on Appropriations (originally sponsored by Davis)

AN ACT Relating to opioid and fentanyl prevention education and awareness at institutions of higher education; adding a new section to chapter 28B.10 RCW; and creating a new section.

Referred to Committee on Higher Education & Workforce Development.

HB 2135 by Representative Reeves

AN ACT Relating to including federally recognized tribes as part of the Washington emergency management division emergency worker program; and amending RCW 38.52.010 and 38.52.180.

Referred to Committee on State Government & Elections.

HB 2137 by Representative Reeves

AN ACT Relating to technical changes to allowable exemptions from charges for tourism promotion area assessments; amending RCW 35.101.055; and creating a new section.

Referred to Committee on Business, Financial Services, Gaming & Trade.

SHB 2156 by House Committee on Consumer Protection & Business (originally sponsored by Pollet)

AN ACT Relating to solar consumer protections; and adding a new chapter to Title 19 RCW.

Referred to Committee on Labor & Commerce.

EHB 2164 by Representative Reeves

AN ACT Relating to postsecondary education consumer protections; and amending RCW 28B.85.020, 28B.85.070, 28B.85.090, and 28B.85.095.

Referred to Committee on Higher Education & Workforce Development.

ESHB 2191 by House Committee on Transportation (originally sponsored by Reeves)

AN ACT Relating to adding two voting members that are transit users to the governing body of public transportation benefit areas; amending RCW 36.57A.050; and providing an effective date.

Referred to Committee on Transportation.

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SHB 2216 by House Committee on State Government & Tribal Relations (originally sponsored by Davis)
AN ACT Relating to reducing barriers to state employment by eliminating two-year and four-year degree requirements that are unnecessary; amending RCW 41.06.157; and creating a new section.

Referred to Committee on State Government & Elections.

SHB 2224 by House Committee on Human Services, Youth, & Early Learning (originally sponsored by Graham)
AN ACT Relating to the risks, strengths, and needs assessment tool used in the risk assessment process when investigating alleged child abuse and neglect referrals; amending RCW 26.44.030; creating a new section; and providing an expiration date.

Referred to Committee on Human Services.

HB 2302 by Representative Timmons
AN ACT Relating to extending the pesticide application safety committee; amending RCW 70.104.110; amending 2019 c 327 s 1 (uncodified); and providing expiration dates.

Referred to Committee on Labor & Commerce.

HB 2318 by Representative Abbarno
AN ACT Relating to state route number 501; and amending RCW 47.17.640.

Referred to Committee on Transportation.

ESHB 2321 by House Committee on Housing (originally sponsored by Pollet)
AN ACT Relating to modifying middle housing requirements and the definitions of transit stop; amending RCW 36.70A.635; and reenacting and amending RCW 36.70A.030.

Referred to Committee on Housing.

SHB 2347 by House Committee on Health Care & Wellness (originally sponsored by Reed)
AN ACT Relating to website information published by the department of social and health services regarding adult family homes; and amending RCW 70.128.280.

Referred to Committee on Health & Long-Term Care.

ESHB 2356 by House Committee on Transportation (originally sponsored by Pollet)
AN ACT Relating to speed safety camera systems; amending RCW 46.16A.120, 46.20.270, 46.63.110, and 46.63.200; and prescribing penalties.

Referred to Committee on Transportation.

EHB 2372 by Representative Pollet
AN ACT Relating to transferring public property to Washington state federally recognized tribes for facilities to provide alcohol and substance use disorder prevention, treatment, and aftercare programs and services, and for behavioral health and related programs and services; adding

a new section to chapter 39.33 RCW; and creating a new section.

Referred to Committee on Ways & Means.

SHB 2381 by House Committee on Education (originally sponsored by Chapman)
AN ACT Relating to increasing eligibility for economy and efficiency flexible school calendar waivers; and amending RCW 28A.150.222.

Referred to Committee on Early Learning & K-12 Education.

SHB 2396 by House Committee on Health Care & Wellness (originally sponsored by Pollet)
AN ACT Relating to fentanyl and other synthetic opioids; adding a new section to chapter 43.70 RCW; adding a new section to chapter 70.48 RCW; and creating new sections.

Referred to Committee on Health & Long-Term Care.

HB 2415 by Representative Pollet
AN ACT Relating to expanding economic assistance for individuals who are eligible for temporary assistance for needy families; amending RCW 74.08A.210; and providing an effective date.

Referred to Committee on Human Services.

SHB 2428 by House Committee on Local Government (originally sponsored by Springer)
AN ACT Relating to allowing cities to voluntarily share certain sales and use tax revenue; adding a new section to chapter 39.34 RCW; and adding a new section to chapter 82.14 RCW.

Referred to Committee on Local Government, Land Use & Tribal Affairs.

MOTIONS

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

On motion of Senator Pedersen, the Senate advanced to the seventh order of business.

THIRD READING

CONFIRMATION OF GUBERNATORIAL APPOINTMENTS

MOTION

Senator Hawkins moved that JC Baldwin, Senate Gubernatorial Appointment No. 9362, be confirmed as a member of the Transportation Commission.

Senators Hawkins and Wellman spoke in favor of passage of the motion.

MOTION

On motion of Senator Wagoner, Senators Fortunato and Padden were excused.

APPOINTMENT OF JC BALDWIN

The President declared the question before the Senate to be the

confirmation of JC Baldwin, Senate Gubernatorial Appointment No. 9362, as a member of the Transportation Commission.

The Secretary called the roll on the confirmation of JC Baldwin, Senate Gubernatorial Appointment No. 9362, as a member of the Transportation Commission and the appointment was confirmed by the following vote: Yeas, 48; Nays, 0; Absent, 0; Excused, 1.

Voting yea: Senators Billig, Boehnke, Braun, Cleveland, Conway, Dhingra, Dozier, Frame, Gildon, Hansen, Hasegawa, Hawkins, Holy, Hunt, Kauffman, Keiser, King, Kuderer, Liias, Lovelett, Lovick, MacEwen, McCune, Mullet, Muzzall, Nguyen, Nobles, Padden, Pedersen, Randall, Rivers, Robinson, Saldaña, Salomon, Schoesler, Shewmake, Short, Stanford, Torres, Trudeau, Valdez, Van De Wege, Wagoner, Warnick, Wellman, Wilson, C., Wilson, J. and Wilson, L.

Excused: Senator Fortunato

JC Baldwin, Senate Gubernatorial Appointment No. 9362, having received the constitutional majority was declared confirmed as a member of the Transportation Commission.

THIRD READING CONFIRMATION OF GUBERNATORIAL APPOINTMENTS

MOTION

Senator Holy moved that Allyson L. Brooks, Senate Gubernatorial Appointment No. 9218, be confirmed as a member of the The Evergreen State College Board of Trustees.

Senators Holy and Hunt spoke in favor of passage of the motion.

APPOINTMENT OF ALLYSON L. BROOKS

The President declared the question before the Senate to be the confirmation of Allyson L. Brooks, Senate Gubernatorial Appointment No. 9218, as a member of The Evergreen State College Board of Trustees.

The Secretary called the roll on the confirmation of Allyson L. Brooks, Senate Gubernatorial Appointment No. 9218, as a member of The Evergreen State College Board of Trustees and the appointment was confirmed by the following vote: Yeas, 48; Nays, 0; Absent, 0; Excused, 1.

Voting yea: Senators Billig, Boehnke, Braun, Cleveland, Conway, Dhingra, Dozier, Frame, Gildon, Hansen, Hasegawa, Hawkins, Holy, Hunt, Kauffman, Keiser, King, Kuderer, Liias, Lovelett, Lovick, MacEwen, McCune, Mullet, Muzzall, Nguyen, Nobles, Padden, Pedersen, Randall, Rivers, Robinson, Saldaña, Salomon, Schoesler, Shewmake, Short, Stanford, Torres, Trudeau, Valdez, Van De Wege, Wagoner, Warnick, Wellman, Wilson, C., Wilson, J. and Wilson, L.

Excused: Senator Fortunato

Allyson L. Brooks, Senate Gubernatorial Appointment No. 9218, having received the constitutional majority was declared confirmed as a member of The Evergreen State College Board of Trustees.

THIRD READING CONFIRMATION OF GUBERNATORIAL APPOINTMENTS

MOTION

Senator Pedersen moved that Dennis L. Matthews, Senate

Gubernatorial Appointment No. 9233, be confirmed as a member of the Washington Center for Deaf and Hard of Hearing Youth.

Senator Randall spoke in favor of the motion.

APPOINTMENT OF DENNIS L. MATTHEWS

The President declared the question before the Senate to be the confirmation of Dennis L. Matthews, Senate Gubernatorial Appointment No. 9233, as a member of the Washington Center for Deaf and Hard of Hearing Youth.

The Secretary called the roll on the confirmation of Dennis L. Matthews, Senate Gubernatorial Appointment No. 9233, as a member of the Washington Center for Deaf and Hard of Hearing Youth and the appointment was confirmed by the following vote: Yeas, 48; Nays, 0; Absent, 0; Excused, 1.

Voting yea: Senators Billig, Boehnke, Braun, Cleveland, Conway, Dhingra, Dozier, Frame, Gildon, Hansen, Hasegawa, Hawkins, Holy, Hunt, Kauffman, Keiser, King, Kuderer, Liias, Lovelett, Lovick, MacEwen, McCune, Mullet, Muzzall, Nguyen, Nobles, Padden, Pedersen, Randall, Rivers, Robinson, Saldaña, Salomon, Schoesler, Shewmake, Short, Stanford, Torres, Trudeau, Valdez, Van De Wege, Wagoner, Warnick, Wellman, Wilson, C., Wilson, J. and Wilson, L.

Excused: Senator Fortunato

Dennis L. Matthews, Senate Gubernatorial Appointment No. 9233, having received the constitutional majority was declared confirmed as a member of the Washington Center for Deaf and Hard of Hearing Youth.

THIRD READING CONFIRMATION OF GUBERNATORIAL APPOINTMENTS

MOTION

Senator Van De Wege moved that Claire S. Roney, Gubernatorial Appointment No. 9385, be confirmed as a member of the Peninsula College Board of Trustees.

Senator Van De Wege spoke in favor of the motion.

APPOINTMENT OF CLAIRE S. RONEY

The President declared the question before the Senate to be the confirmation of Claire S. Roney, Gubernatorial Appointment No. 9385, as a member of the Peninsula College Board of Trustees.

The Secretary called the roll on the confirmation of Claire S. Roney, Gubernatorial Appointment No. 9385, as a member of the Peninsula College Board of Trustees and the appointment was confirmed by the following vote: Yeas, 48; Nays, 0; Absent, 0; Excused, 1.

Voting yea: Senators Billig, Boehnke, Braun, Cleveland, Conway, Dhingra, Dozier, Frame, Gildon, Hansen, Hasegawa, Hawkins, Holy, Hunt, Kauffman, Keiser, King, Kuderer, Liias, Lovelett, Lovick, MacEwen, McCune, Mullet, Muzzall, Nguyen, Nobles, Padden, Pedersen, Randall, Rivers, Robinson, Saldaña, Salomon, Schoesler, Shewmake, Short, Stanford, Torres, Trudeau, Valdez, Van De Wege, Wagoner, Warnick, Wellman, Wilson, C., Wilson, J. and Wilson, L.

Excused: Senator Fortunato

Claire S. Roney, Gubernatorial Appointment No. 9385, having received the constitutional majority was declared confirmed as a member of the Peninsula College Board of Trustees.

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MOTION

On motion of Senator Pedersen, the Senate reverted to the sixth order of business.

SECOND READING

SENATE BILL NO. 6187, by Senator Wilson, C.

Concerning the body scanner pilot program at the department of corrections.

MOTION

On motion of Senator Wilson, C., Second Substitute Senate Bill No. 6187 was substituted for Senate Bill No. 6187 and the substitute bill was placed on the second reading and read the second time.

WITHDRAWAL OF AMENDMENT

On motion of Senator Robinson and without objection, amendment no. 581 by Senator Robinson on page 1, line 9 to Substitute Senate Bill No. 6187 was withdrawn.

MOTION

On motion of Senator Wilson, C., the rules were suspended, Second Substitute Senate Bill No. 6187 was advanced to third reading, the second reading considered the third and the bill was placed on final passage.

Senators Saldaña and Boehnke spoke in favor of passage of the bill.

The President declared the question before the Senate to be the final passage of Second Substitute Senate Bill No. 6187.

ROLL CALL

The Secretary called the roll on the final passage of Second Substitute Senate Bill No. 6187 and the bill passed the Senate by the following vote: Yeas, 48; Nays, 0; Absent, 0; Excused, 1.

Voting yea: Senators Billig, Boehnke, Braun, Cleveland, Conway, Dhingra, Dozier, Frame, Gildon, Hansen, Hasegawa, Hawkins, Holy, Hunt, Kauffman, Keiser, King, Kuderer, Liias, Lovelett, Lovick, MacEwen, McCune, Mullet, Muzzall, Nguyen, Nobles, Padden, Pedersen, Randall, Rivers, Robinson, Saldaña, Salomon, Schoesler, Shewmake, Short, Stanford, Torres, Trudeau, Valdez, Van De Wege, Wagoner, Warnick, Wellman, Wilson, C., Wilson, J. and Wilson, L.

Excused: Senator Fortunato

SECOND SUBSTITUTE SENATE BILL NO. 6187, 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.

SECOND READING

SENATE BILL NO. 6039, by Senator Saldaña

Promoting the development of geothermal energy resources.

MOTIONS

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On motion of Senator Lovelett, Substitute Senate Bill No. 6039 was substituted for Senate Bill No. 6039 and the substitute bill was placed on the second reading and read the second time.

Senator Lovelett moved that the following striking amendment no. 637 by Senator Lovelett be adopted:

Strike everything after the enacting clause and insert the following:

"NEW SECTION. Sec. 1. A new section is added to chapter 43.92 RCW to read as follows:

(1) The geological survey shall compile and maintain a comprehensive database of publicly available subsurface geologic information relating to Washington state. The geological survey must make the database available to the public in a searchable format via the geological survey's website.

(2) The subsurface geologic information contained on the website should include, but is not limited to, the following:

- (a) Temperature gradient logs;
- (b) Geothermal well records;
- (c) High resolution magnetotelluric surveys;
- (d) High resolution gravity surveys;
- (e) Geothermal play fairway studies;
- (f) Three-dimensional reflection seismic surveys; and
- (g) Rock properties databases.

(3) The geological survey must:

(a) Coordinate with federal, state, and local agencies to compile existing subsurface geologic information;

(b) Acquire, process, and analyze new subsurface geologic data and update deficient data using the best practicable technology;

(c) Using available data, characterize the hazard of induced seismicity for high-potential geothermal play areas. Results of induced seismicity hazard studies must be made publicly available and updated as new information is available; and

(d) Provide technical assistance on the proper interpretation and application of subsurface geologic data and hazard assessments.

Sec. 2. RCW 79.13.530 and 2003 c 334 s 465 are each amended to read as follows:

(1) In an effort to increase potential revenue to the geothermal account, the department shall, by December 1, 1991, adopt rules providing guidelines and procedures for leasing state-owned land for the development of geothermal resources.

(2)(a) By September 30, 2024, the department must commence rule making to update its geothermal resources lease rates. The updated geothermal resources lease rates must comply with the terms established in this section.

(b) Geothermal resources lease rates must be competitive with geothermal resources lease rates adopted by the federal government and by other states in the western portion of the United States.

(c) The goal of the updated geothermal resources lease rates must be to optimize the state's competitiveness at attracting geothermal exploration and development projects while balancing the state's obligation to trust beneficiaries.

NEW SECTION. Sec. 3. A new section is added to chapter 43.31 RCW to read as follows:

(1) Subject to the availability of amounts appropriated for this specific purpose, a competitive geothermal exploration cost-share grant program is established in order to incentivize deep exploratory drilling to identify locations suitable for the development of geothermal energy.

(2) Grants may be awarded to offset the direct costs associated with the expense of conducting deep exploratory drilling for the purpose of identifying locations in Washington suitable for the development of geothermal energy.

(3) The department of commerce must consult with the Washington geological survey to develop a method and criteria for the allocation of grants, subject to the following:

(a) Proposed exploratory drilling projects should be located in areas of high geothermal potential;

(b) Grant applicants should possess, or should demonstrate a partnership or other form of relationship with entities who possess, demonstrated expertise in successful geothermal exploration;

(c) Grant applicants should meet high labor standards, including family sustaining wages, providing benefits including health care and employer-contributed retirement plans, career development opportunities, and must maximize access to economic benefits from exploratory projects for local workers;

(d) Selection and implementation of exploratory drilling projects should align with equity and environmental justice principles as established in chapter 70A.02 RCW;

(e) Grant awards must be available to private, public, and federally recognized tribal applicants. Grant awards to private grant applicants should be for no more than one-half of the overall cost of the project and grant awards to public grant applicants should be for no more than two-thirds of the overall cost of the project;

(f) Grant applicants must demonstrate that they have, or that they will have by the time of the execution of a grant agreement, site control of the site that is the subject of the exploration effort, either through an ownership interest or through a lease agreement that provides access to the site and the right to drill to the proposed depth;

(g) The grant application must demonstrate the applicant's engagement efforts with the local community to provide information about the potential project;

(h) If any fluid is proposed to be injected as part of the exploratory drilling, the grant applicant must:

(i) Include an analysis of any potential for induced seismicity as a result of the injection, as well as a plan for the management of the risk of induced seismicity; and

(ii) Consult with the department of ecology and, if applicable, comply with underground injection control standards and groundwater antidegradation standards as directed in chapter 90.48 RCW;

(i) The award of grants will seek to broaden the state's knowledge of geothermal resources, with a preference given to high impact projects in favorable geologic settings that have been comparatively underexplored; and

(j) All results of any exploratory drilling performed with grant funds must be made publicly available and must be submitted to the Washington geological survey for inclusion in the database created pursuant to section 1 of this act.

(4) In the course of administering the geothermal exploration cost-share grant program, the department of commerce shall make a reasonable effort to utilize the United States department of energy recommendations and guidelines concerning enhanced geothermal demonstration projects in the western states.

NEW SECTION. Sec. 4. (1) The department of ecology, in consultation with the department of commerce, the department of natural resources, the department of fish and wildlife, and the department of archaeology and historic preservation, shall engage in a collaborative process to identify opportunities and risks associated with the development of geothermal resources in three locations with the highest geothermal potential in Washington. The department of natural resources must identify these three locations.

(2)(a) As part of the geothermal resources collaborative process, the department of ecology must engage in meaningful government-to-government consultation with potentially affected

federally recognized Indian tribes by learning from each participating tribe about their communication protocols for consultation and must seek participation from the department of archaeology and historic preservation, other state agencies as appropriate, local governments, state research institutions, participants in Washington's electrical generation, transmission, and distribution sector, and environmental organizations. At the request of potentially affected federally recognized Indian tribes, the department of ecology may include additional participation with independent subject matter expertise.

(b) Subject to the availability of amounts appropriated for this specific purpose, the department of ecology shall provide grants to potentially affected federally recognized Indian tribes to support their evaluation of the cultural, natural resource, and other impacts of geothermal electricity development and to support their participation in the collaborative process established in this section.

(3) The geothermal resources collaborative process must address, at a minimum, the following topics:

(a) The potential impacts of geothermal resources development, including impacts to:

(i) Rights, interests, and resources, including tribal cultural resources, of potentially affected federally recognized Indian tribes;

(ii) State or federal endangered species act listed species in Washington; and

(iii) Overburdened communities;

(b) The development of factors to guide the identification of preferable sites for the development of geothermal resources including, but not limited to, geologic suitability, proximity to electrical transmission and distribution infrastructure, and continuity between groundwater and surface water resources; and

(c) The capacity for geothermal resources in Washington to help the state meet its clean energy generation requirements and greenhouse gas emissions limits.

(4) The department of ecology must commence the geothermal resources collaborative process by November 30, 2024. The department of ecology must provide the appropriate committees of the legislature an update on the status of the collaborative process by June 30, 2026. The department of ecology must provide the appropriate committees of the legislature with a final report on the collaborative process by June 30, 2027.

(5) The interagency clean energy siting coordinating council must support the department of ecology during the collaborative process. The interagency clean energy siting coordinating council must consider the findings of the interim update and final report and make recommendations to the legislature and governor on potential actions regarding the development of geothermal energy, as appropriate. Based on the findings of the collaborative process, the interagency clean energy siting coordinating council must identify key factors for consideration in planning and siting of geothermal facilities. These key factors include, but are not limited to, geologic suitability, water resource impacts, and proximity to electrical transmission and distribution infrastructure."

On page 1, line 2 of the title, after "resources;" strike the remainder of the title and insert "amending RCW 79.13.530; adding a new section to chapter 43.92 RCW; adding a new section to chapter 43.31 RCW; and creating a new section."

Senators Lovelett and MacEwen spoke in favor of adoption of the striking amendment.

The President declared the question before the Senate to be the adoption of striking amendment no. 637 by Senator Lovelett to Substitute Senate Bill No. 6039.

The motion by Senator Lovelett carried and striking

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amendment no. 637 was adopted by voice vote.

MOTION

On motion of Senator Lovelett, the rules were suspended, Engrossed Substitute Senate Bill No. 6039 was advanced to third reading, the second reading considered the third and the bill was placed on final passage.

Senators Lovelett, MacEwen and King spoke in favor of passage of the bill.

The President declared the question before the Senate to be the final passage of Engrossed Substitute Senate Bill No. 6039.

ROLL CALL

The Secretary called the roll on the final passage of Engrossed Substitute Senate Bill No. 6039 and the bill passed the Senate by the following vote: Yeas, 49; Nays, 0; Absent, 0; Excused, 0.

Voting yea: Senators Billig, Boehnke, Braun, Cleveland, Conway, Dhingra, Dozier, Fortunato, Frame, Gildon, Hansen, Hasegawa, Hawkins, Holy, Hunt, Kauffman, Keiser, King, Kuderer, Liias, Lovelett, Lovick, MacEwen, McCune, Mullet, Muzzall, Nguyen, Nobles, Padden, Pedersen, Randall, Rivers, Robinson, Saldaña, Salomon, Schoesler, Shewmake, Short, Stanford, Torres, Trudeau, Valdez, Van De Wege, Wagoner, Warnick, Wellman, Wilson, C., Wilson, J. and Wilson, L.

ENGROSSED SUBSTITUTE SENATE BILL NO. 6039, 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.

SECOND READING

SENATE BILL NO. 5934, by Senator Warnick

Concerning pollinator habitat.

MOTIONS

On motion of Senator Padden, Substitute Senate Bill No. 5934 was substituted for Senate Bill No. 5934 and the substitute bill was placed on the second reading and read the second time.

On motion of Senator Padden, the rules were suspended, Substitute Senate Bill No. 5934 was advanced to third reading, the second reading considered the third and the bill was placed on final passage.

Senators Padden and Lovelett spoke in favor of passage of the bill.

The President declared the question before the Senate to be the final passage of Substitute Senate Bill No. 5934.

ROLL CALL

The Secretary called the roll on the final passage of Substitute Senate Bill No. 5934 and the bill passed the Senate by the following vote: Yeas, 48; Nays, 1; Absent, 0; Excused, 0.

Voting yea: Senators Billig, Boehnke, Braun, Cleveland, Conway, Dhingra, Dozier, Fortunato, Frame, Gildon, Hansen, Hasegawa, Hawkins, Holy, Hunt, Keiser, King, Kuderer, Liias, Lovelett, Lovick, MacEwen, McCune, Mullet, Muzzall, Nguyen, Nobles, Padden, Pedersen, Randall, Rivers, Robinson, Saldaña, Salomon, Schoesler, Shewmake, Short, Stanford, Torres,

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Voting nay: Senator Kauffman

SUBSTITUTE SENATE BILL NO. 5934, 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.

SECOND READING

SENATE BILL NO. 5213, by Senators Kuderer, Short, Cleveland, Conway, Dhingra, Rolfes, Wellman, and C. Wilson

Concerning pharmacy benefit managers.

MOTIONS

On motion of Senator Kuderer, Second Substitute Senate Bill No. 5213 was substituted for Senate Bill No. 5213 and the substitute bill was placed on the second reading and read the second time.

SECOND SUBSTITUTE SENATE BILL NO. 5213, by Committee on Ways & Means (originally sponsored by Senators Kuderer, Short, Cleveland, Conway, Dhingra, Rolfes, Wellman, and C. Wilson)

Revised for 2nd Substitute: Concerning pharmacy benefit managers.

Senator Kuderer moved that the following striking amendment no. 570 by Senator Kuderer be adopted:

Strike everything after the enacting clause and insert the following:

"**Sec. 1.** RCW 48.200.020 and 2020 c 240 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) "Affiliate" or "affiliated employer" means a person who directly or indirectly through one or more intermediaries, controls or is controlled by, or is under common control with, another specified person.

(2) "Certification" has the same meaning as in RCW 48.43.005.

(3) "Employee benefits programs" means programs under both the public employees' benefits board established in RCW 41.05.055 and the school employees' benefits board established in RCW 41.05.740.

(4)(a) "Health care benefit manager" means a person or entity providing services to, or acting on behalf of, a health carrier or employee benefits programs, that directly or indirectly impacts the determination or utilization of benefits for, or patient access to, health care services, drugs, and supplies including, but not limited to:

(i) Prior authorization or preauthorization of benefits or care;

(ii) Certification of benefits or care;

(iii) Medical necessity determinations;

(iv) Utilization review;

(v) Benefit determinations;

(vi) Claims processing and repricing for services and procedures;

(vii) Outcome management;

(viii) ~~((Provider credentialing and recertification;~~

~~(ix)))~~ Payment or authorization of payment to providers and

facilities for services or procedures;

~~((x))~~ (ix) Dispute resolution, grievances, or appeals relating to determinations or utilization of benefits;

~~((xii))~~ (x) Provider network management; or

~~((xiii))~~ (xi) Disease management.

(b) "Health care benefit manager" includes, but is not limited to, health care benefit managers that specialize in specific types of health care benefit management such as pharmacy benefit managers, radiology benefit managers, laboratory benefit managers, and mental health benefit managers.

(c) "Health care benefit manager" does not include:

(i) Health care service contractors as defined in RCW 48.44.010;

(ii) Health maintenance organizations as defined in RCW 48.46.020;

(iii) Issuers as defined in RCW 48.01.053;

(iv) The public employees' benefits board established in RCW 41.05.055;

(v) The school employees' benefits board established in RCW 41.05.740;

(vi) Discount plans as defined in RCW 48.155.010;

(vii) Direct patient-provider primary care practices as defined in RCW 48.150.010;

(viii) An employer administering its employee benefit plan or the employee benefit plan of an affiliated employer under common management and control;

(ix) A union administering a benefit plan on behalf of its members;

(x) An insurance producer selling insurance or engaged in related activities within the scope of the producer's license;

(xi) A creditor acting on behalf of its debtors with respect to insurance, covering a debt between the creditor and its debtors;

(xii) A behavioral health administrative services organization or other county-managed entity that has been approved by the state health care authority to perform delegated functions on behalf of a carrier;

(xiii) A hospital licensed under chapter 70.41 RCW or ambulatory surgical facility licensed under chapter 70.230 RCW, to the extent that it performs provider credentialing or recredentialing, but no other functions of a health care benefit manager as described in subsection (4)(a) of this section;

(xiv) The Robert Bree collaborative under chapter 70.250 RCW;

(xv) The health technology clinical committee established under RCW 70.14.090; ~~((xvi))~~

(xvi) The prescription drug purchasing consortium established under RCW 70.14.060; or

(xvii) Any other entity that performs provider credentialing or recredentialing, but no other functions of a health care benefit manager as described in subsection (4)(a) of this section.

(5) "Health care provider" or "provider" has the same meaning as in RCW 48.43.005.

(6) "Health care service" has the same meaning as in RCW 48.43.005.

(7) "Health carrier" or "carrier" has the same meaning as in RCW 48.43.005.

(8) "Laboratory benefit manager" means a person or entity providing service to, or acting on behalf of, a health carrier, employee benefits programs, or another entity under contract with a carrier, that directly or indirectly impacts the determination or utilization of benefits for, or patient access to, health care services, drugs, and supplies relating to the use of clinical laboratory services and includes any requirement for a health care provider to submit a notification of an order for such services.

(9) "Mental health benefit manager" means a person or entity providing service to, or acting on behalf of, a health carrier,

employee benefits programs, or another entity under contract with a carrier, that directly or indirectly impacts the determination or utilization of benefits for, or patient access to, health care services, drugs, and supplies relating to the use of mental health services and includes any requirement for a health care provider to submit a notification of an order for such services.

(10) "Network" means the group of participating providers, pharmacies, and suppliers providing health care services, drugs, or supplies to beneficiaries of a particular carrier or plan.

(11) "Person" includes, as applicable, natural persons, licensed health care providers, carriers, corporations, companies, trusts, unincorporated associations, and partnerships.

(12)(a) "Pharmacy benefit manager" means a person that contracts with pharmacies on behalf of an insurer, a third-party payor, or the prescription drug purchasing consortium established under RCW 70.14.060 to:

(i) Process claims for prescription drugs or medical supplies or provide retail network management for pharmacies or pharmacists;

(ii) Pay pharmacies or pharmacists for prescription drugs or medical supplies;

(iii) Negotiate rebates, discounts, or other price concessions with manufacturers for drugs paid for or procured as described in this subsection;

(iv) ~~((Manage))~~ Establish or manage pharmacy networks; or

(v) Make credentialing determinations.

(b) "Pharmacy benefit manager" does not include a health care service contractor as defined in RCW 48.44.010.

(13)(a) "Radiology benefit manager" means any person or entity providing service to, or acting on behalf of, a health carrier, employee benefits programs, or another entity under contract with a carrier, that directly or indirectly impacts the determination or utilization of benefits for, or patient access to, the services of a licensed radiologist or to advanced diagnostic imaging services including, but not limited to:

(i) Processing claims for services and procedures performed by a licensed radiologist or advanced diagnostic imaging service provider; or

(ii) Providing payment or payment authorization to radiology clinics, radiologists, or advanced diagnostic imaging service providers for services or procedures.

(b) "Radiology benefit manager" does not include a health care service contractor as defined in RCW 48.44.010, a health maintenance organization as defined in RCW 48.46.020, or an issuer as defined in RCW 48.01.053.

(14) "Utilization review" has the same meaning as in RCW 48.43.005.

(15) "Covered person" has the same meaning as in RCW 48.43.005.

(16) "Mail order pharmacy" means a pharmacy that primarily dispenses prescription drugs to patients through the mail or common carrier.

(17) "Pharmacy network" means the pharmacies located in the state or licensed under chapter 18.64 RCW and contracted by a pharmacy benefit manager to dispense prescription drugs to covered persons.

Sec. 2. RCW 48.200.030 and 2020 c 240 s 3 are each amended to read as follows:

(1) To conduct business in this state, a health care benefit manager must register with the commissioner and annually renew the registration.

(2) To apply for registration with the commissioner under this section, a health care benefit manager must:

(a) Submit an application on forms and in a manner prescribed by the commissioner and verified by the applicant by affidavit or declaration under chapter 5.50 RCW. Applications must contain

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at least the following information:

(i) The identity of the health care benefit manager and of persons with any ownership or controlling interest in the applicant including relevant business licenses and tax identification numbers, and the identity of any entity that the health care benefit manager has a controlling interest in;

(ii) The business name, address, phone number, and contact person for the health care benefit manager;

(iii) Any areas of specialty such as pharmacy benefit management, radiology benefit management, laboratory benefit management, mental health benefit management, or other specialty;

(iv) A copy of the health care benefit manager's certificate of registration with the Washington state secretary of state; and

~~((and))~~ (v) Any other information as the commissioner may reasonably require.

(b) Pay an initial registration fee and annual renewal registration fee as established in rule by the commissioner. The fees for each registration must be set by the commissioner in an amount that ensures the registration, renewal, and oversight activities are self-supporting. If one health care benefit manager has a contract with more than one carrier, the health care benefit manager must complete only one application providing the details necessary for each contract.

(3) All receipts from fees collected by the commissioner under this section must be deposited into the insurance commissioner's regulatory account created in RCW 48.02.190.

(4) Before approving an application for or renewal of a registration, the commissioner must find that the health care benefit manager:

(a) Has not committed any act that would result in denial, suspension, or revocation of a registration;

(b) Has paid the required fees; and

(c) Has the capacity to comply with, and has designated a person responsible for, compliance with state and federal laws.

(5) Any material change in the information provided to obtain or renew a registration must be filed with the commissioner within thirty days of the change.

(6) Every registered health care benefit manager must retain a record of all transactions completed for a period of not less than seven years from the date of their creation. All such records as to any particular transaction must be kept available and open to inspection by the commissioner during the seven years after the date of completion of such transaction.

Sec. 3. RCW 48.200.050 and 2020 c 240 s 5 are each amended to read as follows:

(1) Upon notifying a carrier or health care benefit manager of an inquiry or complaint filed with the commissioner pertaining to the conduct of a health care benefit manager identified in the inquiry or complaint, the commissioner must provide notice of the inquiry or complaint ~~((concurrently))~~ to the health care benefit manager ~~((and))~~. Notice must also be sent to any carrier to which the inquiry or complaint pertains. The commissioner shall respond to and investigate complaints related to the conduct of a health care benefit manager subject to this chapter directly, without requiring that the complaint be pursued exclusively through a contracting carrier.

(2) Upon receipt of an inquiry from the commissioner, a health care benefit manager must provide to the commissioner within fifteen business days, in the form and manner required by the commissioner, a complete response to that inquiry including, but not limited to, providing a statement or testimony, producing its accounts, records, and files, responding to complaints, or responding to surveys and general requests. Failure to make a complete or timely response constitutes a violation of this chapter.

(3) Subject to chapter 48.04 RCW, if the commissioner finds that a health care benefit manager or any person responsible for the conduct of the health care benefit manager's affairs has:

(a) Violated any provision of this chapter or insurance law, or violated any rule, subpoena, or order of the commissioner or of another state's insurance commissioner;

(b) Failed to renew the health care benefit manager's registration;

(c) Failed to pay the registration or renewal fees;

(d) Provided incorrect, misleading, incomplete, or materially untrue information to the commissioner, to a carrier, or to a beneficiary;

(e) Used fraudulent, coercive, or dishonest practices, or demonstrated incompetence, or financial irresponsibility in this state or elsewhere; or

(f) Had a health care benefit manager registration, or its equivalent, denied, suspended, or revoked in any other state, province, district, or territory;

the commissioner may take any combination of the following actions against a health care benefit manager or any person responsible for the conduct of the health care benefit manager's affairs, other than an employee benefits program:

(i) Place on probation, suspend, revoke, or refuse to issue or renew the health care benefit manager's registration;

(ii) Issue a cease and desist order against the health care benefit manager ~~((and))~~, contracting carrier, or both;

(iii) Fine the health care benefit manager up to five thousand dollars per violation, and the contracting carrier is subject to a fine for acts conducted under the contract;

(iv) Issue an order requiring corrective action against the health care benefit manager, the contracting carrier acting with the health care benefit manager, or both the health care benefit manager and the contracting carrier acting with the health care benefit manager; and

(v) Temporarily suspend the health care benefit manager's registration by an order served by mail or by personal service upon the health care benefit manager not less than three days prior to the suspension effective date. The order must contain a notice of revocation and include a finding that the public safety or welfare requires emergency action. A temporary suspension under this subsection (3)(f)(v) continues until proceedings for revocation are concluded.

(4) A stay of action is not available for actions the commissioner takes by cease and desist order, by order on hearing, or by temporary suspension.

(5)(a) Health carriers and employee benefits programs are responsible for the compliance of any person or organization acting directly or indirectly on behalf of or at the direction of the carrier or program, or acting pursuant to carrier or program standards or requirements concerning the coverage of, payment for, or provision of health care benefits, services, drugs, and supplies.

(b) A carrier or program contracting with a health care benefit manager is responsible for the health care benefit manager's violations of this chapter, including a health care benefit manager's failure to produce records requested or required by the commissioner.

(c) No carrier or program may offer as a defense to a violation of any provision of this chapter that the violation arose from the act or omission of a health care benefit manager, or other person acting on behalf of or at the direction of the carrier or program, rather than from the direct act or omission of the carrier or program.

Sec. 4. RCW 48.200.210 and 2020 c 240 s 10 are each amended to read as follows:

The definitions in this section apply throughout this section and RCW 48.200.220 through 48.200.290 unless the context clearly requires otherwise.

(1) "Audit" means an on-site or remote review of the records of a pharmacy by or on behalf of an entity.

(2) "Claim" means a request from a pharmacy or pharmacist to be reimbursed for the cost of filling or refilling a prescription for a drug or for providing a medical supply or service.

(3) "Clerical error" means a minor error:

(a) In the keeping, recording, or transcribing of records or documents or in the handling of electronic or hard copies of correspondence;

(b) That does not result in financial harm to an entity; and

(c) That does not involve dispensing an incorrect dose, amount, or type of medication, failing to dispense a medication, or dispensing a prescription drug to the wrong person.

(4) "Entity" includes:

(a) A pharmacy benefit manager;

(b) An insurer;

(c) A third-party payor;

(d) A state agency; or

(e) A person that represents or is employed by one of the entities described in this subsection.

(5) "Fraud" means knowingly and willfully executing or attempting to execute a scheme, in connection with the delivery of or payment for health care benefits, items, or services, that uses false or misleading pretenses, representations, or promises to obtain any money or property owned by or under the custody or control of any person.

(6) "Pharmacist" has the same meaning as in RCW 18.64.011.

(7) "Pharmacy" has the same meaning as in RCW 18.64.011.

(8) "Third-party payor" means a person licensed under RCW 48.39.005.

Sec. 5. RCW 48.200.280 and 2020 c 240 s 15 are each amended to read as follows:

(1) The definitions in this subsection apply throughout this section unless the context clearly requires otherwise.

(a) "List" means the list of drugs for which ~~((predetermined)) reimbursement costs have been established~~~~((such as a maximum allowable cost or maximum allowable cost list or any other benchmark prices utilized by the pharmacy benefit manager and must include the basis of the methodology and sources utilized))~~ to determine ~~((multisource generic drug))~~ reimbursement amounts.

(b) "Multiple source drug" means ~~((a therapeutically equivalent drug that is available from at least two manufacturers))~~ any covered outpatient prescription drug for which there is at least one other drug product that is rated as therapeutically equivalent under the food and drug administration's most recent publication of "Approved Drug Products with Therapeutic Equivalence Evaluations"; is pharmaceutically equivalent or bioequivalent, as determined by the food and drug administration; and is sold or marketed in the state.

(c) ~~((("Multisource generic drug" means any covered outpatient prescription drug for which there is at least one other drug product that is rated as therapeutically equivalent under the food and drug administration's most recent publication of "Approved Drug Products with Therapeutic Equivalence Evaluations;" is pharmaceutically equivalent or bioequivalent, as determined by the food and drug administration; and is sold or marketed in the state during the period.~~

~~((d)))~~ "Network pharmacy" means a retail drug outlet licensed as a pharmacy under RCW 18.64.043 that contracts with a pharmacy benefit manager.

~~((e)))~~ ~~((d))~~ "Therapeutically equivalent" has the same meaning as in RCW 69.41.110.

(2) A pharmacy benefit manager:

(a) May not place a drug on a list unless there are at least two therapeutically equivalent multiple source drugs, or at least one generic drug available from only one manufacturer, generally available for purchase by network pharmacies from national or regional wholesalers;

(b) Shall ensure that all drugs on a list are readily available for purchase by pharmacies in this state from national or regional wholesalers that serve pharmacies in Washington;

(c) Shall ensure that all drugs on a list are not obsolete;

(d) Shall make available to each network pharmacy at the beginning of the term of a contract, and upon renewal of a contract, the sources utilized to determine the ~~((predetermined))~~ reimbursement costs for ~~((multisource generic))~~ multiple source drugs of the pharmacy benefit manager;

(e) Shall make a list available to a network pharmacy upon request in a format that is readily accessible to and usable by the network pharmacy;

(f) Shall update each list maintained by the pharmacy benefit manager every seven business days and make the updated lists, including all changes in the price of drugs, available to network pharmacies in a readily accessible and usable format;

(g) Shall ensure that dispensing fees are not included in the calculation of the ~~((predetermined))~~ reimbursement costs for ~~((multisource generic))~~ multiple source drugs;

(h) May not cause or knowingly permit the use of any advertisement, promotion, solicitation, representation, proposal, or offer that is untrue, deceptive, or misleading;

(i) May not charge a pharmacy a fee related to the adjudication of a claim, credentialing, participation, certification, accreditation, or enrollment in a network including, but not limited to, a fee for the receipt and processing of a pharmacy claim, for the development or management of claims processing services in a pharmacy benefit manager network, or for participating in a pharmacy benefit manager network, and may not condition or link restrictions on fees related to credentialing, participation, certification, or enrollment in a pharmacy benefit manager's pharmacy network with a pharmacy's inclusion in the pharmacy benefit manager's pharmacy network for other lines of business;

(j) May not require accreditation standards inconsistent with or more stringent than accreditation standards established by a national accreditation organization;

(k) May not reimburse a pharmacy in the state an amount less than the amount the pharmacy benefit manager reimburses an affiliate for providing the same pharmacy services; ~~((and))~~

(l) May not directly or indirectly retroactively deny or reduce a claim or aggregate of claims after the claim or aggregate of claims has been adjudicated, unless:

(i) The original claim was submitted fraudulently; or

(ii) The denial or reduction is the result of a pharmacy audit conducted in accordance with RCW 48.200.220; and

(m) May not exclude a pharmacy from their pharmacy network based solely on the pharmacy being newly opened or open less than a defined amount of time, or because a license or location transfer occurs, unless there is a pending investigation for fraud, waste, and abuse.

(3) A pharmacy benefit manager must establish a process by which a network pharmacy, or its representative, may appeal its reimbursement for a drug ~~((subject to predetermined reimbursement costs for multisource generic drugs))~~. A network pharmacy may appeal a ~~((predetermined reimbursement cost))~~ reimbursement amount paid by a pharmacy benefit manager for a ~~((multisource generic))~~ drug if the reimbursement for the drug is less than the net amount that the network pharmacy paid to the supplier of the drug. An appeal requested under this section must

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be completed within thirty calendar days of the pharmacy submitting the appeal. If after thirty days the network pharmacy has not received the decision on the appeal from the pharmacy benefit manager, then the appeal is considered denied.

The pharmacy benefit manager shall uphold the appeal of a pharmacy with fewer than fifteen retail outlets, within the state of Washington, under its corporate umbrella if the pharmacy or pharmacist can demonstrate that it is unable to purchase a therapeutically equivalent interchangeable product from a supplier doing business in Washington at the pharmacy benefit manager's list price.

(4) Before a pharmacy or pharmacist files an appeal pursuant to this section, upon request by a pharmacy or pharmacist, a pharmacy benefit manager must provide a current and accurate list of bank identification numbers, processor control numbers, and pharmacy group identifiers for health plans and self-funded group health plans that have opted in to sections 5, 7, and 8 of this act pursuant to section 9 of this act with which the pharmacy benefit manager either has a current contract or had a contract that has been terminated within the past 12 months to provide pharmacy benefit management services.

(5) A pharmacy benefit manager must provide as part of the appeals process established under subsection (3) of this section:

(a) A telephone number at which a network pharmacy may contact the pharmacy benefit manager and speak with an individual who is responsible for processing appeals; and

(b) If the appeal is denied, the reason for the denial and the national drug code of a drug that has been purchased by other network pharmacies located in Washington at a price that is equal to or less than the ~~((predetermined))~~ reimbursement ~~((cost))~~ amount paid by the pharmacy benefit manager for the ((multisource-generic)) drug. A pharmacy with ((fifteen)) 15 or more retail outlets, within the state of Washington, under its corporate umbrella may submit information to the commissioner about an appeal under subsection (3) of this section for purposes of information collection and analysis.

~~((5))~~ (6)(a) If an appeal is upheld under this section, the pharmacy benefit manager shall make a reasonable adjustment on a date no later than one day after the date of determination.

(b) If the request for an adjustment has come from a critical access pharmacy, as defined by the state health care authority by rule for purposes related to the prescription drug purchasing consortium established under RCW 70.14.060, the adjustment approved under (a) of this subsection shall apply only to critical access pharmacies.

~~((6))~~ (7) Beginning July 1, 2017, if a network pharmacy appeal to the pharmacy benefit manager is denied, or if the network pharmacy is unsatisfied with the outcome of the appeal, the pharmacy or pharmacist may dispute the decision and request review by the commissioner within thirty calendar days of receiving the decision.

(a) All relevant information from the parties may be presented to the commissioner, and the commissioner may enter an order directing the pharmacy benefit manager to make an adjustment to the disputed claim, deny the pharmacy appeal, or take other actions deemed fair and equitable. An appeal requested under this section must be completed within thirty calendar days of the request.

(b) Upon resolution of the dispute, the commissioner shall provide a copy of the decision to both parties within seven calendar days.

(c) The commissioner may authorize the office of administrative hearings, as provided in chapter 34.12 RCW, to conduct appeals under this subsection ~~((6))~~ (7).

(d) A pharmacy benefit manager may not retaliate against a

pharmacy for pursuing an appeal under this subsection ~~((6))~~ (7).

(e) This subsection ~~((6))~~ (7) applies only to a pharmacy with fewer than fifteen retail outlets, within the state of Washington, under its corporate umbrella.

~~((7))~~ (8) This section does not apply to the state medical assistance program.

NEW SECTION. Sec. 6. A new section is added to chapter 48.200 RCW to read as follows:

Each health care benefit manager registered under this chapter shall appoint the insurance commissioner as its attorney to receive service of, and upon whom service must be served, all legal process issued against it in this state upon causes of action arising within this state. Service upon the commissioner as attorney constitutes service upon the health care benefit manager.

NEW SECTION. Sec. 7. A new section is added to chapter 48.200 RCW to read as follows:

(1) A pharmacy benefit manager may not:

(a) Reimburse a network pharmacy an amount less than the contract price between the pharmacy benefit manager and the insurer, third-party payor, or the prescription drug purchasing consortium the pharmacy benefit manager has contracted with;

(b) Require a covered person to pay more at the point of sale for a covered prescription drug than is required under RCW 48.43.430; or

(c) Solicit, coerce, or incentivize a patient to use their owned or affiliated pharmacies.

(2) A pharmacy benefit manager shall:

(a) Apply the same cost-sharing amounts, fees, days allowance, and other conditions upon a covered person when the covered person obtains a prescription drug from a pharmacy that is included in the pharmacy benefit manager's pharmacy network, including mail order pharmacies;

(b) Permit the covered person to receive delivery or mail order of a prescription drug through any network pharmacy that is not primarily engaged in dispensing prescription drugs to patients through the mail or common carrier; and

(c) For new prescriptions issued after the effective date of this section, receive affirmative authorization from a covered person before filling prescriptions through a mail order pharmacy.

(3) If a covered person is using a mail order pharmacy, the pharmacy benefit manager shall:

(a) Allow for dispensing at local network pharmacies under the following circumstances to ensure patient access to prescription drugs:

(i) If the prescription is delayed more than one day after the expected delivery date provided by the mail order pharmacy; or

(ii) If the prescription drug arrives in an unusable condition; and

(b) Ensure patients have easy and timely access to prescription counseling by a pharmacist.

NEW SECTION. Sec. 8. A new section is added to chapter 48.200 RCW to read as follows:

(1) A pharmacy benefit manager may not retaliate against a pharmacist or pharmacy for disclosing information in a court, in an administrative hearing, or legislative hearing, if the pharmacist or pharmacy has a good faith belief that the disclosed information is evidence of a violation of a state or federal law, rule, or regulation.

(2) A pharmacy benefit manager may not retaliate against a pharmacist or pharmacy for disclosing information to a government or law enforcement agency, if the pharmacist or pharmacy has a good faith belief that the disclosed information is evidence of a violation of a state or federal law, rule, or regulation.

(3) A pharmacist or pharmacy shall make reasonable efforts to limit the disclosure of confidential and proprietary information.

(4) Retaliatory actions against a pharmacy or pharmacist include cancellation of, restriction of, or refusal to renew or offer a contract to a pharmacy solely because the pharmacy or pharmacist has:

(a) Made disclosures of information that the pharmacist or pharmacy believes is evidence of a violation of a state or federal law, rule, or regulation;

(b) Filed complaints with the plan or pharmacy benefit manager; or

(c) Filed complaints against the plan or pharmacy benefit manager with the commissioner.

NEW SECTION. Sec. 9. A new section is added to chapter 48.200 RCW to read as follows:

(1) Sections 5, 7, and 8 of this act apply to a pharmacy benefit manager's conduct pursuant to a contract with a self-funded group health plan governed by the provisions of the federal employee retirement income security act of 1974 (29 U.S.C. Sec. 1001 et seq.) only if the self-funded group health plan elects to participate in sections 5, 7, and 8 of this act. To elect to participate in these provisions, a self-funded group health plan or its administrator shall provide notice, on a periodic basis, to the commissioner in a manner and by a date prescribed by the commissioner, attesting to the plan's participation and agreeing to be bound by sections 5, 7, and 8 of this act. A self-funded group health plan or its administrator that elects to participate under this section, and any pharmacy benefit manager it contracts with, shall comply with sections 5, 7, and 8 of this act.

(2) The commissioner does not have enforcement authority related to a pharmacy benefit manager's conduct pursuant to a contract with a self-funded group health plan governed by the federal employee retirement income security act of 1974, 29 U.S.C. Sec. 1001 et seq., that elects to participate in sections 5, 7, and 8 of this act.

Sec. 10. RCW 41.05.017 and 2022 c 236 s 3, 2022 c 228 s 2, and 2022 c 10 s 2 are each reenacted and amended to read as follows:

Each health plan that provides medical insurance offered under this chapter, including plans created by insuring entities, plans not subject to the provisions of Title 48 RCW, and plans created under RCW 41.05.140, are subject to the provisions of RCW 48.43.500, 70.02.045, 48.43.505 through 48.43.535, 48.43.537, 48.43.545, 48.43.550, 70.02.110, 70.02.900, 48.43.190, 48.43.083, 48.43.0128, 48.43.780, 48.43.435, 48.43.815, and chapters 48.49 and 48.200 RCW.

NEW SECTION. Sec. 11. If any provision of this act or its application to any person or circumstance is held invalid, the remainder of the act or the application of the provision to other persons or circumstances is not affected.

NEW SECTION. Sec. 12. Sections 5 and 7 through 9 of this act take effect January 1, 2026."

On page 1, line 1 of the title, after "to" strike the remainder of the title and insert "health care benefit managers; amending RCW 48.200.020, 48.200.030, 48.200.050, 48.200.210, and 48.200.280; reenacting and amending RCW 41.05.017; adding new sections to chapter 48.200 RCW; and providing an effective date."

MOTION

Senator Kuderer moved that the following amendment no. 575 by Senator Kuderer be adopted:

On page 15, line 37, after "48.43.815," insert "48.200.020 through 48.200.280, sections 6 through 8 of this act."

On page 15, line 37, after "and" strike "chapters 48.49 and 48.200" and insert "chapter 48.49"

Senator Kuderer 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 amendment no. 575 by Senator Kuderer on page 15, line 37 to striking amendment no. 570.

The motion by Senator Kuderer carried and amendment no. 575 was adopted by voice vote.

The President declared the question before the Senate to be the adoption of striking amendment no. 570 by Senator Kuderer as amended to Second Substitute Senate Bill No. 5213.

The motion by Senator Kuderer carried and striking amendment no. 570 as amended was adopted by voice vote.

MOTION

On motion of Senator Kuderer, the rules were suspended, Engrossed Second Substitute Senate Bill No. 5213 was advanced to third reading, the second reading considered the third and the bill was placed on final passage.

Revised for engrossed: Concerning health care benefit managers.

Senators Kuderer, Short, Rivers and Keiser spoke in favor of passage of the bill.

The President declared the question before the Senate to be the final passage of Engrossed Second Substitute Senate Bill No. 5213.

ROLL CALL

The Secretary called the roll on the final passage of Engrossed Second Substitute Senate Bill No. 5213 and the bill passed the Senate by the following vote: Yeas, 41; Nays, 8; Absent, 0; Excused, 0.

Voting yea: Senators Billig, Boehnke, Cleveland, Dhingra, Dozier, Fortunato, Frame, Gildon, Hansen, Hasegawa, Hawkins, Holy, Hunt, Kauffman, Keiser, Kuderer, Lovelett, Lovick, McCune, Mullet, Nguyen, Nobles, Padden, Pedersen, Randall, Rivers, Robinson, Saldaña, Schoesler, Shewmake, Short, Stanford, Torres, Trudeau, Valdez, Wagoner, Warnick, Wellman, Wilson, C., Wilson, J. and Wilson, L.

Voting nay: Senators Braun, Conway, King, Lias, MacEwen, Muzzall, Salomon and Van De Wege

ENGROSSED SECOND SUBSTITUTE SENATE BILL NO. 5213, 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.

SECOND READING

SENATE BILL NO. 6179, by Senator Nguyen

Concerning the use of biometric age verification by liquor licensees.

MOTIONS

On motion of Senator MacEwen, Substitute Senate Bill No. 6179 was substituted for Senate Bill No. 6179 and the substitute bill was placed on the second reading and read the second time.

Senator MacEwen moved that the following striking

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amendment no. 642 by Senator MacEwen be adopted:

Strike everything after the enacting clause and insert the following:

"**Sec. 1.** RCW 66.20.170 and 2016 c 235 s 7 are each amended to read as follows:

(1) A card of identification may for the purpose of this title and for the purpose of procuring liquor, be accepted ~~((as an identification card))~~ by any licensee ~~((and))~~ as evidence of legal age of the person presenting such card, provided the licensee complies with the conditions and procedures prescribed herein and such regulations as may be made by the board.

(2)(a) A biometric age verification system may for the purpose of this title and for the purpose of procuring liquor, be relied upon by any licensee as evidence of legal age of the person using the biometric age verification system, provided the licensee complies with the conditions and procedures prescribed herein and such regulations as may be made by the board.

(b) A biometric age verification system must:

(i) Use a biometric system;

(ii) Use an electronic authorization process and processes to verify the validity of a card of identification and the identity of the holder of such card of identification;

(iii) Verify the person enrolling in the biometric system is the same as the card of identification holder and securely store the data captured from the card of identification in the biometric system;

(iv) Provide an indication that the card of identification holder meets the age eligibility requirement upon future scans of the biometric characteristic used in the biometric system; and

(v) Maintain records as established by the board.

(c) Use of a biometric age verification system is a mitigating circumstance the board may consider to impose a different penalty than the standard penalties established by the board.

(d) The use of a biometric age verification system is optional for a licensee and a person procuring liquor. Any licensee that relies on a biometric age verification system shall post near its entrance a notice visible to the public that a card of identification may be presented as evidence of legal age of a person instead of participation in the biometric age verification system. When a purchase of liquor occurs separate from a physical point of sale location, the notice must be provided wherever consumers are directed to a biometric age verification system.

(3) A licensee may not collect a person's biometric identifiers to be used in a biometric age verification system except with consent from the person. The consent required under this section must be obtained before enrolling in the biometric system. Consumers must be informed of the categories of data that will be collected, including the specific ways in which it will be used consistent with this chapter, and how a consumer may withdraw consent and request deletion of the data collected.

(4) No person may utilize any data collected for a biometric age verification system pursuant to this section for any purpose other than for age verification for the purchase of liquor. Such transaction may include the purchase of other products and services concurrently with the purchase of liquor.

(5) The legislature finds that the practices regarding biometric age verification systems covered by this section are matters vitally affecting the public interest for the purpose of applying the consumer protection act, chapter 19.86 RCW. A violation of this section by a biometric age verification system provider is not reasonable in relation to the development and preservation of business and is an unfair or deceptive act in trade or commerce and an unfair method of competition for purposes of applying the consumer protection act, chapter 19.86 RCW. This section related

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to biometric age verification systems may be enforced solely by the attorney general under the consumer protection act, chapter 19.86 RCW.

NEW SECTION. Sec. 2. A new section is added to chapter 66.20 RCW to read as follows:

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

(1) "Biometric identifier" means data that is generated from the measurement or technological processing of an individual's biological characteristics and that identifies a consumer including, but not limited to, retina or iris scans, scans of face geometry, fingerprint or palmprint mapping, and voiceprints that are used to identify a specific individual. "Biometric identifier" does not include a physical or digital photograph, video or audio recording or data generated therefrom, or information collected, used, or stored for health care treatment, payment, or operations under the federal health insurance portability and accountability act of 1996.

(2) "Biometric system" means an automated identification system used to capture, process, and store a biometric identifier, compare the biometric identifier to one or more references, and match the biometric identifier to a specific individual.

(3) "Card of identification" means identification issued by any United States state, United States territory, or the District of Columbia, tribal or federal government, as well as any physical identification document issued by a foreign government that contains the holder's photos, date of birth, and signature except on United States federally issued identification where a visible signature is not required.

(4) "Consent" means a clear affirmative act that signifies a consumer's freely given, specific, informed, voluntary, and unambiguous agreement, which may include written consent provided by electronic means. "Consent" may not be obtained by:

(a) A consumer's acceptance of a general or broad terms of use agreement or a similar document that contains descriptions of personal data processing along with other unrelated information; or

(b) A consumer's agreement obtained through the use of deceptive designs.

(5) "Deceptive designs" means a user interface designed or manipulated with the effect of subverting or impairing user autonomy, decision making, or choice."

On page 1, line 2 of the title, after "licensees;" strike the remainder of the title and insert "amending RCW 66.20.170; and adding a new section to chapter 66.20 RCW."

Senators MacEwen and Keiser spoke in favor of adoption of the striking amendment.

The President declared the question before the Senate to be the adoption of striking amendment no. 642 by Senator MacEwen to Substitute Senate Bill No. 6179.

The motion by Senator MacEwen carried and striking amendment no. 642 was adopted by voice vote.

MOTION

On motion of Senator MacEwen, the rules were suspended, Engrossed Substitute Senate Bill No. 6179 was advanced to third reading, the second reading considered the third and the bill was placed on final passage.

Senators MacEwen and Keiser spoke in favor of passage of the bill.

The President declared the question before the Senate to be the final passage of Engrossed Substitute Senate Bill No. 6179.

ROLL CALL

The Secretary called the roll on the final passage of Engrossed Substitute Senate Bill No. 6179 and the bill passed the Senate by the following vote: Yeas, 49; Nays, 0; Absent, 0; Excused, 0.

Voting yea: Senators Billig, Boehnke, Braun, Cleveland, Conway, Dhingra, Dozier, Fortunato, Frame, Gildon, Hansen, Hasegawa, Hawkins, Holy, Hunt, Kauffman, Keiser, King, Kuderer, Liias, Lovelett, Lovick, MacEwen, McCune, Mullet, Muzzall, Nguyen, Nobles, Padden, Pedersen, Randall, Rivers, Robinson, Saldaña, Salomon, Schoesler, Shewmake, Short, Stanford, Torres, Trudeau, Valdez, Van De Wege, Wagoner, Warnick, Wellman, Wilson, C., Wilson, J. and Wilson, L.

ENGROSSED SUBSTITUTE SENATE BILL NO. 6179, 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.

SECOND READING

SENATE BILL NO. 6269, by Senator Saldaña

Establishing an alternative voter verification options pilot project.

MOTIONS

On motion of Senator Valdez, Substitute Senate Bill No. 6269 was substituted for Senate Bill No. 6269 and the substitute bill was placed on the second reading and read the second time.

On motion of Senator Valdez, the rules were suspended, Substitute Senate Bill No. 6269 was advanced to third reading, the second reading considered the third and the bill was placed on final passage.

Senators Valdez and Wilson, J. spoke in favor of passage of the bill.

The President declared the question before the Senate to be the final passage of Substitute Senate Bill No. 6269.

ROLL CALL

The Secretary called the roll on the final passage of Substitute Senate Bill No. 6269 and the bill passed the Senate by the following vote: Yeas, 49; Nays, 0; Absent, 0; Excused, 0.

Voting yea: Senators Billig, Boehnke, Braun, Cleveland, Conway, Dhingra, Dozier, Fortunato, Frame, Gildon, Hansen, Hasegawa, Hawkins, Holy, Hunt, Kauffman, Keiser, King, Kuderer, Liias, Lovelett, Lovick, MacEwen, McCune, Mullet, Muzzall, Nguyen, Nobles, Padden, Pedersen, Randall, Rivers, Robinson, Saldaña, Salomon, Schoesler, Shewmake, Short, Stanford, Torres, Trudeau, Valdez, Van De Wege, Wagoner, Warnick, Wellman, Wilson, C., Wilson, J. and Wilson, L.

SUBSTITUTE SENATE BILL NO. 6269, 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.

SECOND READING

SENATE BILL NO. 5837, by Senator Trudeau

Codifying the state election database to publish, evaluate, and

analyze certain election data.

The measure was read the second time.

MOTION

On motion of Senator Valdez, the rules were suspended, Senate Bill No. 5837 was advanced to third reading, the second reading considered the third and the bill was placed on final passage.

Senator Valdez spoke in favor of passage of the bill.

Senator Wilson, J. spoke against passage of the bill.

The President declared the question before the Senate to be the final passage of Senate Bill No. 5837.

ROLL CALL

The Secretary called the roll on the final passage of Senate Bill No. 5837 and the bill passed the Senate by the following vote: Yeas, 29; Nays, 20; Absent, 0; Excused, 0.

Voting yea: Senators Billig, Cleveland, Conway, Dhingra, Frame, Hansen, Hasegawa, Hunt, Kauffman, Keiser, Kuderer, Liias, Lovelett, Lovick, Mullet, Nguyen, Nobles, Pedersen, Randall, Robinson, Saldaña, Salomon, Shewmake, Stanford, Trudeau, Valdez, Van De Wege, Wellman and Wilson, C.

Voting nay: Senators Boehnke, Braun, Dozier, Fortunato, Gildon, Hawkins, Holy, King, MacEwen, McCune, Muzzall, Padden, Rivers, Schoesler, Short, Torres, Wagoner, Warnick, Wilson, J. and Wilson, L.

SENATE BILL NO. 5837, 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.

SECOND READING

SENATE BILL NO. 5667, by Senator Wellman

Concerning eligibility, enrollment, and compensation of small forestland owners volunteering for participation in the forestry riparian easement program.

MOTIONS

On motion of Senator Muzzall, Substitute Senate Bill No. 5667 was substituted for Senate Bill No. 5667 and the substitute bill was placed on the second reading and read the second time.

On motion of Senator Muzzall, the rules were suspended, Substitute Senate Bill No. 5667 was advanced to third reading, the second reading considered the third and the bill was placed on final passage.

Senator Muzzall spoke in favor of passage of the bill.

The President declared the question before the Senate to be the final passage of Substitute Senate Bill No. 5667.

ROLL CALL

The Secretary called the roll on the final passage of Substitute Senate Bill No. 5667 and the bill passed the Senate by the following vote: Yeas, 49; Nays, 0; Absent, 0; Excused, 0.

Voting yea: Senators Billig, Boehnke, Braun, Cleveland, Conway, Dhingra, Dozier, Fortunato, Frame, Gildon, Hansen, Hasegawa, Hawkins, Holy, Hunt, Kauffman, Keiser, King, Kuderer, Liias, Lovelett, Lovick, MacEwen, McCune, Mullet, Muzzall, Nguyen, Nobles, Padden, Pedersen, Randall, Rivers,

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Robinson, Saldaña, Salomon, Schoesler, Shewmake, Short, Stanford, Torres, Trudeau, Valdez, Van De Wege, Wagoner, Warnick, Wellman, Wilson, C., Wilson, J. and Wilson, L.

SUBSTITUTE SENATE BILL NO. 5667, 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.

SECOND READING

SENATE BILL NO. 6163, by Senator Saldaña

Concerning biosolids.

MOTIONS

On motion of Senator Wilson, J., Substitute Senate Bill No. 6163 was substituted for Senate Bill No. 6163 and the substitute bill was placed on the second reading and read the second time.

On motion of Senator Wilson, J., the rules were suspended, Substitute Senate Bill No. 6163 was advanced to third reading, the second reading considered the third and the bill was placed on final passage.

Senators Wilson, J. and Lovelett spoke in favor of passage of the bill.

The President declared the question before the Senate to be the final passage of Substitute Senate Bill No. 6163.

ROLL CALL

The Secretary called the roll on the final passage of Substitute Senate Bill No. 6163 and the bill passed the Senate by the following vote: Yeas, 49; Nays, 0; Absent, 0; Excused, 0.

Voting yea: Senators Billig, Boehnke, Braun, Cleveland, Conway, Dhingra, Dozier, Fortunato, Frame, Gildon, Hansen, Hasegawa, Hawkins, Holy, Hunt, Kauffman, Keiser, King, Kuderer, Liias, Lovelett, Lovick, MacEwen, McCune, Mullet, Muzzall, Nguyen, Nobles, Padden, Pedersen, Randall, Rivers, Robinson, Saldaña, Salomon, Schoesler, Shewmake, Short, Stanford, Torres, Trudeau, Valdez, Van De Wege, Wagoner, Warnick, Wellman, Wilson, C., Wilson, J. and Wilson, L.

SUBSTITUTE SENATE BILL NO. 6163, 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.

MOTION

At 11:40 a.m., on motion of Senator Pedersen, the Senate was declared to be at ease subject to the call of the President.

Senator Hasegawa announced a meeting of the Democratic Caucus.

Senator Warnick announced a meeting of the Republican Caucus.

The Senate was called to order at 2:06 p.m. by President Heck.

MOTION

On motion of Senator Pedersen, the Senate advanced to the

seventh order of business.

THIRD READING

ENGROSSED SUBSTITUTE SENATE BILL NO. 5284, by Senate Committee on State Government & Elections (originally sponsored by Wilson, C.)

Concerning campaign finance disclosure.

The bill was read on Third Reading.

MOTION

On motion of Senator Nguyen, the rules were suspended and Engrossed Substitute Senate Bill No. 5284 was returned to second reading for the purposes of amendment.

WITHDRAWAL OF AMENDMENT

On motion of Senator Nguyen and without objection, amendment no. 600 by Senator Nguyen to Engrossed Substitute Senate Bill No. 5284 was withdrawn.

MOTION

Senator Nguyen moved that the following striking amendment no. 649 by Senator Nguyen be adopted:

Strike everything after the enacting clause and insert the following:

"**Sec. 1.** RCW 42.17A.345 and 2019 c 428 s 26 are each amended to read as follows:

(1) Each commercial advertiser who has accepted or provided political advertising or electioneering communications during the election campaign shall maintain current books of account and related materials as provided by rule that shall be open for public inspection during normal business hours during the campaign and for a period of no less than five years after the date of the applicable election. The documents and books of account shall specify:

(a) The names and addresses of persons from whom it accepted political advertising or electioneering communications;

(b) The exact nature and extent of the services rendered; and

(c) The total cost and the manner of payment for the services.

(2) At the request of the commission, each commercial advertiser required to comply with subsection (1) of this section shall provide to the commission copies of the information that must be maintained and be open for public inspection pursuant to subsection (1) of this section.

(3) Any person who purchases political advertising or electioneering communications from a commercial advertiser must disclose upon request from the commercial advertiser:

(a) That the purchase includes political advertising or electioneering communications;

(b) The name of the sponsor, if different than the person making the purchase; and

(c) Any other information the commercial advertiser is required to maintain, as provided by this section or rule.

(4) Any failure to provide the required information in subsection (3) of this section upon request is a violation under this chapter, but such failure shall not relieve a commercial advertiser of any of the requirements under this section.

NEW SECTION. Sec. 2. 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."

On page 1, line 1 of the title, after "to" strike the remainder of the title and insert "modifying commercial advertising requirements related to the disclosure of political advertising and electioneering communications; amending RCW 42.17A.345; and declaring an emergency."

MOTION

Senator Wilson, J. moved that the following amendment no. 652 by Senator Wilson, J. be adopted:

On page 2, line 8, after "section." insert "However, any commercial advertiser that makes a good faith effort to collect the required information shall be relieved of the requirements of this section."

Senator Wilson, J. spoke in favor of adoption of the amendment to the striking amendment.

Senator Nguyen spoke against adoption of the amendment to the striking amendment.

The President declared the question before the Senate to be the adoption of amendment no. 652 by Senator Wilson, J. on page 2, line 8 to Engrossed Substitute Senate Bill No. 5284.

The motion by Senator Wilson, J. did not carry and amendment no. 652 was not adopted by voice vote.

The President declared the question before the Senate to be the adoption of striking amendment no. 649 by Senator Nguyen to Engrossed Substitute Senate Bill No. 5284.

The motion by Senator Nguyen carried and striking amendment no. 649 was adopted by voice vote.

MOTION

On motion of Senator Nguyen, the rules were suspended, Second Engrossed Substitute Senate Bill No. 5284 was advanced to third reading, the second reading considered the third and the bill was placed on final passage.

Senators Nguyen and Wilson, J. spoke in favor of passage of the bill.

The President declared the question before the Senate to be the final passage of Second Engrossed Substitute Senate Bill No. 5284.

ROLL CALL

The Secretary called the roll on the final passage of Second Engrossed Substitute Senate Bill No. 5284 and the bill passed the Senate by the following vote: Yeas, 30; Nays, 19; Absent, 0; Excused, 0.

Voting yea: Senators Billig, Cleveland, Conway, Dhingra, Frame, Hansen, Hasegawa, Hunt, Kauffman, Keiser, Kuderer, Liias, Lovelett, Lovick, Mullet, Nguyen, Nobles, Pedersen, Randall, Robinson, Saldaña, Salomon, Shewmake, Stanford, Trudeau, Valdez, Van De Wege, Wellman, Wilson, C. and Wilson, J.

Voting nay: Senators Boehnke, Braun, Dozier, Fortunato, Gildon, Hawkins, Holy, King, MacEwen, McCune, Muzzall, Padden, Rivers, Schoesler, Short, Torres, Wagoner, Warnick and Wilson, L.

SECOND ENGROSSED SUBSTITUTE SENATE BILL NO. 5284, 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.

The President Pro Tempore assumed the chair, Senator Keiser presiding.

MOTION

On motion of Senator Pedersen, the Senate reverted to the sixth order of business.

SECOND READING

SENATE BILL NO. 5889, by Senator Wilson, C.

Establishing the customer voice council.

The measure was read the second time.

MOTION

On motion of Senator Kauffman, the rules were suspended, Senate Bill No. 5889 was advanced to third reading, the second reading considered the third and the bill was placed on final passage.

Senators Kauffman and Boehnke spoke in favor of passage of the bill.

The President Pro Tempore declared the question before the Senate to be the final passage of Senate Bill No. 5889.

ROLL CALL

The Secretary called the roll on the final passage of Senate Bill No. 5889 and the bill passed the Senate by the following vote: Yeas, 34; Nays, 15; Absent, 0; Excused, 0.

Voting yea: Senators Billig, Cleveland, Conway, Dhingra, Frame, Gildon, Hansen, Hasegawa, Hawkins, Holy, Hunt, Kauffman, Keiser, Kuderer, Liias, Lovelett, Lovick, Mullet, Muzzall, Nguyen, Nobles, Pedersen, Randall, Rivers, Robinson, Saldaña, Salomon, Shewmake, Stanford, Trudeau, Valdez, Van De Wege, Wellman and Wilson, C.

Voting nay: Senators Boehnke, Braun, Dozier, Fortunato, King, MacEwen, McCune, Padden, Schoesler, Short, Torres, Wagoner, Warnick, Wilson, J. and Wilson, L.

SENATE BILL NO. 5889, 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.

SECOND READING

SENATE BILL NO. 6146, by Senator Wilson, C.

Concerning tribal warrants.

MOTIONS

On motion of Senator Dhingra, Substitute Senate Bill No. 6146 was substituted for Senate Bill No. 6146 and the substitute bill was placed on the second reading and read the second time.

Senator Padden moved that the following amendment no. 658 by Senator Padden be adopted:

Strike everything after the enacting clause and insert the following:

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"NEW SECTION. Sec. 1. A new section is added to chapter 43.10 RCW to read as follows:

SECOND READING

(1) The office of solicitor general shall prepare a report to the legislature making recommendations regarding the feasibility and necessary legal requirements of permitting Washington law enforcement officers to make arrests pursuant to the arrest warrants of federally recognized tribes located within the borders of the state of Washington and permitting Washington state law enforcement officers and Washington state places of detention to return fugitives from the jurisdiction of such tribes to the requesting tribe. The recommendations shall include, but are not limited to, the following:

(a) Legal parameters of providing warrant reciprocity to and between the several tribes of Washington state; and

(b) Mechanisms to ensure non-Indians who are subject to tribal arrest warrants are afforded due process rights commensurate with those provided under the Washington state Constitution and the laws of Washington.

(2) The office of solicitor general shall provide the relevant committees of the legislature a preliminary report no later than July 1, 2025, and shall provide a final report no later than December 1, 2025."

On page 1, line 1 of the title, after "warrants;" strike the remainder of the title and insert "and add adding a new section to chapter 43.10 RCW."

Senator Padden spoke in favor of adoption of the amendment.

Senator Dhingra spoke against adoption of the amendment.

The President declared the question before the Senate to be the adoption of amendment no. 658 by Senator Padden to Substitute Senate Bill No. 6146.

The motion by Senator Padden did not carry and amendment no. 658 was not adopted by voice vote.

MOTION

On motion of Senator Dhingra, the rules were suspended, Substitute Senate Bill No. 6146 was advanced to third reading, the second reading considered the third and the bill was placed on final passage.

Senator Dhingra spoke in favor of passage of the bill.

The President declared the question before the Senate to be the final passage of Substitute Senate Bill No. 6146.

ROLL CALL

The Secretary called the roll on the final passage of Substitute Senate Bill No. 6146 and the bill passed the Senate by the following vote: Yeas, 45; Nays, 4; Absent, 0; Excused, 0.

Voting yea: Senators Billig, Boehnke, Braun, Cleveland, Conway, Dhingra, Dozier, Fortunato, Frame, Gildon, Hansen, Hasegawa, Hawkins, Holy, Hunt, Kauffman, Keiser, King, Kuderer, Liias, Lovelett, Lovick, MacEwen, Muzzall, Nguyen, Nobles, Pedersen, Randall, Rivers, Robinson, Saldaña, Salomon, Schoesler, Shewmake, Stanford, Torres, Trudeau, Valdez, Van De Wege, Wagoner, Warnick, Wellman, Wilson, C., Wilson, J. and Wilson, L.

Voting nay: Senators McCune, Mullet, Padden and Short

SUBSTITUTE SENATE BILL NO. 6146, 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.

SENATE BILL NO. 6115, by Senator Wilson, C.

Concerning speed safety camera systems.

MOTION

On motion of Senator King, Substitute Senate Bill No. 6115 was substituted for Senate Bill No. 6115 and the substitute bill was placed on the second reading and read the second time.

MOTION

Senator Wilson, J. moved that the following amendment no. 651 by Senator Wilson, J. be adopted:

On page 8, line 10, after "(b)" strike "\$248" and insert "\$75"

On page 11, line 24, after "safety" strike "including, but" and insert "~~((including, but))~~ with an emphasis on law enforcement patrols of state highway work zones. "Traffic safety" includes, but is"

Senator Wilson, J. spoke in favor of adoption of the amendment.

Senators Liias and King spoke against adoption of the amendment.

The President declared the question before the Senate to be the adoption of amendment no. 651 by Senator Wilson, J. on page 8, line 10 to Substitute Senate Bill No. 6115.

The motion by Senator Wilson, J. did not carry and amendment no. 651 was not adopted by voice vote.

MOTION

On motion of Senator King, the rules were suspended, Substitute Senate Bill No. 6115 was advanced to third reading, the second reading considered the third and the bill was placed on final passage.

Senators King and Liias spoke in favor of passage of the bill.

The President declared the question before the Senate to be the final passage of Substitute Senate Bill No. 6115.

ROLL CALL

The Secretary called the roll on the final passage of Substitute Senate Bill No. 6115 and the bill passed the Senate by the following vote: Yeas, 40; Nays, 8; Absent, 0; Excused, 1.

Voting yea: Senators Billig, Boehnke, Braun, Cleveland, Conway, Dhingra, Dozier, Frame, Gildon, Hansen, Hasegawa, Holy, Hunt, Kauffman, Keiser, King, Kuderer, Liias, Lovick, Mullet, Muzzall, Nguyen, Nobles, Pedersen, Randall, Rivers, Robinson, Salomon, Shewmake, Short, Stanford, Torres, Trudeau, Valdez, Van De Wege, Wagoner, Warnick, Wellman, Wilson, C. and Wilson, L.

Voting nay: Senators Fortunato, Hawkins, Lovelett, MacEwen, McCune, Padden, Schoesler and Wilson, J.

Excused: Senator Saldaña

SUBSTITUTE SENATE BILL NO. 6115, 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.

SECOND READING

SENATE BILL NO. 6263, by Senator Wellman

Concerning death benefits provided by the 1955 act for firefighters' relief and pensions.

The measure was read the second time.

MOTION

On motion of Senator Wilson, L., the rules were suspended, Senate Bill No. 6263 was advanced to third reading, the second reading considered the third and the bill was placed on final passage.

Senator Wilson, L. spoke in favor of passage of the bill.

The President declared the question before the Senate to be the final passage of Senate Bill No. 6263.

ROLL CALL

The Secretary called the roll on the final passage of Senate Bill No. 6263 and the bill passed the Senate by the following vote: Yeas, 48; Nays, 0; Absent, 0; Excused, 1.

Voting yea: Senators Billig, Boehnke, Braun, Cleveland, Conway, Dhingra, Dozier, Fortunato, Frame, Gildon, Hansen, Hasegawa, Hawkins, Holy, Hunt, Kauffman, Keiser, King, Kuderer, Liias, Lovelett, Lovick, MacEwen, McCune, Mullet, Muzzall, Nguyen, Nobles, Padden, Pedersen, Randall, Rivers, Robinson, Salomon, Schoesler, Shewmake, Short, Stanford, Torres, Trudeau, Valdez, Van De Wege, Wagoner, Warnick, Wellman, Wilson, C., Wilson, J. and Wilson, L.

Excused: Senator Saldaña

SENATE BILL NO. 6263, 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.

SECOND READING

SENATE BILL NO. 5591, by Senator Wilson, C.

Providing dependent youth with financial education and support.

MOTIONS

On motion of Senator Nobles, Second Substitute Senate Bill No. 5591 was substituted for Senate Bill No. 5591 and the substitute bill was placed on the second reading and read the second time.

On motion of Senator Nobles, the rules were suspended, Second Substitute Senate Bill No. 5591 was advanced to third reading, the second reading considered the third and the bill was placed on final passage.

Senator Nobles spoke in favor of passage of the bill.

The President resumed the chair, Lt. Governor Heck presiding.

Senator Boehnke spoke against passage of the bill.

The President declared the question before the Senate to be the final passage of Second Substitute Senate Bill No. 5591.

ROLL CALL

The Secretary called the roll on the final passage of Second Substitute Senate Bill No. 5591 and the bill passed the Senate by the following vote: Yeas, 28; Nays, 20; Absent, 0; Excused, 1.

Voting yea: Senators Billig, Cleveland, Conway, Dhingra, Frame, Hansen, Hasegawa, Hunt, Kauffman, Keiser, Kuderer, Liias, Lovelett, Lovick, Mullet, Nguyen, Nobles, Pedersen, Randall, Robinson, Salomon, Shewmake, Stanford, Trudeau, Valdez, Van De Wege, Wellman and Wilson, C.

Voting nay: Senators Boehnke, Braun, Dozier, Fortunato, Gildon, Hawkins, Holy, King, MacEwen, McCune, Muzzall, Padden, Rivers, Schoesler, Short, Torres, Wagoner, Warnick, Wilson, J. and Wilson, L.

Excused: Senator Saldaña

SECOND SUBSTITUTE SENATE BILL NO. 5591, 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.

SECOND READING

SENATE BILL NO. 6110, by Senator Wilson, C.

Modernizing the child fatality statute.

MOTIONS

On motion of Senator Keiser, Substitute Senate Bill No. 6110 was substituted for Senate Bill No. 6110 and the substitute bill was placed on the second reading and read the second time.

Senator Gildon moved that the following amendment no. 596 by Senator Gildon be adopted:

On page 2, line 34, after "administrative" strike ", civil, or criminal" and insert "~~((civil, or criminal))~~ or civil"

On page 3, beginning on line 6, after "administrative" strike ", civil, or criminal" and insert "~~((civil, or criminal))~~ or civil"

On page 4, beginning on line 20, after "administrative" strike ", civil, or criminal" and insert "or civil"

Senators Gildon and Keiser spoke in favor of adoption of the amendment.

The President declared the question before the Senate to be the adoption of amendment no. 596 by Senator Gildon on page 2, line 34 to Substitute Senate Bill No. 6110.

The motion by Senator Gildon carried and amendment no. 596 was adopted by voice vote.

MOTION

On motion of Senator Keiser, the rules were suspended, Engrossed Substitute Senate Bill No. 6110 was advanced to third reading, the second reading considered the third and the bill was placed on final passage.

Senators Keiser and Boehnke spoke in favor of passage of the bill.

The President declared the question before the Senate to be the final passage of Engrossed Substitute Senate Bill No. 6110.

ROLL CALL

The Secretary called the roll on the final passage of Engrossed Substitute Senate Bill No. 6110 and the bill passed the Senate by

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the following vote: Yeas, 48; Nays, 0; Absent, 0; Excused, 1.

Voting yea: Senators Billig, Boehnke, Braun, Cleveland, Conway, Dhingra, Dozier, Fortunato, Frame, Gildon, Hansen, Hasegawa, Hawkins, Holy, Hunt, Kauffman, Keiser, King, Kuderer, Liias, Lovelett, Lovick, MacEwen, McCune, Mullet, Muzzall, Nguyen, Nobles, Padden, Pedersen, Randall, Rivers, Robinson, Salomon, Schoesler, Shewmake, Short, Stanford, Torres, Trudeau, Valdez, Van De Wege, Wagoner, Warnick, Wellman, Wilson, C., Wilson, J. and Wilson, L.

Excused: Senator Saldaña

ENGROSSED SUBSTITUTE SENATE BILL NO. 6110, 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.

SECOND READING

SENATE BILL NO. 5873, by Senator Valdez

Providing adequate and predictable student transportation.

MOTIONS

On motion of Senator Wellman, Substitute Senate Bill No. 5873 was substituted for Senate Bill No. 5873 and the substitute bill was placed on the second reading and read the second time.

On motion of Senator Wellman, the rules were suspended, Substitute Senate Bill No. 5873 was advanced to third reading, the second reading considered the third and the bill was placed on final passage.

Senator Wellman spoke in favor of passage of the bill.

Senator Hawkins spoke against passage of the bill.

The President declared the question before the Senate to be the final passage of Substitute Senate Bill No. 5873.

ROLL CALL

The Secretary called the roll on the final passage of Substitute Senate Bill No. 5873 and the bill passed the Senate by the following vote: Yeas, 29; Nays, 19; Absent, 0; Excused, 1.

Voting yea: Senators Billig, Cleveland, Conway, Dhingra, Frame, Hansen, Hasegawa, Hunt, Kauffman, Keiser, Kuderer, Liias, Lovelett, Lovick, Mullet, Muzzall, Nguyen, Nobles, Pedersen, Randall, Robinson, Salomon, Shewmake, Stanford, Trudeau, Valdez, Van De Wege, Wellman and Wilson, C.

Voting nay: Senators Boehnke, Braun, Dozier, Fortunato, Gildon, Hawkins, Holy, King, MacEwen, McCune, Padden, Rivers, Schoesler, Short, Torres, Wagoner, Warnick, Wilson, J. and Wilson, L.

Excused: Senator Saldaña

SUBSTITUTE SENATE BILL NO. 5873, 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.

SECOND READING

SENATE BILL NO. 6031, by Senator Schoesler

Modifying the student transportation allocation to accommodate multiple vehicle types for transporting students.

MOTIONS

On motion of Senator Braun, Substitute Senate Bill No. 6031 was substituted for Senate Bill No. 6031 and the substitute bill was placed on the second reading and read the second time.

Senator Braun moved that the following amendment no. 634 by Senator Braun be adopted:

On page 4, after line 36, insert the following:

"Sec. 5. RCW 28A.160.210 and 2006 c 263 s 906 are each amended to read as follows:

(1) In addition to other powers and duties, the superintendent of public instruction shall adopt rules governing the training and qualifications of school bus drivers. Such rules shall be designed to insure that persons will not be employed to operate school buses unless they possess such physical health and driving skills as are necessary to safely operate school buses: PROVIDED, That such rules shall insure that school bus drivers are provided a due process hearing before any certification required by such rules is canceled: PROVIDED FURTHER, That such rules shall not conflict with the authority of the department of licensing to license school bus drivers in accordance with chapter 46.25 RCW. The superintendent of public instruction may obtain a copy of the driving record, as maintained by the department of licensing, for consideration when evaluating a school bus driver's driving skills.

(2) The rules adopted by the superintendent of public instruction governing the training and qualifications of school bus drivers must also apply to drivers transporting students in a Washington state patrol-inspected school vehicle other than a school bus. A driver that exclusively transports students in such a vehicle must have the appropriate driver's license for the vehicle, and may not be required to hold a commercial driver's license."

On page 1, beginning on line 3 of the title, after "28A.160.180," strike "and 28A.160.195" and insert "28A.160.195, and 28A.160.210"

Senators Braun and Wellman spoke in favor of adoption of the amendment.

The President declared the question before the Senate to be the adoption of amendment no. 634 by Senator Braun on page 4, after line 36 to Substitute Senate Bill No. 6031.

The motion by Senator Braun carried and amendment no. 634 was adopted by voice vote.

MOTION

On motion of Senator Braun, the rules were suspended, Engrossed Substitute Senate Bill No. 6031 was advanced to third reading, the second reading considered the third and the bill was placed on final passage.

Senators Braun and Wellman spoke in favor of passage of the bill.

The President declared the question before the Senate to be the final passage of Engrossed Substitute Senate Bill No. 6031.

ROLL CALL

The Secretary called the roll on the final passage of Engrossed Substitute Senate Bill No. 6031 and the bill passed the Senate by the following vote: Yeas, 48; Nays, 0; Absent, 0; Excused, 1.

Voting yea: Senators Billig, Boehnke, Braun, Cleveland, Conway, Dhingra, Dozier, Fortunato, Frame, Gildon, Hansen, Hasegawa, Hawkins, Holy, Hunt, Kauffman, Keiser, King,

Kuderer, Liias, Lovelett, Lovick, MacEwen, McCune, Mullet, Muzzall, Nguyen, Nobles, Padden, Pedersen, Randall, Rivers, Robinson, Salomon, Schoesler, Shewmake, Short, Stanford, Torres, Trudeau, Valdez, Van De Wege, Wagoner, Warnick, Wellman, Wilson, C., Wilson, J. and Wilson, L.

Excused: Senator Saldaña

ENGROSSED SUBSTITUTE SENATE BILL NO. 6031, 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.

SECOND READING

SENATE BILL NO. 6106, by Senators Conway, Keiser, Robinson, Hunt, Dhingra, Frame, Holy, Kuderer, Lovick, Nobles, Valdez, and C. Wilson; by request of Department of Social and Health Services

Including in the public safety employees' retirement system specified competency restoration workers at department of social and health services institutional and residential sites that serve civilly committed residents or serve patients under not guilty by reason of insanity findings.

MOTIONS

On motion of Senator Conway, Substitute Senate Bill No. 6106 was substituted for Senate Bill No. 6106 and the substitute bill was placed on the second reading and read the second time.

SUBSTITUTE SENATE BILL NO. 6106, by Committee on Ways & Means (originally sponsored by Senators Conway, Keiser, Robinson, Hunt, Dhingra, Frame, Holy, Kuderer, Lovick, Nobles, Valdez, and C. Wilson; by request of Department of Social and Health Services).

Revised for 1st Substitute: Including in the public safety employees' retirement system specified workers at department of social and health services institutional and residential sites that serve civilly committed residents or serve patients under not guilty by reason of insanity findings.

On motion of Senator Conway, the rules were suspended, Substitute Senate Bill No. 6106 was advanced to third reading, the second reading considered the third and the bill was placed on final passage.

Senator Conway spoke in favor of passage of the bill.

The President declared the question before the Senate to be the final passage of Substitute Senate Bill No. 6106.

ROLL CALL

The Secretary called the roll on the final passage of Substitute Senate Bill No. 6106 and the bill passed the Senate by the following vote: Yeas, 48; Nays, 0; Absent, 0; Excused, 1.

Voting yea: Senators Billig, Boehnke, Braun, Cleveland, Conway, Dhingra, Dozier, Fortunato, Frame, Gildon, Hansen, Hasegawa, Hawkins, Holy, Hunt, Kauffman, Keiser, King, Kuderer, Liias, Lovelett, Lovick, MacEwen, McCune, Mullet, Muzzall, Nguyen, Nobles, Padden, Pedersen, Randall, Rivers, Robinson, Salomon, Schoesler, Shewmake, Short, Stanford, Torres, Trudeau, Valdez, Van De Wege, Wagoner, Warnick, Wellman, Wilson, C., Wilson, J. and Wilson, L.

Excused: Senator Saldaña

SUBSTITUTE SENATE BILL NO. 6106, 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.

SECOND READING

SENATE BILL NO. 6192, by Senator Nobles

Addressing additional work and change orders on public and private construction projects.

MOTIONS

On motion of Senator King, Substitute Senate Bill No. 6192 was substituted for Senate Bill No. 6192 and the substitute bill was placed on the second reading and read the second time.

On motion of Senator King, the rules were suspended, Substitute Senate Bill No. 6192 was advanced to third reading, the second reading considered the third and the bill was placed on final passage.

Senators King and Keiser spoke in favor of passage of the bill.

The President declared the question before the Senate to be the final passage of Substitute Senate Bill No. 6192.

ROLL CALL

The Secretary called the roll on the final passage of Substitute Senate Bill No. 6192 and the bill passed the Senate by the following vote: Yeas, 48; Nays, 0; Absent, 0; Excused, 1.

Voting yea: Senators Billig, Boehnke, Braun, Cleveland, Conway, Dhingra, Dozier, Fortunato, Frame, Gildon, Hansen, Hasegawa, Hawkins, Holy, Hunt, Kauffman, Keiser, King, Kuderer, Liias, Lovelett, Lovick, MacEwen, McCune, Mullet, Muzzall, Nguyen, Nobles, Padden, Pedersen, Randall, Rivers, Robinson, Salomon, Schoesler, Shewmake, Short, Stanford, Torres, Trudeau, Valdez, Van De Wege, Wagoner, Warnick, Wellman, Wilson, C., Wilson, J. and Wilson, L.

Excused: Senator Saldaña

SUBSTITUTE SENATE BILL NO. 6192, 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.

SECOND READING

SENATE BILL NO. 6072, by Senator Wilson, C.

Addressing recommendations of the long-term services and supports trust commission.

The measure was read the second time.

MOTION

Senator Keiser moved that the following striking amendment no. 643 by Senator Keiser be adopted:

Strike everything after the enacting clause and insert the following:

"NEW SECTION. **Sec. 1.** A new section is added to chapter

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50B.04 RCW to read as follows:

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

(a) The employee or self-employed person has been assessed premiums by the employment security department for at least three years in which the employee or self-employed person has worked at least 1,000 hours in each of those years in Washington; and

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

(2) Out-of-state participants under subsection (1) of this section must report their wages or self-employment earnings to the employment security department according to standards for manner and timing of reporting and documentation submission, as adopted by rule by the employment security department. An out-of-state participant must submit documentation to the employment security department whether or not the out-of-state participant earned wages or self-employment earnings, as applicable, during the applicable reporting period. When an out-of-state participant reaches the age of 67, the participant is no longer required to provide the documentation of their wages or self-employment earnings, but if the participant earns wages or self-employment earnings, the participant must submit reports of those wages or self-employment earnings and remit the required premiums.

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

(4) The employment security department may cancel elective coverage if the out-of-state participant fails to make required payments or submit reports. The employment security department may collect due and unpaid premiums and may levy an additional premium for the remainder of the period of coverage. The cancellation must be effective no later than 30 days from the date of the notice in writing advising the out-of-state participant of the cancellation.

(5) The employment security department shall:

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

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

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

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

Sec. 2. RCW 50B.04.010 and 2021 c 113 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) "Account" means the long-term services and supports trust account created in RCW 50B.04.100.

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

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

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

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

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

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

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

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

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

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

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

(a) For entities providing services to an eligible beneficiary in Washington, an entity that meets the qualifications applicable in law to the approved service they provide, including a qualified or

certified home care aide, licensed assisted living facility, licensed adult family home, licensed nursing home, licensed in-home services agency, adult day services program, vendor, instructor, qualified family member, or other entities as registered by the department of social and health services; and

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

~~((42))~~ (11) "Premium" or "premiums" means the payments required by RCW 50B.04.080 and paid to the employment security department for deposit in the account created in RCW 50B.04.100.

~~((43))~~ (12) "Program" means the long-term services and supports trust program established in this chapter.

~~((44))~~ (13) "Qualified family member" means a relative of an eligible beneficiary qualified to meet requirements established ~~((in state law))~~ by the department of social and health services for the approved service they provide ~~((that would be required of any other long-term services and supports provider to receive payments from the state))~~.

~~((45))~~ (14) "Qualified individual" means an individual who meets the duration of payment requirements, as established in this chapter.

~~((46))~~ (15) "State actuary" means the office of the state actuary created in RCW 44.44.010.

~~((47))~~ (16) "Wage or wages" means all remuneration paid by an employer to an employee. Remuneration has the meaning provided in RCW 50A.05.010. All wages are subject to a premium assessment and not limited by the commissioner of the employment security department, as provided under RCW 50A.10.030(4).

Sec. 3. RCW 50B.04.020 and 2022 c 1 s 1 are each amended to read as follows:

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

(2) The health care authority shall:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(4) The employment security department shall:

(a) Collect and assess ~~((employee))~~ premiums as provided in ~~((RCW 50B.04.080))~~ this chapter;

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

(c) Perform investigations to determine the compliance of premium payments in RCW 50B.04.080 and 50B.04.090 and section 1 of this act in coordination with the same activities conducted under the family and medical leave act, Title 50A RCW, to the extent possible;

(d) Make determinations regarding an individual's status as a qualified individual under RCW 50B.04.050, including criteria to determine the status of persons receiving partial benefit units under RCW 50B.04.050(2) and out-of-state participants under section 1 of this act; and

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

(5) The office of the state actuary shall:

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

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

(c) Select and contract for such actuarial, research, technical, and other consultants as the actuary deems necessary to perform its duties under chapter 363, Laws of 2019.

(6) By October 1, 2021, the employment security department and the department of social and health services shall jointly conduct outreach to provide employers with educational materials

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

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

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

(2) The commission includes:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

RCW 43.03.050 and 43.03.060.

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

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

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

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

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

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

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

(i) The value of the refund to be ~~((one hundred))~~ 100 percent of the current value of the qualified individual's lifetime premium payments at the time that certification of death of the qualified individual is submitted, less any administrative process fees; and

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

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

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

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

(5) The commission shall monitor agency administrative expenses over time. Beginning November 15, 2020, the commission must annually report to the governor and the fiscal committees of the legislature on agency spending for administrative expenses and anticipated administrative expenses

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

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

(7) The commission shall work with insurers to develop long-term care insurance products that supplement the program's benefit.

Sec. 5. RCW 50B.04.050 and 2022 c 2 s 3 and 2022 c 1 s 3 are each reenacted and amended to read as follows:

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

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

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

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

(3) When deeming a person to be a qualified individual, the employment security department shall require that the person have worked at least (~~(five hundred)) 1,000~~ hours during each of the ten years in subsection (1)(a) of this section, each of the three years in subsection (1)(b) of this section, or each of the years identified in subsection (2) of this section.

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

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

(1) An employee who holds a nonimmigrant visa for temporary workers, as recognized by federal law, is not subject to the rights

and responsibilities of this title, unless the employee elects coverage.

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

Sec. 7. RCW 50B.04.060 and 2022 c 1 s 4 are each amended to read as follows:

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

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

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

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

(3)(a) An eligible beneficiary may receive approved services and benefits through the program in the form of a benefit unit payable to a (~~(registered))~~ long-term services and supports provider.

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

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

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

Sec. 8. RCW 50B.04.070 and 2019 c 363 s 8 are each amended to read as follows:

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

~~(2)))~~ who provide approved services to:

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

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

(b) The department of social and health services may contract

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with a third party to administer payments to long-term services and supports providers providing services to eligible beneficiaries whether inside or outside of Washington.

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

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

Sec. 9. RCW 50B.04.100 and 2019 c 363 s 11 are each amended to read as follows:

(1) The long-term services and supports trust account is created in the custody of the state treasurer. All receipts from employers under RCW 50B.04.080 and from out-of-state participants under section 1 of this act, delinquent premiums, penalties, and interest received pursuant to sections 10 and 11 of this act, and any funds attributable to savings derived through a waiver with the federal centers for medicare and medicaid services pursuant to RCW 50B.04.130 must be deposited in the account. Expenditures from the account may be used for the administrative activities of the department of social and health services, the health care authority, and the employment security department. Benefits associated with the program must be disbursed from the account by the department of social and health services. Only the secretary of the department of social and health services or the secretary's designee may authorize disbursements from the account. The account is subject to the allotment procedures under chapter 43.88 RCW. An appropriation is required for administrative expenses, but not for benefit payments. The account must provide reimbursement of any amounts from other sources that may have been used for the initial establishment of the program.

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

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

NEW SECTION. Sec. 10. A new section is added to chapter 50B.04 RCW to read as follows:

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

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

(b) Information obtained under this chapter from employer

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

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

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

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

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

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

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

(b) An employer who willfully fails to remit the full amount of the premiums when due is liable, in addition to the full amount of premiums due and amounts assessed as interest under subsection (5) of this section, to a penalty equal to the premiums and interest.

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

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

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

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

NEW SECTION. Sec. 11. A new section is added to chapter 50B.04 RCW to read as follows:

(1) At any time after the commissioner of the employment security department finds that any premiums, interest, or penalties have become delinquent, the commissioner of the employment security department may issue an order and notice of assessment specifying the amount due. The order and notice of assessment shall be served upon the delinquent employer in the manner prescribed for the service of a summons in a civil action, or using a method by which the mailing can be tracked or the delivery can be confirmed. Failure of the employer to receive the notice or order, whether served or mailed, shall not release the employer from any tax, or any interest or penalties.

(2) If the commissioner of the employment security department has reason to believe that an employer is insolvent or if any reason exists why the collection of any premiums accrued will be jeopardized by delaying collection, the commissioner of the employment security department may make an immediate assessment of the premiums and may proceed to enforce collection immediately, but interest and penalties shall not begin

to accrue upon any premiums until the date when such premiums would normally have become delinquent.

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

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

(b) The commissioner of the employment security department, upon making a distraint, shall seize the property and shall make an inventory of the distrained property, a copy of which shall be mailed to the owner of the property or personally delivered to the owner, and shall specify the time and place when the property shall be sold. A notice specifying the property to be sold and the time and place of sale shall be posted in at least two public places in the county in which the seizure has been made. The time of sale shall be not less than 10 nor more than 20 days from the date of posting of the notices. The sale may be adjourned from time to time at the discretion of the commissioner of the employment security department, but not for a time to exceed a total of 60 days. The sale shall be conducted by the commissioner of the employment security department or a representative who shall proceed to sell the property by parcel or by lot at a public auction, and who may set a minimum price to include the expenses of making a levy and of advertising the sale, and if the amount bid for such property at the sale is not equal to the minimum price so fixed, the commissioner of the employment security department or a representative may declare the property to be purchased by the employment security department for the minimum price. In such event the delinquent account shall be credited with the amount for which the property has been sold. Property acquired by the employment security department as prescribed in this subsection (4) may be sold by the commissioner of the employment security department or a representative at public or private sale, and the amount realized shall be placed in the account. In all cases of sale under this subsection (4), the

commissioner of the employment security department shall issue a bill of sale or a deed to the purchaser and the bill of sale or deed shall be prima facie evidence of the right of the commissioner of the employment security department to make the sale and conclusive evidence of the regularity of the commissioner of the employment security department proceeding in making the sale, and shall transfer to the purchaser all right, title, and interest of the delinquent employer in the property. The proceeds of any sale under this subsection (4), except in those cases in which the property has been acquired by the employment security department, shall be first applied by the commissioner of the employment security department in satisfaction of the delinquent account, and out of any sum received in excess of the amount of delinquent premiums, interest, and penalties the account shall be reimbursed for the costs of distraint and sale. Any excess amounts held by the commissioner of the employment security department shall be refunded to the delinquent employer. Amounts held by the commissioner of the employment security department that are refundable to a delinquent employer may be subject to seizure or distraint by any other taxing authority of the state or its political subdivisions.

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

(6) Whenever any order and notice of assessment or jeopardy assessment has become final in accordance with the provisions of this chapter the commissioner of the employment security department may file with the clerk of any county within the state

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

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

(8) In the event of any distribution of an employer's assets pursuant to an order of any court, including any receivership, probate, legal dissolution, or similar proceeding, or in case of any assignment for the benefit of creditors, composition, or similar proceeding, premiums, interest, or penalties due shall be a lien upon all the assets of such employer. The lien is prior to all other liens or claims except prior tax liens, other liens provided by this chapter, and claims for remuneration for services of not more than \$250 to each claimant earned within six months of the commencement of the proceeding. The mere existence of a condition of insolvency or the institution of any judicial proceeding for legal dissolution or of any proceeding for distribution of assets shall cause such a lien to attach without action on behalf of the commissioner of the employment security department or the state. In the event of an employer's adjudication

in bankruptcy, judicially confirmed extension proposal, or composition, under the federal bankruptcy act of 1898, as amended, premiums, interest, or penalties due shall be entitled to such priority as provided in that act, as amended.

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

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

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

(11) The commissioner of the employment security department may compromise any claim for premiums, interest, or penalties due and owing from an employer, and any amount owed by an individual because of benefit overpayments existing or arising under this chapter in any case in which collection of the full amount due and owing, whether reduced to judgment or otherwise, would be against equity and good conscience. Whenever a compromise is made by the commissioner of the employment security department in the case of a claim for premiums, interest, or penalties, whether reduced to judgment or

otherwise, the employment security department shall file a statement of the amount of premiums, interest, and penalties imposed by law and claimed due, attorneys' fees and costs, if any, a complete record of the compromise agreement, and the amount actually paid in accordance with the terms of the compromise agreement. If any such compromise is accepted by the commissioner of the employment security department, within the time stated in the compromise or agreed to, that compromise shall be final and conclusive and except upon showing of fraud or malfeasance or misrepresentation of a material fact the case shall not be reopened as to the agreed upon matters. In any suit, action, or proceeding, such agreement or any determination, collection, payment, adjustment, refund, or credit made in accordance therewith shall not be annulled, modified, set aside, or disregarded.

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

NEW SECTION. Sec. 12. A new section is added to chapter 50B.04 RCW to read as follows:

(1) When a qualified individual applies for benefits as provided in RCW 50B.040.060, the department of social and health services must: (a) Ask whether the qualified individual has supplemental long-term care insurance as provided in chapter 48.-- RCW (the new chapter created in section 37 of this act); and (b) request written consent and the policy issuer's contact information from the qualified individual to share information with the policy issuer for any potential care coordination.

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

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

NEW SECTION. Sec. 13. (1) The department of social and health services, the employment security department, and the health care authority may design and conduct a pilot project to assess the administrative processes and system capabilities for managing eligibility determinations for qualified individuals and distributing payments to long-term services and supports providers. The pilot project may identify persons who are eligible to be qualified individuals and offer them access to benefit units under the program in return for their participation in the pilot project. The pilot project may only be conducted between January 1, 2026, and June 30, 2026. The pilot project may not have more than 500 participants.

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

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

(4) This section expires July 1, 2027.

NEW SECTION. Sec. 14. The intent of this chapter is to

promote the public interest, support the availability of supplemental long-term care coverage, establish standards for supplemental long-term care coverage, facilitate public understanding and comparison of supplemental long-term care contract benefits, protect persons insured under supplemental long-term care insurance policies and certificates, protect applicants for supplemental long-term care policies from unfair or deceptive sales or enrollment practices, and provide for flexibility and innovation in the development of supplemental long-term care insurance coverage.

NEW SECTION. Sec. 15. (1) This chapter applies to all supplemental long-term care insurance policies, contracts, or riders delivered or issued for delivery in this state on or after January 1, 2026. This chapter does not supersede the obligations of entities subject to this chapter to comply with other applicable laws to the extent that they do not conflict with this chapter, except that laws and regulations designed and intended to apply to medicare supplement insurance policies shall not be applied to supplemental long-term care insurance.

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

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

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

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

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

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

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

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

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

(b) A professional, trade, or occupational association for its members or former or retired members, if the association:

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

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

(c)(i) An association, trust, or the trustees of a fund established, created, or maintained for the benefit of members of one or more associations. Before advertising, marketing, or offering

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supplemental long-term care coverage in this state, the association or associations, or the insurer of the association or associations, must file evidence with the commissioner that the association or associations have at the time of such filing at least 100 persons who are members and that the association or associations have been organized and maintained in good faith for purposes other than that of obtaining insurance; have been in active existence for at least one year; and have a constitution and bylaws that provide that:

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

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

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

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

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

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

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

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

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

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

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

(b) The portion of a life insurance contract that provides supplemental long-term care insurance coverage by rider or as part of the contract and that satisfies the requirements of sections 7702B(b) and (e) of the internal revenue code of 1986, as amended.

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

(a) Supplemental long-term care insurance includes group and individual annuities and life insurance policies or riders that provide directly or supplement long-term care insurance and that supplements benefits provided in chapter 50B.04 RCW. However, supplemental long-term care insurance does not

include life insurance policies that: (i) Accelerate the death benefit specifically for one or more of the qualifying events of terminal illness, medical conditions requiring extraordinary medical intervention, or permanent institutional confinement; (ii) provide the option of a lump sum payment for those benefits; and (iii) do not condition the benefits or the eligibility for the benefits upon the receipt of long-term care.

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

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

NEW SECTION. Sec. 17. A group supplemental long-term care insurance policy may not be offered to a resident of this state under a group policy issued in another state to a group described in section 16(5)(d) of this act, unless this state or another state having statutory and regulatory supplemental long-term care insurance requirements substantially similar to those adopted in this state has made a determination that such requirements have been met.

NEW SECTION. Sec. 18. (1) A supplemental long-term care insurance policy or certificate may not define "preexisting condition" more restrictively than as a condition for which medical advice or treatment was recommended by or received from a provider of health care services, within six months preceding the effective date of coverage of an insured person, unless the policy or certificate applies to group supplemental long-term care insurance under section 16(5) (a), (b), or (c) of this act.

(2) A supplemental long-term care insurance policy or certificate may not exclude coverage for a loss or confinement that is the result of a preexisting condition unless the loss or confinement begins within six months following the effective date of coverage of an insured person, unless the policy or certificate applies to a group as defined in section 16(5)(a) of this act.

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

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

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

NEW SECTION. Sec. 19. (1) No supplemental long-term care insurance policy may:

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

(b) Contain a provision establishing a new waiting period in the event existing coverage is converted to or replaced by a new or

other form within the same company, except with respect to an increase in benefits voluntarily selected by the insured individual or group policyholder;

(c) Provide coverage for skilled nursing care only or provide significantly more coverage for skilled care in a facility than coverage for lower levels of care;

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

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

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

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

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

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

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

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

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

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

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

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

NEW SECTION. Sec. 20. (1) Supplemental long-term care insurance applicants may return a policy or certificate for any reason within 30 days after its delivery and to have the premium refunded.

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

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

(4) This section does not apply to certificates issued pursuant to a policy issued to a group defined in section 16(5)(a) of this act.

NEW SECTION. Sec. 21. (1) An outline of coverage must be delivered to a prospective applicant for supplemental long-term care insurance at the time of initial solicitation through means that prominently direct the attention of the recipient to the document and its purpose.

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

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

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

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

(iv) That premiums continue after retirement; and

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

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

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

(d) If a policy is issued to a group as defined in section 16(5)(a) of this act, an outline of coverage is not required to be delivered, if the information that the commissioner requires to be included in the outline of coverage is in other materials relating to enrollment. Upon request, any such materials must be made available to the commissioner.

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

(a) The policy summary must include:

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

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

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

(iv) A statement that any supplemental long-term care inflation protection option required by section 27 of this act is not available under this policy unless the policy or rider provides for such inflation protections; and

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

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

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the policy;

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

(C) Current and projected maximum lifetime benefits.

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

NEW SECTION. Sec. 22. A supplemental long-term care insurance policy, contract, or rider must:

(1) Allow the policyholder options for reduction of benefits or nonforfeiture of premiums as provided in section 28 of this act if the premiums increase or the policyholder's circumstances change and the policyholder is unable or unwilling to pay the increased premiums;

(2) Allow for continuity of coverage of care settings and providers, including family providers, that the policyholder was receiving as benefits under the program provided in chapter 50B.04 RCW unless there is substantial clinical or other information showing that the current care setting or provider cannot meet the care and safety needs of the policyholder. If the issuer makes a determination that the care setting or providers are not suited to meeting the care and safety needs of the policyholder, the issuer may require a change of care setting or provider under the policy, effective 90 days after the transition from the benefits provided under chapter 50B.04 RCW. The policyholder may appeal the determination through an independent third-party review as tracked by the commissioner. The issuer may audit for fraudulent claims where the care being claimed is not being provided; and

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

NEW SECTION. Sec. 23. (1) When a policyholder purchases a supplemental long-term care insurance policy, the issuer must request written consent from the policyholder to share information with the department of social and health services. If the policyholder provides written consent, the issuer must inform the department of social and health services that the policyholder has purchased a supplemental long-term care insurance policy and share any information with the department for the purposes of any potential care coordination.

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

NEW SECTION. Sec. 24. If a supplemental long-term care benefit funded through a life insurance policy by the acceleration of the death benefit is in benefit payment status, a monthly report must be provided to the policyholder. The report must include:

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

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

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

NEW SECTION. Sec. 25. (1) Within 30 calendar days after receipt of a written claim for benefits under a policy made by a policyholder or certificate holder, or the policyholder's representative, an insurer must:

(a) Pay benefits pursuant to the terms of the policy or certificate;

(b) Request additional information; or

(c) Deny the claim.

(2) Within 30 calendar days after receipt of all the additional information requested as provided in subsection (1)(b) of this section, an insurer must pay a claim for benefits pursuant to the terms of the policy or certificate or deny the claim.

(3) All denials of supplemental long-term care claims by the issuer must provide a written explanation of the reasons for the denial and make available to the policyholder or certificate holder all information directly related to the denial.

NEW SECTION. Sec. 26. (1) An issuer may rescind a supplemental long-term care insurance policy or certificate or deny an otherwise valid supplemental long-term care insurance claim if:

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

(b) A policy or certificate has been in force for at least six months but less than two years, upon a showing of misrepresentation that is both material to the acceptance for coverage and that pertains to the condition for which benefits are sought.

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

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

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

NEW SECTION. Sec. 27. (1) The commissioner must establish minimum standards for inflation protection features.

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

(3) In addition to complying with the rules adopted under this section, no issuer may offer a supplemental long-term care insurance policy in this state unless the issuer also offers to the policyholder, in addition to any other inflation protection, the option to purchase a policy that provides for benefit levels to increase by at least three percent annually.

(4) The inflation protections provided in this section do not apply to an individual life insurance policy that provides supplemental long-term care benefits within the policy or by rider. However, an insurer may provide inflation protections in an individual life insurance policy that provides supplemental long-term care benefits within the policy or by rider.

NEW SECTION. Sec. 28. (1) Except as provided by this section, a supplemental long-term care insurance policy may not be delivered or issued for delivery in this state unless the policyholder or certificate holder has been offered the option of purchasing a policy or certificate that includes a nonforfeiture benefit. The offer of a nonforfeiture benefit may be in the form of a rider that is attached to the policy. If a policyholder or certificate holder declines the nonforfeiture benefit, the issuer must provide a contingent benefit upon lapse that is available for a specified period of time following a substantial increase in premium rates.

(2) If a group supplemental long-term care insurance policy is issued, the offer required in subsection (1) of this section must be made to the group policyholder. However, if the policy is issued as group supplemental long-term care insurance as defined in

section 16(5)(d) of this act other than to a continuing care retirement community or other similar entity, the offering must be made to each proposed certificate holder.

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

NEW SECTION. Sec. 29. A person may not sell, solicit, or negotiate supplemental long-term care insurance unless the person is appropriately licensed as an insurance producer and has successfully completed supplemental long-term care coverage education that meets the requirements of this section.

(1) All supplemental long-term care education required by this chapter must meet the requirements of chapter 48.17 RCW and rules adopted by the commissioner.

(2)(a) Before soliciting, selling, or negotiating supplemental long-term care insurance coverage, an insurance producer must successfully complete a one-time education course consisting of no fewer than eight hours on long-term care coverage, the provisions of chapter 50B.04 RCW and any rules adopted to implement the program, long-term care services, other state and federal regulations and requirements for long-term care and qualified long-term care insurance coverage, changes or improvements in long-term care services or providers, alternatives to the purchase of long-term care insurance coverage, the effect of inflation on benefits and the importance of inflation protection, and consumer suitability standards and guidelines.

(b) In addition to the one-time education and training requirement set forth in (a) of this subsection, insurance producers who engage in the solicitation, sale, or negotiation of supplemental long-term care insurance coverage must successfully complete no fewer than four hours every 24 months of continuing education specific to supplemental long-term care insurance coverage and issues. Supplemental long-term care insurance coverage continuing education must consist of topics related to long-term care insurance, long-term care services, and, if applicable, qualified state long-term care insurance partnership programs, including, but not limited to, the following:

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

(ii) Available long-term care services and providers;

(iii) Changes or improvements in long-term care services or providers;

(iv) Alternatives to the purchase of private long-term care insurance;

(v) The effect of inflation on benefits and the importance of inflation protection;

(vi) This chapter and chapters 48.84 and 48.85 RCW; and

(vii) Consumer suitability standards and guidelines.

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

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

(5) Issuers must maintain records subject to the state's record

retention requirements and make evidence of that verification available to the commissioner upon request.

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

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

NEW SECTION. Sec. 30. (1) Issuers and their agents, if any, must determine whether issuing supplemental long-term care insurance coverage to a particular person is appropriate, except in the case of a life insurance policy that accelerates benefits for supplemental long-term care.

(2) An issuer must:

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

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

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

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

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

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

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

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

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

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

NEW SECTION. Sec. 31. A person engaged in the issuance or solicitation of supplemental long-term care coverage may not engage in unfair methods of competition or unfair or deceptive acts or practices, as such methods, acts, or practices are defined in chapter 48.30 RCW, or as defined by the commissioner.

NEW SECTION. Sec. 32. An issuer or an insurance producer who violates a law or rule relating to the regulation of supplemental long-term care insurance or its marketing is subject

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to a fine of up to three times the amount of the commission paid for each policy involved in the violation or up to \$10,000, whichever is greater.

NEW SECTION. Sec. 33. (1) The commissioner must adopt rules that include standards for full and fair disclosure setting forth the manner, content, and required disclosures for the sale of supplemental long-term care insurance policies, terms of renewability, initial and subsequent conditions of eligibility, nonduplication of coverage provisions, coverage of dependents, preexisting conditions, termination of insurance, continuation or conversion, probationary periods, limitations, exceptions, reductions, elimination periods, requirements for replacement, recurrent conditions, and definitions of terms. The commissioner must adopt rules establishing loss ratio standards for supplemental long-term care insurance policies. The commissioner must adopt rules to promote premium adequacy and to protect policyholders in the event of proposed substantial rate increases, and to establish minimum standards for producer education, marketing practices, producer compensation, producer testing, penalties, and reporting practices for supplemental long-term care insurance.

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

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

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

NEW SECTION. Sec. 34. (1) The commissioner must:

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

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

(2) The guide and programs should:

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

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

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

NEW SECTION. Sec. 35. A new section is added to chapter 48.83 RCW to read as follows:

This chapter does not apply to supplemental long-term care insurance as defined in section 16 of this act.

NEW SECTION. Sec. 36. RCW 50B.04.040 (Long-term services and supports council—Benefit unit adjustment) and 2019

c 363 s 5 are each repealed.

NEW SECTION. Sec. 37. Sections 14 through 34 of this act constitute a new chapter in Title 48 RCW.

NEW SECTION. Sec. 38. If any provision of this act or its application to any person or circumstance is held invalid, the remainder of the act or the application of the provision to other persons or circumstances is not affected.

NEW SECTION. Sec. 39. This act takes effect January 1, 2025."

On page 1, line 2 of the title, after "commission;" strike the remainder of the title and insert "amending RCW 50B.04.010, 50B.04.020, 50B.04.030, 50B.04.060, 50B.04.070, and 50B.04.100; reenacting and amending RCW 50B.04.050; adding new sections to chapter 50B.04 RCW; adding a new section to chapter 48.83 RCW; adding a new chapter to Title 48 RCW; creating a new section; repealing RCW 50B.04.040; providing an effective date; and providing an expiration date."

MOTION

Senator King moved that the following amendment no. 675 by Senator King be adopted:

On page 1, line 11, after "least" strike "1,000" and insert "250"

On page 12, line 6, after "(3)" strike "When" and insert "~~(When)~~ (a) Except as provided in (b) of this subsection, when"

On page 12, after line 11, insert the following:

"(b) If a person has worked less than 1,000 hours but at least 250 hours during any of the years or time periods described in (a) of this subsection, the employment security department shall deem the person a qualified individual and determine a fraction for any year in which the person worked less than 1,000 hours but at least 250 hours. The fraction for any year shall be the highest number of hours worked during that year divided by 1,000. The employment security department shall prorate the maximum benefit units available to the person under RCW 50B.04.060(3)(b) based on the fraction for each year in which the person worked less than 1,000 hours but at least 250 hours.

(c) The employment security department may adopt rules to implement this subsection."

Senator King spoke in favor of adoption of the amendment to the striking amendment.

Senator Conway spoke against adoption of the amendment to the striking amendment.

The President declared the question before the Senate to be the adoption of amendment no. 675 by Senator King on page 1, line 11 to striking amendment no. 643.

The motion by Senator King did not carry and amendment no. 675 was not adopted by voice vote.

MOTION

Senator Braun moved that the following amendment no. 672 by Senator Braun be adopted:

On page 12, after line 22, insert the following:

"**NEW SECTION. Sec. 7.** A new section is added to chapter 50B.04 RCW to read as follows:

Any person may opt out of coverage under this chapter by providing written notice to the employment security department, which shall be effective immediately."

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

Senators Braun and Short spoke in favor of adoption of the amendment to the striking amendment.

Senator Keiser spoke against adoption of the amendment to the striking amendment.

MOTION

Senator Short demanded a roll call.

The President declared that one-sixth of the members supported the demand and the demand was sustained.

The President declared the question before the Senate to be the adoption of the amendment by Senator Braun on page 12, after line 22 to striking amendment no. 643.

ROLL CALL

The Secretary called the roll on the adoption of the amendment by Senator Braun and the amendment was not adopted by the following vote: Yeas, 21; Nays, 28; Absent, 0; Excused, 0.

Voting yea: Senators Boehnke, Braun, Dozier, Fortunato, Gildon, Hawkins, Holy, King, MacEwen, McCune, Mullet, Muzzall, Padden, Rivers, Schoesler, Short, Torres, Wagoner, Warnick, Wilson, J. and Wilson, L.

Voting nay: Senators Billig, Cleveland, Conway, Dhingra, Frame, Hansen, Hasegawa, Hunt, Kauffman, Keiser, Kuderer, Liias, Lovelett, Lovick, Nguyen, Nobles, Pedersen, Randall, Robinson, Saldaña, Salomon, Shewmake, Stanford, Trudeau, Valdez, Van De Wege, Wellman and Wilson, C.

MOTION

Senator Braun moved that the following amendment no. 673 by Senator Braun be adopted:

On page 12, after line 22, insert the following:

"NEW SECTION. Sec. 7. A new section is added to chapter 50B.04 RCW to read as follows:

Any person who moves into the state of Washington may opt out of coverage under this chapter within 180 days of moving into the state by providing written notice to the employment security department, which shall be effective immediately."

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

Senator Braun spoke in favor of adoption of the amendment to the striking amendment.

Senator Keiser spoke against adoption of the amendment to the striking amendment.

The President declared the question before the Senate to be the adoption of amendment no. 673 by Senator Braun on page 12, after line 22 to striking amendment no. 643.

The motion by Senator Braun did not carry and amendment no. 673 was not adopted by voice vote.

WITHDRAWAL OF AMENDMENT

On motion of Senator Braun and without objection, amendment no. 674 by Senator Braun on page 12, line 22 to striking amendment no. 643 was withdrawn.

Senator Keiser spoke in favor of adoption of the striking amendment.

Senator King spoke against adoption of the striking amendment.

The President declared the question before the Senate to be the

adoption of striking amendment no. 643 by Senator Keiser to Senate Bill No. 6072.

The motion by Senator Keiser carried and striking amendment no. 643 was adopted by voice vote.

MOTION

On motion of Senator Keiser, the rules were suspended, Engrossed Senate Bill No. 6072 was advanced to third reading, the second reading considered the third and the bill was placed on final passage.

Senators Keiser and Braun spoke in favor of passage of the bill. Senator King spoke against passage of the bill.

The President declared the question before the Senate to be the final passage of Engrossed Senate Bill No. 6072.

ROLL CALL

The Secretary called the roll on the final passage of Engrossed Senate Bill No. 6072 and the bill passed the Senate by the following vote: Yeas, 34; Nays, 15; Absent, 0; Excused, 0.

Voting yea: Senators Billig, Braun, Cleveland, Conway, Dhingra, Frame, Hansen, Hasegawa, Hunt, Kauffman, Keiser, King, Kuderer, Liias, Lovelett, Lovick, Mullet, Muzzall, Nguyen, Nobles, Pedersen, Randall, Rivers, Robinson, Saldaña, Salomon, Shewmake, Stanford, Trudeau, Valdez, Van De Wege, Warnick, Wellman and Wilson, C.

Voting nay: Senators Boehnke, Dozier, Fortunato, Gildon, Hawkins, Holy, MacEwen, McCune, Padden, Schoesler, Short, Torres, Wagoner, Wilson, J. and Wilson, L.

ENGROSSED SENATE BILL NO. 6072, 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.

SECOND READING

SENATE BILL NO. 5937, by Senators Dhingra, Braun, Hasegawa, Keiser, Kuderer, Liias, Lovelett, Lovick, Nguyen, Nobles, Stanford, Trudeau, Valdez, Wellman, and C. Wilson

Supporting crime victims and witnesses by promoting victim-centered, trauma-informed responses in the legal system.

MOTIONS

On motion of Senator Dhingra, Second Substitute Senate Bill No. 5937 was substituted for Senate Bill No. 5937 and the substitute bill was placed on the second reading and read the second time.

SECOND SUBSTITUTE SENATE BILL NO. 5937, by Committee on Ways & Means (originally sponsored by Senators Dhingra, Braun, Hasegawa, Keiser, Kuderer, Liias, Lovelett, Lovick, Nguyen, Nobles, Stanford, Trudeau, Valdez, Wellman, and C. Wilson).

Revised for second substitute: Supporting crime victims and witnesses by promoting victim-centered, trauma-informed responses.

Senator Padden moved that the following amendment no. 650 by Senator Padden be adopted:

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Beginning on page 5, line 1, strike all of section 2
 Renumber the remaining sections consecutively and correct any internal references accordingly.

On page 1, line 3 of the title, after "7.68.020," strike "7.68.060,"

Senator Padden spoke in favor of adoption of the amendment.
 Senator Dhingra spoke against adoption of the amendment.
 The President declared the question before the Senate to be the adoption of amendment no. 650 by Senator Padden on page 5, line 1 to Second Substitute Senate Bill No. 5937.
 The motion by Senator Padden did not carry and amendment no. 650 was not adopted by voice vote.

MOTION

Senator Dhingra moved that the following amendment no. 644 by Senator Dhingra be adopted:

On page 21, line 4, after "(b)" strike "When" and insert "After"
 On page 21, beginning on line 5, after "with" strike all material through "it" on line 7 and insert "a legend drug, controlled substance, or controlled substance analog without the victim's knowledge and consent"
 On page 21, line 7, after "consent" insert "to sexual intercourse"
 On page 21, beginning on line 10, after "(3)" strike all material through "RCW 70.345.010." on line 11 and insert "For purposes of this section:"
 (a) "Legend drug" has the same meaning as "legend drugs" as defined in RCW 69.41.010.
 (b) "Controlled substance" has the same meaning as defined in RCW 69.50.101.
 (c) "Controlled substance analog" has the same meaning as defined in RCW 69.50.101."

Senators Dhingra and Padden spoke in favor of adoption of the amendment.
 The President declared the question before the Senate to be the adoption of amendment no. 644 by Senator Dhingra on page 21, line 4 to Second Substitute Senate Bill No. 5937.
 The motion by Senator Dhingra carried and amendment no. 644 was adopted by voice vote.

MOTION

On motion of Senator Dhingra, the rules were suspended, Engrossed Second Substitute Senate Bill No. 5937 was advanced to third reading, the second reading considered the third and the bill was placed on final passage.
 Senators Dhingra and Padden spoke in favor of passage of the bill.

The President declared the question before the Senate to be the final passage of Engrossed Second Substitute Senate Bill No. 5937.

ROLL CALL

The Secretary called the roll on the final passage of Engrossed Second Substitute Senate Bill No. 5937 and the bill passed the Senate by the following vote: Yeas, 49; Nays, 0; Absent, 0; Excused, 0.
 Voting yea: Senators Billig, Boehnke, Braun, Cleveland, Conway, Dhingra, Dozier, Fortunato, Frame, Gildon, Hansen,

Hasegawa, Hawkins, Holy, Hunt, Kauffman, Keiser, King, Kuderer, Liias, Lovelett, Lovick, MacEwen, McCune, Mullet, Muzzall, Nguyen, Nobles, Padden, Pedersen, Randall, Rivers, Robinson, Saldaña, Salomon, Schoesler, Shewmake, Short, Stanford, Torres, Trudeau, Valdez, Van De Wege, Wagoner, Warnick, Wellman, Wilson, C., Wilson, J. and Wilson, L.

ENGROSSED SECOND SUBSTITUTE SENATE BILL NO. 5937, 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.

SECOND READING

SENATE BILL NO. 5803, by Senator Wellman

Concerning the recruitment and retention of Washington national guard members.

MOTIONS

On motion of Senator Conway, Substitute Senate Bill No. 5803 was substituted for Senate Bill No. 5803 and the substitute bill was placed on the second reading and read the second time.
 On motion of Senator Conway, the rules were suspended, Substitute Senate Bill No. 5803 was advanced to third reading, the second reading considered the third and the bill was placed on final passage.
 Senators Conway and Wilson, J. spoke in favor of passage of the bill.

MOTION

On motion of Senator Wilson, C., Senator Nobles was excused.

The President declared the question before the Senate to be the final passage of Substitute Senate Bill No. 5803.

ROLL CALL

The Secretary called the roll on the final passage of Substitute Senate Bill No. 5803 and the bill passed the Senate by the following vote: Yeas, 48; Nays, 0; Absent, 0; Excused, 1.
 Voting yea: Senators Billig, Boehnke, Braun, Cleveland, Conway, Dhingra, Dozier, Fortunato, Frame, Gildon, Hansen, Hasegawa, Hawkins, Holy, Hunt, Kauffman, Keiser, King, Kuderer, Liias, Lovelett, Lovick, MacEwen, McCune, Mullet, Muzzall, Nguyen, Padden, Pedersen, Randall, Rivers, Robinson, Saldaña, Salomon, Schoesler, Shewmake, Short, Stanford, Torres, Trudeau, Valdez, Van De Wege, Wagoner, Warnick, Wellman, Wilson, C., Wilson, J. and Wilson, L.
 Excused: Senator Nobles

SUBSTITUTE SENATE BILL NO. 5803, 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.

SECOND READING

SENATE BILL NO. 6058, by Senator Stanford

Facilitating linkage of Washington's carbon market with the California-Quebec carbon market.

MOTIONS

On motion of Senator Nguyen, Second Substitute Senate Bill No. 6058 was substituted for Senate Bill No. 6058 and the substitute bill was placed on the second reading and read the second time.

Senator Short moved that the following amendment no. 646 by Senator Short be adopted:

On page 12, line 36, after "2026," insert "In any rule making to amend Washington's compliance periods that results in the compliance periods being reduced from four-year periods, the department must account for the impact that such a change would have on an electric utility whose emissions are affected by variable hydropower generation when establishing its methods and procedures for allocating allowances under RCW 70A.65.120."

Senator Short spoke in favor of adoption of the amendment.

Senator Nguyen spoke against adoption of the amendment.

The President declared the question before the Senate to be the adoption of amendment no. 646 by Senator Short on page 12, line 36 to Second Substitute Senate Bill No. 6058.

The motion by Senator Short did not carry and amendment no. 646 was not adopted by voice vote.

MOTION

Senator Van De Wege moved that the following amendment no. 659 by Senator Van De Wege be adopted:

On page 32, line 18, after "(b)" insert "Take into consideration current Washington forest practices rules and the state's unique forest species and structures;

(c)"

Reletter the remaining subsections consecutively and correct any internal references accordingly.

Senators Van De Wege and MacEwen spoke in favor of adoption of the amendment.

The President declared the question before the Senate to be the adoption of amendment no. 659 by Senator Van De Wege on page 32, line 18 to Second Substitute Senate Bill No. 6058.

The motion by Senator Van De Wege carried and amendment no. 659 was adopted by voice vote.

MOTION

On motion of Senator Nguyen, the rules were suspended, Engrossed Second Substitute Senate Bill No. 6058 was advanced to third reading, the second reading considered the third and the bill was placed on final passage.

Senator Nguyen spoke in favor of passage of the bill.

Senator MacEwen spoke against passage of the bill.

The President declared the question before the Senate to be the final passage of Engrossed Second Substitute Senate Bill No. 6058.

ROLL CALL

The Secretary called the roll on the final passage of Engrossed Second Substitute Senate Bill No. 6058 and the bill passed the Senate by the following vote: Yeas, 29; Nays, 20; Absent, 0; Excused, 0.

Voting yea: Senators Billig, Cleveland, Conway, Dhingra,

Frame, Hansen, Hasegawa, Hunt, Kauffman, Keiser, Kuderer, Liias, Lovelett, Lovick, Mullet, Nguyen, Nobles, Pedersen, Randall, Robinson, Saldaña, Salomon, Shewmake, Stanford, Trudeau, Valdez, Van De Wege, Wellman and Wilson, C.

Voting nay: Senators Boehnke, Braun, Dozier, Fortunato, Gildon, Hawkins, Holy, King, MacEwen, McCune, Muzzall, Padden, Rivers, Schoesler, Short, Torres, Wagoner, Warnick, Wilson, J. and Wilson, L.

ENGROSSED SECOND SUBSTITUTE SENATE BILL NO. 6058, 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.

SECOND READING

SENATE BILL NO. 6238, by Senator Wilson, J.

Updating thresholds for the property tax exemption for widows and widowers of honorably discharged veterans.

The measure was read the second time.

MOTION

On motion of Senator Dozier, the rules were suspended, Senate Bill No. 6238 was advanced to third reading, the second reading considered the third and the bill was placed on final passage.

Senators Dozier and Randall spoke in favor of passage of the bill.

The President declared the question before the Senate to be the final passage of Senate Bill No. 6238.

ROLL CALL

The Secretary called the roll on the final passage of Senate Bill No. 6238 and the bill passed the Senate by the following vote: Yeas, 49; Nays, 0; Absent, 0; Excused, 0.

Voting yea: Senators Billig, Boehnke, Braun, Cleveland, Conway, Dhingra, Dozier, Fortunato, Frame, Gildon, Hansen, Hasegawa, Hawkins, Holy, Hunt, Kauffman, Keiser, King, Kuderer, Liias, Lovelett, Lovick, MacEwen, McCune, Mullet, Muzzall, Nguyen, Nobles, Padden, Pedersen, Randall, Rivers, Robinson, Saldaña, Salomon, Schoesler, Shewmake, Short, Stanford, Torres, Trudeau, Valdez, Van De Wege, Wagoner, Warnick, Wellman, Wilson, C., Wilson, J. and Wilson, L.

SENATE BILL NO. 6238, 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.

SECOND READING

SENATE BILL NO. 6069, by Senator Van De Wege

Improving retirement security for Washingtonians by establishing Washington saves, an automatic enrollment individual retirement savings account program, and updating the Washington retirement marketplace statute.

MOTIONS

On motion of Senator Mullet, Substitute Senate Bill No. 6069 was substituted for Senate Bill No. 6069 and the substitute bill was placed on the second reading and read the second time.

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Revised for substitute: Improving retirement security for Washingtonians by establishing Washington saves, an automatic enrollment individual retirement savings account program, and updating the Washington retirement marketplace statute.

Senator Mullet moved that the following amendment no. 641 by Senator Mullet be adopted:

On page 2, line 1, after "DEFINITIONS." insert "The definitions in this section apply throughout this chapter unless the context clearly requires otherwise."

On page 2, line 21, after "employed," strike "five or more full-time equivalent employees" and insert "employees working a combined minimum of 10,400 hours"

On page 2, beginning on line 32, strike all of subsection (10) Renumber the remaining subsections consecutively and correct any internal references accordingly.

On page 12, beginning on line 4, strike all of subsections (2)(a) and (b) and insert the following:

"(a) If the complaint is filed before January 1, 2030, offer technical assistance to the employer to bring them into compliance. Civil penalties may not be assessed before January 1, 2030;

(b) If the complaint is filed on or after January 1, 2030, educate the employer on how to come into compliance and, if necessary and as provided in this section, enforce penalties for willful violations."

On page 12, line 25, after "\$100" insert "and \$250 for a second willful violation"

On page 1, beginning on line 1 of the title, after "improving" strike "retirement security for Washingtonians" and insert "private Washington workforce retirement security standards"

Senator Mullet spoke in favor of adoption of the amendment.

The President declared the question before the Senate to be the adoption of amendment no. 641 by Senator Mullet on page 2, line 1 to Substitute Senate Bill No. 6069.

The motion by Senator Mullet carried and amendment no. 641 was adopted by voice vote.

MOTION

On motion of Senator Mullet, the rules were suspended, Engrossed Substitute Senate Bill No. 6069 was advanced to third reading, the second reading considered the third and the bill was placed on final passage.

Revised for engrossed: Improving private Washington workforce retirement security standards by establishing Washington saves, an automatic enrollment individual retirement savings account program, and updating the Washington retirement marketplace statute.

Senator Mullet spoke in favor of passage of the bill.

The President declared the question before the Senate to be the final passage of Engrossed Substitute Senate Bill No. 6069.

ROLL CALL

The Secretary called the roll on the final passage of Engrossed Substitute Senate Bill No. 6069 and the bill passed the Senate by the following vote: Yeas, 43; Nays, 6; Absent, 0; Excused, 0.

Voting yea: Senators Billig, Boehnke, Braun, Cleveland,

Conway, Dhingra, Dozier, Fortunato, Frame, Gildon, Hansen, Hawkins, Holy, Hunt, Kauffman, Keiser, King, Kuderer, Liias, Lovelett, Lovick, McCune, Mullet, Muzzall, Nguyen, Nobles, Padden, Pedersen, Randall, Rivers, Robinson, Saldaña, Salomon, Shewmake, Stanford, Trudeau, Valdez, Van De Wege, Wagoner, Warnick, Wellman, Wilson, C. and Wilson, J.

Voting nay: Senators Hasegawa, MacEwen, Schoesler, Short, Torres and Wilson, L.

ENGROSSED SUBSTITUTE SENATE BILL NO. 6069, 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.

SECOND READING

SENATE BILL NO. 6099, by Senator Mullet

Creating the tribal opioid prevention and treatment account.

MOTIONS

On motion of Senator Braun, Substitute Senate Bill No. 6099 was substituted for Senate Bill No. 6099 and the substitute bill was placed on the second reading and read the second time.

On motion of Senator Braun, the rules were suspended, Substitute Senate Bill No. 6099 was advanced to third reading, the second reading considered the third and the bill was placed on final passage.

Senators Braun and Kauffman spoke in favor of passage of the bill.

The President declared the question before the Senate to be the final passage of Substitute Senate Bill No. 6099.

ROLL CALL

The Secretary called the roll on the final passage of Substitute Senate Bill No. 6099 and the bill passed the Senate by the following vote: Yeas, 49; Nays, 0; Absent, 0; Excused, 0.

Voting yea: Senators Billig, Boehnke, Braun, Cleveland, Conway, Dhingra, Dozier, Fortunato, Frame, Gildon, Hansen, Hasegawa, Hawkins, Holy, Hunt, Kauffman, Keiser, King, Kuderer, Liias, Lovelett, Lovick, MacEwen, McCune, Mullet, Muzzall, Nguyen, Nobles, Padden, Pedersen, Randall, Rivers, Robinson, Saldaña, Salomon, Schoesler, Shewmake, Short, Stanford, Torres, Trudeau, Valdez, Van De Wege, Wagoner, Warnick, Wellman, Wilson, C., Wilson, J. and Wilson, L.

SUBSTITUTE SENATE BILL NO. 6099, 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.

MOTION

At 4:51 p.m., on motion of Senator Pedersen, the Senate adjourned until 10 o'clock a.m. Tuesday, February 13, 2024.

DENNY HECK, President of the Senate

SARAH BANNISTER, Secretary of the Senate

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1300-SE		1947-S	
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1368-S2E		1948	
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Introduction & 1st Reading	2	Messages	2
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Messages	2	Messages	1
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1877-S2		1989-S	
Messages	2	Messages	2
1879		1992	
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1901		2000-S2E	
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1903-S		2014-S2	
Messages	2	Messages	2
1905-S		2019-SE	
Introduction & 1st Reading	2	Messages	2
1915-S		2020-S	
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1929-S2		2021-SE	
Messages	2	Messages	2
1932-SE		2022-S2	
Introduction & 1st Reading	3	Messages	1

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2034	
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2037-SE	
Messages	2
2041-SE	
Messages	2
2056-S	
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2061-S	
Introduction & 1st Reading	4
2072-S	
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2075-S	
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2102-S	
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2110	
Introduction & 1st Reading	4
2112-S2	
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2115-SE	
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2131-SE	
Messages	1
2135	
Introduction & 1st Reading	4
2136-S	
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2137	
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2156-S	
Introduction & 1st Reading	4
2164-E	
Introduction & 1st Reading	4
2191-SE	
Introduction & 1st Reading	4
2199-E	
Messages	1

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2216-S	
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2217-S	
Messages	2
2224-S	
Introduction & 1st Reading	5
2252-S	
Messages	1
2255-E	
Messages	2
2266-E	
Messages	2
2270-S2	
Messages	2
2283-S	
Messages	2
2287-S	
Messages	1
2302	
Introduction & 1st Reading	5
2311-S2E	
Messages	2
2316	
Messages	1
2318	
Introduction & 1st Reading	5
2320-S2	
Messages	1
2321-SE	
Introduction & 1st Reading	5
2347-S	
Introduction & 1st Reading	5
2348-S	
Messages	2
2355-S	
Messages	2
2356-SE	
Introduction & 1st Reading	5
2361-SE	
Messages	1
2372-E	
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2381-S	
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2396-S	
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5284-SE	Third Reading Final Passage 21
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