
ENGROSSED SECOND SUBSTITUTE HOUSE BILL 1868

State of Washington

67th Legislature

2022 Regular Session

By House Appropriations (originally sponsored by Representatives Riccelli, Volz, Berry, Fitzgibbon, Shewmake, Bateman, Berg, Bronoske, Callan, Cody, Davis, Duerr, Goodman, Gregerson, J. Johnson, Kirby, Macri, Peterson, Ramel, Ramos, Ryu, Santos, Sells, Senn, Sullivan, Simmons, Chopp, Bergquist, Graham, Valdez, Wicks, Dolan, Pollet, Ortiz-Self, Paul, Stonier, Donaghy, Ormsby, Slatter, Hackney, Taylor, Harris-Talley, Kloba, and Frame)

READ FIRST TIME 02/07/22.

1 AN ACT Relating to improving worker safety and patient care in
2 health care facilities by addressing staffing needs, overtime, meal
3 and rest breaks, and enforcement; amending RCW 70.41.410, 70.41.420,
4 70.41.425, 49.12.480, 49.28.130, 49.28.140, and 49.28.150; adding a
5 new chapter to Title 49 RCW; creating new sections; recodifying RCW
6 70.41.410, 70.41.420, 70.41.425, 49.12.480, 49.28.130, 49.28.140, and
7 49.28.150; repealing 2017 c 249 s 4 (uncodified); prescribing
8 penalties; providing an effective date; and providing an expiration
9 date.

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

11 NEW SECTION. **Sec. 1.** The legislature recognizes that the
12 COVID-19 public health emergency has pushed our health care system to
13 its breaking point. Our nurses and health care workers who directly
14 care for and support patients have continued to provide high-quality
15 care despite the incredible challenges. But it has not been without
16 significant cost. Nurses and health care workers are facing
17 unprecedented levels of stress and job turnover. These concerns
18 existed before the pandemic and have only worsened during this public
19 health emergency. The legislature finds that improving nurse and
20 health care worker safety and working conditions leads to better
21 patient care. Specifically, establishing minimum nurse-to-patient

1 staffing standards, expanding break and overtime laws for certain
2 health care workers and to more health care facilities, and requiring
3 hospitals to create staffing plans, all of which are subject to
4 enforcement and penalties for violations, will better serve patients
5 and our community.

6 **Sec. 2.** RCW 70.41.410 and 2008 c 47 s 2 are each amended to read
7 as follows:

8 The definitions in this section apply throughout this section
9 ~~((and)),~~ RCW 70.41.420 and 70.41.425 (as recodified by this act), and
10 section 7 of this act unless the context clearly requires otherwise.

11 (1) "Department" means the department of labor and industries.

12 (2) "Direct care nursing assistant-certified" means an individual
13 certified under chapter 18.88A RCW who provides direct care to
14 patients.

15 (3) "Direct care registered nurse" means an individual licensed
16 as a nurse under chapter 18.79 RCW who provides direct care to
17 patients.

18 (4) "Hospital" has the same meaning as defined in RCW 70.41.020,
19 and also includes state hospitals as defined in RCW 72.23.010.

20 ~~((2))~~ (5) "Hospital staffing committee" means the committee
21 established by a hospital under RCW 70.41.420 (as recodified by this
22 act).

23 (6) "Intensity" means the level of patient need for nursing care,
24 as determined by the nursing assessment.

25 ~~((3))~~ (7) "Nursing and ancillary health care personnel" means
26 ((registered nurses, licensed practical nurses, and unlicensed
27 assistive nursing personnel providing direct patient care)) a person
28 who is providing direct care or supportive services to patients but
29 is not a physician licensed under chapter 18.71 or 18.57 RCW, a
30 physician's assistant licensed under chapter 18.71A RCW, or an
31 advanced registered nurse practitioner licensed under RCW 18.79.250
32 unless working as a direct care registered nurse.

33 ~~((4))~~ "Nurse staffing committee" means the committee established
34 by a hospital under RCW 70.41.420.

35 ~~((5))~~ (8) "Patient care unit" means any unit or area of the
36 hospital that provides patient care by registered nurses.

37 ~~((6))~~ (9) "Reasonable efforts" means that the employer exhausts
38 and documents all of the following but is unable to obtain staffing
39 coverage:

1 (a) Seeks individuals to volunteer to work extra time from all
2 available qualified staff who are working;

3 (b) Contacts qualified employees who have made themselves
4 available to work extra time;

5 (c) Seeks the use of per diem staff; and

6 (d) Seeks personnel from a contracted temporary agency when such
7 staffing is permitted by law or an applicable collective bargaining
8 agreement, and when the employer regularly uses a contracted
9 temporary agency.

10 (10) "Skill mix" means the experience of, and number and relative
11 percentages of (~~registered nurses, licensed practical nurses, and~~
12 ~~unlicensed assistive personnel among the total number of nursing~~
13 ~~personnel~~), nursing and ancillary health personnel.

14 (11) "Unforeseeable emergent circumstance" means:

15 (a) Any unforeseen national, state, or municipal emergency; or

16 (b) When a hospital disaster plan is activated.

17 NEW SECTION. Sec. 3. (1) The definitions in this subsection
18 apply throughout this section unless the context clearly requires
19 otherwise.

20 (a) "Department" means the department of labor and industries.

21 (b) "Direct care nursing assistant-certified" means an individual
22 certified under chapter 18.88A RCW who provides direct care to
23 patients.

24 (c) "Direct care registered nurse" means an individual licensed
25 as a nurse under chapter 18.79 RCW who provides direct care to
26 patients.

27 (d) "Hospital" has the same meaning as defined in RCW 70.41.020.

28 (e) "Hospital staffing committee" means the committee established
29 by a hospital under RCW 70.41.420 (as recodified by this act).

30 (f) "Patient care unit" means any unit or area of the hospital
31 that provides patient care by registered nurses.

32 (2) (a) A hospital shall comply with minimum staffing standards in
33 accordance with this section.

34 (b) The department shall enforce compliance with this section
35 under sections 12 through 14 of this act.

36 (3) Direct care registered nurses shall not be assigned more
37 patients than the following for any shift:

- 1 (a) Emergency department: One direct care registered nurse to
2 three nontrauma or noncritical care patients and one direct care
3 registered nurse to one trauma or critical care patient;
- 4 (b) Intensive care unit, such as critical care unit, special care
5 unit, coronary care unit, pediatric intensive care, neonatal
6 intensive care, neurological critical care unit, or a burn unit: One
7 direct care registered nurse to two patients or one direct care
8 registered nurse to one patient depending on the stability of the
9 patient as assessed by the direct care registered nurse on the unit;
- 10 (c) Labor and delivery: One direct care registered nurse to two
11 patients and one direct care registered nurse to one patient for
12 active labor and in all stages of labor for any patients with
13 complications;
- 14 (d) Postpartum, antepartum, and well-baby nursery: One direct
15 care registered nurse to six patients in postpartum, antepartum, and
16 well-baby nursery. In this context, the mother and the baby are each
17 counted as separate patients. This would mean, for example, one
18 direct care registered nurse to three mother-baby couplets;
- 19 (e) Operating room: One direct care registered nurse to one
20 patient;
- 21 (f) Oncology: One direct care registered nurse to four patients;
- 22 (g) Postanesthesia care unit: One direct care registered nurse to
23 two patients;
- 24 (h) Progressive care unit, intensive specialty care unit, or
25 stepdown unit: One direct care registered nurse to three patients;
- 26 (i) Medical-surgical unit: One direct care registered nurse to
27 five patients;
- 28 (j) Telemetry unit: One direct care registered nurse to four
29 patients;
- 30 (k) Psychiatric unit: One direct care registered nurse to six
31 patients;
- 32 (l) Pediatrics: One direct care registered nurse to three
33 patients.
- 34 (4) Direct care nursing assistants-certified shall not be
35 assigned more patients than the following for any shift:
- 36 (a) Intensive care unit, such as critical care unit, special care
37 unit, coronary care unit, pediatric intensive care, neonatal
38 intensive care, neurological critical care unit, or a burn unit: One
39 direct care nursing assistant-certified to eight patients;

1 (b) Cardiac unit: One direct care nursing assistant-certified to
2 four patients;

3 (c) Labor and delivery: One direct care nursing assistant-
4 certified to eight patients and one direct care nursing assistant-
5 certified to four patients for active labor and in all stages of
6 labor for any patients with complications;

7 (d) Postanesthesia care unit: One direct care nursing assistant-
8 certified to eight patients;

9 (e) Progressive care unit, intensive specialty care unit, or
10 stepdown unit: One direct care nursing assistant-certified to eight
11 patients;

12 (f) Medical-surgical unit: One direct care nursing assistant-
13 certified to eight patients;

14 (g) Telemetry unit: One direct care nursing assistant-certified
15 to eight patients;

16 (h) Psychiatric unit: One direct care nursing assistant-certified
17 to eight patients;

18 (i) Pediatrics: One direct care nursing assistant-certified to 13
19 patients;

20 (j) Emergency department: One direct care nursing assistant-
21 certified to eight patients;

22 (k) Telesitting unit: One direct care nursing assistant-certified
23 to eight patients.

24 (5) (a) The personnel assignment limits established in this
25 section are based on the type of care provided in these patient care
26 units, regardless of the specific name or reference the hospital
27 calls these units.

28 (b) The personnel assignment limits established in this section
29 represent the maximum number of patients to which a direct care
30 registered nurse or direct care nursing assistant-certified may be
31 assigned at all points during a shift.

32 (c) A hospital may not average the number of patients and the
33 total number of direct care registered nurses and direct care nursing
34 assistants-certified assigned to patients in a unit during any one
35 shift or over any period of time, in order to meet the personnel
36 assignment limits established in this section.

37 (6) Nothing in this section precludes a hospital from assigning
38 fewer patients to a direct care registered nurse or direct care
39 nursing assistant-certified than the limits established in this
40 section.

1 (7) The personnel assignment limits established in this section
2 do not decrease any nurse-to-patient staffing levels:

3 (a) In effect pursuant to a collective bargaining agreement; or

4 (b) Established under a hospital's staffing plan in effect as of
5 January 1, 2022, except with majority vote of the staffing committee.

6 (8) A direct care registered nurse or direct care nursing
7 assistant-certified may not be assigned to a nursing unit or clinical
8 area unless that nurse has first received orientation in that
9 clinical area sufficient to provide competent care to patients in
10 that area and has demonstrated current competence in providing care
11 in that area.

12 (9)(a) Except as provided in (b) of this subsection, a hospital
13 shall develop and implement minimum staffing standards into its
14 staffing plan required under RCW 70.41.420 (as recodified by this
15 act), no later than two years after the effective date of this
16 section.

17 (b) The following hospitals shall develop and implement minimum
18 staffing standards into their staffing plan required under RCW
19 70.41.420 (as recodified by this act) no later than four years after
20 the effective date of this section:

21 (i) Hospitals certified as critical access hospitals under 42
22 U.S.C. Sec. 1395i-4;

23 (ii) Hospitals with fewer than 25 acute care beds in operation;
24 and

25 (iii) Hospitals certified by the centers for medicare and
26 medicaid services as sole community hospitals as of January 1, 2013,
27 that: Have had less than 150 acute care licensed beds in fiscal year
28 2011; have a level III adult trauma service designation from the
29 department of health as of January 1, 2014; and are owned and
30 operated by the state or a political subdivision.

31 NEW SECTION. **Sec. 4.** (1)(a) The department may grant a variance
32 from the minimum staffing standards in section 3 of this act for
33 "good cause."

34 (b) "Good cause" means situations where a hospital can establish
35 that compliance with the minimum staffing standards are infeasible,
36 and that granting a variance does not have a significant harmful
37 effect on the health, safety, and welfare of the involved employees
38 and patients.

1 (2) A hospital, as defined in section 3 of this act, may seek a
2 variance from the minimum staffing standards by submitting a written
3 application to the department. The application must contain the
4 following:

5 (a) A justification for the variance, which establishes good
6 cause for not complying with minimum staffing standards;

7 (b) The alternative minimum staffing standards that will be
8 imposed;

9 (c) The group of employees for whom the variance is sought;

10 (d) Evidence that infeasibility was discussed along with
11 underlying data supporting the claim of infeasibility at least twice
12 by the hospital staffing committee and a statement from the staffing
13 committee where consensus exists or statements where there is
14 dispute; and

15 (e) Evidence that the hospital provided to the involved employees
16 and, if applicable, to their union representatives, the following:

17 (i) A copy of the written request for a variance;

18 (ii) Information about the right of the involved employees and,
19 if applicable, their union representatives, to be heard by the
20 department during the variance application review process;

21 (iii) Information about the process by which involved employees
22 and, if applicable, their union representatives, may make a written
23 request to the director for reconsideration, subject to the
24 provisions established in subsection (7) of this section; and

25 (iv) The department's address and phone number, or other contact
26 information.

27 (3) The department must allow the hospital, any involved
28 employees and, if applicable, their union representatives, the
29 opportunity for oral or written presentation during the variance
30 application review process whenever circumstances of the particular
31 application warrant it.

32 (4) No later than 60 days after the date on which the department
33 received the application for a variance, the department must issue a
34 written decision either granting or denying the variance. The
35 department may extend the 60-day time period by providing advance
36 written notice to the hospital and, if applicable, the union
37 representatives of any involved employees, setting forth a reasonable
38 justification for an extension of the 60-day time period, and
39 specifying the duration of the extension. The hospital must provide
40 involved employees with notice about any such extension.

1 (5) Variances shall be granted if the department determines that
2 there is good cause for allowing a hospital to not comply with the
3 minimum staffing standards in section 3 of this act. The variance
4 order shall state the following:

5 (a) The alternative minimum staffing standards approved in the
6 variance;

7 (b) The basis for a finding of good cause;

8 (c) The group of employees impacted; and

9 (d) The period of time for which the variance will be valid, not
10 to exceed five years from the date of issuance.

11 (6) Upon making a determination for issuance of a variance, the
12 department must provide notification in writing to the hospital and,
13 if applicable, the union representatives of any involved employees.
14 If the variance is denied, the written notification must include a
15 stated basis for the denial.

16 (7) A hospital, involved employee and, if applicable, their union
17 representative, may file with the director a request for
18 reconsideration within 15 days after receiving notice of the variance
19 determination. The request for reconsideration must set forth the
20 grounds upon which the reconsideration is being made. If reasonable
21 grounds exist, the director may grant such review and, to the extent
22 deemed appropriate, afford all interested parties an opportunity to
23 be heard. If the director grants such review, the written decision of
24 the department will remain in place until the reconsideration process
25 is complete.

26 (8) Unless subject to the reconsideration process, the director
27 may revoke or terminate the variance order at any time after giving
28 the hospital at least 30 days' notice before revoking or terminating
29 the order.

30 (9) Where immediate action is necessary pending further review by
31 the department, the department may issue a temporary variance. The
32 temporary variance will remain valid until the department determines
33 whether good cause exists for issuing a variance. A hospital need not
34 meet the requirement in subsection (2)(d) of this section in order to
35 be granted a temporary variance.

36 (10) If a hospital obtains a variance under this section, the
37 hospital must provide the involved employees with information about
38 the minimum staffing standards that apply within 15 days of receiving
39 notification of such approval from the department. A hospital must
40 make this information readily available to all employees.

1 (11) Variances under this section may be renewed.

2 (12) The director may adopt rules to establish additional
3 variance eligibility criteria.

4 **Sec. 5.** RCW 70.41.420 and 2017 c 249 s 2 are each amended to
5 read as follows:

6 (1) By September 1, (~~(2008)~~) 2023, each hospital shall establish
7 a (~~(nurse)~~) hospital staffing committee, either by creating a new
8 committee or assigning the functions of (~~(a)~~) an existing nurse
9 staffing committee to (~~(an existing)~~) a hospital staffing committee.

10 (a) At least (~~(one-half)~~) 50 percent of the members of the
11 (~~(nurse)~~) hospital staffing committee shall be (~~(registered nurses)~~)
12 nursing and ancillary health care personnel, who are nonsupervisory
13 and nonmanagerial, currently providing direct patient care (~~(and up~~
14 ~~to one-half of the members shall be determined by the hospital~~
15 ~~administration)~~). The selection of the (~~(registered nurses providing~~
16 ~~direct patient care)~~) nursing and ancillary health care personnel
17 shall be according to the collective bargaining (~~(agreement)~~)
18 representative or representatives if there is one (~~(in effect)~~) or
19 more at the hospital. If there is no (~~(applicable)~~) collective
20 bargaining (~~(agreement)~~) representative, the members of the (~~(nurse)~~)
21 hospital staffing committee who are (~~(registered nurses)~~) nursing and
22 ancillary health care personnel providing direct patient care shall
23 be selected by their peers.

24 (b) Up to 50 percent of the members of the hospital staffing
25 committee shall be determined by the hospital administration and
26 shall include but not be limited to the chief financial officer, the
27 chief nursing officers, and patient care unit directors or managers
28 or their designees.

29 (2) Participation in the (~~(nurse)~~) hospital staffing committee by
30 a hospital employee shall be on scheduled work time and compensated
31 at the appropriate rate of pay. (~~(Nurse)~~) Hospital staffing committee
32 members shall be relieved of all other work duties during meetings of
33 the committee. Additional staffing relief must be provided if
34 necessary to ensure committee members are able to attend hospital
35 staffing committee meetings.

36 (3) Primary responsibilities of the (~~(nurse)~~) hospital staffing
37 committee shall include:

38 (a) Development and oversight of an annual patient care unit and
39 shift-based (~~(nurse)~~) staffing plan, in compliance with the standards

1 established in section 3 of this act and based on the needs of
2 patients, to be used as the primary component of the staffing budget.
3 The hospital staffing committee shall use a uniform format or form,
4 created by the department, in consultation with stakeholders from
5 hospitals and labor organizations, for complying with the requirement
6 to submit the annual staffing plan. The uniform format or form must
7 provide space to include the factors considered under this section
8 and allow patients and the public to clearly understand and compare
9 staffing patterns and actual levels of staffing across facilities.
10 Hospitals may include a description of additional resources available
11 to support unit-level patient care and a description of the hospital,
12 including the size and type of facility. Factors to be considered in
13 the development of the plan should include, but are not limited to:

14 (i) Census, including total numbers of patients on the unit on
15 each shift and activity such as patient discharges, admissions, and
16 transfers;

17 (ii) Level of intensity of all patients and nature of the care to
18 be delivered on each shift;

19 (iii) Skill mix;

20 (iv) Level of experience and specialty certification or training
21 of nursing personnel providing care;

22 (v) The need for specialized or intensive equipment;

23 (vi) The architecture and geography of the patient care unit,
24 including but not limited to placement of patient rooms, treatment
25 areas, nursing stations, medication preparation areas, and equipment;

26 ~~(vii) ((Staffing guidelines adopted or published by national~~
27 ~~nursing professional associations, specialty nursing organizations,~~
28 ~~and other health professional organizations;~~

29 ~~(viii))~~ Availability of other personnel supporting nursing
30 services on the unit; and

31 ~~((ix) Strategies to enable registered nurses to take meal and~~
32 ~~rest breaks as required by law or)) (viii) Ability to comply with the
33 terms of an applicable collective bargaining agreement, if any,
34 ((between the hospital and a representative of the nursing staff))
35 and relevant state and federal laws and rules, including those
36 regarding meal and rest breaks and use of overtime and on-call
37 shifts;~~

38 (b) Semiannual review of the staffing plan against the ability to
39 meet staffing standards established under section 3 of this act,
40 patient need, and known evidence-based staffing information,

1 including the nursing sensitive quality indicators collected by the
2 hospital;

3 (c) Review, assessment, and response to staffing variations or
4 (~~concerns~~) complaints presented to the committee.

5 (4) In addition to the factors listed in subsection (3)(a) of
6 this section, hospital finances and resources must be taken into
7 account in the development of the (~~nurse~~) staffing plan.

8 (5) The staffing plan must not diminish other standards contained
9 in state or federal law and rules, or the terms of an applicable
10 collective bargaining agreement (~~, if any, between the hospital and a~~
11 ~~representative of the nursing staff~~).

12 (6) (a) The committee (~~will~~) shall produce the hospital's annual
13 (~~nurse~~) staffing plan. If this staffing plan is not adopted by
14 consensus of the hospital (~~, the~~) staffing committee, the prior
15 annual staffing plan remains in effect and the hospital is subject to
16 daily fines of \$5,000 for hospitals licensed under chapter 70.41 RCW
17 or daily fines of \$100 for: (i) Hospitals certified as critical
18 access hospitals; (ii) hospitals with fewer than 25 acute care beds
19 in operation; and (iii) hospitals certified by the centers for
20 medicare and medicaid services as sole community hospitals as of
21 January 1, 2013, that: Have had less than 150 acute care licensed
22 beds in fiscal year 2011; have a level III adult trauma service
23 designation from the department of health as of January 1, 2014; and
24 are owned and operated by the state or a political subdivision until
25 adoption of a new annual staffing plan by consensus of the committee.

26 (b) The chief executive officer shall provide (~~a written~~
27 ~~explanation of the reasons why the plan was not adopted to the~~
28 ~~committee~~) feedback to the hospital staffing committee on a
29 semiannual basis, prior to the committee's semiannual review and
30 adoption of an annual staffing plan. The (~~chief executive officer~~)
31 feedback must (~~then either~~): (~~(a)~~) (i) Identify those elements of
32 the (~~proposed plan being changed prior to adoption of the plan by~~
33 ~~the hospital or (b) prepare an alternate annual staffing plan that~~
34 ~~must be adopted by the hospital~~) staffing plan the chief executive
35 officer requests changes to; or (ii) provide a status report on
36 implementation of the staffing plan including nursing sensitive
37 quality indicators collected by the hospital, patient surveys, and
38 recruitment and retention efforts.

1 (c) Beginning ((January 1, 2019)) July 1, 2024, each hospital
2 shall submit its staffing plan to the department and thereafter on an
3 annual basis and at any time in between that the plan is updated.

4 (7) Beginning ((January 1, 2019)) July 1, 2024, each hospital
5 shall implement the staffing plan and assign nursing personnel to
6 each patient care unit in accordance with the plan.

7 (a) A registered nurse, ancillary health care personnel,
8 collective bargaining representative, patient, or other individual
9 may report to the staffing committee any variations where the
10 ((nurse)) personnel assignment in a patient care unit is not in
11 accordance with the adopted staffing plan and may make a complaint to
12 the committee based on the variations.

13 (b) Shift-to-shift adjustments in staffing levels required by the
14 plan may be made by the appropriate hospital personnel overseeing
15 patient care operations. If a registered nurse or nursing assistant-
16 certified on a patient care unit objects to a shift-to-shift
17 adjustment, the registered nurse or nursing assistant-certified may
18 submit the complaint to the staffing committee.

19 (c) Staffing committees shall develop a process to examine and
20 respond to data submitted under (a) and (b) of this subsection,
21 including the ability to determine if a specific complaint is
22 resolved or dismissing a complaint based on unsubstantiated data. All
23 complaints submitted to the hospital staffing committee must be
24 reviewed, regardless of what format the complainant uses to submit
25 the complaint.

26 (8) Each hospital shall post, in a public area on each patient
27 care unit, the ((nurse)) staffing plan and the ((nurse)) staffing
28 schedule for that shift on that unit, as well as the relevant
29 clinical staffing for that shift. The staffing plan and current
30 staffing levels must also be made available to patients and visitors
31 upon request.

32 (9) A hospital may not retaliate against or engage in any form of
33 intimidation of:

34 (a) An employee for performing any duties or responsibilities in
35 connection with the ((nurse)) staffing committee; or

36 (b) An employee, patient, or other individual who notifies the
37 ((nurse)) staffing committee or the hospital administration of his or
38 her concerns on nurse or ancillary health care personnel staffing.

39 (10) This section is not intended to create unreasonable burdens
40 on critical access hospitals under 42 U.S.C. Sec. 1395i-4. Critical

1 access hospitals may develop flexible approaches to accomplish the
2 requirements of this section that may include but are not limited to
3 having (~~nurse~~) hospital staffing committees work by video
4 conference, telephone, or email.

5 (11) The hospital staffing committee shall file with the
6 department a charter that must include, but is not limited to:

7 (a) Roles, responsibilities, and processes by which the hospital
8 staffing committee functions, including processes to ensure adequate
9 quorum and ability of committee members to attend;

10 (b) Schedule for monthly meetings with more frequent meetings as
11 needed that ensures committee members have 30-days notice of
12 meetings;

13 (c) Processes by which all staffing complaints will be reviewed,
14 noting the date received as well as initial, contingent, and final
15 disposition of complaints and corrective action plan where
16 applicable;

17 (d) Processes by which complaints will be resolved within 90 days
18 of receipt, or longer with majority approval of the committee, and
19 processes to ensure the complainant receives a letter stating the
20 outcome of the complaint;

21 (e) Processes for attendance by any employee, and a labor
22 representative if requested by the employee, who is involved in a
23 complaint;

24 (f) Processes for the hospital staffing committee to conduct
25 quarterly reviews of staff turnover rates including new hire turnover
26 rates during first year of employment and hospital plans regarding
27 workforce development;

28 (g) Standards for hospital staffing committee approval of meeting
29 documentation including meeting minutes, attendance, and actions
30 taken; and

31 (h) Policies for retention of meeting documentation for a minimum
32 of three years and consistent with each hospital's document retention
33 policies.

34 **Sec. 6.** RCW 70.41.425 and 2017 c 249 s 3 are each amended to
35 read as follows:

36 (1)(a) The department shall investigate a complaint submitted
37 under this section for violation of RCW 70.41.420 (as recodified by
38 this act) or section 3 of this act following receipt of a complaint
39 with documented evidence of failure to:

- 1 (i) Form or establish a hospital staffing committee;
- 2 (ii) Conduct a semiannual review of a ((nurse)) staffing plan;
- 3 (iii) Submit a ((nurse)) staffing plan on an annual basis and any
- 4 updates; or
- 5 (iv) ((A)) Follow the ((nursing)) personnel assignments in a
- 6 patient care unit in violation of section 3 of this act, RCW
- 7 70.41.420(7)(a) (as recodified by this act), or shift-to-shift
- 8 adjustments in staffing levels in violation of RCW 70.41.420(7)(b)
- 9 (as recodified by this act).

10 ~~((B) The department may only investigate a complaint under this~~

11 ~~subsection (1)(a)(iv) after making an assessment that the submitted~~

12 ~~evidence indicates a continuing pattern of unresolved violations of~~

13 ~~RCW 70.41.420(7)(a) or (b), that were submitted to the nurse~~

14 ~~staffing committee excluding complaints determined by the nurse~~

15 ~~staffing committee to be resolved or dismissed. The submitted~~

16 ~~evidence must include the aggregate data contained in the complaints~~

17 ~~submitted to the hospital's nurse staffing committee that indicate a~~

18 ~~continuing pattern of unresolved violations for a minimum sixty-day~~

19 ~~continuous period leading up to receipt of the complaint by the~~

20 ~~department.~~

21 ~~(C) The department may not investigate a complaint under this~~

22 ~~subsection (1)(a)(iv) in the event of unforeseeable emergency~~

23 ~~circumstances or if the hospital, after consultation with the nurse~~

24 ~~staffing committee, documents it has made reasonable efforts to~~

25 ~~obtain staffing to meet required assignments but has been unable to~~

26 ~~do so.))~~

27 (b) After an investigation conducted under (a) of this

28 subsection, if the department determines that there has been a

29 violation, the department shall require the hospital to submit a

30 corrective plan of action within ((forty-five)) 45 days of the

31 presentation of findings from the department to the hospital.

32 (c) Hospitals will not be found in violation of section 3 of this

33 act or RCW 70.41.420 (as recodified by this act) if it has been

34 determined, following an investigation, that:

- 35 (i) There were unforeseeable emergent circumstances; or
- 36 (ii) The hospital, after consultation with the hospital staffing
- 37 committee, documents that the hospital has made reasonable efforts to
- 38 obtain and retain staffing to meet required personnel assignments but
- 39 has been unable to do so.

1 (d) No later than 30 days after a hospital deviates from its
2 staffing plan as adopted by the staffing committee under RCW
3 70.41.420 (as recodified by this act), the hospital incident command
4 shall report to the cochairs of the hospital staffing committee an
5 assessment of the staffing needs arising from the unforeseeable
6 emergent circumstance and the hospital's plan to address those
7 identified staffing needs. Upon receipt of the report, the hospital
8 staffing committee shall convene to develop a contingency staffing
9 plan to address the needs arising from the unforeseeable emergent
10 circumstance. The hospital's deviation from its staffing plan may not
11 be in effect for more than 90 days without the approval of the
12 hospital staffing committee.

13 (2) In the event that a hospital fails to submit or submits but
14 fails to follow such a corrective plan of action in response to a
15 violation or violations found by the department based on a complaint
16 filed pursuant to subsection (1) of this section, the department may
17 impose, for all violations asserted against a hospital at any time, a
18 civil penalty of ~~((one hundred dollars))~~ \$5,000 per day for hospitals
19 licensed under chapter 70.41 RCW, or \$100 per day for: (a) Hospitals
20 certified as critical access hospitals; (b) hospitals with fewer than
21 25 acute care beds in operation; and (c) hospitals certified by the
22 centers for medicare and medicaid services as sole community
23 hospitals as of January 1, 2013, that: Have had less than 150 acute
24 care licensed beds in fiscal year 2011; have a level III adult trauma
25 service designation from the department of health as of January 1,
26 2014; and are owned and operated by the state or a political
27 subdivision. Civil penalties apply until the hospital submits ~~((or~~
28 begins to follow)) a corrective plan of action ~~((or takes other~~
29 action agreed to)) that has been approved by the department and
30 follows the corrective plan of action for 90 days. Once the approved
31 corrective action plan has been followed by the hospital for 90 days,
32 the department may reduce the accumulated fine. The fine shall
33 continue to accumulate until the 90 days has passed. Revenue from
34 these fines must be deposited into the supplemental pension fund
35 established under RCW 51.44.033.

36 (3) The department shall maintain for public inspection records
37 of any civil ~~((penalties,))~~ penalties and administrative actions~~((or~~
38 or license suspensions or revocations)) imposed on hospitals under
39 this section. In addition, the department must report violations of
40 this section on its website.

1 (4) ~~((For purposes of this section, "unforeseeable emergency~~
2 ~~circumstance" means:~~

3 ~~(a) Any unforeseen national, state, or municipal emergency;~~

4 ~~(b) When a hospital disaster plan is activated;~~

5 ~~(c) Any unforeseen disaster or other catastrophic event that~~
6 ~~substantially affects or increases the need for health care services;~~
7 ~~or~~

8 ~~(d) When a hospital is diverting patients to another hospital or~~
9 ~~hospitals for treatment or the hospital is receiving patients who are~~
10 ~~from another hospital or hospitals.~~

11 ~~(5))~~ Nothing in this section shall be construed to preclude the
12 ability to otherwise submit a complaint to the department for failure
13 to follow RCW 70.41.420 (as recodified by this act).

14 ~~((6) The department shall submit a report to the legislature on~~
15 ~~December 31, 2020. This report shall include the number of complaints~~
16 ~~submitted to the department under this section, the disposition of~~
17 ~~these complaints, the number of investigations conducted, the~~
18 ~~associated costs for complaint investigations, and recommendations~~
19 ~~for any needed statutory changes. The department shall also project,~~
20 ~~based on experience, the impact, if any, on hospital licensing fees~~
21 ~~over the next four years. Prior to the submission of the report, the~~
22 ~~secretary shall convene a stakeholder group consisting of the~~
23 ~~Washington state hospital association, the Washington state nurses~~
24 ~~association, service employees international union healthcare 1199NW,~~
25 ~~and united food and commercial workers 21. The stakeholder group~~
26 ~~shall review the report prior to its submission to review findings~~
27 ~~and jointly develop any legislative recommendations to be included in~~
28 ~~the report.~~

29 ~~(7) No fees shall be increased to implement chapter 249, Laws of~~
30 ~~2017 prior to July 1, 2021.)~~

31 NEW SECTION. **Sec. 7.** (1)(a) The department shall review each
32 hospital staffing plan submitted by a hospital to ensure it is
33 received by the appropriate deadline and is completed on the
34 department-issued staffing plan form.

35 (b) The hospital must complete all portions of the staffing plan
36 form. The department may determine that a hospital has failed to
37 timely submit its staffing plan if the staffing plan form is
38 incomplete.

1 (c) Failure to submit the staffing plan by the appropriate
2 deadline will result in a violation and civil penalty of \$25,000
3 issued by the department. Revenue from these fines must be deposited
4 into the supplemental pension fund established under RCW 51.44.033.

5 (2) Failure to submit a staffing committee charter to the
6 department by the appropriate deadline will result in a violation and
7 a civil penalty of \$25,000 issued by the department. Revenue from
8 these fines must be deposited into the supplemental pension fund
9 established under RCW 51.44.033.

10 (3) The department must post on its website:

11 (a) Hospital staffing plans;

12 (b) Staffing committee charters; and

13 (c) Violations of this section.

14 **Sec. 8.** RCW 49.12.480 and 2019 c 296 s 1 are each amended to
15 read as follows:

16 (1) An employer shall provide employees with meal and rest
17 periods as required by law, subject to the following:

18 (a) Rest periods must be scheduled at any point during each work
19 period during which the employee is required to receive a rest
20 period;

21 (b) Employers must provide employees with uninterrupted meal and
22 rest breaks. This subsection (1)(b) does not apply in the case of:

23 (i) An unforeseeable emergent circumstance, as defined in RCW
24 49.28.130 (~~;~~ or

25 ~~(ii) A clinical circumstance, as determined by the employee,~~
26 ~~employer, or employer's designee, that may lead to a significant~~
27 ~~adverse effect on the patient's condition;~~

28 ~~(A) Without the knowledge, specific skill, or ability of the~~
29 ~~employee on break; or~~

30 ~~(B) Due to an unforeseen or unavoidable event relating to patient~~
31 ~~care delivery requiring immediate action that could not be planned~~
32 ~~for by an employer;~~

33 ~~(c) For any rest break that is interrupted before ten complete~~
34 ~~minutes by an employer or employer's designee under the provisions of~~
35 ~~(b)(ii) of this subsection, the employee must be given an additional~~
36 ~~ten minute uninterrupted rest break at the earliest reasonable time~~
37 ~~during the work period during which the employee is required to~~
38 ~~receive a rest period. If the elements of this subsection are met, a~~
39 ~~rest break shall be considered taken for the purposes of the minimum~~

1 ~~wage act as defined by chapter 49.46 RCW)~~ (as recodified by this
2 act); or

3 (ii) A clinical circumstance, as determined by the employee that
4 may lead to a significant adverse effect on the patient's condition,
5 unless the employer or employer's designee determines that the
6 patient may suffer life-threatening adverse effects.

7 (c) For any work period for which an employee is entitled to one
8 or more meal period and more than one rest period, the employee and
9 the employer may agree that a meal period may be combined with a rest
10 period. This agreement may be revoked at any time by the employee. If
11 the employee is required to remain on duty during the combined meal
12 and rest period, the time shall be paid. If the employee is released
13 from duty for an uninterrupted combined meal and rest period, the
14 time corresponding to the meal period shall be unpaid, but the time
15 corresponding to the rest period shall be paid.

16 (2) The employer shall provide a mechanism to record when an
17 employee misses a meal or rest period and maintain these records.

18 (3) For purposes of this section, the following terms have the
19 following meanings:

20 (a) "Employee" means a person who:

21 (i) Is employed by (~~a health care facility~~) an employer;

22 (ii) Is involved in direct patient care activities or clinical
23 services; and

24 (iii) Receives an hourly wage or is covered by a collective
25 bargaining agreement (~~;~~ and

26 ~~(iv) Is a licensed practical nurse or registered nurse licensed~~
27 ~~under chapter 18.79 RCW, a surgical technologist registered under~~
28 ~~chapter 18.215 RCW, a diagnostic radiologic technologist or~~
29 ~~cardiovascular invasive specialist certified under chapter 18.84 RCW,~~
30 ~~a respiratory care practitioner licensed under chapter 18.89 RCW, or~~
31 ~~a nursing assistant certified as defined in RCW 18.88A.020)).~~

32 (b) "Employer" means hospitals licensed under chapter 70.41
33 RCW (~~, except that the following hospitals are excluded until July 1,~~
34 ~~2021:~~

35 ~~(i) Hospitals certified as critical access hospitals under 42~~
36 ~~U.S.C. Sec. 1395i-4;~~

37 ~~(ii) Hospitals with fewer than twenty-five acute care beds in~~
38 ~~operation; and~~

39 ~~(iii) Hospitals certified by the centers for medicare and~~
40 ~~medicaid services as sole community hospitals as of January 1, 2013,~~

1 ~~that: Have had less than one hundred fifty acute care licensed beds~~
2 ~~in fiscal year 2011; have a level III adult trauma service~~
3 ~~designation from the department of health as of January 1, 2014; and~~
4 ~~are owned and operated by the state or a political subdivision)).~~

5 **Sec. 9.** RCW 49.28.130 and 2019 c 296 s 2 are each amended to
6 read as follows:

7 The definitions in this section apply throughout this section and
8 RCW 49.28.140 and 49.28.150 (as recodified by this act) unless the
9 context clearly requires otherwise.

10 (1) (a) "Employee" means a person who:

11 (i) Is employed by a health care facility;

12 (ii) Is involved in direct patient care activities or clinical
13 services; and

14 (iii) Receives an hourly wage or is covered by a collective
15 bargaining agreement (~~;~~ and

16 ~~(iv) Is either:~~

17 ~~(A) A licensed practical nurse or registered nurse licensed under~~
18 ~~chapter 18.79 RCW; or~~

19 ~~(B) Beginning July 1, 2020, a surgical technologist registered~~
20 ~~under chapter 18.215 RCW, a diagnostic radiologic technologist or~~
21 ~~cardiovascular invasive specialist certified under chapter 18.84 RCW,~~
22 ~~a respiratory care practitioner licensed under chapter 18.89 RCW, or~~
23 ~~a nursing assistant certified as defined in RCW 18.88A.020)).~~

24 (b) "Employee" does not mean a person who is both:

25 (i) (~~Is employed~~) Employed by a health care facility as defined
26 in subsection (3) (a) (v) of this section; and

27 (ii) (~~Is a~~) A surgical technologist registered under chapter
28 18.215 RCW, a diagnostic radiologic technologist or cardiovascular
29 invasive specialist certified under chapter 18.84 RCW, a respiratory
30 care practitioner licensed under chapter 18.89 RCW, or a certified
31 nursing assistant as defined in RCW 18.88A.020.

32 (2) "Employer" means an individual, partnership, association,
33 corporation, the state, a political subdivision of the state, or
34 person or group of persons, acting directly or indirectly in the
35 interest of a health care facility.

36 (3) (a) "Health care facility" means the following facilities, or
37 any part of the facility, including such facilities if owned and
38 operated by a political subdivision or instrumentality of the state,

1 that operate on a twenty-four hours per day, seven days per week
2 basis:

3 (i) Hospices licensed under chapter 70.127 RCW;

4 (ii) Hospitals licensed under chapter 70.41 RCW(~~(, except that~~
5 ~~until July 1, 2021, the provisions of section 3, chapter 296, Laws of~~
6 ~~2019 do not apply to:~~

7 ~~(A) Hospitals certified as critical access hospitals under 42~~
8 ~~U.S.C. Sec. 1395i-4;~~

9 ~~(B) Hospitals with fewer than twenty-five acute care beds in~~
10 ~~operation; and~~

11 ~~(C) Hospitals certified by the centers for medicare and medicaid~~
12 ~~services as sole community hospitals as of January 1, 2013, that:~~
13 ~~Have had less than one hundred fifty acute care licensed beds in~~
14 ~~fiscal year 2011; have a level III adult trauma service designation~~
15 ~~from the department of health as of January 1, 2014; and are owned~~
16 ~~and operated by the state or a political subdivision));~~

17 (iii) Rural health care facilities as defined in RCW 70.175.020;

18 (iv) Psychiatric hospitals licensed under chapter 71.12 RCW; or

19 (v) Facilities owned and operated by the department of
20 corrections or by a governing unit as defined in RCW 70.48.020 in a
21 correctional institution as defined in RCW 9.94.049 that provide
22 health care services.

23 (b) If a nursing home regulated under chapter 18.51 RCW or a home
24 health agency regulated under chapter 70.127 RCW is operating under
25 the license of a health care facility, the nursing home or home
26 health agency is considered part of the health care facility for the
27 purposes of this subsection.

28 (4) "Overtime" means the hours worked in excess of an agreed
29 upon, predetermined, regularly scheduled shift within a twenty-four
30 hour period not to exceed twelve hours in a twenty-four hour period
31 or eighty hours in a consecutive fourteen-day period.

32 (5) "On-call time" means time spent by an employee who is not
33 working on the premises of the place of employment but who is
34 compensated for availability or who, as a condition of employment,
35 has agreed to be available to return to the premises of the place of
36 employment on short notice if the need arises.

37 (6) "Reasonable efforts" means that the employer(~~(, to the extent~~
38 ~~reasonably possible, does)) exhausts and documents all of the
39 following but is unable to obtain staffing coverage:~~

1 (a) Seeks individuals to volunteer to work extra time from all
2 available qualified staff who are working;

3 (b) Contacts qualified employees who have made themselves
4 available to work extra time;

5 (c) Seeks the use of per diem staff; and

6 (d) Seeks personnel from a contracted temporary agency when such
7 staffing is permitted by law or an applicable collective bargaining
8 agreement, and when the employer regularly uses a contracted
9 temporary agency.

10 (7) "Unforeseeable emergent circumstance" means (a) any
11 unforeseen declared national, state, or municipal emergency; or (b)
12 when a health care facility disaster plan is activated(~~(; or (c) any~~
13 ~~unforeseen disaster or other catastrophic event which substantially~~
14 ~~affects or increases the need for health care services)~~).

15 **Sec. 10.** RCW 49.28.140 and 2019 c 296 s 3 are each amended to
16 read as follows:

17 (1) No employee of a health care facility may be required to work
18 overtime. Attempts to compel or force employees to work overtime are
19 contrary to public policy, and any such requirement contained in a
20 contract, agreement, or understanding is void.

21 (2) The acceptance by any employee of overtime is strictly
22 voluntary, and the refusal of an employee to accept such overtime
23 work is not grounds for discrimination, dismissal, discharge, or any
24 other penalty, threat of reports for discipline, or employment
25 decision adverse to the employee.

26 (3) This section does not apply to overtime work that occurs:

27 (a) Because of mandatory any unforeseeable emergent circumstance;

28 (b) Because of prescheduled on-call time not to exceed more than
29 24 hours per week, subject to the following:

30 (i) Mandatory prescheduled on-call time may not be used in lieu
31 of scheduling employees to work regularly scheduled shifts when a
32 staffing plan indicates the need for a scheduled shift; and

33 (ii) Mandatory prescheduled on-call time may not be used to
34 address regular changes in patient census or acuity or expected
35 increases in the number of employees not reporting for predetermined
36 scheduled shifts;

37 (c) When the employer documents that the employer has used
38 reasonable efforts to obtain and retain staffing. An employer has not
39 used reasonable efforts if overtime work is used to fill vacancies

1 resulting from chronic staff shortages that persist longer than three
2 months; or

3 (d) When an employee is required to work overtime to complete a
4 patient care procedure already in progress where the absence of the
5 employee could have an adverse effect on the patient.

6 (4) An employee accepting overtime who works more than twelve
7 consecutive hours shall be provided the option to have at least eight
8 consecutive hours of uninterrupted time off from work following the
9 time worked.

10 **Sec. 11.** RCW 49.28.150 and 2002 c 112 s 4 are each amended to
11 read as follows:

12 The department of labor and industries shall investigate
13 complaints of violations of RCW 49.28.140 (as recodified by this act)
14 as provided under section 12 of this act. (~~(A violation of RCW~~
15 ~~49.28.140 is a class 1 civil infraction in accordance with chapter~~
16 ~~7.80 RCW, except that the maximum penalty is one thousand dollars for~~
17 ~~each infraction up to three infractions. If there are four or more~~
18 ~~violations of RCW 49.28.140 for a health care facility, the employer~~
19 ~~is subject to a fine of two thousand five hundred dollars for the~~
20 ~~fourth violation, and five thousand dollars for each subsequent~~
21 ~~violation. The department of labor and industries is authorized to~~
22 ~~issue and enforce civil infractions according to chapter 7.80 RCW.))~~

23 NEW SECTION. **Sec. 12.** (1)(a) If a complainant files a complaint
24 with the department alleging a violation of this chapter, the
25 department shall investigate the complaint.

26 (b) The department may not investigate any such alleged violation
27 of rights that occurred more than three years before the date that
28 the complainant filed the complaint.

29 (c) Upon the investigation of a complaint, the department shall
30 issue either a citation and notice of assessment or a closure letter,
31 within 90 days after the date on which the department received the
32 complaint, unless the complaint is otherwise resolved. The department
33 may extend the period by providing advance written notice to the
34 complainant and the employer setting forth good cause for an
35 extension of the period, and specifying the duration of the
36 extension.

37 (d) The department shall send a citation and notice of assessment
38 or the closure letter to both the employer and the complainant by

1 service of process or using a method by which the mailing can be
2 tracked or the delivery can be confirmed to their last known
3 addresses.

4 (2) If the department's investigation finds that the
5 complainant's allegation cannot be substantiated, the department
6 shall issue a closure letter to the complainant and the employer
7 detailing such finding.

8 (3) (a) If the department finds a violation of this chapter, the
9 department shall order the employer to pay the department a civil
10 penalty.

11 (b) Except as provided otherwise in this chapter, the maximum
12 penalty is \$1,000 for each violation up to three violations. If there
13 are four or more violations of this chapter for a health care
14 facility, the employer is subject to a civil penalty of \$2,500 for
15 the fourth violation, and \$5,000 for each subsequent violation.

16 (4) The department may, at any time, waive or reduce a civil
17 penalty assessed under this section if the director of the department
18 determines that the employer has taken corrective action to resolve
19 the violation.

20 (5) The department shall deposit all civil penalties paid under
21 this chapter in the supplemental pension fund established under RCW
22 51.44.033.

23 NEW SECTION. **Sec. 13.** (1) A person, firm, or corporation
24 aggrieved by a citation and notice of assessment by the department
25 under this chapter may appeal the citation and notice of assessment
26 to the director of the department by filing a notice of appeal with
27 the director within 30 days of the department's issuance of the
28 citation and notice of assessment. A citation and notice of
29 assessment not appealed within 30 days is final and binding, and not
30 subject to further appeal.

31 (2) A notice of appeal filed with the director of the department
32 under this section shall stay the effectiveness of the citation and
33 notice of assessment pending final review of the appeal by the
34 director as provided for in chapter 34.05 RCW.

35 (3) Upon receipt of a notice of appeal, the director of the
36 department shall assign the hearing to an administrative law judge of
37 the office of administrative hearings to conduct the hearing and
38 issue an initial order. The hearing and review procedures shall be
39 conducted in accordance with chapter 34.05 RCW, and the standard of

1 review by the administrative law judge of an appealed citation and
2 notice of assessment shall be de novo. Any party who seeks to
3 challenge an initial order shall file a petition for administrative
4 review with the director within 30 days after service of the initial
5 order. The director shall conduct administrative review in accordance
6 with chapter 34.05 RCW.

7 (4) The director of the department shall issue all final orders
8 after appeal of the initial order. The final order of the director is
9 subject to judicial review in accordance with chapter 34.05 RCW.

10 (5) Orders that are not appealed within the time period specified
11 in this section and chapter 34.05 RCW are final and binding, and not
12 subject to further appeal.

13 (6) An employer who fails to allow adequate inspection of records
14 in an investigation by the department under this chapter within a
15 reasonable time period may not use such records in any appeal under
16 this section to challenge the correctness of any determination by the
17 department of the penalty assessed.

18 NEW SECTION. **Sec. 14.** Collections of unpaid citations assessing
19 civil penalties will be pursuant to RCW 49.48.086.

20 NEW SECTION. **Sec. 15.** The department may adopt and implement
21 rules to carry out and enforce the provisions of this chapter,
22 including but not limited to protecting employees from retaliation
23 for filing complaints under this chapter.

24 NEW SECTION. **Sec. 16.** (1) By November 1, 2023, the department
25 of health must submit a report to the appropriate committees of the
26 legislature that assesses the state's alternatives to increase the
27 registered nurse licensure reciprocity between Washington and other
28 states, in particular bordering states. In developing the report
29 under this section, the department must consult with stakeholders
30 including, but not limited to, the nursing commission, unions
31 representing registered nurses, and the Washington state hospital
32 association. The department must also consult with the military
33 department to gather relevant information pertaining to impacts on
34 military spouses and partners.

35 (2) The report must include, at a minimum:

36 (a) An assessment of current registered nurse reciprocity laws,
37 compacts, and rules;

1 (b) Alternatives to current reciprocity laws and rules, and the
2 impacts of these alternatives; and

3 (c) Information on how military spouses or partners may benefit
4 from a compact or reciprocity.

5 (3) This section expires November 1, 2024.

6 NEW SECTION. **Sec. 17.** 2017 c 249 s 4 (uncodified) is repealed.

7 NEW SECTION. **Sec. 18.** Sections 3, 4, 7, and 12 through 15 of
8 this act constitute a new chapter in Title 49 RCW.

9 NEW SECTION. **Sec. 19.** RCW 70.41.410, 70.41.420, and 70.41.425
10 are each recodified as sections in chapter 49.--- RCW (the new
11 chapter created in section 18 of this act).

12 NEW SECTION. **Sec. 20.** RCW 49.12.480, 49.28.130, 49.28.140, and
13 49.28.150 are each recodified as sections in chapter 49.--- RCW (the
14 new chapter created in section 18 of this act).

15 NEW SECTION. **Sec. 21.** This act takes effect January 1, 2023.

16 NEW SECTION. **Sec. 22.** If specific funding for the purposes of
17 this act, referencing this act by bill or chapter number, is not
18 provided by June 30, 2022, in the omnibus appropriations act, this
19 act is null and void.

--- END ---