
ENGROSSED SECOND SUBSTITUTE HOUSE BILL 2245

State of Washington

68th Legislature

2024 Regular Session

By House Appropriations (originally sponsored by Representatives Bronoske, Eslick, Ramel, Senn, Reed, Macri, Leavitt, and Davis)

READ FIRST TIME 02/05/24.

1 AN ACT Relating to establishing co-response services and training
2 as an essential component of the crisis care continuum; amending RCW
3 71.24.905; reenacting RCW 71.24.025; adding new sections to chapter
4 71.24 RCW; and creating new sections.

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

6 NEW SECTION. **Sec. 1.** The goals of co-response are to de-
7 escalate situations, divert people from criminal justice and
8 emergency medical systems, and bring medical and behavioral health
9 care into the field to serve vulnerable populations.

10 During the 2022 legislative session, the legislature passed
11 Substitute Senate Bill No. 5644 which, among other tasks, required a
12 behavioral health landscape analysis. The analysis showed that over
13 60 co-response teams are currently operating across the state with
14 gaps in funding and services among various regions as well as siloed
15 systems of crisis response between 911 and 988.

16 The legislature recognizes that there is a need for high acuity
17 first response services for people experiencing behavioral health
18 emergencies as the 988 hotline and behavioral health crisis response
19 systems develop. To help address this need, 911 and 988 personnel
20 must work together to create a seamless crisis care delivery system
21 for individuals in crisis. The 911 co-response teams respond to

1 behavioral health emergencies and other complex needs at the nexus of
2 health and behavioral health. First responders are critical to the
3 provision of medical care in the field and ongoing case management
4 and follow-up services, and they fill gaps in care when there are no
5 mobile crisis teams available.

6 The legislature recognizes the need for high quality training and
7 certification, workforce development, and peer support to enhance
8 regional collaboration. High quality training and regional
9 collaboration are essential for co-response service delivery to be
10 optimized due to discrepancies in current program efficacy and
11 outcomes. Behavioral health workforce shortages impact co-response,
12 and the nature of the work is challenging as critical incidents
13 happen regularly.

14 NEW SECTION. **Sec. 2.** A new section is added to chapter 71.24
15 RCW to read as follows:

16 (1) The University of Washington school of social work, in
17 consultation with the authority, shall establish a pilot program to
18 administer a co-response education training academy resulting in a
19 certification in co-response best practices in three behavioral
20 health administrative service organizations with a significant co-
21 response footprint. The co-response education training academy shall
22 be expanded to all 10 behavioral health administrative service
23 organizations by 2026. The certification shall be optional and may
24 not serve as an additional requirement for licensure for first
25 responders or licensed human services professionals.

26 (2) The University of Washington school of social work shall
27 explore, in collaboration with the department and the authority, the
28 development of a credential for licensure for behavioral health co-
29 responders.

30 (3) The University of Washington school of social work may
31 provide grants to small and rural co-response programs for staff to
32 attend the training to offset increased costs associated with sending
33 staff to training.

34 NEW SECTION. **Sec. 3.** A new section is added to chapter 71.24
35 RCW to read as follows:

36 The University of Washington school of social work, in
37 consultation with the authority, shall explore the feasibility of
38 collaborations across the state's institutions of higher education to

1 develop a crisis training certificate for associate, bachelor, and
2 master's degree candidates who want to become crisis responders.

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

5 The University of Washington school of social work shall
6 collaborate with a statewide organization focused on co-response
7 outreach to develop and pilot a statewide internal peer support
8 program designed to assist co-response professionals who have faced
9 life-threatening or traumatic incidents that occur while on the job.

10 **Sec. 5.** RCW 71.24.025 and 2023 c 454 s 1 and 2023 c 433 s 1 are
11 each reenacted and amended to read as follows:

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

14 (1) "23-hour crisis relief center" means a community-based
15 facility or portion of a facility serving adults, which is licensed
16 or certified by the department of health and open 24 hours a day,
17 seven days a week, offering access to mental health and substance use
18 care for no more than 23 hours and 59 minutes at a time per patient,
19 and which accepts all behavioral health crisis walk-ins drop-offs
20 from first responders, and individuals referred through the 988
21 system regardless of behavioral health acuity, and meets the
22 requirements under RCW 71.24.916.

23 (2) "988 crisis hotline" means the universal telephone number
24 within the United States designated for the purpose of the national
25 suicide prevention and mental health crisis hotline system operating
26 through the national suicide prevention lifeline.

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

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

31 (b) Being gravely disabled as defined in RCW 71.05.020 or, in the
32 case of a child, a gravely disabled minor as defined in RCW
33 71.34.020; or

34 (c) Presenting a likelihood of serious harm as defined in RCW
35 71.05.020 or, in the case of a child, as defined in RCW 71.34.020.

36 (4) "Alcoholism" means a disease, characterized by a dependency
37 on alcoholic beverages, loss of control over the amount and
38 circumstances of use, symptoms of tolerance, physiological or

1 psychological withdrawal, or both, if use is reduced or discontinued,
2 and impairment of health or disruption of social or economic
3 functioning.

4 (5) "Approved substance use disorder treatment program" means a
5 program for persons with a substance use disorder provided by a
6 treatment program licensed or certified by the department as meeting
7 standards adopted under this chapter.

8 (6) "Authority" means the Washington state health care authority.

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

18 (8) "Behavioral health administrative services organization"
19 means an entity contracted with the authority to administer
20 behavioral health services and programs under RCW 71.24.381,
21 including crisis services and administration of chapter 71.05 RCW,
22 the involuntary treatment act, for all individuals in a defined
23 regional service area.

24 (9) "Behavioral health aide" means a counselor, health educator,
25 and advocate who helps address individual and community-based
26 behavioral health needs, including those related to alcohol, drug,
27 and tobacco abuse as well as mental health problems such as grief,
28 depression, suicide, and related issues and is certified by a
29 community health aide program of the Indian health service or one or
30 more tribes or tribal organizations consistent with the provisions of
31 25 U.S.C. Sec. 16161 and RCW 43.71B.010 (7) and (8).

32 (10) "Behavioral health provider" means a person licensed under
33 chapter 18.57, 18.71, 18.71A, 18.83, 18.205, 18.225, or 18.79 RCW, as
34 it applies to registered nurses and advanced registered nurse
35 practitioners.

36 (11) "Behavioral health services" means mental health services,
37 substance use disorder treatment services, and co-occurring disorder
38 treatment services as described in this chapter and chapter 71.36 RCW
39 that, depending on the type of service, are provided by licensed or

1 certified behavioral health agencies, behavioral health providers, or
2 integrated into other health care providers.

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

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

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

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

12 (c) Has been unable to engage in any substantial gainful activity
13 by reason of any mental disorder which has lasted for a continuous
14 period of not less than twelve months. "Substantial gainful activity"
15 shall be defined by the authority by rule consistent with Public Law
16 92-603, as amended.

17 (14) "Clubhouse" means a community-based program that provides
18 rehabilitation services and is licensed or certified by the
19 department.

20 (15) "Community behavioral health program" means all
21 expenditures, services, activities, or programs, including reasonable
22 administration and overhead, designed and conducted to prevent or
23 treat substance use disorder, mental illness, or both in the
24 community behavioral health system.

25 (16) "Community behavioral health service delivery system" means
26 public, private, or tribal agencies that provide services
27 specifically to persons with mental disorders, substance use
28 disorders, or both, as defined under RCW 71.05.020 and receive
29 funding from public sources.

30 (17) "Community support services" means services authorized,
31 planned, and coordinated through resource management services
32 including, at a minimum, assessment, diagnosis, emergency crisis
33 intervention available twenty-four hours, seven days a week,
34 prescreening determinations for persons who are mentally ill being
35 considered for placement in nursing homes as required by federal law,
36 screening for patients being considered for admission to residential
37 services, diagnosis and treatment for children who are acutely
38 mentally ill or severely emotionally or behaviorally disturbed
39 discovered under screening through the federal Title XIX early and
40 periodic screening, diagnosis, and treatment program, investigation,

1 legal, and other nonresidential services under chapter 71.05 RCW,
2 case management services, psychiatric treatment including medication
3 supervision, counseling, psychotherapy, assuring transfer of relevant
4 patient information between service providers, recovery services, and
5 other services determined by behavioral health administrative
6 services organizations.

7 (18) "Community-based crisis team" means a team that is part of
8 an emergency medical services agency, a fire service agency, a public
9 health agency, a medical facility, a nonprofit crisis response
10 provider, or a city or county government entity, other than a law
11 enforcement agency, that provides the on-site community-based
12 interventions of a mobile rapid response crisis team for individuals
13 who are experiencing a behavioral health crisis.

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

19 (20) "County authority" means the board of county commissioners,
20 county council, or county executive having authority to establish a
21 behavioral health administrative services organization, or two or
22 more of the county authorities specified in this subsection which
23 have entered into an agreement to establish a behavioral health
24 administrative services organization.

25 (21) "Crisis stabilization services" means services such as 23-
26 hour crisis relief centers, crisis stabilization units, short-term
27 respite facilities, peer-run respite services, and same-day walk-in
28 behavioral health services, including within the overall crisis
29 system components that operate like hospital emergency departments
30 that accept all walk-ins, and ambulance, fire, and police drop-offs,
31 or determine the need for involuntary hospitalization of an
32 individual.

33 (22) "Crisis stabilization unit" has the same meaning as under
34 RCW 71.05.020.

35 (23) "Department" means the department of health.

36 (24) "Designated 988 contact hub" means a state-designated
37 contact center that streamlines clinical interventions and access to
38 resources for people experiencing a behavioral health crisis and
39 participates in the national suicide prevention lifeline network to

1 respond to statewide or regional 988 contacts that meets the
2 requirements of RCW 71.24.890.

3 (25) "Designated crisis responder" has the same meaning as in RCW
4 71.05.020.

5 (26) "Director" means the director of the authority.

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

12 (28) "Early adopter" means a regional service area for which all
13 of the county authorities have requested that the authority purchase
14 medical and behavioral health services through a managed care health
15 system as defined under RCW 71.24.380(7).

16 (29) "Emerging best practice" or "promising practice" means a
17 program or practice that, based on statistical analyses or a well
18 established theory of change, shows potential for meeting the
19 evidence-based or research-based criteria, which may include the use
20 of a program that is evidence-based for outcomes other than those
21 listed in subsection (30) of this section.

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

32 (31) "First responders" includes ambulance, fire, mobile rapid
33 response crisis team, coresponder team, designated crisis responder,
34 fire department mobile integrated health team, community assistance
35 referral and education services program under RCW 35.21.930, and law
36 enforcement personnel.

37 (32) "Indian health care provider" means a health care program
38 operated by the Indian health service or by a tribe, tribal
39 organization, or urban Indian organization as those terms are defined
40 in the Indian health care improvement act (25 U.S.C. Sec. 1603).

1 (33) "Intensive behavioral health treatment facility" means a
2 community-based specialized residential treatment facility for
3 individuals with behavioral health conditions, including individuals
4 discharging from or being diverted from state and local hospitals,
5 whose impairment or behaviors do not meet, or no longer meet,
6 criteria for involuntary inpatient commitment under chapter 71.05
7 RCW, but whose care needs cannot be met in other community-based
8 placement settings.

9 (34) "Licensed or certified behavioral health agency" means:

10 (a) An entity licensed or certified according to this chapter or
11 chapter 71.05 RCW;

12 (b) An entity deemed to meet state minimum standards as a result
13 of accreditation by a recognized behavioral health accrediting body
14 recognized and having a current agreement with the department; or

15 (c) An entity with a tribal attestation that it meets state
16 minimum standards for a licensed or certified behavioral health
17 agency.

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

21 (36) "Long-term inpatient care" means inpatient services for
22 persons committed for, or voluntarily receiving intensive treatment
23 for, periods of ninety days or greater under chapter 71.05 RCW.

24 "Long-term inpatient care" as used in this chapter does not include:

25 (a) Services for individuals committed under chapter 71.05 RCW who
26 are receiving services pursuant to a conditional release or a court-
27 ordered less restrictive alternative to detention; or (b) services
28 for individuals voluntarily receiving less restrictive alternative
29 treatment on the grounds of the state hospital.

30 (37) "Managed care organization" means an organization, having a
31 certificate of authority or certificate of registration from the
32 office of the insurance commissioner, that contracts with the
33 authority under a comprehensive risk contract to provide prepaid
34 health care services to enrollees under the authority's managed care
35 programs under chapter 74.09 RCW.

36 (38) "Mental health peer-run respite center" means a peer-run
37 program to serve individuals in need of voluntary, short-term,
38 noncrisis services that focus on recovery and wellness.

39 (39) Mental health "treatment records" include registration and
40 all other records concerning persons who are receiving or who at any

1 time have received services for mental illness, which are maintained
2 by the department of social and health services or the authority, by
3 behavioral health administrative services organizations and their
4 staffs, by managed care organizations and their staffs, or by
5 treatment facilities. "Treatment records" do not include notes or
6 records maintained for personal use by a person providing treatment
7 services for the entities listed in this subsection, or a treatment
8 facility if the notes or records are not available to others.

9 (40) "Mentally ill persons," "persons who are mentally ill," and
10 "the mentally ill" mean persons and conditions defined in subsections
11 (3), (13), (48), and (49) of this section.

12 (41) "Mobile rapid response crisis team" means a team that
13 provides professional on-site community-based intervention such as
14 outreach, de-escalation, stabilization, resource connection, and
15 follow-up support for individuals who are experiencing a behavioral
16 health crisis, that shall include certified peer counselors as a best
17 practice to the extent practicable based on workforce availability,
18 and that meets standards for response times established by the
19 authority.

20 (42) "Recovery" means a process of change through which
21 individuals improve their health and wellness, live a self-directed
22 life, and strive to reach their full potential.

23 (43) "Research-based" means a program or practice that has been
24 tested with a single randomized, or statistically controlled
25 evaluation, or both, demonstrating sustained desirable outcomes; or
26 where the weight of the evidence from a systemic review supports
27 sustained outcomes as described in subsection (30) of this section
28 but does not meet the full criteria for evidence-based.

29 (44) "Residential services" means a complete range of residences
30 and supports authorized by resource management services and which may
31 involve a facility, a distinct part thereof, or services which
32 support community living, for persons who are acutely mentally ill,
33 adults who are chronically mentally ill, children who are severely
34 emotionally disturbed, or adults who are seriously disturbed and
35 determined by the behavioral health administrative services
36 organization or managed care organization to be at risk of becoming
37 acutely or chronically mentally ill. The services shall include at
38 least evaluation and treatment services as defined in chapter 71.05
39 RCW, acute crisis respite care, long-term adaptive and rehabilitative
40 care, and supervised and supported living services, and shall also

1 include any residential services developed to service persons who are
2 mentally ill in nursing homes, residential treatment facilities,
3 assisted living facilities, and adult family homes, and may include
4 outpatient services provided as an element in a package of services
5 in a supported housing model. Residential services for children in
6 out-of-home placements related to their mental disorder shall not
7 include the costs of food and shelter, except for children's long-
8 term residential facilities existing prior to January 1, 1991.

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

12 (46) "Resource management services" mean the planning,
13 coordination, and authorization of residential services and community
14 support services administered pursuant to an individual service plan
15 for: (a) Adults and children who are acutely mentally ill; (b) adults
16 who are chronically mentally ill; (c) children who are severely
17 emotionally disturbed; or (d) adults who are seriously disturbed and
18 determined by a behavioral health administrative services
19 organization or managed care organization to be at risk of becoming
20 acutely or chronically mentally ill. Such planning, coordination, and
21 authorization shall include mental health screening for children
22 eligible under the federal Title XIX early and periodic screening,
23 diagnosis, and treatment program. Resource management services
24 include seven day a week, twenty-four hour a day availability of
25 information regarding enrollment of adults and children who are
26 mentally ill in services and their individual service plan to
27 designated crisis responders, evaluation and treatment facilities,
28 and others as determined by the behavioral health administrative
29 services organization or managed care organization, as applicable.

30 (47) "Secretary" means the secretary of the department of health.

31 (48) "Seriously disturbed person" means a person who:

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

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

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

1 (d) Exhibits suicidal preoccupation or attempts; or

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

7 (49) "Severely emotionally disturbed child" or "child who is
8 severely emotionally disturbed" means a child who has been determined
9 by the behavioral health administrative services organization or
10 managed care organization, if applicable, to be experiencing a mental
11 disorder as defined in chapter 71.34 RCW, including those mental
12 disorders that result in a behavioral or conduct disorder, that is
13 clearly interfering with the child's functioning in family or school
14 or with peers and who meets at least one of the following criteria:

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

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

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

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

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

25 (ii) Changes in custodial adult;

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

30 (iv) Subject to repeated physical abuse or neglect;

31 (v) Drug or alcohol abuse; or

32 (vi) Homelessness.

33 (50) "State minimum standards" means minimum requirements
34 established by rules adopted and necessary to implement this chapter
35 by:

36 (a) The authority for:

37 (i) Delivery of mental health and substance use disorder
38 services; and

39 (ii) Community support services and resource management services;

40 (b) The department of health for:

1 (i) Licensed or certified behavioral health agencies for the
2 purpose of providing mental health or substance use disorder programs
3 and services, or both;

4 (ii) Licensed behavioral health providers for the provision of
5 mental health or substance use disorder services, or both; and

6 (iii) Residential services.

7 (51) "Substance use disorder" means a cluster of cognitive,
8 behavioral, and physiological symptoms indicating that an individual
9 continues using the substance despite significant substance-related
10 problems. The diagnosis of a substance use disorder is based on a
11 pathological pattern of behaviors related to the use of the
12 substances.

13 (52) "Tribe," for the purposes of this section, means a federally
14 recognized Indian tribe.

15 (53) "Co-response" means a multidisciplinary partnership between
16 first responders and human services professionals that responds to
17 emergency situations involving behavioral health crises and people
18 experiencing complex medical needs. First responders include public
19 safety telecommunicators, law enforcement officers, firefighters,
20 emergency medical technicians, and paramedics. Human services
21 professionals include social workers, behavioral health clinicians,
22 advanced registered nurse practitioners, registered nurses, community
23 health workers, and peer support specialists. Co-responders may
24 provide call-for-service crisis response and follow-up care including
25 case management, resource navigation, and transportation.

26 **Sec. 6.** RCW 71.24.905 and 2022 c 232 s 2 are each amended to
27 read as follows:

28 (1) Subject to the availability of amounts appropriated for this
29 specific purpose, the University of Washington school of social work
30 shall, in consultation and collaboration with the co-responder
31 outreach alliance and other stakeholders as appropriate in the field
32 of co-response:

33 (a) Establish regular opportunities for police, fire, emergency
34 medical services, peer counselors, and behavioral health personnel
35 working in co-response to convene for activities such as training,
36 exchanging information and best practices around the state and
37 nationally, and providing the University of Washington with
38 assistance with activities described in this section;

1 (b) Subject to the availability of amounts appropriated for this
2 specific purpose, administer a small budget to help defray costs for
3 training and professional development, which may include expenses
4 related to attending or hosting site visits with experienced co-
5 response teams;

6 (c) Develop an assessment to be provided to the governor and
7 legislature by June 30, (~~2023~~) 2025, and annually thereafter,
8 describing and analyzing the following:

9 (i) Existing capacity and shortfalls across the state in co-
10 response teams and the co-response workforce;

11 (ii) Current alignment of co-response teams with cities,
12 counties, behavioral health administrative services organizations,
13 and call centers; distribution among police, fire, and EMS-based co-
14 response models; and desired alignment;

15 (iii) Current funding strategies for co-response teams and
16 identification of federal funding opportunities;

17 (iv) Current data systems utilized and an assessment of their
18 effectiveness for use by co-responders, program planners, and
19 policymakers;

20 (v) Current training practices and identification of future state
21 training practices;

22 (vi) Alignment with designated crisis responder activities;

23 (vii) Recommendations concerning best practices to prepare co-
24 responders to achieve objectives and meet future state crisis system
25 needs, including those of the 988 system;

26 (viii) Recommendations to align co-responder activities with
27 efforts to reform ways in which persons experiencing a behavioral
28 health crisis interact with the criminal justice system; and

29 (ix) Assessment of training and educational needs for current and
30 future co-responder workforce;

31 (d) Beginning in calendar year 2023, begin development of model
32 training curricula for individuals participating in co-response
33 teams; and

34 (e) Beginning in calendar year 2023, host an annual statewide
35 conference that draws state and national co-responders. The
36 University of Washington school of social work shall collaborate with
37 stakeholders in the field of co-response to increase the capacity of
38 the annual retreat to make it available to crisis responders across a
39 variety of programs.

1 (2) Stakeholders in the field of co-response may include, but are
2 not limited to, the Washington association of designated crisis
3 responders; state associations representing police, fire, and
4 emergency medical services personnel; the Washington council on
5 behavioral health; the state ((enhanced)) 911 system; 988 crisis call
6 centers; and the peer workforce alliance.

7 NEW SECTION. **Sec. 7.** If specific funding for the purposes of
8 this act, referencing this act by bill or chapter number, is not
9 provided by June 30, 2024, in the omnibus appropriations act, this
10 act is null and void.

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