

CERTIFICATION OF ENROLLMENT

ENGROSSED SUBSTITUTE HOUSE BILL 2041

Chapter 62, Laws of 2024

68th Legislature
2024 Regular Session

PHYSICIAN ASSISTANT COLLABORATIVE PRACTICE

EFFECTIVE DATE: January 1, 2025—Except for section 9, which takes effect June 6, 2024; sections 19 and 27, which are contingent; and section 29, which takes effect July 1, 2026.

Passed by the House February 9, 2024
Yeas 91 Nays 6

LAURIE JINKINS

**Speaker of the House of
Representatives**

Passed by the Senate February 27,
2024
Yeas 49 Nays 0

DENNY HECK

President of the Senate

Approved March 13, 2024 2:04 PM

JAY INSLEE

Governor of the State of Washington

CERTIFICATE

I, Bernard Dean, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **ENGROSSED SUBSTITUTE HOUSE BILL 2041** as passed by the House of Representatives and the Senate on the dates hereon set forth.

BERNARD DEAN

Chief Clerk

FILED

March 14, 2024

**Secretary of State
State of Washington**

ENGROSSED SUBSTITUTE HOUSE BILL 2041

Passed Legislature - 2024 Regular Session

State of Washington 68th Legislature 2024 Regular Session

By House Health Care & Wellness (originally sponsored by Representatives Riccelli, Schmick, Simmons, Reed, Schmidt, Macri, and Lekanoff)

READ FIRST TIME 01/23/24.

1 AN ACT Relating to physician assistant collaborative practice;
2 amending RCW 18.71A.020, 18.71A.025, 18.71A.030, 18.71A.050,
3 18.71A.090, 18.71A.120, 18.71A.150, 51.28.100, 10.77.175, 18.71.030,
4 7.68.030, 51.04.030, 71.05.215, 71.05.217, 71.05.585, 71.32.110,
5 71.32.140, 71.32.250, 71.34.020, 71.34.020, 71.34.755, and 74.09.497;
6 reenacting and amending RCW 18.71A.010, 69.50.101, 71.05.020,
7 71.05.020, 71.34.750, 71.34.750, and 9.41.010; adding a new section
8 to chapter 18.71A RCW; adding a new section to chapter 48.43 RCW;
9 creating a new section; providing effective dates; providing
10 contingent effective dates; providing an expiration date; and
11 providing contingent expiration dates.

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

13 NEW SECTION. **Sec. 1.** From March 2020 through October 2022,
14 physician assistants were permitted under the governor's proclamation
15 20-32 to work without a delegation agreement signed by a supervising
16 physician. During the public health emergency, physician assistants
17 provided safe and efficient care, expanding access to necessary
18 services and procedures statewide. There continues to be a great need
19 for additional providers in primary care and specialty areas,
20 especially in medically underserved and rural communities. Therefore,
21 the legislature intends to authorize physician assistants to enter

1 into collaborative practice with physicians to provide team-based
2 care and enhance access to health care for the people of the state.

3 **Sec. 2.** RCW 18.71A.010 and 2020 c 80 s 2 are each reenacted and
4 amended to read as follows:

5 The definitions (~~set forth~~) in this section apply throughout
6 this chapter unless the context clearly requires otherwise.

7 (1) "Collaboration" means how physician assistants shall interact
8 with, consult with, or refer to a physician or other appropriate
9 member or members of the health care team as indicated by the
10 patient's condition, the education, experience, and competencies of
11 the physician assistant, and the standard of care. The degree of
12 collaboration must be determined by the practice, which may include
13 decisions made by the physician assistant's employer, group, hospital
14 service, and credentialing and privileging systems of licensed
15 facilities.

16 (2) "Collaboration agreement" means a written agreement that
17 describes the manner in which the physician assistant is supervised
18 by or collaborates with at least one physician and that is signed by
19 the physician assistant and one or more physicians or the physician
20 assistant's employer.

21 (3) "Commission" means the Washington medical commission.

22 (~~(2)~~) (4) "Department" means the department of health.

23 (~~(3)~~) (5) "Employer" means the scope appropriate clinician,
24 such as a medical director, who is authorized to enter into the
25 collaboration agreement with a physician assistant on behalf of the
26 facility, group, clinic, or other organization that employs the
27 physician assistant.

28 (6) "Participating physician" means a physician that supervises
29 or collaborates with a physician assistant pursuant to a
30 collaboration agreement.

31 (7) "Physician" means a physician licensed under chapter 18.57 or
32 18.71 RCW.

33 (~~(4)~~) (8) "Physician assistant" means a person who is licensed
34 by the commission to practice medicine according to a (~~practice~~)
35 collaboration agreement with one or more participating physicians
36 (~~with at least one of the physicians working in a supervisory~~
37 capacity,) and who is academically and clinically prepared to
38 provide health care services and perform diagnostic, therapeutic,
39 preventative, and health maintenance services.

1 (~~(5)~~) "~~Practice agreement~~" means an agreement entered under RCW
2 18.71A.120.

3 (~~(6)~~) (9) "Practice medicine" has the meaning defined in RCW
4 18.71.011 and also includes the practice of osteopathic medicine and
5 surgery as defined in RCW 18.57.001.

6 (~~(7)~~) (10) "Secretary" means the secretary of health or the
7 secretary's designee.

8 **Sec. 3.** RCW 18.71A.020 and 2020 c 80 s 3 are each amended to
9 read as follows:

10 (1) The commission shall adopt rules fixing the qualifications
11 and the educational and training requirements for licensure as a
12 physician assistant or for those enrolled in any physician assistant
13 training program. The requirements shall include completion of an
14 accredited physician assistant training program approved by the
15 commission and within one year successfully take and pass an
16 examination approved by the commission, if the examination tests
17 subjects substantially equivalent to the curriculum of an accredited
18 physician assistant training program. An interim permit may be
19 granted by the department of health for one year provided the
20 applicant meets all other requirements. Physician assistants licensed
21 by the board of medical examiners, or the commission as of July 1,
22 1999, shall continue to be licensed.

23 (2)(a) The commission shall adopt rules governing the extent to
24 which:

25 (i) Physician assistant students may practice medicine during
26 training; and

27 (ii) Physician assistants may practice after successful
28 completion of a physician assistant training course.

29 (b) Such rules shall provide:

30 (i) That the practice of a physician assistant shall be limited
31 to the performance of those services for which he or she is trained;
32 and

33 (ii) That each physician assistant shall practice medicine only
34 under the terms of one or more (~~(practice)~~) collaboration agreements,
35 each signed by (~~(one or more supervising physicians licensed in this~~
36 ~~state)~~) the physician assistant and one or more physicians licensed
37 in this state or the physician assistant's employer. A (~~(practice)~~)
38 collaboration agreement may be signed electronically using a method
39 for electronic signatures approved by the commission. (~~(Supervision~~

1 ~~shall not be construed to necessarily require the personal presence~~
2 ~~of the supervising physician or physicians at the place where~~
3 ~~services are rendered.)~~)

4 (3) Applicants for licensure shall file an application with the
5 commission on a form prepared by the secretary with the approval of
6 the commission, detailing the education, training, and experience of
7 the physician assistant and such other information as the commission
8 may require. The application shall be accompanied by a fee determined
9 by the secretary as provided in RCW 43.70.250 and 43.70.280. A
10 surcharge of fifty dollars per year shall be charged on each license
11 renewal or issuance of a new license to be collected by the
12 department and deposited into the impaired physician account for
13 physician assistant participation in the ((impaired)) physician
14 health program. Each applicant shall furnish proof satisfactory to
15 the commission of the following:

16 (a) That the applicant has completed an accredited physician
17 assistant program approved by the commission and is eligible to take
18 the examination approved by the commission;

19 (b) That the applicant is of good moral character; and

20 (c) That the applicant is physically and mentally capable of
21 practicing medicine as a physician assistant with reasonable skill
22 and safety. The commission may require an applicant to submit to such
23 examination or examinations as it deems necessary to determine an
24 applicant's physical or mental capability, or both, to safely
25 practice as a physician assistant.

26 (4) (a) The commission may approve, deny, or take other
27 disciplinary action upon the application for license as provided in
28 the Uniform Disciplinary Act, chapter 18.130 RCW.

29 (b) The license shall be renewed as determined under RCW
30 43.70.250 and 43.70.280. The commission shall request licensees to
31 submit information about their current professional practice at the
32 time of license renewal and licensees must provide the information
33 requested. This information may include practice setting, medical
34 specialty, or other relevant data determined by the commission.

35 (5) All funds in the impaired physician account shall be paid to
36 the contract entity within sixty days of deposit.

37 **Sec. 4.** RCW 18.71A.025 and 2020 c 80 s 4 are each amended to
38 read as follows:

1 (1) The uniform disciplinary act, chapter 18.130 RCW, governs the
2 issuance and denial of licenses and the discipline of licensees under
3 this chapter.

4 (2) The commission shall consult with the board of osteopathic
5 medicine and surgery when investigating allegations of unprofessional
6 conduct against a licensee who (~~(has a supervising)~~) is supervised by
7 or is collaborating with a physician licensed under chapter 18.57
8 RCW.

9 **Sec. 5.** RCW 18.71A.030 and 2020 c 80 s 5 are each amended to
10 read as follows:

11 (1) A physician assistant may practice medicine in this state to
12 the extent permitted by the (~~(practice)~~) collaboration agreement. A
13 physician assistant shall be subject to discipline under chapter
14 18.130 RCW.

15 (2) (a) A physician assistant who has completed fewer than 4,000
16 hours of postgraduate clinical practice must work under the
17 supervision of a participating physician, as described in the
18 collaboration agreement and determined at the practice site. A
19 physician assistant with 4,000 or more hours of postgraduate clinical
20 practice may work in collaboration with a participating physician, if
21 the physician assistant has completed 2,000 or more supervised hours
22 in the physician assistant's chosen specialty.

23 (b) If a physician assistant chooses to change specialties after
24 the completion of 4,000 hours of postgraduate clinical practice, the
25 first 2,000 hours of postgraduate clinical practice in the new
26 specialty must be completed under the supervision of a participating
27 physician, as described in the collaboration agreement and determined
28 at the practice site.

29 (c) Supervision shall not be construed to necessarily require the
30 personal presence of the participating physician or physicians at the
31 place where services are rendered.

32 (3) (a) Physician assistants may provide services that they are
33 competent to perform based on their education, training, and
34 experience and that are consistent with their (~~(practice)~~)
35 collaboration agreement. The (~~(supervising physician)~~) participating
36 physician or physicians, or the physician assistant's employer, and
37 the physician assistant shall determine which procedures may be
38 performed and the (~~(supervision)~~) degree of autonomy under which the
39 procedure is performed.

1 **(b)** Physician assistants may practice in any area of medicine or
2 surgery as long as the practice is not beyond the ~~((supervising~~
3 ~~physician's own scope of expertise and clinical practice and the~~
4 ~~practice agreement.~~

5 ~~(3) A physician assistant delivering~~) scope of expertise and
6 clinical practice of the participating physician or physicians or the
7 group of physicians within the department or specialty areas in which
8 the physician assistant practices.

9 (c) A physician assistant who has at least 10 years or 20,000
10 hours of postgraduate clinical experience in a specialty may continue
11 to provide those specialty services if the physician assistant is
12 employed in a practice setting where those services are outside the
13 specialty of the physician assistant's participating physician or
14 physicians, as outlined in the collaboration agreement, if the
15 practice is located in a rural area as identified by the department
16 under RCW 70.180.011 or in an underserved area as designated by the
17 health resources and services administration as a medically
18 underserved area or having a medically underserved population. The
19 physician assistant must complete continuing education related to
20 that specialty while performing services outside the specialty of the
21 physician assistant's participating physician or physicians.

22 (4) A physician assistant working with an anesthesiologist who is
23 acting as a participating physician as defined in RCW 18.71A.010 to
24 deliver general anesthesia or intrathecal anesthesia pursuant to a
25 ~~((practice))~~ collaboration agreement ~~((with a physician))~~ shall show
26 evidence of adequate education and training in the delivery of the
27 type of anesthesia being delivered on ~~((his or her practice~~
28 ~~agreement))~~ the physician assistant's collaboration agreement as
29 stipulated by the commission.

30 **Sec. 6.** RCW 18.71A.050 and 2020 c 80 s 7 are each amended to
31 read as follows:

32 No physician or employer who enters into a ~~((practice))~~
33 collaboration agreement with a licensed physician assistant in
34 accordance with and within the terms of any permission granted by the
35 commission is considered as aiding and abetting an unlicensed person
36 to practice medicine. The ~~((supervising physician and))~~ physician
37 assistant shall ~~((each))~~ retain ~~((professional and personal))~~
38 responsibility for any act which constitutes the practice of medicine
39 as defined in RCW 18.71.011 or the practice of osteopathic medicine

1 and surgery as defined in RCW 18.57.001 when performed by the
2 physician assistant.

3 **Sec. 7.** RCW 18.71A.090 and 2020 c 80 s 8 are each amended to
4 read as follows:

5 (1) A physician assistant may sign and attest to any
6 certificates, cards, forms, or other required documentation that the
7 physician assistant's (~~supervising~~) participating physician or
8 physician group may sign, provided that it is within the physician
9 assistant's scope of practice and is consistent with the terms of the
10 physician assistant's (~~practice~~) collaboration agreement as
11 required by this chapter.

12 (2) Notwithstanding any federal law, rule, or medical staff bylaw
13 provision to the contrary, a physician is not required to countersign
14 orders written in a patient's clinical record or an official form by
15 a physician assistant with whom the physician has a (~~practice~~)
16 collaboration agreement.

17 **Sec. 8.** RCW 18.71A.120 and 2020 c 80 s 6 are each amended to
18 read as follows:

19 (1) (a) Prior to commencing practice, a physician assistant
20 licensed in Washington state must enter into a (~~practice~~)
21 collaboration agreement (~~(with a physician or group of physicians, at~~
22 ~~least one of whom must be working in a supervisory capacity.~~

23 ~~(a))~~ that identifies at least one participating physician and
24 that is signed by one or more participating physicians or the
25 physician assistant's employer.

26 (b) A collaboration agreement must be signed by a physician if
27 the physician assistant's employer is not a physician.

28 (c) If a participating physician is not a signatory to the
29 collaboration agreement, the participating physician must be provided
30 notice of the agreement and an opportunity to decline participation.

31 Entering into a (~~practice~~) collaboration agreement is voluntary for
32 the physician assistant and the (~~supervising~~) participating
33 physician or employer. A physician may not be compelled to
34 participate in a (~~practice~~) collaboration agreement as a condition
35 of employment.

36 (~~(b))~~ (d) Prior to entering into the (~~practice~~) collaboration
37 agreement, the participating physician(~~s~~) or physicians, employer,
38 or their designee must verify the physician assistant's credentials.

1 ~~((e))~~ (e) The protections of RCW 43.70.075 apply to any
2 participating physician or employer who reports to the commission
3 acts of retaliation or reprisal for declining to sign a ~~((practice))~~
4 collaboration agreement.

5 ~~((d))~~ (f) The ~~((practice))~~ collaboration agreement must be
6 ~~((maintained by the physician assistant's employer or at his or her~~
7 ~~place of work and must be))~~ available either electronically or on
8 paper at the physician assistant's primary location of practice and
9 made available to the commission upon request.

10 ~~((e))~~ (g) The commission shall develop a model ~~((practice))~~
11 collaboration agreement.

12 ~~((f))~~ (h) The commission shall establish administrative
13 procedures, administrative requirements, and fees as provided in RCW
14 43.70.250 and 43.70.280.

15 (2) A ~~((practice))~~ collaboration agreement must include all of
16 the following:

17 (a) The duties and responsibilities of the physician assistant~~((~~
18 ~~the supervising physician, and alternate))~~ and the participating
19 physician or physicians. The ~~((practice))~~ collaboration agreement
20 must describe the supervision or collaboration requirements for
21 specified procedures or areas of practice, depending on the number of
22 postgraduate clinical practice hours completed. The ~~((practice))~~
23 collaboration agreement may only include acts, tasks, or functions
24 that the physician assistant ~~((and supervising physician or alternate~~
25 ~~physicians are))~~ is qualified to perform by education, training, or
26 experience ~~((and that are))~~. The acts, tasks, or functions included
27 in the collaboration agreement must also be within the scope of
28 expertise and clinical practice of ~~((both the physician assistant and~~
29 ~~the supervising physician or alternate physicians))~~ either the
30 participating physician or physicians or the group of physicians
31 within the department or specialty areas in which the physician
32 assistant is practicing, unless otherwise authorized by law, rule, or
33 the commission;

34 (b) A process between the physician assistant and ~~((supervising))~~
35 participating physician or ~~((alternate))~~ physicians for
36 communication, availability, and decision making when providing
37 medical treatment to a patient or in the event of an acute health
38 care crisis not previously covered by the ~~((practice))~~ collaboration
39 agreement, such as a flu pandemic or other unforeseen emergency.

1 Communications may occur in person, electronically, by telephone, or
2 by an alternate method;

3 (c) If there is only one participating physician (~~(party to)~~)
4 identified in the (~~(practice)~~) collaboration agreement, a protocol
5 for designating (~~(an alternate)~~) another participating physician for
6 consultation in situations in which the physician is not available;

7 (d) The signature of the physician assistant and the signature or
8 signatures of the (~~(supervising physician. A practice agreement may~~
9 ~~be signed electronically using a method for electronic signatures~~
10 ~~approved by the commission; and~~

11 ~~(e))~~ participating physician or physicians, or employer;

12 (e) If the physician assistant is working under the supervision
13 of a participating physician, in accordance with RCW 18.71A.030, a
14 plan for how the physician assistant will be supervised;

15 (f) An attestation by the physician assistant of the number of
16 postgraduate clinical practice hours completed, including the number
17 of hours completed in a chosen specialty, at the time the physician
18 assistant signs the collaboration agreement; and

19 (g) A termination provision. A physician assistant or physician
20 may terminate the (~~(practice)~~) collaboration agreement as it applies
21 to a single (~~(supervising)~~) participating physician without
22 terminating the agreement with respect to the remaining participating
23 physicians. If the termination results in no (~~(supervising)~~)
24 participating physician being designated on the agreement, a new
25 (~~(supervising)~~) participating physician must be designated for the
26 agreement to be valid.

27 (i) Except as provided in (~~(e))~~ (g)(ii) of this subsection, the
28 physician assistant or (~~(supervising)~~) participating physician must
29 provide written notice at least thirty days prior to the termination.

30 (ii) The physician assistant or (~~(supervising)~~) participating
31 physician may terminate the (~~(practice)~~) collaboration agreement
32 immediately due to good faith concerns regarding unprofessional
33 conduct or failure to practice medicine while exercising reasonable
34 skill and safety.

35 (3) (~~(A practice agreement may be amended for any reason, such as~~
36 ~~to add or remove supervising physicians or alternate physicians or to~~
37 ~~amend the duties and responsibilities of the physician assistant.~~

38 ~~(4))~~ The physician assistant is responsible for tracking the
39 number of postgraduate clinical hours completed, including the number
40 of hours completed in a chosen specialty.

1 (4) A collaboration agreement may be amended for any reason.

2 (5) Whenever a physician assistant is practicing in a manner
3 inconsistent with the ((practice)) collaboration agreement, the
4 commission may take disciplinary action under chapter 18.130 RCW.

5 ~~((5))~~ (6) Whenever a physician is subject to disciplinary
6 action under chapter 18.130 RCW related to the practice of a
7 physician assistant, the case must be referred to the appropriate
8 disciplining authority.

9 ~~((6))~~ (7) A physician assistant ((or)), physician, or employer
10 may participate in more than one ((practice)) collaboration agreement
11 if ((he or she)) the physician or employer is reasonably able to
12 fulfill the duties and responsibilities in each agreement.

13 ~~((7) A physician may supervise no more than ten physician~~
14 ~~assistants. A physician may petition the commission for a waiver of~~
15 ~~this limit. The commission shall automatically grant a waiver to any~~
16 ~~physician who possesses, on July 1, 2021, a valid waiver to supervise~~
17 ~~more than ten physician assistants. A physician granted a waiver~~
18 ~~under this subsection may not supervise more physician assistants~~
19 ~~than the physician is able to adequately supervise.~~

20 ~~(8) A physician assistant must file with the commission in a form~~
21 ~~acceptable to the commission:~~

22 ~~(a) Each practice agreement into which the physician assistant~~
23 ~~enters under this section;~~

24 ~~(b) Any amendments to the practice agreement; and~~

25 ~~(c) Notice if the practice agreement is terminated)~~ (8) Nothing
26 in this section shall be construed as prohibiting physician
27 assistants from owning their own practice or clinic.

28 **Sec. 9.** RCW 18.71A.150 and 2020 c 80 s 11 are each amended to
29 read as follows:

30 The commission and the board of osteopathic medicine and surgery
31 shall adopt any rules necessary to implement ~~((chapter 80, Laws of~~
32 ~~2020)) requirements related to collaboration agreements entered into~~
33 under this chapter.

34 NEW SECTION. **Sec. 10.** A new section is added to chapter 18.71A
35 RCW to read as follows:

36 A physician assistant practicing under a practice agreement that
37 was entered into before July 1, 2025, may continue to practice under
38 the practice agreement until the physician assistant enters into a

1 collaboration agreement, as defined in RCW 18.71A.010. A physician
2 assistant described in this section shall enter into a collaboration
3 agreement not later than the date on which the physician assistant's
4 license is due for renewal or July 1, 2025, whichever is later.

5 NEW SECTION. **Sec. 11.** A new section is added to chapter 48.43
6 RCW to read as follows:

7 This chapter authorizes carriers to reimburse employers of
8 physician assistants for covered services rendered by licensed
9 physician assistants. Payment for services within the physician
10 assistant's scope of practice must be made when ordered or performed
11 by a physician assistant if the same services would have been covered
12 if ordered or performed by a physician. Physician assistants or their
13 employers, who are billing on behalf of the physician assistant, are
14 authorized to bill for and receive direct payment for the services
15 delivered by physician assistants. A carrier may not impose a
16 practice, education, or collaboration requirement that is
17 inconsistent with or more restrictive than state laws or regulations
18 governing physician assistants.

19 **Sec. 12.** RCW 51.28.100 and 2020 c 80 s 39 are each amended to
20 read as follows:

21 The department shall accept the signature of a physician
22 assistant on any certificate, card, form, or other documentation
23 required by the department that the physician assistant's
24 (~~supervising~~) participating physician or physicians, as defined in
25 RCW 18.71A.010, may sign, provided that it is within the physician
26 assistant's scope of practice, and is consistent with the terms of
27 the physician assistant's (~~practice~~) collaboration agreement as
28 required by chapter 18.71A RCW. Consistent with the terms of this
29 section, the authority of a physician assistant to sign such
30 certificates, cards, forms, or other documentation includes, but is
31 not limited to, the execution of the certificate required in RCW
32 51.28.020. A physician assistant may not rate a worker's permanent
33 partial disability under RCW 51.32.055.

34 **Sec. 13.** RCW 10.77.175 and 2022 c 210 s 22 are each amended to
35 read as follows:

36 (1) Conditional release planning should start at admission and
37 proceed in coordination between the department and the person's

1 managed care organization, or behavioral health administrative
2 services organization if the person is not eligible for medical
3 assistance under chapter 74.09 RCW. If needed, the department shall
4 assist the person to enroll in medical assistance in suspense status
5 under RCW 74.09.670. The state hospital liaison for the managed care
6 organization or behavioral health administrative services
7 organization shall facilitate conditional release planning in
8 collaboration with the department.

9 (2) Less restrictive alternative treatment pursuant to a
10 conditional release order, at a minimum, includes the following
11 services:

12 (a) Assignment of a care coordinator;

13 (b) An intake evaluation with the provider of the conditional
14 treatment;

15 (c) A psychiatric evaluation or a substance use disorder
16 evaluation, or both;

17 (d) A schedule of regular contacts with the provider of the less
18 restrictive alternative treatment services for the duration of the
19 order;

20 (e) A transition plan addressing access to continued services at
21 the expiration of the order;

22 (f) An individual crisis plan;

23 (g) Consultation about the formation of a mental health advance
24 directive under chapter 71.32 RCW;

25 (h) Appointment of a transition team under RCW 10.77.150; and

26 (i) Notification to the care coordinator assigned in (a) of this
27 subsection and to the transition team as provided in RCW 10.77.150 if
28 reasonable efforts to engage the client fail to produce substantial
29 compliance with court-ordered treatment conditions.

30 (3) Less restrictive alternative treatment pursuant to a
31 conditional release order may additionally include requirements to
32 participate in the following services:

33 (a) Medication management;

34 (b) Psychotherapy;

35 (c) Nursing;

36 (d) Substance use disorder counseling;

37 (e) Residential treatment;

38 (f) Partial hospitalization;

39 (g) Intensive outpatient treatment;

40 (h) Support for housing, benefits, education, and employment; and

1 (i) Periodic court review.

2 (4) Nothing in this section prohibits items in subsection (2) of
3 this section from beginning before the conditional release of the
4 individual.

5 (5) If the person was provided with involuntary medication under
6 RCW 10.77.094 or pursuant to a judicial order during the involuntary
7 commitment period, the less restrictive alternative treatment
8 pursuant to the conditional release order may authorize the less
9 restrictive alternative treatment provider or its designee to
10 administer involuntary antipsychotic medication to the person if the
11 provider has attempted and failed to obtain the informed consent of
12 the person and there is a concurring medical opinion approving the
13 medication by a psychiatrist, physician assistant working with a
14 (~~supervising~~) psychiatrist who is acting as a participating
15 physician as defined in RCW 18.71A.010, psychiatric advanced
16 registered nurse practitioner, or physician or physician assistant in
17 consultation with an independent mental health professional with
18 prescribing authority.

19 (6) Less restrictive alternative treatment pursuant to a
20 conditional release order must be administered by a provider that is
21 certified or licensed to provide or coordinate the full scope of
22 services required under the less restrictive alternative order and
23 that has agreed to assume this responsibility.

24 (7) The care coordinator assigned to a person ordered to less
25 restrictive alternative treatment pursuant to a conditional release
26 order must submit an individualized plan for the person's treatment
27 services to the court that entered the order. An initial plan must be
28 submitted as soon as possible following the intake evaluation and a
29 revised plan must be submitted upon any subsequent modification in
30 which a type of service is removed from or added to the treatment
31 plan.

32 (8) A care coordinator may disclose information and records
33 related to mental health treatment under RCW 70.02.230(2)(k) for
34 purposes of implementing less restrictive alternative treatment
35 pursuant to a conditional release order.

36 (9) For the purpose of this section, "care coordinator" means a
37 representative from the department of social and health services who
38 coordinates the activities of less restrictive alternative treatment
39 pursuant to a conditional release order. The care coordinator
40 coordinates activities with the person's transition team that are

1 necessary for enforcement and continuation of the conditional release
2 order and is responsible for coordinating service activities with
3 other agencies and establishing and maintaining a therapeutic
4 relationship with the individual on a continuing basis.

5 **Sec. 14.** RCW 18.71.030 and 2021 c 247 s 1 are each amended to
6 read as follows:

7 Nothing in this chapter shall be construed to apply to or
8 interfere in any way with the practice of religion or any kind of
9 treatment by prayer; nor shall anything in this chapter be construed
10 to prohibit:

11 (1) The furnishing of medical assistance in cases of emergency
12 requiring immediate attention;

13 (2) The domestic administration of family remedies;

14 (3) The administration of oral medication of any nature to
15 students by public school district employees or private elementary or
16 secondary school employees as provided for in chapter 28A.210 RCW;

17 (4) The practice of dentistry, osteopathic medicine and surgery,
18 nursing, chiropractic, podiatric medicine and surgery, optometry,
19 naturopathy, or any other healing art licensed under the methods or
20 means permitted by such license;

21 (5) The practice of medicine in this state by any commissioned
22 medical officer serving in the armed forces of the United States or
23 public health service or any medical officer on duty with the United
24 States veterans administration while such medical officer is engaged
25 in the performance of the duties prescribed for him or her by the
26 laws and regulations of the United States;

27 (6) The consultation through telemedicine or other means by a
28 practitioner, licensed by another state or territory in which he or
29 she resides, with a practitioner licensed in this state who has
30 responsibility for the diagnosis and treatment of the patient within
31 this state;

32 (7) The in-person practice of medicine by any practitioner
33 licensed by another state or territory in which he or she resides,
34 provided that such practitioner shall not open an office or appoint a
35 place of meeting patients or receiving calls within this state;

36 (8) The practice of medicine by a person who is a regular student
37 in a school of medicine approved and accredited by the commission if:

1 (a) The performance of such services is only pursuant to a
2 regular course of instruction or assignments from his or her
3 instructor; or

4 (b) Such services are performed only under the supervision and
5 control of a person licensed pursuant to this chapter; or

6 (c) (i) Such services are performed without compensation or
7 expectation of compensation as part of a volunteer activity;

8 (ii) The student is under the direct supervision and control of a
9 pharmacist licensed under chapter 18.64 RCW, an osteopathic physician
10 and surgeon licensed under chapter 18.57 RCW, or a registered nurse
11 or advanced registered nurse practitioner licensed under chapter
12 18.79 RCW;

13 (iii) The services the student performs are within the scope of
14 practice of: (A) A physician licensed under this chapter; and (B) the
15 person supervising the student;

16 (iv) The school in which the student is enrolled verifies the
17 student has demonstrated competency through his or her education and
18 training to perform the services; and

19 (v) The student provides proof of current malpractice insurance
20 to the volunteer activity organizer prior to performing any services;

21 (9) The practice of medicine by a person serving a period of
22 postgraduate medical training in a program of clinical medical
23 training sponsored by a college or university in this state or by a
24 hospital accredited in this state, however, the performance of such
25 services shall be only pursuant to his or her duties as a trainee;

26 (10) The practice of medicine by a person who is regularly
27 enrolled in a physician assistant program approved by the commission,
28 however, the performance of such services shall be only pursuant to a
29 regular course of instruction in said program and such services are
30 performed only under the supervision and control of a person licensed
31 pursuant to this chapter;

32 (11) The practice of medicine by a licensed physician assistant
33 which practice is performed under the supervision (~~and control~~) of
34 or in collaboration with a physician licensed pursuant to this
35 chapter;

36 (12) The practice of medicine, in any part of this state which
37 shares a common border with Canada and which is surrounded on three
38 sides by water, by a physician licensed to practice medicine and
39 surgery in Canada or any province or territory thereof;

1 (13) The administration of nondental anesthesia by a dentist who
2 has completed a residency in anesthesiology at a school of medicine
3 approved by the commission, however, a dentist allowed to administer
4 nondental anesthesia shall do so only under authorization of the
5 patient's attending surgeon, obstetrician, or psychiatrist, and the
6 commission has jurisdiction to discipline a dentist practicing under
7 this exemption and enjoin or suspend such dentist from the practice
8 of nondental anesthesia according to this chapter and chapter 18.130
9 RCW;

10 (14) Emergency lifesaving service rendered by a physician's
11 trained advanced emergency medical technician and paramedic, as
12 defined in RCW 18.71.200, if the emergency lifesaving service is
13 rendered under the responsible supervision and control of a licensed
14 physician;

15 (15) The provision of clean, intermittent bladder catheterization
16 for students by public school district employees or private school
17 employees as provided for in RCW 18.79.290 and 28A.210.280.

18 **Sec. 15.** RCW 7.68.030 and 2020 c 80 s 12 are each amended to
19 read as follows:

20 (1) It shall be the duty of the director to establish and
21 administer a program of benefits to innocent victims of criminal acts
22 within the terms and limitations of this chapter. The director may
23 apply for and, subject to appropriation, expend federal funds under
24 Public Law 98-473 and any other federal program providing financial
25 assistance to state crime victim compensation programs. The federal
26 funds shall be deposited in the state general fund and may be
27 expended only for purposes authorized by applicable federal law.

28 (2) The director shall:

29 (a) Establish and adopt rules governing the administration of
30 this chapter in accordance with chapter 34.05 RCW;

31 (b) Regulate the proof of accident and extent thereof, the proof
32 of death, and the proof of relationship and the extent of dependency;

33 (c) Supervise the medical, surgical, and hospital treatment to
34 the intent that it may be in all cases efficient and up to the
35 recognized standard of modern surgery;

36 (d) Issue proper receipts for moneys received and certificates
37 for benefits accrued or accruing;

38 (e) Designate a medical director who is licensed under chapter
39 18.57 or 18.71 RCW;

1 (f) Supervise the providing of prompt and efficient care and
2 treatment, including care provided by physician assistants governed
3 by the provisions of chapter 18.71A RCW, (~~acting under a supervising~~
4 ~~physician,~~) including chiropractic care, and including care provided
5 by licensed advanced registered nurse practitioners, to victims at
6 the least cost consistent with promptness and efficiency, without
7 discrimination or favoritism, and with as great uniformity as the
8 various and diverse surrounding circumstances and locations of
9 industries will permit and to that end shall, from time to time,
10 establish and adopt and supervise the administration of printed
11 forms, electronic communications, rules, regulations, and practices
12 for the furnishing of such care and treatment. The medical coverage
13 decisions of the department do not constitute a "rule" as used in RCW
14 34.05.010(16), nor are such decisions subject to the rule-making
15 provisions of chapter 34.05 RCW except that criteria for establishing
16 medical coverage decisions shall be adopted by rule. The department
17 may recommend to a victim particular health care services and
18 providers where specialized treatment is indicated or where cost-
19 effective payment levels or rates are obtained by the department, and
20 the department may enter into contracts for goods and services
21 including, but not limited to, durable medical equipment so long as
22 statewide access to quality service is maintained for injured
23 victims;

24 (g) In consultation with interested persons, establish and, in
25 his or her discretion, periodically change as may be necessary, and
26 make available a fee schedule of the maximum charges to be made by
27 any physician, surgeon, chiropractor, hospital, druggist, licensed
28 advanced registered nurse practitioner, (~~and~~) physician assistants
29 as defined in chapter 18.71A RCW, acting under (~~a supervising~~
30 ~~physician~~) the supervision of or in coordination with a
31 participating physician, as defined in RCW 18.71A.010, or other
32 agency or person rendering services to victims. The department shall
33 coordinate with other state purchasers of health care services to
34 establish as much consistency and uniformity in billing and coding
35 practices as possible, taking into account the unique requirements
36 and differences between programs. No service covered under this
37 title, including services provided to victims, whether aliens or
38 other victims, who are not residing in the United States at the time
39 of receiving the services, shall be charged or paid at a rate or
40 rates exceeding those specified in such fee schedule, and no contract

1 providing for greater fees shall be valid as to the excess. The
2 establishment of such a schedule, exclusive of conversion factors,
3 does not constitute "agency action" as used in RCW 34.05.010(3), nor
4 does such a fee schedule constitute a "rule" as used in RCW
5 34.05.010(16). Payments for providers' services under the fee
6 schedule established pursuant to this subsection (2) may not be less
7 than payments provided for comparable services under the workers'
8 compensation program under Title 51 RCW, provided:

9 (i) If the department, using caseload estimates, projects a
10 deficit in funding for the program by July 15th for the following
11 fiscal year, the director shall notify the governor and the
12 appropriate committees of the legislature and request funding
13 sufficient to continue payments to not less than payments provided
14 for comparable services under the workers' compensation program. If
15 sufficient funding is not provided to continue payments to not less
16 than payments provided for comparable services under the workers'
17 compensation program, the director shall reduce the payments under
18 the fee schedule for the following fiscal year based on caseload
19 estimates and available funding, except payments may not be reduced
20 to less than seventy percent of payments for comparable services
21 under the workers' compensation program;

22 (ii) If an unforeseeable catastrophic event results in
23 insufficient funding to continue payments to not less than payments
24 provided for comparable services under the workers' compensation
25 program, the director shall reduce the payments under the fee
26 schedule to not less than seventy percent of payments provided for
27 comparable services under the workers' compensation program, provided
28 that the reduction may not be more than necessary to fund benefits
29 under the program; and

30 (iii) Once sufficient funding is provided or otherwise available,
31 the director shall increase the payments under the fee schedule to
32 not less than payments provided for comparable services under the
33 workers' compensation program;

34 (h) Make a record of the commencement of every disability and the
35 termination thereof and, when bills are rendered for the care and
36 treatment of injured victims, shall approve and pay those which
37 conform to the adopted rules, regulations, established fee schedules,
38 and practices of the director and may reject any bill or item thereof
39 incurred in violation of the principles laid down in this section or

1 the rules, regulations, or the established fee schedules and rules
2 and regulations adopted under it.

3 (3) The director and his or her authorized assistants:

4 (a) Have power to issue subpoenas to enforce the attendance and
5 testimony of witnesses and the production and examination of books,
6 papers, photographs, tapes, and records before the department in
7 connection with any claim made to the department or any billing
8 submitted to the department. The superior court has the power to
9 enforce any such subpoena by proper proceedings;

10 (b) (i) May apply for and obtain a superior court order approving
11 and authorizing a subpoena in advance of its issuance. The
12 application may be made in the county where the subpoenaed person
13 resides or is found, or the county where the subpoenaed records or
14 documents are located, or in Thurston county. The application must
15 (A) state that an order is sought pursuant to this subsection; (B)
16 adequately specify the records, documents, or testimony; and (C)
17 declare under oath that an investigation is being conducted for a
18 lawfully authorized purpose related to an investigation within the
19 department's authority and that the subpoenaed documents or testimony
20 are reasonably related to an investigation within the department's
21 authority.

22 (ii) Where the application under this subsection (3) (b) is made
23 to the satisfaction of the court, the court must issue an order
24 approving the subpoena. An order under this subsection constitutes
25 authority of law for the agency to subpoena the records or testimony.

26 (iii) The director and his or her authorized assistants may seek
27 approval and a court may issue an order under this subsection without
28 prior notice to any person, including the person to whom the subpoena
29 is directed and the person who is the subject of an investigation.

30 (4) In all hearings, actions, or proceedings before the
31 department, any physician or licensed advanced registered nurse
32 practitioner having theretofore examined or treated the claimant may
33 be required to testify fully regarding such examination or treatment,
34 and shall not be exempt from so testifying by reason of the relation
35 of the physician or licensed advanced registered nurse practitioner
36 to the patient.

37 **Sec. 16.** RCW 51.04.030 and 2020 c 80 s 38 are each amended to
38 read as follows:

1 (1) The director shall supervise the providing of prompt and
2 efficient care and treatment, including care provided by physician
3 assistants governed by the provisions of chapter 18.71A RCW, (~~acting~~
4 ~~under a supervising physician,~~) including chiropractic care, and
5 including care provided by licensed advanced registered nurse
6 practitioners, to workers injured during the course of their
7 employment at the least cost consistent with promptness and
8 efficiency, without discrimination or favoritism, and with as great
9 uniformity as the various and diverse surrounding circumstances and
10 locations of industries will permit and to that end shall, from time
11 to time, establish and adopt and supervise the administration of
12 printed forms, rules, regulations, and practices for the furnishing
13 of such care and treatment: PROVIDED, That the medical coverage
14 decisions of the department do not constitute a "rule" as used in RCW
15 34.05.010(16), nor are such decisions subject to the rule-making
16 provisions of chapter 34.05 RCW except that criteria for establishing
17 medical coverage decisions shall be adopted by rule after
18 consultation with the workers' compensation advisory committee
19 established in RCW 51.04.110: PROVIDED FURTHER, That the department
20 may recommend to an injured worker particular health care services
21 and providers where specialized treatment is indicated or where cost-
22 effective payment levels or rates are obtained by the department: AND
23 PROVIDED FURTHER, That the department may enter into contracts for
24 goods and services including, but not limited to, durable medical
25 equipment so long as statewide access to quality service is
26 maintained for injured workers.

27 (2) The director shall, in consultation with interested persons,
28 establish and, in his or her discretion, periodically change as may
29 be necessary, and make available a fee schedule of the maximum
30 charges to be made by any physician, surgeon, chiropractor, hospital,
31 druggist, licensed advanced registered nurse practitioner,
32 physician(~~s~~) assistants as defined in chapter 18.71A RCW, acting
33 under (~~a supervising physician~~) the supervision of or in
34 coordination with a participating physician, as defined in RCW
35 18.71A.010, or other agency or person rendering services to injured
36 workers. The department shall coordinate with other state purchasers
37 of health care services to establish as much consistency and
38 uniformity in billing and coding practices as possible, taking into
39 account the unique requirements and differences between programs. No
40 service covered under this title, including services provided to

1 injured workers, whether aliens or other injured workers, who are not
2 residing in the United States at the time of receiving the services,
3 shall be charged or paid at a rate or rates exceeding those specified
4 in such fee schedule, and no contract providing for greater fees
5 shall be valid as to the excess. The establishment of such a
6 schedule, exclusive of conversion factors, does not constitute
7 "agency action" as used in RCW 34.05.010(3), nor does such a fee
8 schedule and its associated billing or payment instructions and
9 policies constitute a "rule" as used in RCW 34.05.010(16).

10 (3) The director or self-insurer, as the case may be, shall make
11 a record of the commencement of every disability and the termination
12 thereof and, when bills are rendered for the care and treatment of
13 injured workers, shall approve and pay those which conform to the
14 adopted rules, regulations, established fee schedules, and practices
15 of the director and may reject any bill or item thereof incurred in
16 violation of the principles laid down in this section or the rules,
17 regulations, or the established fee schedules and rules and
18 regulations adopted under it.

19 **Sec. 17.** RCW 69.50.101 and 2023 c 365 s 2 and 2023 c 220 s 6 are
20 each reenacted and amended to read as follows:

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

23 ~~((a) — [(1)]))~~ (1) "Administer" means to apply a controlled
24 substance, whether by injection, inhalation, ingestion, or any other
25 means, directly to the body of a patient or research subject by:

26 ~~((1) — [(a)]))~~ (a) a practitioner authorized to prescribe (or, by
27 the practitioner's authorized agent); or

28 ~~((2) — [(b)]))~~ (b) the patient or research subject at the
29 direction and in the presence of the practitioner.

30 ~~((b) — [(2)]))~~ (2) "Agent" means an authorized person who acts on
31 behalf of or at the direction of a manufacturer, distributor, or
32 dispenser. It does not include a common or contract carrier, public
33 warehouseperson, or employee of the carrier or warehouseperson.

34 ~~((c) — [(3)]))~~ (3) "Board" means the Washington state liquor and
35 cannabis board.

36 ~~((d) — [(4)]))~~ (4) "Cannabis" means all parts of the plant
37 *Cannabis*, whether growing or not, with a THC concentration greater
38 than 0.3 percent on a dry weight basis during the growing cycle
39 through harvest and usable cannabis. "Cannabis" does not include hemp

1 or industrial hemp as defined in RCW 15.140.020, or seeds used for
2 licensed hemp production under chapter 15.140 RCW.

3 ~~((e) — [(5)])~~ (5) "Cannabis concentrates" means products
4 consisting wholly or in part of the resin extracted from any part of
5 the plant *Cannabis* and having a THC concentration greater than ten
6 percent.

7 ~~((f) — [(6)])~~ (6) "Cannabis processor" means a person licensed by
8 the board to process cannabis into cannabis concentrates, useable
9 cannabis, and cannabis-infused products, package and label cannabis
10 concentrates, useable cannabis, and cannabis-infused products for
11 sale in retail outlets, and sell cannabis concentrates, useable
12 cannabis, and cannabis-infused products at wholesale to cannabis
13 retailers.

14 ~~((g) — [(7)])~~ (7) "Cannabis producer" means a person licensed by
15 the board to produce and sell cannabis at wholesale to cannabis
16 processors and other cannabis producers.

17 ~~((h)(1) — [(8)(a)])~~ (8)(a) "Cannabis products" means useable
18 cannabis, cannabis concentrates, and cannabis-infused products as
19 defined in this section, including any product intended to be
20 consumed or absorbed inside the body by any means including
21 inhalation, ingestion, or insertion, with any detectable amount of
22 THC.

23 ~~((2) — [(b)])~~ (b) "Cannabis products" also means any product
24 containing only THC content.

25 ~~((3) — [(e)])~~ (c) "Cannabis products" does not include cannabis
26 health and beauty aids as defined in RCW 69.50.575 or products
27 approved by the United States food and drug administration.

28 ~~((i) — [(9)])~~ (9) "Cannabis researcher" means a person licensed
29 by the board to produce, process, and possess cannabis for the
30 purposes of conducting research on cannabis and cannabis-derived drug
31 products.

32 ~~((j) — [(10)])~~ (10) "Cannabis retailer" means a person licensed
33 by the board to sell cannabis concentrates, useable cannabis, and
34 cannabis-infused products in a retail outlet.

35 ~~((k) — [(11)])~~ (11) "Cannabis-infused products" means products
36 that contain cannabis or cannabis extracts, are intended for human
37 use, are derived from cannabis as defined in subsection ~~((d) — [(4)])~~
38 (4) of this section, and have a THC concentration no greater than ten
39 percent. The term "cannabis-infused products" does not include either
40 useable cannabis or cannabis concentrates.

1 (~~(1)~~—~~[(12)]~~) (12) "CBD concentration" has the meaning provided
2 in RCW 69.51A.010.

3 (~~(m)~~—~~[(13)]~~) (13) "CBD product" means any product containing or
4 consisting of cannabidiol.

5 (~~(n)~~—~~[(14)]~~) (14) "Commission" means the pharmacy quality
6 assurance commission.

7 (~~(o)~~—~~[(15)]~~) (15) "Controlled substance" means a drug,
8 substance, or immediate precursor included in Schedules I through V
9 as set forth in federal or state laws, or federal or commission
10 rules, but does not include hemp or industrial hemp as defined in RCW
11 15.140.020.

12 (~~(p)~~ ~~(1)~~—~~[(16)(a)]~~) (16)(a) "Controlled substance analog" means
13 a substance the chemical structure of which is substantially similar
14 to the chemical structure of a controlled substance in Schedule I or
15 II and:

16 (i) that has a stimulant, depressant, or hallucinogenic effect on
17 the central nervous system substantially similar to the stimulant,
18 depressant, or hallucinogenic effect on the central nervous system of
19 a controlled substance included in Schedule I or II; or

20 (ii) with respect to a particular individual, that the individual
21 represents or intends to have a stimulant, depressant, or
22 hallucinogenic effect on the central nervous system substantially
23 similar to the stimulant, depressant, or hallucinogenic effect on the
24 central nervous system of a controlled substance included in Schedule
25 I or II.

26 (~~(2)~~—~~[(b)]~~) (b) The term does not include:

27 (i) a controlled substance;

28 (ii) a substance for which there is an approved new drug
29 application;

30 (iii) a substance with respect to which an exemption is in effect
31 for investigational use by a particular person under Section 505 of
32 the federal food, drug, and cosmetic act, 21 U.S.C. Sec. 355, or
33 chapter 69.77 RCW to the extent conduct with respect to the substance
34 is pursuant to the exemption; or

35 (iv) any substance to the extent not intended for human
36 consumption before an exemption takes effect with respect to the
37 substance.

38 (~~(q)~~—~~[(17)]~~) (17) "Deliver" or "delivery" means the actual or
39 constructive transfer from one person to another of a substance,
40 whether or not there is an agency relationship.

1 (~~(r)~~[(18)]) (18) "Department" means the department of health.

2 (~~(s)~~[(19)]) (19) "Designated provider" has the meaning
3 provided in RCW 69.51A.010.

4 (~~(t)~~[(20)]) (20) "Dispense" means the interpretation of a
5 prescription or order for a controlled substance and, pursuant to
6 that prescription or order, the proper selection, measuring,
7 compounding, labeling, or packaging necessary to prepare that
8 prescription or order for delivery.

9 (~~(u)~~[(21)]) (21) "Dispenser" means a practitioner who
10 dispenses.

11 (~~(v)~~[(22)]) (22) "Distribute" means to deliver other than by
12 administering or dispensing a controlled substance.

13 (~~(w)~~[(23)]) (23) "Distributor" means a person who distributes.

14 (~~(x)~~[(24)]) (24) "Drug" means (~~(1)~~[(a)]) (a) a controlled
15 substance recognized as a drug in the official United States
16 pharmacopoeia/national formulary or the official homeopathic
17 pharmacopoeia of the United States, or any supplement to them; (~~(2)~~
18 ~~[(b)]~~) (b) controlled substances intended for use in the diagnosis,
19 cure, mitigation, treatment, or prevention of disease in individuals
20 or animals; (~~(3)~~[(c)]) (c) controlled substances (other than food)
21 intended to affect the structure or any function of the body of
22 individuals or animals; and (~~(4)~~[(d)]) (d) controlled substances
23 intended for use as a component of any article specified in (~~(1)~~,
24 ~~(2)~~, or ~~(3)~~ [(a), (b), or (c)]) (a), (b), or (c) of this subsection.
25 The term does not include devices or their components, parts, or
26 accessories.

27 (~~(y)~~[(25)]) (25) "Drug enforcement administration" means the
28 drug enforcement administration in the United States Department of
29 Justice, or its successor agency.

30 (~~(z)~~[(26)]) (26) "Electronic communication of prescription
31 information" means the transmission of a prescription or refill
32 authorization for a drug of a practitioner using computer systems.
33 The term does not include a prescription or refill authorization
34 verbally transmitted by telephone nor a facsimile manually signed by
35 the practitioner.

36 (~~(aa)~~[(27)]) (27) "Immature plant or clone" means a plant or
37 clone that has no flowers, is less than twelve inches in height, and
38 is less than twelve inches in diameter.

39 (~~(bb)~~[(28)]) (28) "Immediate precursor" means a substance:

1 (~~(1)~~~~[(a)]~~) (a) that the commission has found to be and by rule
2 designates as being the principal compound commonly used, or produced
3 primarily for use, in the manufacture of a controlled substance;

4 (~~(2)~~~~[(b)]~~) (b) that is an immediate chemical intermediary used
5 or likely to be used in the manufacture of a controlled substance;
6 and

7 (~~(3)~~~~[(e)]~~) (c) the control of which is necessary to prevent,
8 curtail, or limit the manufacture of the controlled substance.

9 (~~(ee)~~~~[(29)]~~) (29) "Isomer" means an optical isomer, but in
10 subsection (~~(gg)~~~~(5)~~~~[(33)(e)]~~) (33)(e) of this section, RCW
11 69.50.204(~~(a)~~~~(12)~~ and ~~(34)~~~~[(1)(1) and (hh)]~~) (1)(1) and (hh),
12 and 69.50.206(~~(b)~~~~(4)~~~~[(2)(d)]~~) (2)(d), the term includes any
13 geometrical isomer; in RCW 69.50.204(~~(a)~~~~(8)~~ and ~~(42)~~~~[(1)(h) and~~
14 ~~(pp)]~~) (1)(h) and (pp), and 69.50.210(~~(e)~~~~[(3)]~~) (3) the term
15 includes any positional isomer; and in RCW 69.50.204(~~(a)~~~~(35)~~
16 ~~[(1)(ii)]~~) (1)(ii), 69.50.204(~~(e)~~~~[(3)]~~) (3), and 69.50.208(~~(a)~~
17 ~~[(1)]~~) (1) the term includes any positional or geometric isomer.

18 (~~(dd)~~~~[(30)]~~) (30) "Lot" means a definite quantity of cannabis,
19 cannabis concentrates, useable cannabis, or cannabis-infused product
20 identified by a lot number, every portion or package of which is
21 uniform within recognized tolerances for the factors that appear in
22 the labeling.

23 (~~(ee)~~~~[(31)]~~) (31) "Lot number" must identify the licensee by
24 business or trade name and Washington state unified business
25 identifier number, and the date of harvest or processing for each lot
26 of cannabis, cannabis concentrates, useable cannabis, or cannabis-
27 infused product.

28 (~~(ff)~~~~[(32)]~~) (32) "Manufacture" means the production,
29 preparation, propagation, compounding, conversion, or processing of a
30 controlled substance, either directly or indirectly or by extraction
31 from substances of natural origin, or independently by means of
32 chemical synthesis, or by a combination of extraction and chemical
33 synthesis, and includes any packaging or repackaging of the substance
34 or labeling or relabeling of its container. The term does not include
35 the preparation, compounding, packaging, repackaging, labeling, or
36 relabeling of a controlled substance:

37 (~~(1)~~~~[(a)]~~) (a) by a practitioner as an incident to the
38 practitioner's administering or dispensing of a controlled substance
39 in the course of the practitioner's professional practice; or

1 (~~(2)~~—~~(b)~~) (b) by a practitioner, or by the practitioner's
2 authorized agent under the practitioner's supervision, for the
3 purpose of, or as an incident to, research, teaching, or chemical
4 analysis and not for sale.

5 (~~(gg)~~—~~(33)~~) (33) "Narcotic drug" means any of the following,
6 whether produced directly or indirectly by extraction from substances
7 of vegetable origin, or independently by means of chemical synthesis,
8 or by a combination of extraction and chemical synthesis:

9 (~~(1)~~—~~(a)~~) (a) Opium, opium derivative, and any derivative of
10 opium or opium derivative, including their salts, isomers, and salts
11 of isomers, whenever the existence of the salts, isomers, and salts
12 of isomers is possible within the specific chemical designation. The
13 term does not include the isoquinoline alkaloids of opium.

14 (~~(2)~~—~~(b)~~) (b) Synthetic opiate and any derivative of
15 synthetic opiate, including their isomers, esters, ethers, salts, and
16 salts of isomers, esters, and ethers, whenever the existence of the
17 isomers, esters, ethers, and salts is possible within the specific
18 chemical designation.

19 (~~(3)~~—~~(c)~~) (c) Poppy straw and concentrate of poppy straw.

20 (~~(4)~~—~~(d)~~) (d) Coca leaves, except coca leaves and extracts of
21 coca leaves from which cocaine, ecgonine, and derivatives or ecgonine
22 or their salts have been removed.

23 (~~(5)~~—~~(e)~~) (e) Cocaine, or any salt, isomer, or salt of isomer
24 thereof.

25 (~~(6)~~—~~(f)~~) (f) Cocaine base.

26 (~~(7)~~—~~(g)~~) (g) Ecgonine, or any derivative, salt, isomer, or
27 salt of isomer thereof.

28 (~~(8)~~—~~(h)~~) (h) Any compound, mixture, or preparation
29 containing any quantity of any substance referred to in (~~(1)~~—~~(a)~~)
30 (a) through (~~(7)~~—~~(g)~~) (g) of this subsection.

31 (~~(hh)~~—~~(34)~~) (34) "Opiate" means any substance having an
32 addiction-forming or addiction-sustaining liability similar to
33 morphine or being capable of conversion into a drug having addiction-
34 forming or addiction-sustaining liability. The term includes opium,
35 substances derived from opium (opium derivatives), and synthetic
36 opiates. The term does not include, unless specifically designated as
37 controlled under RCW 69.50.201, the dextrorotatory isomer of 3-
38 methoxy-n-methylmorphinan and its salts (dextromethorphan). The term
39 includes the racemic and levorotatory forms of dextromethorphan.

1 (~~((ii)–[(35)])~~) (35) "Opium poppy" means the plant of the species
2 Papaver somniferum L., except its seeds.

3 (~~((jj)–[(36)])~~) (36) "Package" means a container that has a
4 single unit or group of units.

5 (~~((kk)–[(37)])~~) (37) "Person" means individual, corporation,
6 business trust, estate, trust, partnership, association, joint
7 venture, government, governmental subdivision or agency, or any other
8 legal or commercial entity.

9 (~~((ll)–[(38)])~~) (38) "Plant" has the meaning provided in RCW
10 69.51A.010.

11 (~~((mm)–[(39)])~~) (39) "Poppy straw" means all parts, except the
12 seeds, of the opium poppy, after mowing.

13 (~~((nn)–[(40)])~~) (40) "Practitioner" means:

14 (~~((1)–[(a)])~~) (a) A physician under chapter 18.71 RCW; a physician
15 assistant under chapter 18.71A RCW; an osteopathic physician and
16 surgeon under chapter 18.57 RCW; an optometrist licensed under
17 chapter 18.53 RCW who is certified by the optometry board under RCW
18 18.53.010 subject to any limitations in RCW 18.53.010; a dentist
19 under chapter 18.32 RCW; a podiatric physician and surgeon under
20 chapter 18.22 RCW; a veterinarian under chapter 18.92 RCW; a
21 registered nurse, advanced registered nurse practitioner, or licensed
22 practical nurse under chapter 18.79 RCW; a naturopathic physician
23 under chapter 18.36A RCW who is licensed under RCW 18.36A.030 subject
24 to any limitations in RCW 18.36A.040; a pharmacist under chapter
25 18.64 RCW or a scientific investigator under this chapter, licensed,
26 registered or otherwise permitted insofar as is consistent with those
27 licensing laws to distribute, dispense, conduct research with respect
28 to or administer a controlled substance in the course of their
29 professional practice or research in this state.

30 (~~((2)–[(b)])~~) (b) A pharmacy, hospital or other institution
31 licensed, registered, or otherwise permitted to distribute, dispense,
32 conduct research with respect to or to administer a controlled
33 substance in the course of professional practice or research in this
34 state.

35 (~~((3)–[(e)])~~) (c) A physician licensed to practice medicine and
36 surgery, a physician licensed to practice osteopathic medicine and
37 surgery, a dentist licensed to practice dentistry, a podiatric
38 physician and surgeon licensed to practice podiatric medicine and
39 surgery, a licensed physician assistant or a licensed osteopathic
40 physician assistant specifically approved to prescribe controlled

1 substances by his or her state's medical commission or equivalent and
2 his or her (~~(supervising)~~) participating physician as defined in RCW
3 18.71A.010, an advanced registered nurse practitioner licensed to
4 prescribe controlled substances, or a veterinarian licensed to
5 practice veterinary medicine in any state of the United States.

6 (~~((oo))~~ [(41)]) (41) "Prescription" means an order for controlled
7 substances issued by a practitioner duly authorized by law or rule in
8 the state of Washington to prescribe controlled substances within the
9 scope of his or her professional practice for a legitimate medical
10 purpose.

11 (~~((pp))~~ [(42)]) (42) "Production" includes the manufacturing,
12 planting, cultivating, growing, or harvesting of a controlled
13 substance.

14 (~~((qq))~~ [(43)]) (43) "Qualifying patient" has the meaning
15 provided in RCW 69.51A.010.

16 (~~((rr))~~ [(44)]) (44) "Recognition card" has the meaning provided
17 in RCW 69.51A.010.

18 (~~((ss))~~ [(45)]) (45) "Retail outlet" means a location licensed by
19 the board for the retail sale of cannabis concentrates, useable
20 cannabis, and cannabis-infused products.

21 (~~((tt))~~ [(46)]) (46) "Secretary" means the secretary of health or
22 the secretary's designee.

23 (~~((uu))~~ [(47)]) (47) "Social equity plan" means a plan that
24 addresses at least some of the elements outlined in this subsection
25 (~~((uu))~~ [(47)]) (47), along with any additional plan components or
26 requirements approved by the board following consultation with the
27 task force created in RCW 69.50.336. The plan may include:

28 (~~((1))~~ [(a)]) (a) A statement that indicates how the cannabis
29 licensee will work to promote social equity goals in their community;

30 (~~((2))~~ [(b)]) (b) A description of how the cannabis licensee will
31 meet social equity goals as defined in RCW 69.50.335;

32 (~~((3))~~ [(c)]) (c) The composition of the workforce the licensee
33 has employed or intends to hire; and

34 (~~((4))~~ [(d)]) (d) Business plans involving partnerships or
35 assistance to organizations or residents with connections to
36 populations with a history of high rates of enforcement of cannabis
37 prohibition.

38 (~~((vv))~~ [(48)]) (48) "State," unless the context otherwise
39 requires, means a state of the United States, the District of

1 Columbia, the Commonwealth of Puerto Rico, or a territory or insular
2 possession subject to the jurisdiction of the United States.

3 (~~(ww)~~ [(49)]) (49) "THC concentration" means percent of
4 tetrahydrocannabinol content of any part of the plant *Cannabis*, or
5 per volume or weight of cannabis product, or the combined percent of
6 tetrahydrocannabinol and tetrahydrocannabinolic acid in any part of
7 the plant *Cannabis* regardless of moisture content.

8 (~~(xx)~~ [(50)]) (50) "Ultimate user" means an individual who
9 lawfully possesses a controlled substance for the individual's own
10 use or for the use of a member of the individual's household or for
11 administering to an animal owned by the individual or by a member of
12 the individual's household.

13 (~~(yy)~~ [(51)]) (51) "Unit" means an individual consumable item
14 within a package of one or more consumable items in solid, liquid,
15 gas, or any form intended for human consumption.

16 (~~(zz)~~ [(52)]) (52) "Useable cannabis" means dried cannabis
17 flowers. The term "useable cannabis" does not include either
18 cannabis-infused products or cannabis concentrates.

19 (~~(aaa)~~ [(53)]) (53) "Youth access" means the level of interest
20 persons under the age of twenty-one may have in a vapor product, as
21 well as the degree to which the product is available or appealing to
22 such persons, and the likelihood of initiation, use, or addiction by
23 adolescents and young adults.

24 **Sec. 18.** RCW 71.05.020 and 2023 c 433 s 3 and 2023 c 425 s 20
25 are each reenacted and amended to read as follows:

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

28 (1) "23-hour crisis relief center" has the same meaning as under
29 RCW 71.24.025;

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

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

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

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

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

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

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

17 (9) "Behavioral health service provider" means a public or
18 private agency that provides mental health, substance use disorder,
19 or co-occurring disorder services to persons with behavioral health
20 disorders as defined under this section and receives funding from
21 public sources. This includes, but is not limited to: Hospitals
22 licensed under chapter 70.41 RCW; evaluation and treatment facilities
23 as defined in this section; community mental health service delivery
24 systems or community behavioral health programs as defined in RCW
25 71.24.025; licensed or certified behavioral health agencies under RCW
26 71.24.037; facilities conducting competency evaluations and
27 restoration under chapter 10.77 RCW; approved substance use disorder
28 treatment programs as defined in this section; secure withdrawal
29 management and stabilization facilities as defined in this section;
30 and correctional facilities operated by state and local governments;

31 (10) "Co-occurring disorder specialist" means an individual
32 possessing an enhancement granted by the department of health under
33 chapter 18.205 RCW that certifies the individual to provide substance
34 use disorder counseling subject to the practice limitations under RCW
35 18.205.105;

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

1 (12) "Community behavioral health agency" has the same meaning as
2 "licensed or certified behavioral health agency" defined in RCW
3 71.24.025;

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

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

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

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

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

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

25 (19) "Developmental disabilities professional" means a person who
26 has specialized training and three years of experience in directly
27 treating or working with persons with developmental disabilities and
28 is a psychiatrist, physician assistant working with a (~~supervising~~)
29 psychiatrist who is acting as a participating physician as defined in
30 RCW 18.71A.010, psychologist, psychiatric advanced registered nurse
31 practitioner, or social worker, and such other developmental
32 disabilities professionals as may be defined by rules adopted by the
33 secretary of the department of social and health services;

34 (20) "Developmental disability" means that condition defined in
35 RCW 71A.10.020(6);

36 (21) "Director" means the director of the authority;

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

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

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

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

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

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

38 (28) "History of one or more violent acts" refers to the period
39 of time ten years prior to the filing of a petition under this
40 chapter, excluding any time spent, but not any violent acts

1 committed, in a behavioral health facility, or in confinement as a
2 result of a criminal conviction;

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

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

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

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

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

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

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

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

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

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

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

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

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

37 (35) "Less restrictive alternative treatment" means a program of
38 individualized treatment in a less restrictive setting than inpatient
39 treatment that includes the services described in RCW 71.05.585. This
40 term includes: Treatment pursuant to a less restrictive alternative

1 treatment order under RCW 71.05.240 or 71.05.320; treatment pursuant
2 to a conditional release under RCW 71.05.340; and treatment pursuant
3 to an assisted outpatient treatment order under RCW 71.05.148;

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

7 (37) "Likelihood of serious harm" means:

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

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

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

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

25 (40) "Mental health professional" means an individual practicing
26 within the mental health professional's statutory scope of practice
27 who is:

28 (a) A psychiatrist, psychologist, physician assistant working
29 with a (~~supervising~~) psychiatrist who is acting as a participating
30 physician as defined in RCW 18.71A.010, psychiatric advanced
31 registered nurse practitioner, psychiatric nurse, or social worker,
32 as defined in this chapter and chapter 71.34 RCW;

33 (b) A mental health counselor, mental health counselor associate,
34 marriage and family therapist, or marriage and family therapist
35 associate, as defined in chapter 18.225 RCW; or

36 (c) A certified or licensed agency affiliated counselor, as
37 defined in chapter 18.19 RCW;

38 (41) "Peace officer" means a law enforcement official of a public
39 agency or governmental unit, and includes persons specifically given

1 peace officer powers by any state law, local ordinance, or judicial
2 order of appointment;

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

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

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

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

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

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

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

38 (49) "Release" means legal termination of the commitment under
39 the provisions of this chapter;

1 (50) "Resource management services" has the meaning given in
2 chapter 71.24 RCW;

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

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

12 (a) Provide the following services:

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

15 (ii) Clinical stabilization services;

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

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

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

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

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

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

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

38 (56) "Therapeutic court personnel" means the staff of a mental
39 health court or other therapeutic court which has jurisdiction over
40 defendants who are dually diagnosed with mental disorders, including

1 court personnel, probation officers, a court monitor, prosecuting
2 attorney, or defense counsel acting within the scope of therapeutic
3 court duties;

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

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

30 (59) "Violent act" means behavior that resulted in homicide,
31 attempted suicide, injury, or substantial loss or damage to property.

32 **Sec. 19.** RCW 71.05.020 and 2023 c 433 s 4 and 2023 c 425 s 21
33 are each reenacted and amended to read as follows:

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

36 (1) "23-hour crisis relief center" has the same meaning as under
37 RCW 71.24.025;

38 (2) "Admission" or "admit" means a decision by a physician,
39 physician assistant, or psychiatric advanced registered nurse

1 practitioner that a person should be examined or treated as a patient
2 in a hospital;

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

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

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

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

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

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

25 (9) "Behavioral health service provider" means a public or
26 private agency that provides mental health, substance use disorder,
27 or co-occurring disorder services to persons with behavioral health
28 disorders as defined under this section and receives funding from
29 public sources. This includes, but is not limited to: Hospitals
30 licensed under chapter 70.41 RCW; evaluation and treatment facilities
31 as defined in this section; community mental health service delivery
32 systems or community behavioral health programs as defined in RCW
33 71.24.025; licensed or certified behavioral health agencies under RCW
34 71.24.037; facilities conducting competency evaluations and
35 restoration under chapter 10.77 RCW; approved substance use disorder
36 treatment programs as defined in this section; secure withdrawal
37 management and stabilization facilities as defined in this section;
38 and correctional facilities operated by state and local governments;

39 (10) "Co-occurring disorder specialist" means an individual
40 possessing an enhancement granted by the department of health under

1 chapter 18.205 RCW that certifies the individual to provide substance
2 use disorder counseling subject to the practice limitations under RCW
3 18.205.105;

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

7 (12) "Community behavioral health agency" has the same meaning as
8 "licensed or certified behavioral health agency" defined in RCW
9 71.24.025;

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

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

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

22 (16) "Department" means the department of health;

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

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

31 (19) "Developmental disabilities professional" means a person who
32 has specialized training and three years of experience in directly
33 treating or working with persons with developmental disabilities and
34 is a psychiatrist, physician assistant working with a (~~supervising~~)
35 psychiatrist who is acting as a participating physician as defined in
36 RCW 18.71A.010, psychologist, psychiatric advanced registered nurse
37 practitioner, or social worker, and such other developmental
38 disabilities professionals as may be defined by rules adopted by the
39 secretary of the department of social and health services;

1 (20) "Developmental disability" means that condition defined in
2 RCW 71A.10.020(6);

3 (21) "Director" means the director of the authority;

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

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

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

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

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

1 presented by the person being assisted as manifested by prior charged
2 criminal conduct;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

15 (37) "Likelihood of serious harm" means:

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

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

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

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

33 (40) "Mental health professional" means an individual practicing
34 within the mental health professional's statutory scope of practice
35 who is:

36 (a) A psychiatrist, psychologist, physician assistant working
37 with a (~~supervising~~) psychiatrist who is acting as a participating
38 physician as defined in RCW 18.71A.010, psychiatric advanced
39 registered nurse practitioner, psychiatric nurse, or social worker,
40 as defined in this chapter and chapter 71.34 RCW;

1 (b) A mental health counselor, mental health counselor associate,
2 marriage and family therapist, or marriage and family therapist
3 associate, as defined in chapter 18.225 RCW; or

4 (c) A certified or licensed agency affiliated counselor, as
5 defined in chapter 18.19 RCW;

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

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

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

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

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

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

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

37 (48) "Public agency" means any evaluation and treatment facility
38 or institution, secure withdrawal management and stabilization
39 facility, approved substance use disorder treatment program, or
40 hospital which is conducted for, or includes a department or ward

1 conducted for, the care and treatment of persons with behavioral
2 health disorders, if the agency is operated directly by federal,
3 state, county, or municipal government, or a combination of such
4 governments;

5 (49) "Release" means legal termination of the commitment under
6 the provisions of this chapter;

7 (50) "Resource management services" has the meaning given in
8 chapter 71.24 RCW;

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

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

18 (a) Provide the following services:

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

21 (ii) Clinical stabilization services;

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

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

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

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

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

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

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

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

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

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

32 (59) "Video," unless the context clearly indicates otherwise,
33 means the delivery of behavioral health services through the use of
34 interactive audio and video technology, permitting real-time
35 communication between a person and a designated crisis responder, for
36 the purpose of evaluation. "Video" does not include the use of audio-
37 only telephone, facsimile, email, or store and forward technology.
38 "Store and forward technology" means use of an asynchronous
39 transmission of a person's medical information from a mental health

1 service provider to the designated crisis responder which results in
2 medical diagnosis, consultation, or treatment;

3 (60) "Violent act" means behavior that resulted in homicide,
4 attempted suicide, injury, or substantial loss or damage to property.

5 **Sec. 20.** RCW 71.05.215 and 2020 c 302 s 30 are each amended to
6 read as follows:

7 (1) A person found to be gravely disabled or to present a
8 likelihood of serious harm as a result of a behavioral health
9 disorder has a right to refuse antipsychotic medication unless it is
10 determined that the failure to medicate may result in a likelihood of
11 serious harm or substantial deterioration or substantially prolong
12 the length of involuntary commitment and there is no less intrusive
13 course of treatment than medication in the best interest of that
14 person.

15 (2) The authority shall adopt rules to carry out the purposes of
16 this chapter. These rules shall include:

17 (a) An attempt to obtain the informed consent of the person prior
18 to administration of antipsychotic medication.

19 (b) For short-term treatment up to thirty days, the right to
20 refuse antipsychotic medications unless there is an additional
21 concurring medical opinion approving medication by a psychiatrist,
22 physician assistant working with a (~~supervising~~) psychiatrist who
23 is acting as a participating physician as defined in RCW 18.71A.010,
24 psychiatric advanced registered nurse practitioner, or physician or
25 physician assistant in consultation with a mental health professional
26 with prescriptive authority.

27 (c) For continued treatment beyond thirty days through the
28 hearing on any petition filed under RCW 71.05.217, the right to
29 periodic review of the decision to medicate by the medical director
30 or designee.

31 (d) Administration of antipsychotic medication in an emergency
32 and review of this decision within twenty-four hours. An emergency
33 exists if the person presents an imminent likelihood of serious harm,
34 and medically acceptable alternatives to administration of
35 antipsychotic medications are not available or are unlikely to be
36 successful; and in the opinion of the physician, physician assistant,
37 or psychiatric advanced registered nurse practitioner, the person's
38 condition constitutes an emergency requiring the treatment be
39 instituted prior to obtaining a second medical opinion.

1 (e) Documentation in the medical record of the attempt by the
2 physician, physician assistant, or psychiatric advanced registered
3 nurse practitioner to obtain informed consent and the reasons why
4 antipsychotic medication is being administered over the person's
5 objection or lack of consent.

6 **Sec. 21.** RCW 71.05.217 and 2020 c 302 s 32 are each amended to
7 read as follows:

8 (1) Insofar as danger to the individual or others is not created,
9 each person involuntarily detained, treated in a less restrictive
10 alternative course of treatment, or committed for treatment and
11 evaluation pursuant to this chapter shall have, in addition to other
12 rights not specifically withheld by law, the following rights, a list
13 of which shall be prominently posted in all facilities, institutions,
14 and hospitals providing such services:

15 (a) To wear his or her own clothes and to keep and use his or her
16 own personal possessions, except when deprivation of same is
17 essential to protect the safety of the resident or other persons;

18 (b) To keep and be allowed to spend a reasonable sum of his or
19 her own money for canteen expenses and small purchases;

20 (c) To have access to individual storage space for his or her
21 private use;

22 (d) To have visitors at reasonable times;

23 (e) To have reasonable access to a telephone, both to make and
24 receive confidential calls;

25 (f) To have ready access to letter writing materials, including
26 stamps, and to send and receive uncensored correspondence through the
27 mails;

28 (g) To have the right to individualized care and adequate
29 treatment;

30 (h) To discuss treatment plans and decisions with professional
31 persons;

32 (i) To not be denied access to treatment by spiritual means
33 through prayer in accordance with the tenets and practices of a
34 church or religious denomination in addition to the treatment
35 otherwise proposed;

36 (j) Not to consent to the administration of antipsychotic
37 medications beyond the hearing conducted pursuant to RCW 71.05.320(4)
38 or the performance of electroconvulsant therapy or surgery, except

1 emergency lifesaving surgery, unless ordered by a court of competent
2 jurisdiction pursuant to the following standards and procedures:

3 (i) The administration of antipsychotic medication or
4 electroconvulsant therapy shall not be ordered unless the petitioning
5 party proves by clear, cogent, and convincing evidence that there
6 exists a compelling state interest that justifies overriding the
7 patient's lack of consent to the administration of antipsychotic
8 medications or electroconvulsant therapy, that the proposed treatment
9 is necessary and effective, and that medically acceptable alternative
10 forms of treatment are not available, have not been successful, or
11 are not likely to be effective.

12 (ii) The court shall make specific findings of fact concerning:
13 (A) The existence of one or more compelling state interests; (B) the
14 necessity and effectiveness of the treatment; and (C) the person's
15 desires regarding the proposed treatment. If the patient is unable to
16 make a rational and informed decision about consenting to or refusing
17 the proposed treatment, the court shall make a substituted judgment
18 for the patient as if he or she were competent to make such a
19 determination.

20 (iii) The person shall be present at any hearing on a request to
21 administer antipsychotic medication or electroconvulsant therapy
22 filed pursuant to this subsection. The person has the right: (A) To
23 be represented by an attorney; (B) to present evidence; (C) to cross-
24 examine witnesses; (D) to have the rules of evidence enforced; (E) to
25 remain silent; (F) to view and copy all petitions and reports in the
26 court file; and (G) to be given reasonable notice and an opportunity
27 to prepare for the hearing. The court may appoint a psychiatrist,
28 physician assistant working with a ~~((supervising))~~ psychiatrist who
29 is acting as a participating physician as defined in RCW 18.71A.010,
30 psychiatric advanced registered nurse practitioner, psychologist
31 within their scope of practice, physician assistant, or physician to
32 examine and testify on behalf of such person. The court shall appoint
33 a psychiatrist, physician assistant working with a ~~((supervising))~~
34 psychiatrist who is acting as a participating physician as defined in
35 RCW 18.71A.010, psychiatric advanced registered nurse practitioner,
36 psychologist within their scope of practice, physician assistant, or
37 physician designated by such person or the person's counsel to
38 testify on behalf of the person in cases where an order for
39 electroconvulsant therapy is sought.

1 (iv) An order for the administration of antipsychotic medications
2 entered following a hearing conducted pursuant to this section shall
3 be effective for the period of the current involuntary treatment
4 order, and any interim period during which the person is awaiting
5 trial or hearing on a new petition for involuntary treatment or
6 involuntary medication.

7 (v) Any person detained pursuant to RCW 71.05.320(4), who
8 subsequently refuses antipsychotic medication, shall be entitled to
9 the procedures set forth in this subsection.

10 (vi) Antipsychotic medication may be administered to a
11 nonconsenting person detained or committed pursuant to this chapter
12 without a court order pursuant to RCW 71.05.215(2) or under the
13 following circumstances:

14 (A) A person presents an imminent likelihood of serious harm;

15 (B) Medically acceptable alternatives to administration of
16 antipsychotic medications are not available, have not been
17 successful, or are not likely to be effective; and

18 (C) In the opinion of the physician, physician assistant, or
19 psychiatric advanced registered nurse practitioner with
20 responsibility for treatment of the person, or his or her designee,
21 the person's condition constitutes an emergency requiring the
22 treatment be instituted before a judicial hearing as authorized
23 pursuant to this section can be held.

24 If antipsychotic medications are administered over a person's
25 lack of consent pursuant to this subsection, a petition for an order
26 authorizing the administration of antipsychotic medications shall be
27 filed on the next judicial day. The hearing shall be held within two
28 judicial days. If deemed necessary by the physician, physician
29 assistant, or psychiatric advanced registered nurse practitioner with
30 responsibility for the treatment of the person, administration of
31 antipsychotic medications may continue until the hearing is held;

32 (k) To dispose of property and sign contracts unless such person
33 has been adjudicated an incompetent in a court proceeding directed to
34 that particular issue;

35 (l) Not to have psychosurgery performed on him or her under any
36 circumstances.

37 (2) Every person involuntarily detained or committed under the
38 provisions of this chapter is entitled to all the rights set forth in
39 this chapter and retains all rights not denied him or her under this
40 chapter except as limited by chapter 9.41 RCW.

1 (3) No person may be presumed incompetent as a consequence of
2 receiving evaluation or treatment for a behavioral health disorder.
3 Competency may not be determined or withdrawn except under the
4 provisions of chapter 10.77 (~~or 11.88~~) RCW.

5 (4) Subject to RCW 71.05.745 and related regulations, persons
6 receiving evaluation or treatment under this chapter must be given a
7 reasonable choice of an available physician, physician assistant,
8 psychiatric advanced registered nurse practitioner, or other
9 professional person qualified to provide such services.

10 (5) Whenever any person is detained under this chapter, the
11 person must be advised that unless the person is released or
12 voluntarily admits himself or herself for treatment within one
13 hundred twenty hours of the initial detention, a judicial hearing
14 must be held in a superior court within one hundred twenty hours to
15 determine whether there is probable cause to detain the person for up
16 to an additional fourteen days based on an allegation that because of
17 a behavioral health disorder the person presents a likelihood of
18 serious harm or is gravely disabled, and that at the probable cause
19 hearing the person has the following rights:

20 (a) To communicate immediately with an attorney; to have an
21 attorney appointed if the person is indigent; and to be told the name
22 and address of the attorney that has been designated;

23 (b) To remain silent, and to know that any statement the person
24 makes may be used against him or her;

25 (c) To present evidence on the person's behalf;

26 (d) To cross-examine witnesses who testify against him or her;

27 (e) To be proceeded against by the rules of evidence;

28 (f) To have the court appoint a reasonably available independent
29 professional person to examine the person and testify in the hearing,
30 at public expense unless the person is able to bear the cost;

31 (g) To view and copy all petitions and reports in the court file;
32 and

33 (h) To refuse psychiatric medications, including antipsychotic
34 medication beginning twenty-four hours prior to the probable cause
35 hearing.

36 (6) The judicial hearing described in subsection (5) of this
37 section must be held according to the provisions of subsection (5) of
38 this section and rules promulgated by the supreme court.

39 (7)(a) Privileges between patients and physicians, physician
40 assistants, psychologists, or psychiatric advanced registered nurse

1 practitioners are deemed waived in proceedings under this chapter
2 relating to the administration of antipsychotic medications. As to
3 other proceedings under this chapter, the privileges are waived when
4 a court of competent jurisdiction in its discretion determines that
5 such waiver is necessary to protect either the detained person or the
6 public.

7 (b) The waiver of a privilege under this section is limited to
8 records or testimony relevant to evaluation of the detained person
9 for purposes of a proceeding under this chapter. Upon motion by the
10 detained person or on its own motion, the court shall examine a
11 record or testimony sought by a petitioner to determine whether it is
12 within the scope of the waiver.

13 (c) The record maker may not be required to testify in order to
14 introduce medical or psychological records of the detained person so
15 long as the requirements of RCW 5.45.020 are met except that portions
16 of the record which contain opinions as to the detained person's
17 mental state must be deleted from such records unless the person
18 making such conclusions is available for cross-examination.

19 (8) Nothing contained in this chapter prohibits the patient from
20 petitioning by writ of habeas corpus for release.

21 (9) Nothing in this section permits any person to knowingly
22 violate a no-contact order or a condition of an active judgment and
23 sentence or an active condition of supervision by the department of
24 corrections.

25 (10) The rights set forth under this section apply equally to
26 ninety-day or one hundred eighty-day hearings under RCW 71.05.310.

27 **Sec. 22.** RCW 71.05.585 and 2022 c 210 s 20 are each amended to
28 read as follows:

29 (1) Less restrictive alternative treatment, at a minimum,
30 includes the following services:

31 (a) Assignment of a care coordinator;

32 (b) An intake evaluation with the provider of the less
33 restrictive alternative treatment;

34 (c) A psychiatric evaluation, a substance use disorder
35 evaluation, or both;

36 (d) A schedule of regular contacts with the provider of the
37 treatment services for the duration of the order;

38 (e) A transition plan addressing access to continued services at
39 the expiration of the order;

1 (f) An individual crisis plan;

2 (g) Consultation about the formation of a mental health advance
3 directive under chapter 71.32 RCW; and

4 (h) Notification to the care coordinator assigned in (a) of this
5 subsection if reasonable efforts to engage the client fail to produce
6 substantial compliance with court-ordered treatment conditions.

7 (2) Less restrictive alternative treatment may additionally
8 include requirements to participate in the following services:

9 (a) Medication management;

10 (b) Psychotherapy;

11 (c) Nursing;

12 (d) Substance use disorder counseling;

13 (e) Residential treatment;

14 (f) Partial hospitalization;

15 (g) Intensive outpatient treatment;

16 (h) Support for housing, benefits, education, and employment; and

17 (i) Periodic court review.

18 (3) If the person was provided with involuntary medication under
19 RCW 71.05.215 or pursuant to a judicial order during the involuntary
20 commitment period, the less restrictive alternative treatment order
21 may authorize the less restrictive alternative treatment provider or
22 its designee to administer involuntary antipsychotic medication to
23 the person if the provider has attempted and failed to obtain the
24 informed consent of the person and there is a concurring medical
25 opinion approving the medication by a psychiatrist, physician
26 assistant working with a (~~supervising~~) psychiatrist who is acting
27 as a participating physician as defined in RCW 18.71A.010,
28 psychiatric advanced registered nurse practitioner, or physician or
29 physician assistant in consultation with an independent mental health
30 professional with prescribing authority.

31 (4) Less restrictive alternative treatment must be administered
32 by a provider that is certified or licensed to provide or coordinate
33 the full scope of services required under the less restrictive
34 alternative order and that has agreed to assume this responsibility.

35 (5) The care coordinator assigned to a person ordered to less
36 restrictive alternative treatment must submit an individualized plan
37 for the person's treatment services to the court that entered the
38 order. An initial plan must be submitted as soon as possible
39 following the intake evaluation and a revised plan must be submitted

1 upon any subsequent modification in which a type of service is
2 removed from or added to the treatment plan.

3 (6) A care coordinator may disclose information and records
4 related to mental health services pursuant to RCW 70.02.230(2)(k) for
5 purposes of implementing less restrictive alternative treatment.

6 (7) For the purpose of this section, "care coordinator" means a
7 clinical practitioner who coordinates the activities of less
8 restrictive alternative treatment. The care coordinator coordinates
9 activities with the designated crisis responders that are necessary
10 for enforcement and continuation of less restrictive alternative
11 orders and is responsible for coordinating service activities with
12 other agencies and establishing and maintaining a therapeutic
13 relationship with the individual on a continuing basis.

14 **Sec. 23.** RCW 71.32.110 and 2021 c 287 s 11 are each amended to
15 read as follows:

16 (1) For the purposes of this chapter, a principal, agent,
17 professional person, or health care provider may seek a determination
18 whether the principal is incapacitated or has regained capacity.

19 (2)(a) For the purposes of this chapter, no adult may be declared
20 an incapacitated person except by:

21 (i) A court, if the request is made by the principal or the
22 principal's agent;

23 (ii) One mental health professional or substance use disorder
24 professional and one health care provider; or

25 (iii) Two health care providers.

26 (b) One of the persons making the determination under (a)(ii) or
27 (iii) of this subsection must be a psychiatrist, physician assistant
28 working with a (~~supervising~~) psychiatrist who is acting as a
29 participating physician as defined in RCW 18.71A.010, psychologist,
30 or a psychiatric advanced registered nurse practitioner.

31 (3) When a professional person or health care provider requests a
32 capacity determination, he or she shall promptly inform the principal
33 that:

34 (a) A request for capacity determination has been made; and

35 (b) The principal may request that the determination be made by a
36 court.

37 (4) At least one mental health professional, substance use
38 disorder professional, or health care provider must personally
39 examine the principal prior to making a capacity determination.

1 (5) (a) When a court makes a determination whether a principal has
2 capacity, the court shall, at a minimum, be informed by the testimony
3 of one mental health professional or substance use disorder
4 professional familiar with the principal and shall, except for good
5 cause, give the principal an opportunity to appear in court prior to
6 the court making its determination.

7 (b) To the extent that local court rules permit, any party or
8 witness may testify telephonically.

9 (6) When a court has made a determination regarding a principal's
10 capacity and there is a subsequent change in the principal's
11 condition, subsequent determinations whether the principal is
12 incapacitated may be made in accordance with any of the provisions of
13 subsection (2) of this section.

14 **Sec. 24.** RCW 71.32.140 and 2021 c 287 s 13 are each amended to
15 read as follows:

16 (1) A principal who:

17 (a) Chose not to be able to revoke his or her directive during
18 any period of incapacity;

19 (b) Consented to voluntary admission to inpatient behavioral
20 health treatment, or authorized an agent to consent on the
21 principal's behalf; and

22 (c) At the time of admission to inpatient treatment, refuses to
23 be admitted, may only be admitted into inpatient behavioral health
24 treatment under subsection (2) of this section.

25 (2) A principal may only be admitted to inpatient behavioral
26 health treatment under his or her directive if, prior to admission, a
27 member of the treating facility's professional staff who is a
28 physician, physician assistant, or psychiatric advanced registered
29 nurse practitioner:

30 (a) Evaluates the principal's mental condition, including a
31 review of reasonably available psychiatric and psychological history,
32 diagnosis, and treatment needs, and determines, in conjunction with
33 another health care provider, mental health professional, or
34 substance use disorder professional, that the principal is
35 incapacitated;

36 (b) Obtains the informed consent of the agent, if any, designated
37 in the directive;

38 (c) Makes a written determination that the principal needs an
39 inpatient evaluation or is in need of inpatient treatment and that

1 the evaluation or treatment cannot be accomplished in a less
2 restrictive setting; and

3 (d) Documents in the principal's medical record a summary of the
4 physician's, physician assistant's, or psychiatric advanced
5 registered nurse practitioner's findings and recommendations for
6 treatment or evaluation.

7 (3) In the event the admitting physician is not a psychiatrist,
8 the admitting physician assistant is not (~~supervised by~~) working
9 with a psychiatrist who is acting as a participating physician as
10 defined in RCW 18.71A.010, or the advanced registered nurse
11 practitioner is not a psychiatric advanced registered nurse
12 practitioner, the principal shall receive a complete behavioral
13 health assessment by a mental health professional or substance use
14 disorder professional within 24 hours of admission to determine the
15 continued need for inpatient evaluation or treatment.

16 (4) (a) If it is determined that the principal has capacity, then
17 the principal may only be admitted to, or remain in, inpatient
18 treatment if he or she consents at the time, is admitted for family-
19 initiated treatment under chapter 71.34 RCW, or is detained under the
20 involuntary treatment provisions of chapter 71.05 or 71.34 RCW.

21 (b) If a principal who is determined by two health care providers
22 or one mental health professional or substance use disorder
23 professional and one health care provider to be incapacitated
24 continues to refuse inpatient treatment, the principal may
25 immediately seek injunctive relief for release from the facility.

26 (5) If, at the end of the period of time that the principal or
27 the principal's agent, if any, has consented to voluntary inpatient
28 treatment, but no more than 14 days after admission, the principal
29 has not regained capacity or has regained capacity but refuses to
30 consent to remain for additional treatment, the principal must be
31 released during reasonable daylight hours, unless detained under
32 chapter 71.05 or 71.34 RCW.

33 (6) (a) Except as provided in (b) of this subsection, any
34 principal who is voluntarily admitted to inpatient behavioral health
35 treatment under this chapter shall have all the rights provided to
36 individuals who are voluntarily admitted to inpatient treatment under
37 chapter 71.05, 71.34, or 72.23 RCW.

38 (b) Notwithstanding RCW 71.05.050 regarding consent to inpatient
39 treatment for a specified length of time, the choices an
40 incapacitated principal expressed in his or her directive shall

1 control, provided, however, that a principal who takes action
2 demonstrating a desire to be discharged, in addition to making
3 statements requesting to be discharged, shall be discharged, and no
4 principal shall be restrained in any way in order to prevent his or
5 her discharge. Nothing in this subsection shall be construed to
6 prevent detention and evaluation for civil commitment under chapter
7 71.05 RCW.

8 (7) Consent to inpatient admission in a directive is effective
9 only while the professional person, health care provider, and health
10 care facility are in substantial compliance with the material
11 provisions of the directive related to inpatient treatment.

12 **Sec. 25.** RCW 71.32.250 and 2021 c 287 s 18 are each amended to
13 read as follows:

14 (1) If a principal who is a resident of a long-term care facility
15 is admitted to inpatient behavioral health treatment pursuant to his
16 or her directive, the principal shall be allowed to be readmitted to
17 the same long-term care facility as if his or her inpatient admission
18 had been for a physical condition on the same basis that the
19 principal would be readmitted under state or federal statute or rule
20 when:

21 (a) The treating facility's professional staff determine that
22 inpatient behavioral health treatment is no longer medically
23 necessary for the resident. The determination shall be made in
24 writing by a psychiatrist, physician assistant working with a
25 (~~supervising~~) psychiatrist who is acting as a participating
26 physician as defined in RCW 18.71A.010, or a psychiatric advanced
27 registered nurse practitioner, or (i) one physician and a mental
28 health professional or substance use disorder professional; (ii) one
29 physician assistant and a mental health professional or substance use
30 disorder professional; or (iii) one psychiatric advanced registered
31 nurse practitioner and a mental health professional or substance use
32 disorder professional; or

33 (b) The person's consent to admission in his or her directive has
34 expired.

35 (2)(a) If the long-term care facility does not have a bed
36 available at the time of discharge, the treating facility may
37 discharge the resident, in consultation with the resident and agent
38 if any, and in accordance with a medically appropriate discharge
39 plan, to another long-term care facility.

1 (b) This section shall apply to inpatient behavioral health
2 treatment admission of long-term care facility residents, regardless
3 of whether the admission is directly from a facility, hospital
4 emergency room, or other location.

5 (c) This section does not restrict the right of the resident to
6 an earlier release from the inpatient treatment facility. This
7 section does not restrict the right of a long-term care facility to
8 initiate transfer or discharge of a resident who is readmitted
9 pursuant to this section, provided that the facility has complied
10 with the laws governing the transfer or discharge of a resident.

11 (3) The joint legislative audit and review committee shall
12 conduct an evaluation of the operation and impact of this section.
13 The committee shall report its findings to the appropriate committees
14 of the legislature by December 1, 2004.

15 **Sec. 26.** RCW 71.34.020 and 2023 c 433 s 12 are each amended to
16 read as follows:

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

19 (1) "Admission" or "admit" means a decision by a physician,
20 physician assistant, or psychiatric advanced registered nurse
21 practitioner that a minor should be examined or treated as a patient
22 in a hospital.

23 (2) "Adolescent" means a minor thirteen years of age or older.

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

30 (4) "Antipsychotic medications" means that class of drugs
31 primarily used to treat serious manifestations of mental illness
32 associated with thought disorders, which includes, but is not limited
33 to, atypical antipsychotic medications.

34 (5) "Approved substance use disorder treatment program" means a
35 program for minors with substance use disorders provided by a
36 treatment program licensed or certified by the department of health
37 as meeting standards adopted under chapter 71.24 RCW.

1 (6) "Attending staff" means any person on the staff of a public
2 or private agency having responsibility for the care and treatment of
3 a minor patient.

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

5 (8) "Behavioral health administrative services organization" has
6 the same meaning as provided in RCW 71.24.025.

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

11 (10) "Child psychiatrist" means a person having a license as a
12 physician and surgeon in this state, who has had graduate training in
13 child psychiatry in a program approved by the American Medical
14 Association or the American Osteopathic Association, and who is board
15 eligible or board certified in child psychiatry.

16 (11) "Children's mental health specialist" means:

17 (a) A mental health professional who has completed a minimum of
18 one hundred actual hours, not quarter or semester hours, of
19 specialized training devoted to the study of child development and
20 the treatment of children; and

21 (b) A mental health professional who has the equivalent of one
22 year of full-time experience in the treatment of children under the
23 supervision of a children's mental health specialist.

24 (12) "Commitment" means a determination by a judge or court
25 commissioner, made after a commitment hearing, that the minor is in
26 need of inpatient diagnosis, evaluation, or treatment or that the
27 minor is in need of less restrictive alternative treatment.

28 (13) "Conditional release" means a revocable modification of a
29 commitment, which may be revoked upon violation of any of its terms.

30 (14) "Co-occurring disorder specialist" means an individual
31 possessing an enhancement granted by the department of health under
32 chapter 18.205 RCW that certifies the individual to provide substance
33 use disorder counseling subject to the practice limitations under RCW
34 18.205.105.

35 (15) "Crisis stabilization unit" means a short-term facility or a
36 portion of a facility licensed or certified by the department of
37 health under RCW 71.24.035, such as a residential treatment facility
38 or a hospital, which has been designed to assess, diagnose, and treat
39 individuals experiencing an acute crisis without the use of long-term

1 hospitalization, or to determine the need for involuntary commitment
2 of an individual.

3 (16) "Custody" means involuntary detention under the provisions
4 of this chapter or chapter 10.77 RCW, uninterrupted by any period of
5 unconditional release from commitment from a facility providing
6 involuntary care and treatment.

7 (17) "Department" means the department of social and health
8 services.

9 (18) "Designated crisis responder" has the same meaning as
10 provided in RCW 71.05.020.

11 (19) "Detention" or "detain" means the lawful confinement of a
12 person, under the provisions of this chapter.

13 (20) "Developmental disabilities professional" means a person who
14 has specialized training and three years of experience in directly
15 treating or working with persons with developmental disabilities and
16 is a psychiatrist, physician assistant working with a (~~supervising~~)
17 psychiatrist who is acting as a participating physician as defined in
18 RCW 18.71A.010, psychologist, psychiatric advanced registered nurse
19 practitioner, or social worker, and such other developmental
20 disabilities professionals as may be defined by rules adopted by the
21 secretary of the department.

22 (21) "Developmental disability" has the same meaning as defined
23 in RCW 71A.10.020.

24 (22) "Director" means the director of the authority.

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

28 (24) "Evaluation and treatment facility" means a public or
29 private facility or unit that is licensed or certified by the
30 department of health to provide emergency, inpatient, residential, or
31 outpatient mental health evaluation and treatment services for
32 minors. A physically separate and separately operated portion of a
33 state hospital may be designated as an evaluation and treatment
34 facility for minors. A facility which is part of or operated by the
35 state or federal agency does not require licensure or certification.
36 No correctional institution or facility, juvenile court detention
37 facility, or jail may be an evaluation and treatment facility within
38 the meaning of this chapter.

39 (25) "Evaluation and treatment program" means the total system of
40 services and facilities coordinated and approved by a county or

1 combination of counties for the evaluation and treatment of minors
2 under this chapter.

3 (26) "Gravely disabled minor" means a minor who, as a result of a
4 behavioral health disorder, (a) is in danger of serious physical harm
5 resulting from a failure to provide for his or her essential human
6 needs of health or safety, or (b) manifests severe deterioration in
7 routine functioning evidenced by repeated and escalating loss of
8 cognitive or volitional control over his or her actions and is not
9 receiving such care as is essential for his or her health or safety.

10 (27) "Habilitative services" means those services provided by
11 program personnel to assist minors in acquiring and maintaining life
12 skills and in raising their levels of physical, behavioral, social,
13 and vocational functioning. Habilitative services include education,
14 training for employment, and therapy.

15 (28) "Hearing" means any proceeding conducted in open court that
16 conforms to the requirements of RCW 71.34.910.

17 (29) "History of one or more violent acts" refers to the period
18 of time five years prior to the filing of a petition under this
19 chapter, excluding any time spent, but not any violent acts
20 committed, in a mental health facility, a long-term substance use
21 disorder treatment facility, or in confinement as a result of a
22 criminal conviction.

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

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

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

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

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

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

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

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

3 (31)(a) "Inpatient treatment" means twenty-four-hour-per-day
4 mental health care provided within a general hospital, psychiatric
5 hospital, residential treatment facility licensed or certified by the
6 department of health as an evaluation and treatment facility for
7 minors, secure withdrawal management and stabilization facility for
8 minors, or approved substance use disorder treatment program for
9 minors.

10 (b) For purposes of family-initiated treatment under RCW
11 71.34.600 through 71.34.670, "inpatient treatment" has the meaning
12 included in (a) of this subsection and any other residential
13 treatment facility licensed under chapter 71.12 RCW.

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

17 (33) "Judicial commitment" means a commitment by a court pursuant
18 to the provisions of this chapter.

19 (34) "Kinship caregiver" has the same meaning as in RCW
20 74.13.031(~~((19)(a))~~) (22)(a).

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

25 (36) "Less restrictive alternative" or "less restrictive setting"
26 means outpatient treatment provided to a minor as a program of
27 individualized treatment in a less restrictive setting than inpatient
28 treatment that includes the services described in RCW 71.34.755,
29 including residential treatment.

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

33 (38) "Likelihood of serious harm" means:

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

1 of others, as evidenced by behavior which has caused substantial loss
2 or damage to the property of others; or

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

5 (39) "Managed care organization" has the same meaning as provided
6 in RCW 71.24.025.

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

10 (41) "Medical necessity" for inpatient care means a requested
11 service which is reasonably calculated to: (a) Diagnose, correct,
12 cure, or alleviate a mental disorder or substance use disorder; or
13 (b) prevent the progression of a mental disorder or substance use
14 disorder that endangers life or causes suffering and pain, or results
15 in illness or infirmity or threatens to cause or aggravate a
16 disability, or causes physical deformity or malfunction, and there is
17 no adequate less restrictive alternative available.

18 (42) "Mental disorder" means any organic, mental, or emotional
19 impairment that has substantial adverse effects on an individual's
20 cognitive or volitional functions. The presence of alcohol abuse,
21 drug abuse, juvenile criminal history, antisocial behavior, or
22 intellectual disabilities alone is insufficient to justify a finding
23 of "mental disorder" within the meaning of this section.

24 (43) "Mental health professional" means a psychiatrist,
25 psychiatric advanced registered nurse practitioner, physician
26 assistant working with a (~~supervising~~) psychiatrist who is acting
27 as a participating physician as defined in RCW 18.71A.010,
28 psychologist, psychiatric nurse, social worker, and such other mental
29 health professionals as defined by rules adopted by the secretary of
30 the department of health under this chapter.

31 (44) "Minor" means any person under the age of eighteen years.

32 (45) "Outpatient treatment" means any of the nonresidential
33 services mandated under chapter 71.24 RCW and provided by licensed or
34 certified behavioral health agencies as identified by RCW 71.24.025.

35 (46)(a) "Parent" has the same meaning as defined in RCW
36 26.26A.010, including either parent if custody is shared under a
37 joint custody agreement, or a person or agency judicially appointed
38 as legal guardian or custodian of the child.

39 (b) For purposes of family-initiated treatment under RCW
40 71.34.600 through 71.34.670, "parent" also includes a person to whom

1 a parent defined in (a) of this subsection has given a signed
2 authorization to make health care decisions for the adolescent, a
3 stepparent who is involved in caring for the adolescent, a kinship
4 caregiver who is involved in caring for the adolescent, or another
5 relative who is responsible for the health care of the adolescent,
6 who may be required to provide a declaration under penalty of perjury
7 stating that he or she is a relative responsible for the health care
8 of the adolescent pursuant to chapter 5.50 RCW. If a dispute arises
9 between individuals authorized to act as a parent for the purpose of
10 RCW 71.34.600 through 71.34.670, the disagreement must be resolved
11 according to the priority established under RCW 7.70.065(2)(a).

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

16 (48) "Physician assistant" means a person licensed as a physician
17 assistant under chapter 18.71A RCW.

18 (49) "Private agency" means any person, partnership, corporation,
19 or association that is not a public agency, whether or not financed
20 in whole or in part by public funds, that constitutes an evaluation
21 and treatment facility or private institution, or hospital, or
22 approved substance use disorder treatment program, that is conducted
23 for, or includes a distinct unit, floor, or ward conducted for, the
24 care and treatment of persons with mental illness, substance use
25 disorders, or both mental illness and substance use disorders.

26 (50) "Professional person in charge" or "professional person"
27 means a physician, other mental health professional, or other person
28 empowered by an evaluation and treatment facility, secure withdrawal
29 management and stabilization facility, or approved substance use
30 disorder treatment program with authority to make admission and
31 discharge decisions on behalf of that facility.

32 (51) "Psychiatric nurse" means a registered nurse who has
33 experience in the direct treatment of persons who have a mental
34 illness or who are emotionally disturbed, such experience gained
35 under the supervision of a mental health professional.

36 (52) "Psychiatrist" means a person having a license as a
37 physician in this state who has completed residency training in
38 psychiatry in a program approved by the American Medical Association
39 or the American Osteopathic Association, and is board eligible or
40 board certified in psychiatry.

1 (53) "Psychologist" means a person licensed as a psychologist
2 under chapter 18.83 RCW.

3 (54) "Public agency" means any evaluation and treatment facility
4 or institution, or hospital, or approved substance use disorder
5 treatment program that is conducted for, or includes a distinct unit,
6 floor, or ward conducted for, the care and treatment of persons with
7 mental illness, substance use disorders, or both mental illness and
8 substance use disorders if the agency is operated directly by
9 federal, state, county, or municipal government, or a combination of
10 such governments.

11 (55) "Release" means legal termination of the commitment under
12 the provisions of this chapter.

13 (56) "Resource management services" has the meaning given in
14 chapter 71.24 RCW.

15 (57) "Responsible other" means the minor, the minor's parent or
16 estate, or any other person legally responsible for support of the
17 minor.

18 (58) "Secretary" means the secretary of the department or
19 secretary's designee.

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

27 (a) Provide the following services:

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

30 (ii) Clinical stabilization services;

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

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

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

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

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

4 (61) "Start of initial detention" means the time of arrival of
5 the minor at the first evaluation and treatment facility, secure
6 withdrawal management and stabilization facility, or approved
7 substance use disorder treatment program offering inpatient treatment
8 if the minor is being involuntarily detained at the time. With regard
9 to voluntary patients, "start of initial detention" means the time at
10 which the minor gives notice of intent to leave under the provisions
11 of this chapter.

12 (62) "Store and forward technology" means use of an asynchronous
13 transmission of a person's medical information from a mental health
14 service provider to the designated crisis responder which results in
15 medical diagnosis, consultation, or treatment.

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

22 (64) "Substance use disorder professional" means a person
23 certified as a substance use disorder professional by the department
24 of health under chapter 18.205 RCW.

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

31 (66) "Treatment records" include registration and all other
32 records concerning persons who are receiving or who at any time have
33 received services for mental illness, which are maintained by the
34 department, the department of health, the authority, behavioral
35 health organizations and their staffs, and by treatment facilities.
36 Treatment records include mental health information contained in a
37 medical bill including but not limited to mental health drugs, a
38 mental health diagnosis, provider name, and dates of service stemming
39 from a medical service. Treatment records do not include notes or
40 records maintained for personal use by a person providing treatment

1 services for the department, the department of health, the authority,
2 behavioral health organizations, or a treatment facility if the notes
3 or records are not available to others.

4 (67) "Video" means the delivery of behavioral health services
5 through the use of interactive audio and video technology, permitting
6 real-time communication between a person and a designated crisis
7 responder, for the purpose of evaluation. "Video" does not include
8 the use of audio-only telephone, facsimile, email, or store and
9 forward technology.

10 (68) "Violent act" means behavior that resulted in homicide,
11 attempted suicide, injury, or substantial loss or damage to property.

12 **Sec. 27.** RCW 71.34.020 and 2023 c 433 s 13 are each amended to
13 read as follows:

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

16 (1) "Admission" or "admit" means a decision by a physician,
17 physician assistant, or psychiatric advanced registered nurse
18 practitioner that a minor should be examined or treated as a patient
19 in a hospital.

20 (2) "Adolescent" means a minor thirteen years of age or older.

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

27 (4) "Antipsychotic medications" means that class of drugs
28 primarily used to treat serious manifestations of mental illness
29 associated with thought disorders, which includes, but is not limited
30 to, atypical antipsychotic medications.

31 (5) "Approved substance use disorder treatment program" means a
32 program for minors with substance use disorders provided by a
33 treatment program licensed or certified by the department of health
34 as meeting standards adopted under chapter 71.24 RCW.

35 (6) "Attending staff" means any person on the staff of a public
36 or private agency having responsibility for the care and treatment of
37 a minor patient.

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

1 (8) "Behavioral health administrative services organization" has
2 the same meaning as provided in RCW 71.24.025.

3 (9) "Behavioral health disorder" means either a mental disorder
4 as defined in this section, a substance use disorder as defined in
5 this section, or a co-occurring mental disorder and substance use
6 disorder.

7 (10) "Child psychiatrist" means a person having a license as a
8 physician and surgeon in this state, who has had graduate training in
9 child psychiatry in a program approved by the American Medical
10 Association or the American Osteopathic Association, and who is board
11 eligible or board certified in child psychiatry.

12 (11) "Children's mental health specialist" means:

13 (a) A mental health professional who has completed a minimum of
14 one hundred actual hours, not quarter or semester hours, of
15 specialized training devoted to the study of child development and
16 the treatment of children; and

17 (b) A mental health professional who has the equivalent of one
18 year of full-time experience in the treatment of children under the
19 supervision of a children's mental health specialist.

20 (12) "Commitment" means a determination by a judge or court
21 commissioner, made after a commitment hearing, that the minor is in
22 need of inpatient diagnosis, evaluation, or treatment or that the
23 minor is in need of less restrictive alternative treatment.

24 (13) "Conditional release" means a revocable modification of a
25 commitment, which may be revoked upon violation of any of its terms.

26 (14) "Co-occurring disorder specialist" means an individual
27 possessing an enhancement granted by the department of health under
28 chapter 18.205 RCW that certifies the individual to provide substance
29 use disorder counseling subject to the practice limitations under RCW
30 18.205.105.

31 (15) "Crisis stabilization unit" means a short-term facility or a
32 portion of a facility licensed or certified by the department of
33 health under RCW 71.24.035, such as a residential treatment facility
34 or a hospital, which has been designed to assess, diagnose, and treat
35 individuals experiencing an acute crisis without the use of long-term
36 hospitalization, or to determine the need for involuntary commitment
37 of an individual.

38 (16) "Custody" means involuntary detention under the provisions
39 of this chapter or chapter 10.77 RCW, uninterrupted by any period of

1 unconditional release from commitment from a facility providing
2 involuntary care and treatment.

3 (17) "Department" means the department of social and health
4 services.

5 (18) "Designated crisis responder" has the same meaning as
6 provided in RCW 71.05.020.

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

9 (20) "Developmental disabilities professional" means a person who
10 has specialized training and three years of experience in directly
11 treating or working with persons with developmental disabilities and
12 is a psychiatrist, physician assistant working with a (~~supervising~~)
13 psychiatrist who is acting as a participating physician as defined in
14 RCW 18.71A.010, psychologist, psychiatric advanced registered nurse
15 practitioner, or social worker, and such other developmental
16 disabilities professionals as may be defined by rules adopted by the
17 secretary of the department.

18 (21) "Developmental disability" has the same meaning as defined
19 in RCW 71A.10.020.

20 (22) "Director" means the director of the authority.

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

24 (24) "Evaluation and treatment facility" means a public or
25 private facility or unit that is licensed or certified by the
26 department of health to provide emergency, inpatient, residential, or
27 outpatient mental health evaluation and treatment services for
28 minors. A physically separate and separately operated portion of a
29 state hospital may be designated as an evaluation and treatment
30 facility for minors. A facility which is part of or operated by the
31 state or federal agency does not require licensure or certification.
32 No correctional institution or facility, juvenile court detention
33 facility, or jail may be an evaluation and treatment facility within
34 the meaning of this chapter.

35 (25) "Evaluation and treatment program" means the total system of
36 services and facilities coordinated and approved by a county or
37 combination of counties for the evaluation and treatment of minors
38 under this chapter.

39 (26) "Gravely disabled minor" means a minor who, as a result of a
40 behavioral health disorder, (a) is in danger of serious physical harm

1 resulting from a failure to provide for his or her essential human
2 needs of health or safety, or (b) manifests severe deterioration from
3 safe behavior evidenced by repeated and escalating loss of cognitive
4 or volitional control over his or her actions and is not receiving
5 such care as is essential for his or her health or safety.

6 (27) "Habilitative services" means those services provided by
7 program personnel to assist minors in acquiring and maintaining life
8 skills and in raising their levels of physical, behavioral, social,
9 and vocational functioning. Habilitative services include education,
10 training for employment, and therapy.

11 (28) "Hearing" means any proceeding conducted in open court that
12 conforms to the requirements of RCW 71.34.910.

13 (29) "History of one or more violent acts" refers to the period
14 of time five years prior to the filing of a petition under this
15 chapter, excluding any time spent, but not any violent acts
16 committed, in a mental health facility, a long-term substance use
17 disorder treatment facility, or in confinement as a result of a
18 criminal conviction.

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

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

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

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

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

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

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

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

38 (31)(a) "Inpatient treatment" means twenty-four-hour-per-day
39 mental health care provided within a general hospital, psychiatric
40 hospital, residential treatment facility licensed or certified by the

1 department of health as an evaluation and treatment facility for
2 minors, secure withdrawal management and stabilization facility for
3 minors, or approved substance use disorder treatment program for
4 minors.

5 (b) For purposes of family-initiated treatment under RCW
6 71.34.600 through 71.34.670, "inpatient treatment" has the meaning
7 included in (a) of this subsection and any other residential
8 treatment facility licensed under chapter 71.12 RCW.

9 (32) "Intoxicated minor" means a minor whose mental or physical
10 functioning is substantially impaired as a result of the use of
11 alcohol or other psychoactive chemicals.

12 (33) "Judicial commitment" means a commitment by a court pursuant
13 to the provisions of this chapter.

14 (34) "Kinship caregiver" has the same meaning as in RCW
15 74.13.031(~~((19)(a))~~) (22)(a).

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

20 (36) "Less restrictive alternative" or "less restrictive setting"
21 means outpatient treatment provided to a minor as a program of
22 individualized treatment in a less restrictive setting than inpatient
23 treatment that includes the services described in RCW 71.34.755,
24 including residential treatment.

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

28 (38) "Likelihood of serious harm" means:

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

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

1 (39) "Managed care organization" has the same meaning as provided
2 in RCW 71.24.025.

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

6 (41) "Medical necessity" for inpatient care means a requested
7 service which is reasonably calculated to: (a) Diagnose, correct,
8 cure, or alleviate a mental disorder or substance use disorder; or
9 (b) prevent the progression of a mental disorder or substance use
10 disorder that endangers life or causes suffering and pain, or results
11 in illness or infirmity or threatens to cause or aggravate a
12 disability, or causes physical deformity or malfunction, and there is
13 no adequate less restrictive alternative available.

14 (42) "Mental disorder" means any organic, mental, or emotional
15 impairment that has substantial adverse effects on an individual's
16 cognitive or volitional functions. The presence of alcohol abuse,
17 drug abuse, juvenile criminal history, antisocial behavior, or
18 intellectual disabilities alone is insufficient to justify a finding
19 of "mental disorder" within the meaning of this section.

20 (43) "Mental health professional" means a psychiatrist,
21 psychiatric advanced registered nurse practitioner, physician
22 assistant working with a (~~supervising~~) psychiatrist who is acting
23 as a participating physician as defined in RCW 18.71A.010,
24 psychologist, psychiatric nurse, social worker, and such other mental
25 health professionals as defined by rules adopted by the secretary of
26 the department of health under this chapter.

27 (44) "Minor" means any person under the age of eighteen years.

28 (45) "Outpatient treatment" means any of the nonresidential
29 services mandated under chapter 71.24 RCW and provided by licensed or
30 certified behavioral health agencies as identified by RCW 71.24.025.

31 (46)(a) "Parent" has the same meaning as defined in RCW
32 26.26A.010, including either parent if custody is shared under a
33 joint custody agreement, or a person or agency judicially appointed
34 as legal guardian or custodian of the child.

35 (b) For purposes of family-initiated treatment under RCW
36 71.34.600 through 71.34.670, "parent" also includes a person to whom
37 a parent defined in (a) of this subsection has given a signed
38 authorization to make health care decisions for the adolescent, a
39 stepparent who is involved in caring for the adolescent, a kinship
40 caregiver who is involved in caring for the adolescent, or another

1 relative who is responsible for the health care of the adolescent,
2 who may be required to provide a declaration under penalty of perjury
3 stating that he or she is a relative responsible for the health care
4 of the adolescent pursuant to chapter 5.50 RCW. If a dispute arises
5 between individuals authorized to act as a parent for the purpose of
6 RCW 71.34.600 through 71.34.670, the disagreement must be resolved
7 according to the priority established under RCW 7.70.065(2)(a).

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

12 (48) "Physician assistant" means a person licensed as a physician
13 assistant under chapter 18.71A RCW.

14 (49) "Private agency" means any person, partnership, corporation,
15 or association that is not a public agency, whether or not financed
16 in whole or in part by public funds, that constitutes an evaluation
17 and treatment facility or private institution, or hospital, or
18 approved substance use disorder treatment program, that is conducted
19 for, or includes a distinct unit, floor, or ward conducted for, the
20 care and treatment of persons with mental illness, substance use
21 disorders, or both mental illness and substance use disorders.

22 (50) "Professional person in charge" or "professional person"
23 means a physician, other mental health professional, or other person
24 empowered by an evaluation and treatment facility, secure withdrawal
25 management and stabilization facility, or approved substance use
26 disorder treatment program with authority to make admission and
27 discharge decisions on behalf of that facility.

28 (51) "Psychiatric nurse" means a registered nurse who has
29 experience in the direct treatment of persons who have a mental
30 illness or who are emotionally disturbed, such experience gained
31 under the supervision of a mental health professional.

32 (52) "Psychiatrist" means a person having a license as a
33 physician in this state who has completed residency training in
34 psychiatry in a program approved by the American Medical Association
35 or the American Osteopathic Association, and is board eligible or
36 board certified in psychiatry.

37 (53) "Psychologist" means a person licensed as a psychologist
38 under chapter 18.83 RCW.

39 (54) "Public agency" means any evaluation and treatment facility
40 or institution, or hospital, or approved substance use disorder

1 treatment program that is conducted for, or includes a distinct unit,
2 floor, or ward conducted for, the care and treatment of persons with
3 mental illness, substance use disorders, or both mental illness and
4 substance use disorders if the agency is operated directly by
5 federal, state, county, or municipal government, or a combination of
6 such governments.

7 (55) "Release" means legal termination of the commitment under
8 the provisions of this chapter.

9 (56) "Resource management services" has the meaning given in
10 chapter 71.24 RCW.

11 (57) "Responsible other" means the minor, the minor's parent or
12 estate, or any other person legally responsible for support of the
13 minor.

14 (58) "Secretary" means the secretary of the department or
15 secretary's designee.

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

23 (a) Provide the following services:

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

26 (ii) Clinical stabilization services;

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

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

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

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

37 (60) "Severe deterioration from safe behavior" means that a
38 person will, if not treated, suffer or continue to suffer severe and
39 abnormal mental, emotional, or physical distress, and this distress

1 is associated with significant impairment of judgment, reason, or
2 behavior.

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

6 (62) "Start of initial detention" means the time of arrival of
7 the minor at the first evaluation and treatment facility, secure
8 withdrawal management and stabilization facility, or approved
9 substance use disorder treatment program offering inpatient treatment
10 if the minor is being involuntarily detained at the time. With regard
11 to voluntary patients, "start of initial detention" means the time at
12 which the minor gives notice of intent to leave under the provisions
13 of this chapter.

14 (63) "Store and forward technology" means use of an asynchronous
15 transmission of a person's medical information from a mental health
16 service provider to the designated crisis responder which results in
17 medical diagnosis, consultation, or treatment.

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

24 (65) "Substance use disorder professional" means a person
25 certified as a substance use disorder professional by the department
26 of health under chapter 18.205 RCW.

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

33 (67) "Treatment records" include registration and all other
34 records concerning persons who are receiving or who at any time have
35 received services for mental illness, which are maintained by the
36 department, the department of health, the authority, behavioral
37 health organizations and their staffs, and by treatment facilities.
38 Treatment records include mental health information contained in a
39 medical bill including but not limited to mental health drugs, a
40 mental health diagnosis, provider name, and dates of service stemming

1 from a medical service. Treatment records do not include notes or
2 records maintained for personal use by a person providing treatment
3 services for the department, the department of health, the authority,
4 behavioral health organizations, or a treatment facility if the notes
5 or records are not available to others.

6 (68) "Video" means the delivery of behavioral health services
7 through the use of interactive audio and video technology, permitting
8 real-time communication between a person and a designated crisis
9 responder, for the purpose of evaluation. "Video" does not include
10 the use of audio-only telephone, facsimile, email, or store and
11 forward technology.

12 (69) "Violent act" means behavior that resulted in homicide,
13 attempted suicide, injury, or substantial loss or damage to property.

14 **Sec. 28.** RCW 71.34.750 and 2020 c 302 s 94 and 2020 c 185 s 6
15 are each reenacted and amended to read as follows:

16 (1) At any time during the minor's period of fourteen-day
17 commitment, the professional person in charge may petition the court
18 for an order requiring the minor to undergo an additional one hundred
19 eighty-day period of treatment. The evidence in support of the
20 petition shall be presented by the county prosecutor unless the
21 petition is filed by the professional person in charge of a state-
22 operated facility in which case the evidence shall be presented by
23 the attorney general.

24 (2) The petition for one hundred eighty-day commitment shall
25 contain the following:

26 (a) The name and address of the petitioner or petitioners;

27 (b) The name of the minor alleged to meet the criteria for one
28 hundred eighty-day commitment;

29 (c) A statement that the petitioner is the professional person in
30 charge of the evaluation and treatment facility, secure withdrawal
31 management and stabilization facility, or approved substance use
32 disorder treatment program responsible for the treatment of the
33 minor;

34 (d) The date of the fourteen-day commitment order; and

35 (e) A summary of the facts supporting the petition.

36 (3) The petition shall be supported by accompanying affidavits
37 signed by: (a) Two examining physicians, one of whom shall be a child
38 psychiatrist, or two psychiatric advanced registered nurse
39 practitioners, one of whom shall be a child and adolescent or family

1 psychiatric advanced registered nurse practitioner. If the petition
2 is for substance use disorder treatment, the petition may be signed
3 by a substance use disorder professional instead of a mental health
4 professional and by an advanced registered nurse practitioner instead
5 of a psychiatric advanced registered nurse practitioner, or two
6 physician assistants, one of whom must be supervised by or
7 collaborating with a child psychiatrist; (b) one children's mental
8 health specialist and either an examining physician, physician
9 assistant, or a psychiatric advanced registered nurse practitioner;
10 or (c) two among an examining physician, physician assistant, and a
11 psychiatric advanced registered nurse practitioner, one of which
12 needs to be a child psychiatrist, a physician assistant supervised by
13 or collaborating with a child psychiatrist, or a child and adolescent
14 psychiatric nurse practitioner. The affidavits shall describe in
15 detail the behavior of the detained minor which supports the petition
16 and shall state whether a less restrictive alternative to inpatient
17 treatment is in the best interests of the minor.

18 (4) The petition for one hundred eighty-day commitment shall be
19 filed with the clerk of the court at least three days before the
20 expiration of the fourteen-day commitment period. The petitioner or
21 the petitioner's designee shall within twenty-four hours of filing
22 serve a copy of the petition on the minor and notify the minor's
23 attorney and the minor's parent. A copy of the petition shall be
24 provided to such persons at least twenty-four hours prior to the
25 hearing.

26 (5) At the time of filing, the court shall set a date within
27 seven days for the hearing on the petition. If the hearing is not
28 commenced within thirty days after the filing of the petition,
29 including extensions of time requested by the detained person or his
30 or her attorney or the court in the administration of justice under
31 RCW 71.34.735, the minor must be released. The minor or the parents
32 shall be afforded the same rights as in a fourteen-day commitment
33 hearing. Treatment of the minor shall continue pending the
34 proceeding.

35 (6) For one hundred eighty-day commitment:

36 (a) The court must find by clear, cogent, and convincing evidence
37 that the minor:

38 (i) Is suffering from a mental disorder or substance use
39 disorder;

1 (ii) Presents a likelihood of serious harm or is gravely
2 disabled; and

3 (iii) Is in need of further treatment that only can be provided
4 in a one hundred eighty-day commitment.

5 (b) If commitment is for a substance use disorder, the court must
6 find that there is an available approved substance use disorder
7 treatment program that has adequate space for the minor.

8 (7) In determining whether an inpatient or less restrictive
9 alternative commitment is appropriate, great weight must be given to
10 evidence of a prior history or pattern of decompensation and
11 discontinuation of treatment resulting in: (a) Repeated
12 hospitalizations; or (b) repeated peace officer interventions
13 resulting in juvenile charges. Such evidence may be used to provide a
14 factual basis for concluding that the minor would not receive, if
15 released, such care as is essential for his or her health or safety.

16 (8) (a) If the court finds that the criteria for commitment are
17 met and that less restrictive treatment in a community setting is not
18 appropriate or available, the court shall order the minor committed
19 to the custody of the director for further inpatient mental health
20 treatment, to an approved substance use disorder treatment program
21 for further substance use disorder treatment, or to a private
22 treatment and evaluation facility for inpatient mental health or
23 substance use disorder treatment if the minor's parents have assumed
24 responsibility for payment for the treatment. If the court finds that
25 a less restrictive alternative is in the best interest of the minor,
26 the court shall order less restrictive alternative treatment upon
27 such conditions as necessary.

28 (b) If the court determines that the minor does not meet the
29 criteria for one hundred eighty-day commitment, the minor shall be
30 released.

31 (9) Successive one hundred eighty-day commitments are permissible
32 on the same grounds and under the same procedures as the original one
33 hundred eighty-day commitment. Such petitions shall be filed at least
34 three days prior to the expiration of the previous one hundred
35 eighty-day commitment order.

36 **Sec. 29.** RCW 71.34.750 and 2020 c 302 s 95 and 2020 c 185 s 7
37 are each reenacted and amended to read as follows:

38 (1) At any time during the minor's period of fourteen-day
39 commitment, the professional person in charge may petition the court

1 for an order requiring the minor to undergo an additional one hundred
2 eighty-day period of treatment. The evidence in support of the
3 petition shall be presented by the county prosecutor unless the
4 petition is filed by the professional person in charge of a state-
5 operated facility in which case the evidence shall be presented by
6 the attorney general.

7 (2) The petition for one hundred eighty-day commitment shall
8 contain the following:

9 (a) The name and address of the petitioner or petitioners;

10 (b) The name of the minor alleged to meet the criteria for one
11 hundred eighty-day commitment;

12 (c) A statement that the petitioner is the professional person in
13 charge of the evaluation and treatment facility, secure withdrawal
14 management and stabilization facility, or approved substance use
15 disorder treatment program responsible for the treatment of the
16 minor;

17 (d) The date of the fourteen-day commitment order; and

18 (e) A summary of the facts supporting the petition.

19 (3) The petition shall be supported by accompanying affidavits
20 signed by: (a) Two examining physicians, one of whom shall be a child
21 psychiatrist, or two psychiatric advanced registered nurse
22 practitioners, one of whom shall be a child and adolescent or family
23 psychiatric advanced registered nurse practitioner. If the petition
24 is for substance use disorder treatment, the petition may be signed
25 by a substance use disorder professional instead of a mental health
26 professional and by an advanced registered nurse practitioner instead
27 of a psychiatric advanced registered nurse practitioner, or two
28 physician assistants, one of whom must be supervised by or
29 collaborating with a child psychiatrist; (b) one children's mental
30 health specialist and either an examining physician, physician
31 assistant, or a psychiatric advanced registered nurse practitioner;
32 or (c) two among an examining physician, physician assistant, and a
33 psychiatric advanced registered nurse practitioner, one of which
34 needs to be a child psychiatrist, a physician assistant supervised by
35 or collaborating with a child psychiatrist, or a child and adolescent
36 psychiatric nurse practitioner. The affidavits shall describe in
37 detail the behavior of the detained minor which supports the petition
38 and shall state whether a less restrictive alternative to inpatient
39 treatment is in the best interests of the minor.

1 (4) The petition for one hundred eighty-day commitment shall be
2 filed with the clerk of the court at least three days before the
3 expiration of the fourteen-day commitment period. The petitioner or
4 the petitioner's designee shall within twenty-four hours of filing
5 serve a copy of the petition on the minor and notify the minor's
6 attorney and the minor's parent. A copy of the petition shall be
7 provided to such persons at least twenty-four hours prior to the
8 hearing.

9 (5) At the time of filing, the court shall set a date within
10 seven days for the hearing on the petition. If the hearing is not
11 commenced within thirty days after the filing of the petition,
12 including extensions of time requested by the detained person or his
13 or her attorney or the court in the administration of justice under
14 RCW 71.34.735, the minor must be released. The minor or the parents
15 shall be afforded the same rights as in a fourteen-day commitment
16 hearing. Treatment of the minor shall continue pending the
17 proceeding.

18 (6) For one hundred eighty-day commitment, the court must find by
19 clear, cogent, and convincing evidence that the minor:

20 (a) Is suffering from a mental disorder or substance use
21 disorder;

22 (b) Presents a likelihood of serious harm or is gravely disabled;
23 and

24 (c) Is in need of further treatment that only can be provided in
25 a one hundred eighty-day commitment.

26 (7) In determining whether an inpatient or less restrictive
27 alternative commitment is appropriate, great weight must be given to
28 evidence of a prior history or pattern of decompensation and
29 discontinuation of treatment resulting in: (a) Repeated
30 hospitalizations; or (b) repeated peace officer interventions
31 resulting in juvenile charges. Such evidence may be used to provide a
32 factual basis for concluding that the minor would not receive, if
33 released, such care as is essential for his or her health or safety.

34 (8) (a) If the court finds that the criteria for commitment are
35 met and that less restrictive treatment in a community setting is not
36 appropriate or available, the court shall order the minor committed
37 to the custody of the director for further inpatient mental health
38 treatment, to an approved substance use disorder treatment program
39 for further substance use disorder treatment, or to a private
40 treatment and evaluation facility for inpatient mental health or

1 substance use disorder treatment if the minor's parents have assumed
2 responsibility for payment for the treatment. If the court finds that
3 a less restrictive alternative is in the best interest of the minor,
4 the court shall order less restrictive alternative treatment upon
5 such conditions as necessary.

6 (b) If the court determines that the minor does not meet the
7 criteria for one hundred eighty-day commitment, the minor shall be
8 released.

9 (9) Successive one hundred eighty-day commitments are permissible
10 on the same grounds and under the same procedures as the original one
11 hundred eighty-day commitment. Such petitions shall be filed at least
12 three days prior to the expiration of the previous one hundred
13 eighty-day commitment order.

14 **Sec. 30.** RCW 71.34.755 and 2022 c 210 s 21 are each amended to
15 read as follows:

16 (1) Less restrictive alternative treatment, at a minimum, must
17 include the following services:

18 (a) Assignment of a care coordinator;

19 (b) An intake evaluation with the provider of the less
20 restrictive alternative treatment;

21 (c) A psychiatric evaluation, a substance use disorder
22 evaluation, or both;

23 (d) A schedule of regular contacts with the provider of the less
24 restrictive alternative treatment services for the duration of the
25 order;

26 (e) A transition plan addressing access to continued services at
27 the expiration of the order;

28 (f) An individual crisis plan;

29 (g) Consultation about the formation of a mental health advance
30 directive under chapter 71.32 RCW; and

31 (h) Notification to the care coordinator assigned in (a) of this
32 subsection if reasonable efforts to engage the client fail to produce
33 substantial compliance with court-ordered treatment conditions.

34 (2) Less restrictive alternative treatment may include the
35 following additional services:

36 (a) Medication management;

37 (b) Psychotherapy;

38 (c) Nursing;

39 (d) Substance use disorder counseling;

- 1 (e) Residential treatment;
- 2 (f) Partial hospitalization;
- 3 (g) Intensive outpatient treatment;
- 4 (h) Support for housing, benefits, education, and employment; and
- 5 (i) Periodic court review.

6 (3) If the minor was provided with involuntary medication during
7 the involuntary commitment period, the less restrictive alternative
8 treatment order may authorize the less restrictive alternative
9 treatment provider or its designee to administer involuntary
10 antipsychotic medication to the person if the provider has attempted
11 and failed to obtain the informed consent of the person and there is
12 a concurring medical opinion approving the medication by a
13 psychiatrist, physician assistant working with a ~~((supervising))~~
14 psychiatrist who is acting as a participating physician as defined in
15 RCW 18.71A.010, psychiatric advanced registered nurse practitioner,
16 or physician or physician assistant in consultation with an
17 independent mental health professional with prescribing authority.

18 (4) Less restrictive alternative treatment must be administered
19 by a provider that is certified or licensed to provide or coordinate
20 the full scope of services required under the less restrictive
21 alternative order and that has agreed to assume this responsibility.

22 (5) The care coordinator assigned to a minor ordered to less
23 restrictive alternative treatment must submit an individualized plan
24 for the minor's treatment services to the court that entered the
25 order. An initial plan must be submitted as soon as possible
26 following the intake evaluation and a revised plan must be submitted
27 upon any subsequent modification in which a type of service is
28 removed from or added to the treatment plan.

29 (6) A care coordinator may disclose information and records
30 related to mental health services pursuant to RCW 70.02.230(2)(k) for
31 purposes of implementing less restrictive alternative treatment.

32 (7) For the purpose of this section, "care coordinator" means a
33 clinical practitioner who coordinates the activities of less
34 restrictive alternative treatment. The care coordinator coordinates
35 activities with the designated crisis responders that are necessary
36 for enforcement and continuation of less restrictive alternative
37 treatment orders and is responsible for coordinating service
38 activities with other agencies and establishing and maintaining a
39 therapeutic relationship with the individual on a continuing basis.

1 **Sec. 31.** RCW 74.09.497 and 2017 c 226 s 2 are each amended to
2 read as follows:

3 (1) By August 1, 2017, the authority must complete a review of
4 payment codes available to health plans and providers related to
5 primary care and behavioral health. The review must include
6 adjustments to payment rules if needed to facilitate bidirectional
7 integration. The review must involve stakeholders and include
8 consideration of the following principles to the extent allowed by
9 federal law:

10 (a) Payment rules must allow professionals to operate within the
11 full scope of their practice;

12 (b) Payment rules should allow medically necessary behavioral
13 health services for covered patients to be provided in any setting;

14 (c) Payment rules should allow medically necessary primary care
15 services for covered patients to be provided in any setting;

16 (d) Payment rules and provider communications related to payment
17 should facilitate integration of physical and behavioral health
18 services through multifaceted models, including primary care
19 behavioral health, whole-person care in behavioral health,
20 collaborative care, and other models;

21 (e) Payment rules should be designed liberally to encourage
22 innovation and ease future transitions to more integrated models of
23 payment and more integrated models of care;

24 (f) Payment rules should allow health and behavior codes to be
25 reimbursed for all patients in primary care settings as provided by
26 any licensed behavioral health professional operating within their
27 scope of practice, including but not limited to psychiatrists,
28 psychologists, psychiatric advanced registered nurse professionals,
29 physician assistants working with a (~~supervising~~) psychiatrist who
30 is acting as a participating physician as defined in RCW 18.71A.010,
31 psychiatric nurses, mental health counselors, social workers,
32 chemical dependency professionals, chemical dependency professional
33 trainees, marriage and family therapists, and mental health counselor
34 associates under the supervision of a licensed clinician;

35 (g) Payment rules should allow health and behavior codes to be
36 reimbursed for all patients in behavioral health settings as provided
37 by any licensed health care provider within the provider's scope of
38 practice;

39 (h) Payment rules which limit same-day billing for providers
40 using the same provider number, require prior authorization for low-

1 level or routine behavioral health care, or prohibit payment when the
2 patient is not present should be implemented only when consistent
3 with national coding conventions and consonant with accepted best
4 practices in the field.

5 (2) Concurrent with the review described in subsection (1) of
6 this section, the authority must create matrices listing the
7 following codes available for provider payment through medical
8 assistance programs: All behavioral health-related codes; and all
9 physical health-related codes available for payment when provided in
10 licensed behavioral health agencies. The authority must clearly
11 explain applicable payment rules in order to increase awareness among
12 providers, standardize billing practices, and reduce common and
13 avoidable billing errors. The authority must disseminate this
14 information in a manner calculated to maximally reach all relevant
15 plans and providers. The authority must update the provider billing
16 guide to maintain consistency of information.

17 (3) The authority must inform the governor and relevant
18 committees of the legislature by letter of the steps taken pursuant
19 to this section and results achieved once the work has been
20 completed.

21 **Sec. 32.** RCW 9.41.010 and 2023 c 295 s 2, 2023 c 262 s 1, and
22 2023 c 162 s 2 are each reenacted and amended to read as follows:

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

25 (1) "Antique firearm" means a firearm or replica of a firearm not
26 designed or redesigned for using rim fire or conventional center fire
27 ignition with fixed ammunition and manufactured in or before 1898,
28 including any matchlock, flintlock, percussion cap, or similar type
29 of ignition system and also any firearm using fixed ammunition
30 manufactured in or before 1898, for which ammunition is no longer
31 manufactured in the United States and is not readily available in the
32 ordinary channels of commercial trade.

33 (2) (a) "Assault weapon" means:

34 (i) Any of the following specific firearms regardless of which
35 company produced and manufactured the firearm:

AK-47 in all forms
AK-74 in all forms
Algimec AGM-1 type semiautomatic

1	American Arms Spectre da semiautomatic carbine
2	AR15, M16, or M4 in all forms
3	AR 180 type semiautomatic
4	Argentine L.S.R. semiautomatic
5	Australian Automatic
6	Auto-Ordnance Thompson M1 and 1927 semiautomatics
7	Barrett .50 cal light semiautomatic
8	Barrett .50 cal M87
9	Barrett .50 cal M107A1
10	Barrett REC7
11	Beretta AR70/S70 type semiautomatic
12	Bushmaster Carbon 15
13	Bushmaster ACR
14	Bushmaster XM-15
15	Bushmaster MOE
16	Calico models M100 and M900
17	CETME Sporter
18	CIS SR 88 type semiautomatic
19	Colt CAR 15
20	Daewoo K-1
21	Daewoo K-2
22	Dragunov semiautomatic
23	Fabrique Nationale FAL in all forms
24	Fabrique Nationale F2000
25	Fabrique Nationale L1A1 Sporter
26	Fabrique Nationale M249S
27	Fabrique Nationale PS90
28	Fabrique Nationale SCAR
29	FAMAS .223 semiautomatic
30	Galil
31	Heckler & Koch G3 in all forms
32	Heckler & Koch HK-41/91

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Heckler & Koch HK-43/93
Heckler & Koch HK94A2/3
Heckler & Koch MP-5 in all forms
Heckler & Koch PSG-1
Heckler & Koch SL8
Heckler & Koch UMP
Manchester Arms Commando MK-45
Manchester Arms MK-9
SAR-4800
SIG AMT SG510 in all forms
SIG SG550 in all forms
SKS
Spectre M4
Springfield Armory BM-59
Springfield Armory G3
Springfield Armory SAR-8
Springfield Armory SAR-48
Springfield Armory SAR-3
Springfield Armory M-21 sniper
Springfield Armory M1A
Smith & Wesson M&P 15
Sterling Mk 1
Sterling Mk 6/7
Steyr AUG
TNW M230
FAMAS F11
Uzi 9mm carbine/rifle

28 (ii) A semiautomatic rifle that has an overall length of less
29 than 30 inches;

30 (iii) A conversion kit, part, or combination of parts, from which
31 an assault weapon can be assembled or from which a firearm can be
32 converted into an assault weapon if those parts are in the possession
33 or under the control of the same person; or

1 (iv) A semiautomatic, center fire rifle that has the capacity to
2 accept a detachable magazine and has one or more of the following:
3 (A) A grip that is independent or detached from the stock that
4 protrudes conspicuously beneath the action of the weapon. The
5 addition of a fin attaching the grip to the stock does not exempt the
6 grip if it otherwise resembles the grip found on a pistol;
7 (B) Thumbhole stock;
8 (C) Folding or telescoping stock;
9 (D) Forward pistol, vertical, angled, or other grip designed for
10 use by the nonfiring hand to improve control;
11 (E) Flash suppressor, flash guard, flash eliminator, flash hider,
12 sound suppressor, silencer, or any item designed to reduce the visual
13 or audio signature of the firearm;
14 (F) Muzzle brake, recoil compensator, or any item designed to be
15 affixed to the barrel to reduce recoil or muzzle rise;
16 (G) Threaded barrel designed to attach a flash suppressor, sound
17 suppressor, muzzle break, or similar item;
18 (H) Grenade launcher or flare launcher; or
19 (I) A shroud that encircles either all or part of the barrel
20 designed to shield the bearer's hand from heat, except a solid
21 forearm of a stock that covers only the bottom of the barrel;
22 (v) A semiautomatic, center fire rifle that has a fixed magazine
23 with the capacity to accept more than 10 rounds;
24 (vi) A semiautomatic pistol that has the capacity to accept a
25 detachable magazine and has one or more of the following:
26 (A) A threaded barrel, capable of accepting a flash suppressor,
27 forward handgrip, or silencer;
28 (B) A second hand grip;
29 (C) A shroud that encircles either all or part of the barrel
30 designed to shield the bearer's hand from heat, except a solid
31 forearm of a stock that covers only the bottom of the barrel; or
32 (D) The capacity to accept a detachable magazine at some location
33 outside of the pistol grip;
34 (vii) A semiautomatic shotgun that has any of the following:
35 (A) A folding or telescoping stock;
36 (B) A grip that is independent or detached from the stock that
37 protrudes conspicuously beneath the action of the weapon. The
38 addition of a fin attaching the grip to the stock does not exempt the
39 grip if it otherwise resembles the grip found on a pistol;
40 (C) A thumbhole stock;

1 (D) A forward pistol, vertical, angled, or other grip designed
2 for use by the nonfiring hand to improve control;

3 (E) A fixed magazine in excess of seven rounds; or

4 (F) A revolving cylinder shotgun.

5 (b) For the purposes of this subsection, "fixed magazine" means
6 an ammunition feeding device contained in, or permanently attached
7 to, a firearm in such a manner that the device cannot be removed
8 without disassembly of the firearm action.

9 (c) "Assault weapon" does not include antique firearms, any
10 firearm that has been made permanently inoperable, or any firearm
11 that is manually operated by bolt, pump, lever, or slide action.

12 (3) "Assemble" means to fit together component parts.

13 (4) "Barrel length" means the distance from the bolt face of a
14 closed action down the length of the axis of the bore to the crown of
15 the muzzle, or in the case of a barrel with attachments to the end of
16 any legal device permanently attached to the end of the muzzle.

17 (5) "Bump-fire stock" means a butt stock designed to be attached
18 to a semiautomatic firearm with the effect of increasing the rate of
19 fire achievable with the semiautomatic firearm to that of a fully
20 automatic firearm by using the energy from the recoil of the firearm
21 to generate reciprocating action that facilitates repeated activation
22 of the trigger.

23 (6) "Conviction" or "convicted" means, whether in an adult court
24 or adjudicated in a juvenile court, that a plea of guilty has been
25 accepted or a verdict of guilty has been filed, or a finding of guilt
26 has been entered, notwithstanding the pendency of any future
27 proceedings including, but not limited to, sentencing or disposition,
28 posttrial or post-fact-finding motions, and appeals. "Conviction"
29 includes a dismissal entered after a period of probation, suspension,
30 or deferral of sentence, and also includes equivalent dispositions by
31 courts in jurisdictions other than Washington state.

32 (7) "Crime of violence" means:

33 (a) Any of the following felonies, as now existing or hereafter
34 amended: Any felony defined under any law as a class A felony or an
35 attempt to commit a class A felony, criminal solicitation of or
36 criminal conspiracy to commit a class A felony, manslaughter in the
37 first degree, manslaughter in the second degree, indecent liberties
38 if committed by forcible compulsion, kidnapping in the second degree,
39 arson in the second degree, assault in the second degree, assault of
40 a child in the second degree, extortion in the first degree, burglary

1 in the second degree, residential burglary, and robbery in the second
2 degree;

3 (b) Any conviction for a felony offense in effect at any time
4 prior to June 6, 1996, which is comparable to a felony classified as
5 a crime of violence in (a) of this subsection; and

6 (c) Any federal or out-of-state conviction for an offense
7 comparable to a felony classified as a crime of violence under (a) or
8 (b) of this subsection.

9 (8) "Curio or relic" has the same meaning as provided in 27
10 C.F.R. Sec. 478.11.

11 (9) "Dealer" means a person engaged in the business of selling
12 firearms at wholesale or retail who has, or is required to have, a
13 federal firearms license under 18 U.S.C. Sec. 923(a). A person who
14 does not have, and is not required to have, a federal firearms
15 license under 18 U.S.C. Sec. 923(a), is not a dealer if that person
16 makes only occasional sales, exchanges, or purchases of firearms for
17 the enhancement of a personal collection or for a hobby, or sells all
18 or part of his or her personal collection of firearms.

19 (10) "Detachable magazine" means an ammunition feeding device
20 that can be loaded or unloaded while detached from a firearm and
21 readily inserted into a firearm.

22 (11) "Distribute" means to give out, provide, make available, or
23 deliver a firearm or large capacity magazine to any person in this
24 state, with or without consideration, whether the distributor is in-
25 state or out-of-state. "Distribute" includes, but is not limited to,
26 filling orders placed in this state, online or otherwise.
27 "Distribute" also includes causing a firearm or large capacity
28 magazine to be delivered in this state.

29 (12) "Domestic violence" has the same meaning as provided in RCW
30 10.99.020.

31 (13) "Family or household member" has the same meaning as in RCW
32 7.105.010.

33 (14) "Federal firearms dealer" means a licensed dealer as defined
34 in 18 U.S.C. Sec. 921(a)(11).

35 (15) "Federal firearms importer" means a licensed importer as
36 defined in 18 U.S.C. Sec. 921(a)(9).

37 (16) "Federal firearms manufacturer" means a licensed
38 manufacturer as defined in 18 U.S.C. Sec. 921(a)(10).

1 (17) "Felony" means any felony offense under the laws of this
2 state or any federal or out-of-state offense comparable to a felony
3 offense under the laws of this state.

4 (18) "Felony firearm offender" means a person who has previously
5 been convicted or found not guilty by reason of insanity in this
6 state of any felony firearm offense. A person is not a felony firearm
7 offender under this chapter if any and all qualifying offenses have
8 been the subject of an expungement, pardon, annulment, certificate,
9 or rehabilitation, or other equivalent procedure based on a finding
10 of the rehabilitation of the person convicted or a pardon, annulment,
11 or other equivalent procedure based on a finding of innocence.

12 (19) "Felony firearm offense" means:

13 (a) Any felony offense that is a violation of this chapter;

14 (b) A violation of RCW 9A.36.045;

15 (c) A violation of RCW 9A.56.300;

16 (d) A violation of RCW 9A.56.310;

17 (e) Any felony offense if the offender was armed with a firearm
18 in the commission of the offense.

19 (20) "Firearm" means a weapon or device from which a projectile
20 or projectiles may be fired by an explosive such as gunpowder. For
21 the purposes of RCW 9.41.040, "firearm" also includes frames and
22 receivers. "Firearm" does not include a flare gun or other
23 pyrotechnic visual distress signaling device, or a powder-actuated
24 tool or other device designed solely to be used for construction
25 purposes.

26 (21)(a) "Frame or receiver" means a part of a firearm that, when
27 the complete firearm is assembled, is visible from the exterior and
28 provides housing or a structure designed to hold or integrate one or
29 more fire control components, even if pins or other attachments are
30 required to connect the fire control components. Any such part
31 identified with a serial number shall be presumed, absent an official
32 determination by the bureau of alcohol, tobacco, firearms, and
33 explosives or other reliable evidence to the contrary, to be a frame
34 or receiver.

35 (b) For purposes of this subsection, "fire control component"
36 means a component necessary for the firearm to initiate, complete, or
37 continue the firing sequence, including any of the following: Hammer,
38 bolt, bolt carrier, breechblock, cylinder, trigger mechanism, firing
39 pin, striker, or slide rails.

40 (22) "Gun" has the same meaning as firearm.

1 (23) "Import" means to move, transport, or receive an item from a
2 place outside the territorial limits of the state of Washington to a
3 place inside the territorial limits of the state of Washington.
4 "Import" does not mean situations where an individual possesses a
5 large capacity magazine or assault weapon when departing from, and
6 returning to, Washington state, so long as the individual is
7 returning to Washington in possession of the same large capacity
8 magazine or assault weapon the individual transported out of state.

9 (24) "Intimate partner" has the same meaning as provided in RCW
10 7.105.010.

11 (25) "Large capacity magazine" means an ammunition feeding device
12 with the capacity to accept more than 10 rounds of ammunition, or any
13 conversion kit, part, or combination of parts, from which such a
14 device can be assembled if those parts are in possession of or under
15 the control of the same person, but shall not be construed to include
16 any of the following:

17 (a) An ammunition feeding device that has been permanently
18 altered so that it cannot accommodate more than 10 rounds of
19 ammunition;

20 (b) A 22 caliber tube ammunition feeding device; or

21 (c) A tubular magazine that is contained in a lever-action
22 firearm.

23 (26) "Law enforcement officer" includes a general authority
24 Washington peace officer as defined in RCW 10.93.020, or a specially
25 commissioned Washington peace officer as defined in RCW 10.93.020.
26 "Law enforcement officer" also includes a limited authority
27 Washington peace officer as defined in RCW 10.93.020 if such officer
28 is duly authorized by his or her employer to carry a concealed
29 pistol.

30 (27) "Lawful permanent resident" has the same meaning afforded a
31 person "lawfully admitted for permanent residence" in 8 U.S.C. Sec.
32 1101(a)(20).

33 (28) "Licensed collector" means a person who is federally
34 licensed under 18 U.S.C. Sec. 923(b).

35 (29) "Licensed dealer" means a person who is federally licensed
36 under 18 U.S.C. Sec. 923(a).

37 (30) "Loaded" means:

38 (a) There is a cartridge in the chamber of the firearm;

39 (b) Cartridges are in a clip that is locked in place in the
40 firearm;

1 (c) There is a cartridge in the cylinder of the firearm, if the
2 firearm is a revolver;

3 (d) There is a cartridge in the tube or magazine that is inserted
4 in the action; or

5 (e) There is a ball in the barrel and the firearm is capped or
6 primed if the firearm is a muzzle loader.

7 (31) "Machine gun" means any firearm known as a machine gun,
8 mechanical rifle, submachine gun, or any other mechanism or
9 instrument not requiring that the trigger be pressed for each shot
10 and having a reservoir clip, disc, drum, belt, or other separable
11 mechanical device for storing, carrying, or supplying ammunition
12 which can be loaded into the firearm, mechanism, or instrument, and
13 fired therefrom at the rate of five or more shots per second.

14 (32) "Manufacture" means, with respect to a firearm or large
15 capacity magazine, the fabrication, making, formation, production, or
16 construction of a firearm or large capacity magazine, by manual labor
17 or by machinery.

18 (33) "Mental health professional" means a psychiatrist,
19 psychologist, or physician assistant working with a (~~supervising~~)
20 psychiatrist who is acting as a participating physician as defined in
21 RCW 18.71A.010, psychiatric advanced registered nurse practitioner,
22 psychiatric nurse, social worker, mental health counselor, marriage
23 and family therapist, or such other mental health professionals as
24 may be defined in statute or by rules adopted by the department of
25 health pursuant to the provisions of chapter 71.05 RCW.

26 (34) "Nonimmigrant alien" means a person defined as such in 8
27 U.S.C. Sec. 1101(a) (15).

28 (35) "Person" means any individual, corporation, company,
29 association, firm, partnership, club, organization, society, joint
30 stock company, or other legal entity.

31 (36) "Pistol" means any firearm with a barrel less than 16 inches
32 in length, or is designed to be held and fired by the use of a single
33 hand.

34 (37) "Rifle" means a weapon designed or redesigned, made or
35 remade, and intended to be fired from the shoulder and designed or
36 redesigned, made or remade, and intended to use the energy of the
37 explosive in a fixed metallic cartridge to fire only a single
38 projectile through a rifled bore for each single pull of the trigger.

39 (38) "Sale" and "sell" mean the actual approval of the delivery
40 of a firearm in consideration of payment or promise of payment.

1 (39) "Secure gun storage" means:

2 (a) A locked box, gun safe, or other secure locked storage space
3 that is designed to prevent unauthorized use or discharge of a
4 firearm; and

5 (b) The act of keeping an unloaded firearm stored by such means.

6 (40) "Semiautomatic" means any firearm which utilizes a portion
7 of the energy of a firing cartridge to extract the fired cartridge
8 case and chamber the next round, and which requires a separate pull
9 of the trigger to fire each cartridge.

10 (41)(a) "Semiautomatic assault rifle" means any rifle which
11 utilizes a portion of the energy of a firing cartridge to extract the
12 fired cartridge case and chamber the next round, and which requires a
13 separate pull of the trigger to fire each cartridge.

14 (b) "Semiautomatic assault rifle" does not include antique
15 firearms, any firearm that has been made permanently inoperable, or
16 any firearm that is manually operated by bolt, pump, lever, or slide
17 action.

18 (42) "Serious offense" means any of the following felonies or a
19 felony attempt to commit any of the following felonies, as now
20 existing or hereafter amended:

21 (a) Any crime of violence;

22 (b) Any felony violation of the uniform controlled substances
23 act, chapter 69.50 RCW, that is classified as a class B felony or
24 that has a maximum term of imprisonment of at least 10 years;

25 (c) Child molestation in the second degree;

26 (d) Incest when committed against a child under age 14;

27 (e) Indecent liberties;

28 (f) Leading organized crime;

29 (g) Promoting prostitution in the first degree;

30 (h) Rape in the third degree;

31 (i) Drive-by shooting;

32 (j) Sexual exploitation;

33 (k) Vehicular assault, when caused by the operation or driving of
34 a vehicle by a person while under the influence of intoxicating
35 liquor or any drug or by the operation or driving of a vehicle in a
36 reckless manner;

37 (l) Vehicular homicide, when proximately caused by the driving of
38 any vehicle by any person while under the influence of intoxicating
39 liquor or any drug as defined by RCW 46.61.502, or by the operation
40 of any vehicle in a reckless manner;

1 (m) Any other class B felony offense with a finding of sexual
2 motivation, as "sexual motivation" is defined under RCW 9.94A.030;

3 (n) Any other felony with a deadly weapon verdict under RCW
4 9.94A.825;

5 (o) Any felony offense in effect at any time prior to June 6,
6 1996, that is comparable to a serious offense, or any federal or out-
7 of-state conviction for an offense that under the laws of this state
8 would be a felony classified as a serious offense;

9 (p) Any felony conviction under RCW 9.41.115; or

10 (q) Any felony charged under RCW 46.61.502(6) or 46.61.504(6).

11 (43) "Sex offense" has the same meaning as provided in RCW
12 9.94A.030.

13 (44) "Short-barreled rifle" means a rifle having one or more
14 barrels less than 16 inches in length and any weapon made from a
15 rifle by any means of modification if such modified weapon has an
16 overall length of less than 26 inches.

17 (45) "Short-barreled shotgun" means a shotgun having one or more
18 barrels less than 18 inches in length and any weapon made from a
19 shotgun by any means of modification if such modified weapon has an
20 overall length of less than 26 inches.

21 (46) "Shotgun" means a weapon with one or more barrels, designed
22 or redesigned, made or remade, and intended to be fired from the
23 shoulder and designed or redesigned, made or remade, and intended to
24 use the energy of the explosive in a fixed shotgun shell to fire
25 through a smooth bore either a number of ball shot or a single
26 projectile for each single pull of the trigger.

27 (47) "Substance use disorder professional" means a person
28 certified under chapter 18.205 RCW.

29 (48) "Transfer" means the intended delivery of a firearm to
30 another person without consideration of payment or promise of payment
31 including, but not limited to, gifts and loans. "Transfer" does not
32 include the delivery of a firearm owned or leased by an entity
33 licensed or qualified to do business in the state of Washington to,
34 or return of such a firearm by, any of that entity's employees or
35 agents, defined to include volunteers participating in an honor
36 guard, for lawful purposes in the ordinary course of business.

37 (49) "Undetectable firearm" means any firearm that is not as
38 detectable as 3.7 ounces of 17-4 PH stainless steel by walk-through
39 metal detectors or magnetometers commonly used at airports or any
40 firearm where the barrel, the slide or cylinder, or the frame or

1 receiver of the firearm would not generate an image that accurately
2 depicts the shape of the part when examined by the types of X-ray
3 machines commonly used at airports.

4 (50)(a) "Unfinished frame or receiver" means a frame or receiver
5 that is partially complete, disassembled, or inoperable, that: (i)
6 Has reached a stage in manufacture where it may readily be completed,
7 assembled, converted, or restored to a functional state; or (ii) is
8 marketed or sold to the public to become or be used as the frame or
9 receiver of a functional firearm once finished or completed,
10 including without limitation products marketed or sold to the public
11 as an 80 percent frame or receiver or unfinished frame or receiver.

12 (b) For purposes of this subsection:

13 (i) "Readily" means a process that is fairly or reasonably
14 efficient, quick, and easy, but not necessarily the most efficient,
15 speedy, or easy process. Factors relevant in making this
16 determination, with no single one controlling, include the following:
17 (A) Time, i.e., how long it takes to finish the process; (B) ease,
18 i.e., how difficult it is to do so; (C) expertise, i.e., what
19 knowledge and skills are required; (D) equipment, i.e., what tools
20 are required; (E) availability, i.e., whether additional parts are
21 required, and how easily they can be obtained; (F) expense, i.e., how
22 much it costs; (G) scope, i.e., the extent to which the subject of
23 the process must be changed to finish it; and (H) feasibility, i.e.,
24 whether the process would damage or destroy the subject of the
25 process, or cause it to malfunction.

26 (ii) "Partially complete," as it modifies frame or receiver,
27 means a forging, casting, printing, extrusion, machined body, or
28 similar article that has reached a stage in manufacture where it is
29 clearly identifiable as an unfinished component part of a firearm.

30 (51) "Unlicensed person" means any person who is not a licensed
31 dealer under this chapter.

32 (52) "Untraceable firearm" means any firearm manufactured after
33 July 1, 2019, that is not an antique firearm and that cannot be
34 traced by law enforcement by means of a serial number affixed to the
35 firearm by a federal firearms manufacturer, federal firearms
36 importer, or federal firearms dealer in compliance with all federal
37 laws and regulations.

1 NEW SECTION. **Sec. 33.** Sections 1 through 8, 10 through 18, 20
2 through 26, 28, and 30 through 32 of this act take effect January 1,
3 2025.

4 NEW SECTION. **Sec. 34.** Section 18 of this act expires when
5 section 2, chapter 210, Laws of 2022 takes effect.

6 NEW SECTION. **Sec. 35.** Section 19 of this act takes effect when
7 section 18 of this act expires.

8 NEW SECTION. **Sec. 36.** Section 26 of this act expires when
9 section 13, chapter 433, Laws of 2023 takes effect.

10 NEW SECTION. **Sec. 37.** Section 27 of this act takes effect when
11 section 26 of this act expires.

12 NEW SECTION. **Sec. 38.** Section 28 of this act expires July 1,
13 2026.

14 NEW SECTION. **Sec. 39.** Section 29 of this act takes effect July
15 1, 2026.

Passed by the House February 9, 2024.
Passed by the Senate February 27, 2024.
Approved by the Governor March 13, 2024.
Filed in Office of Secretary of State March 14, 2024.

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