
SENATE BILL 5018

State of Washington 55th Legislature 1997 Regular Session

By Senator Roach; by request of Statute Law Committee

Read first time 01/13/97. Referred to Committee on Law & Justice.

1 AN ACT Relating to making technical corrections to the Revised Code
2 of Washington; amending RCW 36.32.210; reenacting and amending RCW
3 57.08.050 and 70.47.060; reenacting RCW 18.71.210, 35.02.200,
4 70.47.020, and 74.15.020; and repealing RCW 56.08.070.

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

6 **Sec. 1.** RCW 18.71.210 and 1995 c 103 s 1 and 1995 c 65 s 4 are
7 each reenacted to read as follows:

8 No act or omission of any physician's trained emergency medical
9 service intermediate life support technician and paramedic, as defined
10 in RCW 18.71.200, any emergency medical technician or first responder
11 as defined in RCW 18.73.030, done or omitted in good faith while
12 rendering emergency medical service under the responsible supervision
13 and control of a licensed physician or an approved medical program
14 director or delegate(s) to a person who has suffered illness or bodily
15 injury shall impose any liability upon:

16 (1) The physician's trained emergency medical service intermediate
17 life support technician and paramedic, emergency medical technician, or
18 first responder;

19 (2) The medical program director;

- 1 (3) The supervising physician(s);
2 (4) Any hospital, the officers, members of the staff, nurses, or
3 other employees of a hospital;
4 (5) Any training agency or training physician(s);
5 (6) Any licensed ambulance service; or
6 (7) Any federal, state, county, city or other local governmental
7 unit or employees of such a governmental unit.

8 This section shall apply to an act or omission committed or omitted
9 in the performance of the actual emergency medical procedures and not
10 in the commission or omission of an act which is not within the field
11 of medical expertise of the physician's trained emergency medical
12 service intermediate life support technician and paramedic, emergency
13 medical technician, or first responder, as the case may be.

14 This section shall apply also, as to the entities and personnel
15 described in subsections (1) through (7) of this section, to any act or
16 omission committed or omitted in good faith by such entities or
17 personnel in rendering services at the request of an approved medical
18 program director in the training of emergency service medical personnel
19 for certification or recertification pursuant to this chapter.

20 EXPLANATORY NOTE

21 RCW 18.71.210 was amended twice by the 1995 legislature. Chapter 65 s
22 4 revised the classifications for emergency medical service personnel
23 and chapter 103 s 1 revised the liability immunity for emergency
24 medical service personnel and their supervisors. The purpose of this
25 bill is to give effect to both amendments by reenacting the section
26 including both amendments.

27 **Sec. 2.** RCW 35.02.200 and 1989 c 267 s 1 and 1989 c 76 s 3 are
28 each reenacted to read as follows:

29 (1) If a portion of a fire protection district including less than
30 sixty percent of the assessed value of the real property of the
31 district is annexed to or incorporated into a city or town, the
32 ownership of all assets of the district shall remain in the district
33 and the district shall pay to the city or town, or, if the city or town
34 has been annexed by another fire protection district, to the other fire
35 protection district within one year or within such period of time as
36 the district continues to collect taxes in such incorporated or annexed
37 areas, in cash, properties or contracts for fire protection services,

1 a percentage of the value of said assets equal to the percentage of the
2 value of the real property in the entire district lying within the area
3 so incorporated or annexed: PROVIDED, That if the area annexed or
4 incorporated includes less than five percent of the area of the
5 district, no payment shall be made to the city or town or fire
6 protection district except as provided in RCW 35.02.205.

7 (2) As provided in RCW 35.02.210, the fire protection district from
8 which territory is removed as a result of an incorporation or
9 annexation shall provide fire protection to the incorporated or annexed
10 area for such period as the district continues to collect taxes levied
11 in such annexed or incorporated area.

12 (3) For the purposes of this section, the word "assets" shall mean
13 the total assets of the fire district, reduced by its liabilities,
14 including bonded indebtedness, the same to be determined by usual and
15 accepted accounting methods. The amount of said liability shall be
16 determined by reference to the fire district's balance sheet, produced
17 in the regular course of business, which is nearest in time to the
18 certification of the annexation of fire district territory by the city
19 or town.

20 EXPLANATORY NOTE

21 RCW 35.02.200 was amended twice by the 1989 legislature. Chapter 76 s
22 3 established that a payment owed by a fire protection district that is
23 annexed by a city or town would be paid to another fire protection
24 district if that other district had annexed the city or town and
25 chapter 267 s 1 revised the method to calculate the payment without
26 taking cognizance of the possibility of payment to another fire
27 protection district. The purpose of this bill is to give effect to
28 both amendments by reenacting the section including both amendments.

29 **Sec. 3.** RCW 36.32.210 and 1995 c 194 s 5 are each amended to read
30 as follows:

31 Each board of county commissioners of the several counties of the
32 state of Washington shall, on the first Monday of (~~{March of}~~) March
33 of each year, file with the auditor of the county a statement verified
34 by oath showing for the twelve months period ending December 31st of
35 the preceding year, the following:

1 (1) A full and complete inventory of all capitalized assets shall
2 be kept in accordance with standards established by the state auditor.
3 This inventory shall be segregated to show the following subheads:

4 (a) The assets, including equipment, on hand, together with a
5 statement of the date when acquired, the amount paid therefor, the
6 estimated life thereof and a sufficient description to fully identify
7 such property;

8 (b) All equipment of every kind or nature sold or disposed of in
9 any manner during such preceding twelve months period, together with
10 the name of the purchaser, the amount paid therefor, whether or not the
11 same was sold at public or private sale, the reason for such disposal
12 and a sufficient description to fully identify the same;

13 (c) All the equipment purchased during said period, together with
14 the date of purchase, the amount paid therefor, whether or not the same
15 was bought under competitive bidding, the price paid therefor and the
16 probable life thereof, the reason for making the purchase and a
17 sufficient description to fully identify such property;

18 (2) The person to whom such money or any part thereof was paid and
19 why so paid and the date of such payment.

20 EXPLANATORY NOTE

21 This bill adds the words "March of", which were inadvertently omitted
22 in a 1995 floor amendment to Substitute Senate Bill No. 5183.

23 **Sec. 4.** RCW 57.08.050 and 1996 c 230 s 311 and 1996 c 18 s 14 are
24 each reenacted and amended to read as follows:

25 (1) All work ordered, the estimated cost of which is in excess of
26 five thousand dollars shall be let by contract. All contract projects,
27 the estimated cost of which is less than fifty thousand dollars, may be
28 awarded to a contractor using the small works roster process provided
29 in RCW 39.04.155. The board of commissioners may set up uniform
30 procedures to prequalify contractors for inclusion on the small works
31 roster. All contract projects equal to or in excess of fifty thousand
32 dollars shall be let by competitive bidding. Before awarding any such
33 contract the board of commissioners shall publish a notice in a
34 newspaper of general circulation where the district is located at least
35 once thirteen days before the last date upon which bids will be
36 received, inviting sealed proposals for such work, plans and
37 specifications which must at the time of publication of such notice be

1 on file in the office of the board of commissioners subject to the
2 public inspection. The notice shall state generally the work to be
3 done and shall call for proposals for doing the same to be sealed and
4 filed with the board of ((water)) commissioners on or before the day
5 and hour named therein.

6 Each bid shall be accompanied by a certified or cashier's check or
7 postal money order payable to the order of the county treasurer for a
8 sum not less than five percent of the amount of the bid, or accompanied
9 by a bid bond in an amount not less than five percent of the bid with
10 a corporate surety licensed to do business in the state, conditioned
11 that the bidder will pay the district as liquidated damages the amount
12 specified in the bond, unless the bidder enters into a contract in
13 accordance with the bidder's bid, and no bid shall be considered unless
14 accompanied by such check, cash or bid bond. At the time and place
15 named such bids shall be publicly opened and read and the board of
16 commissioners shall proceed to canvass the bids and may let such
17 contract to the lowest responsible bidder upon plans and specifications
18 on file or to the best bidder submitting the bidder's own plans and
19 specifications. However, no contract shall be let in excess of the
20 cost of the materials or work. The board of commissioners may reject
21 all bids for good cause and readvertise and in such case all checks,
22 cash or bid bonds shall be returned to the bidders. If the contract is
23 let, then all checks, cash, or bid bonds shall be returned to the
24 bidders, except that of the successful bidder, which shall be retained
25 until a contract shall be entered into for doing the work, and a bond
26 to perform such work furnished with sureties satisfactory to the board
27 of commissioners in the full amount of the contract price between the
28 bidder and the commission in accordance with the bid. If the bidder
29 fails to enter into the contract in accordance with the bid and furnish
30 the bond within ten days from the date at which the bidder is notified
31 that the bidder is the successful bidder, the check, cash, or bid bonds
32 and the amount thereof shall be forfeited to the district. If the
33 bidder fails to enter into a contract in accordance with the bidder's
34 bid, and the board of commissioners deems it necessary to take legal
35 action to collect on any bid bond required by this section, then the
36 district shall be entitled to collect from the bidder any legal
37 expenses, including reasonable attorneys' fees occasioned thereby. A
38 low bidder who claims error and fails to enter into a contract is

1 prohibited from bidding on the same project if a second or subsequent
2 call for bids is made for the project.

3 (2) Any purchase of materials, supplies, or equipment, with an
4 estimated cost in excess of ten thousand dollars, shall be by contract.
5 Any purchase of materials, supplies, or equipment, with an estimated
6 cost of from five thousand dollars to less than fifty thousand dollars
7 shall be made using the process provided in RCW 39.04.155 or by
8 competitive bidding following the procedure for letting contracts for
9 projects under subsection (1) of this section. Any purchase of
10 materials, supplies, or equipment with an estimated cost of fifty
11 thousand dollars or more shall be made by competitive bidding following
12 the procedure for letting contracts for projects under subsection (1)
13 of this section.

14 (3) In the event of an emergency when the public interest or
15 property of the district would suffer material injury or damage by
16 delay, upon resolution of the board of commissioners, or proclamation
17 of an official designated by the board to act for the board during such
18 emergencies, declaring the existence of such emergency and reciting the
19 facts constituting the same, the board or official acting for the board
20 may waive the requirements of this chapter with reference to any
21 purchase or contract. In addition, these requirements may be waived
22 for purchases which are clearly and legitimately limited to a single
23 source of supply and purchases involving special facilities, services,
24 or market conditions, in which instances the purchase price may be best
25 established by direct negotiation.

26 EXPLANATORY NOTE

27 RCW 57.08.050 was amended twice by the 1996 legislature. Chapter 18 s
28 14 added a provision to water district bidding procedures prohibiting
29 a low bidder who claims error from bidding again on the same project
30 and chapter 230 s 311 made a number of revisions to water-sewer
31 districts, which are created by chapter 230. The purpose of this bill
32 is to give effect to both amendments by reenacting the section
33 including both amendments.

34 **Sec. 5.** RCW 70.47.020 and 1995 c 266 s 2 and 1995 c 2 s 3 are each
35 reenacted to read as follows:

36 As used in this chapter:

1 (1) "Washington basic health plan" or "plan" means the system of
2 enrollment and payment on a prepaid capitated basis for basic health
3 care services, administered by the plan administrator through
4 participating managed health care systems, created by this chapter.

5 (2) "Administrator" means the Washington basic health plan
6 administrator, who also holds the position of administrator of the
7 Washington state health care authority.

8 (3) "Managed health care system" means any health care
9 organization, including health care providers, insurers, health care
10 service contractors, health maintenance organizations, or any
11 combination thereof, that provides directly or by contract basic health
12 care services, as defined by the administrator and rendered by duly
13 licensed providers, on a prepaid capitated basis to a defined patient
14 population enrolled in the plan and in the managed health care system.

15 (4) "Subsidized enrollee" means an individual, or an individual
16 plus the individual's spouse or dependent children, not eligible for
17 medicare, who resides in an area of the state served by a managed
18 health care system participating in the plan, whose gross family income
19 at the time of enrollment does not exceed twice the federal poverty
20 level as adjusted for family size and determined annually by the
21 federal department of health and human services, and who chooses to
22 obtain basic health care coverage from a particular managed health care
23 system in return for periodic payments to the plan.

24 (5) "Nonsubsidized enrollee" means an individual, or an individual
25 plus the individual's spouse or dependent children, not eligible for
26 medicare, who resides in an area of the state served by a managed
27 health care system participating in the plan, and who chooses to obtain
28 basic health care coverage from a particular managed health care
29 system, and who pays or on whose behalf is paid the full costs for
30 participation in the plan, without any subsidy from the plan.

31 (6) "Subsidy" means the difference between the amount of periodic
32 payment the administrator makes to a managed health care system on
33 behalf of a subsidized enrollee plus the administrative cost to the
34 plan of providing the plan to that subsidized enrollee, and the amount
35 determined to be the subsidized enrollee's responsibility under RCW
36 70.47.060(2).

37 (7) "Premium" means a periodic payment, based upon gross family
38 income which an individual, their employer or another financial sponsor

1 makes to the plan as consideration for enrollment in the plan as a
2 subsidized enrollee or a nonsubsidized enrollee.

3 (8) "Rate" means the per capita amount, negotiated by the
4 administrator with and paid to a participating managed health care
5 system, that is based upon the enrollment of subsidized and
6 nonsubsidized enrollees in the plan and in that system.

7 EXPLANATORY NOTE

8 RCW 70.47.020 was amended twice by the 1995 legislature. Chapter 2 s
9 3 changed the date by which health insurance entities must be certified
10 as certified health plans and chapter 266 s 2 eliminated the
11 requirement that health insurance entities must be certified as
12 certified health plans and made other revisions. The purpose of this
13 bill is to reenact the section eliminating the requirement.

14 **Sec. 6.** RCW 70.47.060 and 1995 c 266 s 1 and 1995 c 2 s 4 are each
15 reenacted and amended to read as follows:

16 The administrator has the following powers and duties:

17 (1) To design and from time to time revise a schedule of covered
18 basic health care services, including physician services, inpatient and
19 outpatient hospital services, prescription drugs and medications, and
20 other services that may be necessary for basic health care. In
21 addition, the administrator may offer as basic health plan services
22 chemical dependency services, mental health services and organ
23 transplant services; however, no one service or any combination of
24 these three services shall increase the actuarial value of the basic
25 health plan benefits by more than five percent excluding inflation, as
26 determined by the office of financial management. All subsidized and
27 nonsubsidized enrollees in any participating managed health care system
28 under the Washington basic health plan shall be entitled to receive
29 (~~{covered basic health care services}~~) covered basic health care
30 services in return for premium payments to the plan. The schedule of
31 services shall emphasize proven preventive and primary health care and
32 shall include all services necessary for prenatal, postnatal, and well-
33 child care. However, with respect to coverage for groups of subsidized
34 enrollees who are eligible to receive prenatal and postnatal services
35 through the medical assistance program under chapter 74.09 RCW, the
36 administrator shall not contract for such services except to the extent
37 that such services are necessary over not more than a one-month period

1 in order to maintain continuity of care after diagnosis of pregnancy by
2 the managed care provider. The schedule of services shall also include
3 a separate schedule of basic health care services for children,
4 eighteen years of age and younger, for those subsidized or
5 nonsubsidized enrollees who choose to secure basic coverage through the
6 plan only for their dependent children. In designing and revising the
7 schedule of services, the administrator shall consider the guidelines
8 for assessing health services under the mandated benefits act of 1984,
9 RCW 48.42.080, and such other factors as the administrator deems
10 appropriate.

11 However, with respect to coverage for subsidized enrollees who are
12 eligible to receive prenatal and postnatal services through the medical
13 assistance program under chapter 74.09 RCW, the administrator shall not
14 contract for such services except to the extent that the services are
15 necessary over not more than a one-month period in order to maintain
16 continuity of care after diagnosis of pregnancy by the managed care
17 provider.

18 (2)(a) To design and implement a structure of periodic premiums due
19 the administrator from subsidized enrollees that is based upon gross
20 family income, giving appropriate consideration to family size and the
21 ages of all family members. The enrollment of children shall not
22 require the enrollment of their parent or parents who are eligible for
23 the plan. The structure of periodic premiums shall be applied to
24 subsidized enrollees entering the plan as individuals pursuant to
25 subsection (9) of this section and to the share of the cost of the plan
26 due from subsidized enrollees entering the plan as employees pursuant
27 to subsection (10) of this section.

28 (b) To determine the periodic premiums due the administrator from
29 nonsubsidized enrollees. Premiums due from nonsubsidized enrollees
30 shall be in an amount equal to the cost charged by the managed health
31 care system provider to the state for the plan plus the administrative
32 cost of providing the plan to those enrollees and the premium tax under
33 RCW 48.14.0201.

34 (c) An employer or other financial sponsor may, with the prior
35 approval of the administrator, pay the premium, rate, or any other
36 amount on behalf of a subsidized or nonsubsidized enrollee, by
37 arrangement with the enrollee and through a mechanism acceptable to the
38 administrator, but in no case shall the payment made on behalf of the
39 enrollee exceed the total premiums due from the enrollee.

1 (d) To develop, as an offering by all health carriers providing
2 coverage identical to the basic health plan, a model plan benefits
3 package with uniformity in enrollee cost-sharing requirements.

4 (3) To design and implement a structure of enrollee cost sharing
5 due a managed health care system from subsidized and nonsubsidized
6 enrollees. The structure shall discourage inappropriate enrollee
7 utilization of health care services, and may utilize copayments,
8 deductibles, and other cost-sharing mechanisms, but shall not be so
9 costly to enrollees as to constitute a barrier to appropriate
10 utilization of necessary health care services.

11 (4) To limit enrollment of persons who qualify for subsidies so as
12 to prevent an overexpenditure of appropriations for such purposes.
13 Whenever the administrator finds that there is danger of such an
14 overexpenditure, the administrator shall close enrollment until the
15 administrator finds the danger no longer exists.

16 (5) To limit the payment of subsidies to subsidized enrollees, as
17 defined in RCW 70.47.020. The level of subsidy provided to persons who
18 qualify may be based on the lowest cost plans, as defined by the
19 administrator.

20 (6) To adopt a schedule for the orderly development of the delivery
21 of services and availability of the plan to residents of the state,
22 subject to the limitations contained in RCW 70.47.080 or any act
23 appropriating funds for the plan.

24 (7) To solicit and accept applications from managed health care
25 systems, as defined in this chapter, for inclusion as eligible basic
26 health care providers under the plan. The administrator shall endeavor
27 to assure that covered basic health care services are available to any
28 enrollee of the plan from among a selection of two or more
29 participating managed health care systems. In adopting any rules or
30 procedures applicable to managed health care systems and in its
31 dealings with such systems, the administrator shall consider and make
32 suitable allowance for the need for health care services and the
33 differences in local availability of health care resources, along with
34 other resources, within and among the several areas of the state.
35 Contracts with participating managed health care systems shall ensure
36 that basic health plan enrollees who become eligible for medical
37 assistance may, at their option, continue to receive services from
38 their existing providers within the managed health care system if such

1 providers have entered into provider agreements with the department of
2 social and health services.

3 (8) To receive periodic premiums from or on behalf of subsidized
4 and nonsubsidized enrollees, deposit them in the basic health plan
5 operating account, keep records of enrollee status, and authorize
6 periodic payments to managed health care systems on the basis of the
7 number of enrollees participating in the respective managed health care
8 systems.

9 (9) To accept applications from individuals residing in areas
10 served by the plan, on behalf of themselves and their spouses and
11 dependent children, for enrollment in the Washington basic health plan
12 as subsidized or nonsubsidized enrollees, to establish appropriate
13 minimum-enrollment periods for enrollees as may be necessary, and to
14 determine, upon application and on a reasonable schedule defined by the
15 authority, or at the request of any enrollee, eligibility due to
16 current gross family income for sliding scale premiums. No subsidy
17 may be paid with respect to any enrollee whose current gross family
18 income exceeds twice the federal poverty level or, subject to RCW
19 70.47.110, who is a recipient of medical assistance or medical care
20 services under chapter 74.09 RCW. If, as a result of an eligibility
21 review, the administrator determines that a subsidized enrollee's
22 income exceeds twice the federal poverty level and that the enrollee
23 knowingly failed to inform the plan of such increase in income, the
24 administrator may bill the enrollee for the subsidy paid on the
25 enrollee's behalf during the period of time that the enrollee's income
26 exceeded twice the federal poverty level. If a number of enrollees
27 drop their enrollment for no apparent good cause, the administrator may
28 establish appropriate rules or requirements that are applicable to such
29 individuals before they will be allowed to reenroll in the plan.

30 (10) To accept applications from business owners on behalf of
31 themselves and their employees, spouses, and dependent children, as
32 subsidized or nonsubsidized enrollees, who reside in an area served by
33 the plan. The administrator may require all or the substantial
34 majority of the eligible employees of such businesses to enroll in the
35 plan and establish those procedures necessary to facilitate the orderly
36 enrollment of groups in the plan and into a managed health care system.
37 The administrator may require that a business owner pay at least an
38 amount equal to what the employee pays after the state pays its portion
39 of the subsidized premium cost of the plan on behalf of each employee

1 enrolled in the plan. Enrollment is limited to those not eligible for
2 medicare who wish to enroll in the plan and choose to obtain the basic
3 health care coverage and services from a managed care system
4 participating in the plan. The administrator shall adjust the amount
5 determined to be due on behalf of or from all such enrollees whenever
6 the amount negotiated by the administrator with the participating
7 managed health care system or systems is modified or the administrative
8 cost of providing the plan to such enrollees changes.

9 (11) To determine the rate to be paid to each participating managed
10 health care system in return for the provision of covered basic health
11 care services to enrollees in the system. Although the schedule of
12 covered basic health care services will be the same for similar
13 enrollees, the rates negotiated with participating managed health care
14 systems may vary among the systems. In negotiating rates with
15 participating systems, the administrator shall consider the
16 characteristics of the populations served by the respective systems,
17 economic circumstances of the local area, the need to conserve the
18 resources of the basic health plan trust account, and other factors the
19 administrator finds relevant.

20 (12) To monitor the provision of covered services to enrollees by
21 participating managed health care systems in order to assure enrollee
22 access to good quality basic health care, to require periodic data
23 reports concerning the utilization of health care services rendered to
24 enrollees in order to provide adequate information for evaluation, and
25 to inspect the books and records of participating managed health care
26 systems to assure compliance with the purposes of this chapter. In
27 requiring reports from participating managed health care systems,
28 including data on services rendered enrollees, the administrator shall
29 endeavor to minimize costs, both to the managed health care systems and
30 to the plan. The administrator shall coordinate any such reporting
31 requirements with other state agencies, such as the insurance
32 commissioner and the department of health, to minimize duplication of
33 effort.

34 (13) To evaluate the effects this chapter has on private employer-
35 based health care coverage and to take appropriate measures consistent
36 with state and federal statutes that will discourage the reduction of
37 such coverage in the state.

1 (14) To develop a program of proven preventive health measures and
2 to integrate it into the plan wherever possible and consistent with
3 this chapter.

4 (15) To provide, consistent with available funding, assistance for
5 rural residents, underserved populations, and persons of color.

6 EXPLANATORY NOTE

7 RCW 70.47.060 was amended twice by the 1995 legislature. Chapter 2 s
8 4 changed the date by which the uniform benefits package must be
9 implemented as the schedule of covered basic health care services and
10 chapter 266 s 1 eliminated the requirement that the uniform benefits
11 package must be implemented as the schedule of covered basic health
12 care services and made other revisions. The purpose of this bill is to
13 reenact the section eliminating the requirement. In addition, this
14 bill adds the words "covered basic health care services," which were
15 inadvertently left out of an amendment.

16 **Sec. 7.** RCW 74.15.020 and 1995 c 311 s 18 and 1995 c 302 s 3 are
17 each reenacted to read as follows:

18 For the purpose of chapter 74.15 RCW and RCW 74.13.031, and unless
19 otherwise clearly indicated by the context thereof, the following terms
20 shall mean:

21 (1) "Department" means the state department of social and health
22 services;

23 (2) "Secretary" means the secretary of social and health services;

24 (3) "Agency" means any person, firm, partnership, association,
25 corporation, or facility which receives children, expectant mothers, or
26 persons with developmental disabilities for control, care, or
27 maintenance outside their own homes, or which places, arranges the
28 placement of, or assists in the placement of children, expectant
29 mothers, or persons with developmental disabilities for foster care or
30 placement of children for adoption, and shall include the following
31 irrespective of whether there is compensation to the agency or to the
32 children, expectant mothers or persons with developmental disabilities
33 for services rendered:

34 (a) "Group-care facility" means an agency, other than a foster-
35 family home, which is maintained and operated for the care of a group
36 of children on a twenty-four hour basis;

1 (b) "Child-placing agency" means an agency which places a child or
2 children for temporary care, continued care, or for adoption;

3 (c) "Maternity service" means an agency which provides or arranges
4 for care or services to expectant mothers, before or during
5 confinement, or which provides care as needed to mothers and their
6 infants after confinement;

7 (d) "Child day-care center" means an agency which regularly
8 provides care for a group of children for periods of less than twenty-
9 four hours;

10 (e) "Family day-care provider" means a child day-care provider who
11 regularly provides child day care for not more than twelve children in
12 the provider's home in the family living quarters;

13 (f) "Foster-family home" means an agency which regularly provides
14 care on a twenty-four hour basis to one or more children, expectant
15 mothers, or persons with developmental disabilities in the family abode
16 of the person or persons under whose direct care and supervision the
17 child, expectant mother, or person with a developmental disability is
18 placed;

19 (g) "Crisis residential center" means an agency which is a
20 temporary protective residential facility operated to perform the
21 duties specified in chapter 13.32A RCW, in the manner provided in RCW
22 74.13.032 through 74.13.036.

23 (4) "Agency" shall not include the following:

24 (a) Persons related to the child, expectant mother, or person with
25 developmental disability in the following ways:

26 (i) Any blood relative, including those of half-blood, and
27 including first cousins, nephews or nieces, and persons of preceding
28 generations as denoted by prefixes of grand, great, or great-great;

29 (ii) Stepfather, stepmother, stepbrother, and stepsister;

30 (iii) A person who legally adopts a child or the child's parent as
31 well as the natural and other legally adopted children of such persons,
32 and other relatives of the adoptive parents in accordance with state
33 law;

34 (iv) Spouses of any persons named in (i), (ii), or (iii) of this
35 subsection (4)(a), even after the marriage is terminated; or

36 (v) Extended family members, as defined by the law or custom of the
37 Indian child's tribe or, in the absence of such law or custom, a person
38 who has reached the age of eighteen and who is the Indian child's
39 grandparent, aunt or uncle, brother or sister, brother-in-law or

1 sister-in-law, niece or nephew, first or second cousin, or stepparent
2 who provides care in the family abode on a twenty-four-hour basis to an
3 Indian child as defined in 25 U.S.C. Sec. 1903(4);

4 (b) Persons who are legal guardians of the child, expectant mother,
5 or persons with developmental disabilities;

6 (c) Persons who care for a neighbor's or friend's child or
7 children, with or without compensation, where: (i) The person
8 providing care for periods of less than twenty-four hours does not
9 conduct such activity on an ongoing, regularly scheduled basis for the
10 purpose of engaging in business, which includes, but is not limited to,
11 advertising such care; or (ii) the parent and person providing care on
12 a twenty-four-hour basis have agreed to the placement in writing and
13 the state is not providing any payment for the care;

14 (d) Parents on a mutually cooperative basis exchange care of one
15 another's children;

16 (e) A person, partnership, corporation, or other entity that
17 provides placement or similar services to exchange students or
18 international student exchange visitors or persons who have the care of
19 an exchange student in their home;

20 (f) Nursery schools or kindergartens which are engaged primarily in
21 educational work with preschool children and in which no child is
22 enrolled on a regular basis for more than four hours per day;

23 (g) Schools, including boarding schools, which are engaged
24 primarily in education, operate on a definite school year schedule,
25 follow a stated academic curriculum, accept only school-age children
26 and do not accept custody of children;

27 (h) Seasonal camps of three months' or less duration engaged
28 primarily in recreational or educational activities;

29 (i) Hospitals licensed pursuant to chapter 70.41 RCW when
30 performing functions defined in chapter 70.41 RCW, nursing homes
31 licensed under chapter 18.51 RCW and boarding homes licensed under
32 chapter 18.20 RCW;

33 (j) Licensed physicians or lawyers;

34 (k) Facilities providing care to children for periods of less than
35 twenty-four hours whose parents remain on the premises to participate
36 in activities other than employment;

37 (l) Facilities approved and certified under chapter 71A.22 RCW;

38 (m) Any agency having been in operation in this state ten years
39 prior to June 8, 1967, and not seeking or accepting moneys or

1 assistance from any state or federal agency, and is supported in part
2 by an endowment or trust fund;

3 (n) Persons who have a child in their home for purposes of
4 adoption, if the child was placed in such home by a licensed child-
5 placing agency, an authorized public or tribal agency or court or if a
6 replacement report has been filed under chapter 26.33 RCW and the
7 placement has been approved by the court;

8 (o) An agency operated by any unit of local, state, or federal
9 government or an agency, located within the boundaries of a federally
10 recognized Indian reservation, licensed by the Indian tribe;

11 (p) An agency located on a federal military reservation, except
12 where the military authorities request that such agency be subject to
13 the licensing requirements of this chapter.

14 (5) "Requirement" means any rule, regulation, or standard of care
15 to be maintained by an agency.

16 (6) "Probationary license" means a license issued as a disciplinary
17 measure to an agency that has previously been issued a full license but
18 is out of compliance with licensing standards.

19 EXPLANATORY NOTE

20 RCW 74.15.020 was amended twice by the 1995 legislature. Chapter 302
21 s 3 revised the definition of related persons who are not included in
22 the definition of agency and made other revisions and chapter 311 s 18
23 made similar revisions to the definition of related persons who are not
24 included in the definition of agency. The purpose of this bill is to
25 give effect to both amendments by reenacting the section including both
26 amendments.

27 NEW SECTION. **Sec. 8.** RCW 56.08.070 and 1996 c 18 s 13 & 1994 c 31
28 s 1 are each repealed.

29 EXPLANATORY NOTE

30 RCW 56.08.070 was amended and repealed by the 1996 legislature.
31 Chapter 18 s 13 added a provision to sewer district bidding procedures
32 prohibiting a low bidder who claims error from bidding again on the
33 same project and chapter 230 repealed Title 56 relating to sewer
34 districts and created water-sewer districts. The same amendment was
35 made to Title 57 by chapter 18 and will apply to water-sewer districts.

1 The purpose of this bill is to give effect to the repeal of RCW
2 56.08.070.

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