

Committee Report: Legislative
Submitted By: Janene Johnstone
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Report Narrative:

Rep. Goodman's Impaired Driving Work Group

Had our first meeting of the legislative session in early January. There was no set agenda going into the meeting, but many groups had changes to propose, which included:

- DOL collecting the \$20 per month indigency money, instead of the IID companies. The requirement that they collect it is causing some problems, namely that they seem to just be a pass-thru to collect money for DOL, and that even if the client doesn't pay, the IID company is still on the hook for ensuring that DOL gets their money.
- Medical waiver to allow for reducing the breath volume requirement for IID's for people with legitimate breathing problems. As it stands, those people may never be able to get their licenses back if they are not able to comply with the IID restriction.
- Little or no oversight (or sanctions) for those self-certified DUI Victim Impact Panels who do not comply with the guidelines to maintain their certification.
- Increasing the mandatory minimum sentencing guidelines for poly-substance DUI's to equal those of high BAC DUI's.
- Vacating prior DUI/etc. charges that would be counted as priors for sentencing purposes – changing the vacation period to 10 years (believe it's currently 7?), so that they cannot vacate convictions that could otherwise be counted as a prior for sentencing purposes before the 10-year look-back period has passed.

Bills to watch:

HB 1874 – Lowers the legal limit for alcohol to .05

SHB 1614 – Includes some minor changes to the DUI law, such as the definition of who can do a blood draw, allowing some of the 24/7 monitoring time to count towards post-conviction mandatory minimums, changes wording from “four months” to “120 days.”

SB 5037 – Makes the 4th DUI a felony.

SSHB 1163 – Makes the 3rd DV Assault 4th degree (within 10 years) a felony.

SSB 5312 / HB 1298 – WA Fair Chance Act – prohibits employers from asking about criminal history / arrests until *after* they have determined whether the applicant is otherwise qualified for the position.

PSERS Legislation

From my 10-17-16 Report – Pat Thompson, the Deputy Director of the WA State Council of County and City Employees, and member of the Select Committee on Pension Policy in Olympia, intends to propose legislation that will be discussed at the committee's next meeting in December (which I hope to attend). Currently, only full time employees are eligible for PSERS. A situation has come up where the Department of Retirement Systems has pointed out that the definition of "full time" means someone who works a minimum of 160 hours per month, and discovered in a couple of recent audits that there are some staff in the state who may be working "full time," but whose employer's definition of "full time" does not meet the DRS requirement, and therefore they believe those employees should not be allowed to participate in PSERS. The proposed legislation being brought forth by Pat Thompson seeks to fix the technicality by changing the wording to be that "full time" is defined by the employer, not by DRS.

****Update** – I attended the 12-13-16 Select Committee on Pension Policy meeting in Olympia, at which Elizabeth Hickman of Pierce County testified, and at which Pat Thompson presented his proposed change to the PSERS language. The change he proposed at the meeting was narrower than what he had originally discussed, with the "fix" only applying to the 24 currently identified affected employees, or to any others discovered via audits in the future in the same situation (meaning that it will not allow for future employees to join PSERS as full-time employees if they do not work a minimum of 160 hours per month, but it will grandfather in any employees currently working under their own employer's alternative definition of "full time.") The committee unanimously voted to move forward with the proposed legislation. It has been introduced as **SB 5275** and also as **HB 1709**.

WA State Health Care Authority

From my 10-17-16 Report -- *SSB 6430 (passed at the end of this past legislative session and went into effect 6-9-16) – **Medical Assistance Programs Continuity of Care for Incarcerated Individuals** – Directs the WA State Health Care Authority [HCA] to suspend, rather than terminate, medical assistance benefits for people who are incarcerated or committed to a state hospital. It also directs the WA State HCA to raise awareness of best practices, and "publish written guidance and provide trainings to behavioral health organizations, managed care organizations, and behavioral health providers related to how these organizations may provide outreach, assistance, transition planning, and rehabilitation case management reimbursable under federal law to persons who are incarcerated, involuntarily hospitalized, or in the process of transitioning out of one of these services." The WA State HCA is also directed to collaborate with various organizations and has been tasked with providing "a progress report describing program design and a detailed fiscal estimate to the governor and relevant committees of the legislature by December 1, 2016."*

The group continues to meet via GoToMeeting to work on SSB 6430; however, I was unable to attend the last meeting (or two?). I know Melanie Vanek expressed interest in attending and was forwarded their meeting info, so she might have something to add. Their most recent meeting on 2-23-17 was a presentation on Medically-Assisted Treatment for opiate addicts.

And as always, if there is something you hear about or want me to find out more about, please don't hesitate to ask. There are currently 24 pages of "current bills" on the legislative website – at 100 bills per page. It is impossible for me to know everything that's out there, but I can certainly flag and track anything that looks to be of particular interest to MCA.

Next Meeting Date: 4-30-17 in Spokane

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Please e-mail a copy of your report to Camille Jackson at CJackson@lynnwoodwa.gov. Thank you.