## SECOND SUBSTITUTE HOUSE BILL 1034

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State of Washington 55th Legislature 1997 Regular Session

**By** House Committee on Appropriations (originally sponsored by Representatives Mulliken, Backlund, McMorris, Koster, Johnson, Thompson, Boldt, Sheahan, Sherstad, Smith and Mielke)

Read first time 03/10/97.

- AN ACT Relating to the restoration of parents' rights; amending RCW
- 2 70.96A.095, 71.34.030, 70.24.110, 70.24.105, 13.32A.082, 28A.230.070,
- 3 and 46.20.292; reenacting and amending RCW 70.96A.020; adding new
- 4 sections to chapter 26.28 RCW; adding a new section to chapter 28A.320
- 5 RCW; adding a new section to chapter 13.40 RCW; creating new sections;
- 6 prescribing penalties; and declaring an emergency.
- 7 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:
- 8 <u>NEW SECTION.</u> **Sec. 1.** The legislature finds there has been a
- 9 gradual encroachment by the state into the fundamental rights of
- 10 parents to exercise legitimate care, responsibility, and guidance over
- 11 the upbringing of their children. The legislature also finds
- 12 government's failure to adequately support reasonable attempts by
- 13 parents to guide, discipline, and prepare their children for a
- 14 productive, fulfilling life has contributed to the breakdown in the
- 15 family unit and is harmful to society.
- 16 The result is a breakdown in the traditional role of the family as
- 17 the primary provider, protector, and promoter of the health, safety,
- 18 and well-being of children and of the basic values and character traits
- 19 essential for attaining individual liberty, fulfillment, and happiness.

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This act is intended to ensure parents can rightfully guide and direct the affairs of their minor children. This act is also intended to ensure government appropriately respects and reinforces those rights, and to facilitate parents in meeting the responsibilities inherent in bearing and raising young children. The legislature recognizes upholding the rights of parents is in the best interest of the families and minor children of Washington state.

This act is also intended to assist parents in furthering the following important values: (1) Honesty, integrity, and trust; (2) respect for self and others; (3) responsibility for personal actions and commitments; (4) self-discipline and moderation; (5) diligence and a positive work ethic; (6) respect for law and authority; (7) healthy and constructive behavior; and (8) family as the basis of society.

Neither the state of Washington, nor its political subdivisions, should by any means enact or enforce any policy that supersedes or infringes upon the abilities and the rights of parents as recognized and protected by this act.

NEW SECTION. Sec. 2. A new section is added to chapter 26.28 RCW to read as follows:

- (1) Except as provided in section 5, 6, or 7 of this act, a person 20 21 may not provide health care to an unemancipated minor child unless: (a) The health care provider has first obtained the signed consent of 22 23 the minor child's parent or legal guardian; or (b) in the good faith 24 clinical judgment of a licensed nurse or physician, a medical emergency 25 exists that necessitates the immediate provision of medical care in order to avert the death of the minor child or for which a delay will 26 create a serious risk of substantial and irreversible impairment of a 27 28 major bodily function.
- 29 (2) A parent or legal guardian of an unemancipated minor child has 30 the right to be notified and present whenever the minor child is receiving health care, unless a court order has been issued prohibiting 31 the parent or legal guardian from contact with the minor child. 32 However, a physician may exclude the presence of a parent or legal 33 34 quardian when in the physician's good faith clinical judgment the presence threatens the success of a medical procedure, treatment, 35 36 diagnosis, or examination that involves the physical touching of the minor child. 37

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- For the purposes of this section, "health care" means any mental or physical health service, including medical care; "medical care" means any medical procedure, treatment, diagnosis, or examination that involves the physical touching of the minor child, or any consultation, that is performed by a person licensed in this state to provide health care; and "physician" means a person licensed to practice medicine or osteopathy in this state.
- 8 <u>NEW SECTION.</u> **Sec. 3.** A new section is added to chapter 26.28 RCW 9 to read as follows:
- Except as provided in chapter 9.02 RCW, an invasive medical procedure may not be performed upon an unemancipated minor child unless the physician has first obtained the signed consent of the child's parent or legal guardian.
- This prior written consent requirement does not apply if, on the basis of a physician's good faith clinical judgment, a medical emergency exists that necessitates the immediate performance of an invasive medical procedure so as to avert the death of the child or for which a delay will create a serious risk of substantial and irreversible impairment of a major bodily function.
- 20 **Sec. 4.** RCW 70.96A.020 and 1996 c 178 s 23 and 1996 c 133 s 33 are 21 each reenacted and amended to read as follows:
- For the purposes of this chapter the following words and phrases shall have the following meanings unless the context clearly requires otherwise:
- 25 (1) "Alcoholic" means a person who suffers from the disease of alcoholism.
- (2) "Alcoholism" means a disease, characterized by a dependency on alcoholic beverages, loss of control over the amount and circumstances of use, symptoms of tolerance, physiological or psychological withdrawal, or both, if use is reduced or discontinued, and impairment of health or disruption of social or economic functioning.
- 32 (3) "Approved treatment program" means a discrete program of 33 chemical dependency treatment provided by a treatment program certified 34 by the department of social and health services as meeting standards 35 adopted under this chapter.

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- 1 (4) "Chemical dependency" means alcoholism or drug addiction, or 2 dependence on alcohol and one or more other psychoactive chemicals, as 3 the context requires.
- 4 (5) "Chemical dependency program" means expenditures and activities 5 of the department designed and conducted to prevent or treat alcoholism 6 and other drug addiction, including reasonable administration and 7 overhead.
- 8 (6) "Department" means the department of social and health 9 services.
- 10 (7) "Designated chemical dependency specialist" means a person designated by the county alcoholism and other drug addiction program coordinator designated under RCW 70.96A.310 to perform the commitment duties described in RCW 70.96A.140 and qualified to do so by meeting standards adopted by the department.
- 15 (8) "Director" means the person administering the chemical 16 dependency program within the department.
- 17 (9) "Drug addict" means a person who suffers from the disease of drug addiction.
- 19 (10) "Drug addiction" means a disease characterized by a dependency 20 on psychoactive chemicals, loss of control over the amount and 21 circumstances of use, symptoms of tolerance, physiological or 22 psychological withdrawal, or both, if use is reduced or discontinued, 23 and impairment of health or disruption of social or economic 24 functioning.
- 25 (11) "Emergency service patrol" means a patrol established under 26 RCW 70.96A.170.
- (12) "Gravely disabled by alcohol or other drugs" means that a 27 person, as a result of the use of alcohol or other drugs: (a) Is in 28 danger of serious physical harm resulting from a failure to provide for 29 30 his or her essential human needs of health or safety; or (b) manifests severe deterioration in routine functioning evidenced by a repeated and 31 escalating loss of cognition or volitional control over his or her 32 33 actions and is not receiving care as essential for his or her health or 34 safety.
- 35 (13) "Incapacitated by alcohol or other psychoactive chemicals"
  36 means that a person, as a result of the use of alcohol or other
  37 psychoactive chemicals, has his or her judgment so impaired that he or
  38 she is incapable of realizing and making a rational decision with
  39 respect to his or her need for treatment and presents a likelihood of

- 1 serious harm to himself or herself, to any other person, or to 2 property.
- 3 (14) "Incompetent person" means a person who has been adjudged 4 incompetent by the superior court.
- 5 (15) "Intoxicated person" means a person whose mental or physical 6 functioning is substantially impaired as a result of the use of alcohol 7 or other psychoactive chemicals.
- 8 (16) "Licensed physician" means a person licensed to practice 9 medicine or osteopathic medicine and surgery in the state of 10 Washington.
- (17) "Likelihood of serious harm" means either: (a) A substantial 11 12 risk that physical harm will be inflicted by an individual upon his or 13 her own person, as evidenced by threats or attempts to commit suicide or inflict physical harm on one's self; (b) a substantial risk that 14 15 physical harm will be inflicted by an individual upon another, as evidenced by behavior that has caused the harm or that places another 16 person or persons in reasonable fear of sustaining the harm; or (c) a 17 substantial risk that physical harm will be inflicted by an individual 18 19 upon the property of others, as evidenced by behavior that has caused 20 substantial loss or damage to the property of others.
- 21 (18) "Minor" means a person less than eighteen years of age.
- (19) "Parent" means ((the parent or parents who have the legal right to custody of the child. Parent includes custodian or guardian))

  (a) a biological or adoptive parent who has legal custody of the child, including either parent if custody is shared under a joint custody agreement; or (b) a person or agency judicially appointed as legal quardian or custodian of the child.
- (20) "Peace officer" means a law enforcement official of a public agency or governmental unit, and includes persons specifically given peace officer powers by any state law, local ordinance, or judicial order of appointment.
- 32 (21) "Person" means an individual, including a minor.
- 33 (22) "Secretary" means the secretary of the department of social 34 and health services.
- "Treatment" 35 (23)means the broad of range emergency, detoxification, residential, and outpatient services and care, 36 37 including diagnostic evaluation, chemical dependency education and counseling, medical, psychiatric, psychological, and social service 38 39 care, vocational rehabilitation and career counseling, which may be

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- 1 extended to alcoholics and other drug addicts and their families,
- 2 persons incapacitated by alcohol or other psychoactive chemicals, and
- 3 intoxicated persons.
- 4 (24) "Treatment program" means an organization, institution, or
- 5 corporation, public or private, engaged in the care, treatment, or
- 6 rehabilitation of alcoholics or other drug addicts.
- 7 **Sec. 5.** RCW 70.96A.095 and 1996 c 133 s 34 are each amended to 8 read as follows:
- 9 (1) ((Any person thirteen years of age or older may give consent
- 10 for himself or herself to the furnishing of outpatient treatment by a
- 11 chemical dependency treatment program certified by the department.
- 12 Consent of the parent of a person less than eighteen years of age for
- 13 inpatient treatment is necessary to authorize the care unless the child
- 14 meets the definition of a child in need of services in RCW
- 15 13.32A.030(4)(c), as determined by the department. Parental
- 16 authorization is required for any treatment of a minor under the age of
- 17 thirteen. The parent of a minor is not liable for payment of care for
- 18 such persons pursuant to this chapter, unless they have joined in the
- 19 consent to the treatment.
- 20 (2) The)) A parent or legal guardian of ((any)) an unemancipated
- 21 minor child may apply to a certified treatment program for the
- 22 admission of his or her minor child for purposes authorized in this
- 23 chapter. The consent of the minor child shall not be required for the
- 24 application or admission. The certified treatment program shall accept
- 25 the application and evaluate the minor child for admission. The
- 26 ability of a parent or legal quardian to apply to a certified treatment
- 27 program for the admission of his or her <u>unemancipated</u> minor child does
- 28 not create a right to obtain or benefit from any funds or resources of
- 29 the state. However, the state may provide services for indigent
- 30 minor((s)) children to the extent that funds are available therefor.
- 31 (((3) Any provider of outpatient treatment who provides outpatient
- 32 treatment to a minor thirteen years of age or older shall provide
- 33 notice of the minor's request for treatment to the minor's parents if:
- 34 (a) The minor signs a written consent authorizing the disclosure; or
- 35 (b) the treatment program director determines that the minor lacks
- 36 capacity to make a rational choice regarding consenting to disclosure.
- 37 The notice shall be made within seven days of the request for
- 38 treatment, excluding Saturdays, Sundays, and holidays, and shall

contain the name, location, and telephone number of the facility providing treatment, and the name of a professional person on the staff of the facility providing treatment who is designated to discuss the minor's need for treatment with the parent.)

- (2) An unemancipated minor child may not receive outpatient or inpatient treatment without the consent of the minor child's parent or legal guardian, except as authorized in this subsection. A minor child thirteen years of age or older may request and receive outpatient or inpatient treatment without the consent of the minor child's parent or legal guardian only under the following circumstances:
- (a)(i) If in the judgment of the professional person in charge of an evaluation and treatment facility, there is reason to believe that the minor child is in need of outpatient or inpatient treatment, and if the minor child is in need of inpatient treatment, that the facility provides the type of evaluation and treatment the minor child needs and it is not feasible to treat the minor child in a less restrictive setting.
- (ii) The minor child signs a declaration stating that the minor child is unable or unwilling to obtain the consent of the minor child's parent or legal guardian to the treatment and the reason the minor child is unable or unwilling to obtain the consent of a parent or legal guardian.
  - (iii) The professional person in charge of the evaluation and treatment facility provides notification of the treatment being considered to either the minor child's parent or legal guardian or the department of social and health services. The notification must be provided after completion of the first visit for outpatient treatment or within twenty-four hours after the minor child is admitted to the treatment facility for inpatient treatment but in either case before the minor child receives treatment. The notification must contain the location and telephone number of the facility that would provide the treatment and the name of the professional person on the staff of the facility who is designated to discuss the minor child's need for treatment with the parent.
  - (iv) If the department of social and health services receives notification of treatment services to be provided to an unemancipated minor child without the consent of the minor child's parent or legal guardian under (a)(iii) of this subsection, the department shall notify the minor's parent or legal guardian of the treatment services to be

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- 1 provided to the minor child and the treatment facility's determination
- 2 that the minor child is in need of treatment, and shall provide
- 3 services designed to resolve the conflict existing between the minor
- 4 child and the minor child's parent or legal guardian that is resulting
- 5 in the minor child's inability to seek or obtain the consent of the
- 6 parent or legal quardian to the treatment.
- 7 (v)(A) If the parent or legal guardian refuses to give consent to
- 8 the treatment after notification from the treatment facility or the
- 9 department of social and health services, the facility may not provide
- 10 treatment to the minor child and must release the minor child from
- 11 inpatient treatment upon the request of the parent or legal guardian,
- 12 unless the facility files a petition with the superior court of the
- 13 county in which treatment is to be provided setting forth the basis for
- 14 the facility's belief that the minor child is in need of inpatient or
- 15 <u>outpatient treatment and that release or failure to provide outpatient</u>
- 16 treatment would constitute a threat to the minor child's health or
- 17 <u>safety.</u>
- 18 (B) The petition must be signed by the professional person in
- 19 charge of the facility or that person's designee.
- 20 (C) The parent or legal guardian may apply to the court for
- 21 separate counsel to represent the parent or legal guardian if the
- 22 parent or legal quardian cannot afford counsel.
- 23 (D) A hearing shall be held on the petition within three judicial
- 24 days from the filing of the petition.
- 25 (E) The hearing must be conducted by a judge, court commissioner,
- 26 or licensed attorney designated by the superior court as a hearing
- 27 officer for the hearing. The hearing may be held at the treatment
- 28 facility.
- 29 (F) The facility must demonstrate by a preponderance of the
- 30 evidence presented at the hearing that the minor child is in need of
- 31 <u>inpatient or outpatient treatment and that release or failure to</u>
- 32 provide outpatient treatment would constitute a threat to the minor
- 33 child's health or safety. The hearing shall not be conducted using the
- 34 rules of evidence, and the admission or exclusion of evidence sought to
- 35 be presented shall be within the exercise of sound discretion by the
- 36 judicial officer conducting the hearing.
- 37 (b)(i) If the minor child alleges that a parent or legal guardian
- 38 has committed abuse or neglect, as defined in RCW 26.44.020, against
- 39 the minor child or against another person residing in the home of the

minor child and expresses fear or distress at the prospect of the parent or legal guardian being notified, the minor child shall include the allegations in the minor child's signed declaration.

(ii) If the minor child alleges abuse or neglect has occurred and expresses fear or distress at the prospect of notification of the minor child's parent or legal guardian, the professional person in charge of the evaluation and treatment facility shall notify local law enforcement of the allegations. If the officer believes there is a possibility that the minor child is experiencing child abuse or neglect, as defined in RCW 26.44.020, the law enforcement officer shall take the minor child to a designated crisis residential center's secure facility or a semi-secure facility if a secure facility is full, not available, or not located within a reasonable distance.

(iii) If a crisis residential center is full, not available, or not located within a reasonable distance, the law enforcement officer may request the department of social and health services to accept custody of the minor child. If the department determines that an appropriate placement is currently available, the department shall accept custody and place the minor child in an out-of-home placement. If the department declines to accept custody of the minor child, the officer may release the minor child after attempting to take the minor child to the following, in the order listed: The home of an adult extended family member; a responsible adult; a licensed youth shelter and shall immediately notify the department of social and health services if no placement option is available and the minor child is released.

(iv) If it is determined under (b)(ii) of this subsection that there is a possibility that the minor child is experiencing abuse or neglect, the minor child may receive outpatient or inpatient treatment without the consent of the parent or legal guardian if the professional person in charge of the treatment facility determines that failure to provide treatment would constitute a threat to the minor child's health or safety.

- 33 <u>(v) The law enforcement agency releasing the minor child shall</u>
  34 <u>notify either the minor child's parent or legal guardian of the final</u>
  35 placement or disposition of the minor child.
- 36 (3) A parent or legal guardian is not liable for evaluation or 37 treatment costs provided to a minor child without the consent of the 38 parent or legal guardian.

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- **Sec. 6.** RCW 71.34.030 and 1995 c 312 s 52 are each amended to read 2 as follows:
- (1) ((Any minor thirteen years or older may request and receive outpatient treatment without the consent of the minor's parent.

  Parental authorization)) Written consent of a parent or legal guardian is required for outpatient or inpatient treatment of ((a)) an unemancipated minor ((under the age of thirteen)) child except as provided in subsection (3) of this section.

- (2) When in the judgment of the professional person in charge of an evaluation and treatment facility there is reason to believe that ((a)) an unemancipated minor child is in need of inpatient treatment because of a mental disorder, and the facility provides the type of evaluation and treatment needed by the minor child, and it is not feasible to treat the minor child in any less restrictive setting or the ((minor's)) minor child's home, the minor child may be admitted to an evaluation and treatment facility in accordance with the following requirements:
- (a) ((A)) An unemancipated minor child may be voluntarily admitted by application of the parent. The consent of the minor child is not required for the minor child to be evaluated and admitted as appropriate.
  - (b) ((A minor thirteen years or older may, with the concurrence of the professional person in charge of an evaluation and treatment facility, admit himself or herself without parental consent to the evaluation and treatment facility, provided that notice is given by the facility to the minor's parent in accordance with the following requirements:
  - (i) Notice of the minor's admission shall be in the form most likely to reach the parent within twenty-four hours of the minor's voluntary admission and shall advise the parent that the minor has been admitted to inpatient treatment; the location and telephone number of the facility providing such treatment; and the name of a professional person on the staff of the facility providing treatment who is designated to discuss the minor's need for inpatient treatment with the parent.
  - (ii) The minor shall be released to the parent at the parent's request for release unless the facility files a petition with the superior court of the county in which treatment is being provided setting forth the basis for the facility's belief that the minor is in

need of inpatient treatment and that release would constitute a threat to the minor's health or safety.

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- 3 (iii) The petition shall be signed by the professional person in 4 charge of the facility or that person's designee.
- 5 (iv) The parent may apply to the court for separate counsel to 6 represent the parent if the parent cannot afford counsel.
- 7 (v) There shall be a hearing on the petition, which shall be held 8 within three judicial days from the filing of the petition.
- 9 (vi) The hearing shall be conducted by a judge, court commissioner,
  10 or licensed attorney designated by the superior court as a hearing
  11 officer for such hearing. The hearing may be held at the treatment
  12 facility.
- (vii) At such hearing, the facility must demonstrate by a preponderance of the evidence presented at the hearing that the minor is in need of inpatient treatment and that release would constitute a threat to the minor's health or safety. The hearing shall not be conducted using the rules of evidence, and the admission or exclusion of evidence sought to be presented shall be within the exercise of sound discretion by the judicial officer conducting the hearing.
- 20 <del>(c)</del>)) Written renewal of voluntary consent must be obtained from 21 the applicant no less than once every twelve months.
- ((\(\frac{(d)}{(d)}\)) (c) The ((\(\minor's\))) \(\minor\) child's need for continued inpatient treatments shall be reviewed and documented no less than every one hundred eighty days.
  - (3) An unemancipated minor child may not receive outpatient or inpatient treatment without the consent of the minor's parent or legal guardian, except as authorized in this subsection. An unemancipated minor child thirteen years of age or older may request and receive outpatient or inpatient mental health treatment without the consent of the parent or legal guardian only under the following circumstances:
  - (a)(i) If in the judgment of the professional person in charge of an evaluation and treatment facility, there is reason to believe that the minor child is in need of outpatient or inpatient treatment, and if the minor child is in need of inpatient treatment, that the facility provides the type of evaluation and treatment the minor child needs and it is not feasible to treat the minor child in a less restrictive setting.
- 38 <u>(ii) The minor child signs a declaration stating that the minor</u>
  39 child is unable or unwilling to obtain the consent of the minor's

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parent or legal guardian to the treatment and the reason the minor
child is unable or unwilling to obtain the consent of a parent or legal
guardian.

(iii) The professional person in charge of the evaluation and treatment facility provides notification of the treatment being considered to either the minor's parent or legal quardian or the department of social and health services. The notification must be provided after completion of the first visit for outpatient treatment or within twenty-four hours after the minor child is admitted to the treatment facility for inpatient treatment but in either case before the minor receives treatment. The notification must contain the location and telephone number of the facility that would provide the treatment and the name of the professional person on the staff of the facility who is designated to discuss the minor child's need for treatment with the parent or legal guardian. 

(iv) If the department of social and health services receives notification of treatment services to be provided to an unemancipated minor child without the consent of the minor child's parent or legal guardian under (a)(iii) of this subsection, the department shall notify the minor's parent or legal guardian of the treatment services to be provided to the minor child and the treatment facility's determination that the minor is in need of treatment, and shall provide services designed to resolve the conflict existing between the minor child and the minor's parent or legal guardian that is resulting in the minor child's inability to seek or obtain the consent of the parent or legal guardian to the treatment.

(v)(A) If the parent or legal guardian refuses to give consent to treatment after notification from the treatment facility or the department, the facility may not provide treatment to the minor child and must release the minor child from inpatient treatment upon the request of the parent or legal guardian, unless the facility files a petition with the superior court of the county in which treatment is to be provided setting forth the basis for the facility's belief that the minor child is in need of inpatient or outpatient treatment and that release or failure to provide outpatient treatment would constitute a threat to the minor child's health or safety.

37 <u>(B) The petition must be signed by the professional person in</u> 38 charge of the facility or that person's designee.

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- 1 (C) The parent or legal guardian may apply to the court for 2 separate counsel to represent the parent or legal guardian if the 3 parent or legal guardian cannot afford counsel.
- 4 <u>(D) A hearing on the petition must be held within three judicial</u> 5 <u>days from the filing of the petition.</u>
- (E) The hearing must be conducted by a judge, court commissioner, or licensed attorney designated by the superior court as a hearing officer for such hearing. The hearing may be held at the treatment facility.
- (F) The facility must demonstrate by a preponderance of the 10 evidence presented at the hearing that the minor child is in need of 11 inpatient or outpatient treatment and that release or failure to 12 provide outpatient treatment would constitute a threat to the minor 13 14 child's health or safety. The hearing shall not be conducted using the rules of evidence, and the admission or exclusion of evidence sought to 15 be presented shall be within the exercise of sound discretion by the 16 judicial officer conducting the hearing. 17
  - (b)(i) If the minor child alleges that a parent or legal guardian has committed abuse or neglect, as defined in RCW 26.44.020, against the minor child or against another person residing in the home of the minor child and expresses fear or distress at the prospect of the parent or legal guardian being notified, the minor child shall include the allegations in the minor child's signed declaration.

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- (ii) If the minor child alleges abuse or neglect has occurred and expresses fear or distress at the prospect of notification of the minor child's parent or legal guardian, the professional person in charge of the evaluation and treatment facility shall notify local law enforcement of the allegations. If the officer believes there is a possibility that the minor child is experiencing child abuse or neglect, as defined in RCW 26.44.020, the law enforcement officer shall take the minor child to a designated crisis residential center's secure facility or a semi-secure facility if a secure facility is full, not available, or not located within a reasonable distance.
- (iii) If a crisis residential center is full, not available, or not located within a reasonable distance, the law enforcement officer may request the department of social and health services to accept custody of the minor child. If the department determines that an appropriate placement is currently available, the department shall accept custody and place the minor child in an out-of-home placement. If the

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- 1 department declines to accept custody of the minor child, the officer
- 2 may release the minor child after attempting to take the minor child to
- 3 the following, in the order listed: The home of an adult extended
- 4 family member; a responsible adult; a licensed youth shelter; and shall
- 5 immediately notify the department of social and health services if no
- 6 placement option is available and the minor child is released.
- 7 (iv) If it is determined under (b)(ii) of this subsection that
- 8 there is a possibility that the minor child is experiencing abuse or
- 9 neglect, the minor child may receive outpatient or inpatient treatment
- 10 without the consent of the parent or legal guardian if the professional
- 11 person in charge of the treatment facility determines that failure to
- 12 provide treatment would constitute a threat to the minor child's health
- 13 or safety.
- 14 <u>(v) The law enforcement agency releasing the minor child shall</u>
- 15 notify either the minor child's parent or legal guardian of the final
- 16 placement or disposition of the minor child.
- 17 (4) A notice of intent to  $((\frac{1eave}{}))$  remove a minor child shall
- 18 result in the following:
- 19 (a) Any <u>unemancipated</u> minor ((<del>under the age of thirteen</del>)) <u>child</u>
- 20 must be discharged immediately upon ((written)) request of the parent
- 21 or legal quardian.
- 22 (b) ((Any minor thirteen years or older voluntarily admitted may
- 23 give notice of intent to leave at any time. The notice need not follow
- 24 any specific form so long as it is written and the intent of the minor
- 25 can be discerned.
- (c)) The staff member receiving the notice shall date it
- 27 immediately, record its existence in the ((minor's)) minor child's
- 28 clinical record, and send copies of it to the ((minor's)) minor child's
- 29 attorney, if any, the county-designated mental health professional, and
- 30 the parent or legal guardian.
- 31 ((<del>d) The professional person in charge of the evaluation and</del>
- 32 treatment facility shall discharge the minor, thirteen years or older,
- 33 from the facility within twenty-four hours after receipt of the minor's
- 34 notice of intent to leave, unless the county designated mental health
- 35 professional or a parent or legal quardian files a petition or an
- 36 application for initial detention within the time prescribed by this
- 37 <del>chapter.</del>
- 38  $\frac{(4)}{(5)}$  The ability of a parent or legal guardian to apply to a
- 39 certified evaluation and treatment program for the involuntary

- 1 admission of his or her minor child does not create a right to obtain
- 2 or benefit from any funds or resources of the state. However, the
- 3 state may provide services for indigent minor((s)) <u>children</u> to the
- 4 extent that funds are available therefor.
- 5 (6) A parent or legal guardian is not liable for evaluation or
- 6 treatment costs provided to an unemancipated minor child without the
- 7 consent of the parent or legal quardian.
- 8 **Sec. 7.** RCW 70.24.110 and 1988 c 206 s 912 are each amended to 9 read as follows:
- 10 ((A)) (1) An unemancipated minor ((fourteen years of age or older))
- 11 child who may have come in contact with any sexually transmitted
- 12 disease or suspected sexually transmitted disease may ((give consent to
- 13 the furnishing of)) not receive hospital, medical ((and)), or surgical
- 14 care related to the diagnosis or treatment of such disease((. Such
- 15 consent shall not be subject to disaffirmance because of minority. The
- 16 consent of the parent, parents, or legal quardian of such minor shall
- 17 not be necessary to authorize hospital, medical and surgical care
- 18 related to such disease and such)) without the consent of the minor
- 19 child's parent or legal guardian, except under the following
- 20 circumstances:
- 21 (a)(i) If in the judgment of the treatment provider, there is
- 22 reason to believe that the minor child is in need of treatment for a
- 23 sexually transmitted disease.
- 24 (ii) The minor child signs a declaration stating that the minor
- 25 <u>child is unable or unwilling to obtain the consent of the minor child's</u>
- 26 parent or legal quardian to the treatment and the reason the minor
- 27 child is unable or unwilling to obtain the consent of a parent or legal
- 28 guardian.
- 29 <u>(iii) The treatment provider provides notification of the treatment</u>
- 30 being considered to either the minor child's parent or legal quardian
- 31 or the department of social and health services. The notification must
- 32 be provided after completion of the first visit and before the minor
- 33 receives treatment. The notification must contain the location and
- 34 telephone number of the facility that would provide the treatment and
- 35 the name of the treatment provider who is designated to discuss the
- 36 minor child's need for treatment with the parent or legal guardian.

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- (iv) If the department of social and health services receives 1 notification of treatment services to be provided to an unemancipated 2 3 minor child without the consent of the minor child's parent or legal 4 guardian under (a)(iii) of this subsection, the department shall notify the minor's parent or legal quardian of the treatment services to be 5 provided to the minor child and the treatment provider's determination 6 that the minor child is in need of treatment, and shall provide 7 services designed to resolve the conflict existing between the minor 8 9 child and the minor child's parent or legal quardian that is resulting in the minor child's inability to seek or obtain the consent of the 10 parent or legal quardian to the treatment. 11
- (v)(A) If the parent or legal quardian refuses to give consent to 12 the treatment after notification from the treatment provider or the 13 14 department of social and health services, the treatment provider may not provide treatment to the minor child, unless the treatment provider 15 files a petition with the superior court of the county in which 16 treatment is to be provided setting forth the basis for the treatment 17 provider's belief that the minor child is in need of treatment and that 18 19 failure to provide treatment would constitute a threat to the minor child's health or safety. 20
- 21 (B) The petition must be signed by the treatment provider or that 22 person's designee.
- 23 <u>(C) The parent or legal guardian may apply to the court for</u> 24 <u>separate counsel to represent the parent or legal guardian if the</u> 25 <u>parent or legal guardian cannot afford counsel.</u>
- 26 <u>(D) A hearing must be held on the petition within three judicial</u>
  27 days from the filing of the petition.
- (E) The hearing must be conducted by a judge, court commissioner, or licensed attorney designated by the superior court as a hearing officer for the hearing.
- 31 (F) The treatment provider must demonstrate by a preponderance of 32 the evidence presented at the hearing that the minor child is in need 33 of treatment and that failure to provide treatment would constitute a 34 threat to the minor child's health or safety. The hearing shall not be 35 conducted using the rules of evidence, and the admission or exclusion 36 of evidence sought to be presented shall be within the exercise of 37 sound discretion by the judicial officer conducting the hearing.
- 38 (b)(i) If the minor child alleges that a parent or legal guardian 39 has committed abuse or neglect, as defined in RCW 26.44.020, against

the minor child or against another person residing in the home of the minor child and expresses fear or distress at the prospect of the parent or legal guardian being notified, the minor child shall include the allegations in the minor child's signed declaration.

 (ii) If the minor child alleges abuse or neglect has occurred and expresses fear or distress at the prospect of notification of the minor child's parent or legal guardian, the treatment provider shall notify local law enforcement of the allegations. If the officer believes there is a possibility that the minor child is experiencing child abuse or neglect, as defined in RCW 26.44.020, the law enforcement officer shall take the minor child to a designated crisis residential center's secure facility or a semi-secure facility if a secure facility is full, not available, or not located within a reasonable distance.

(iii) If a crisis residential center is full, not available, or not located within a reasonable distance, the law enforcement officer may request the department of social and health services to accept custody of the minor child. If the department determines that an appropriate placement is currently available, the department shall accept custody and place the minor child in an out-of-home placement. If the department declines to accept custody of the minor child, the officer may release the minor child after attempting to take the minor child to the following, in the order listed: The home of an adult extended family member; a responsible adult; a licensed youth shelter and shall immediately notify the department of social and health services if no placement option is available and the minor child is released.

(iv) If it is determined under (b)(ii) of this subsection that there is a possibility that the minor child is experiencing abuse or neglect, the minor child may receive treatment without the consent of the parent or legal guardian if the treatment provider determines that failure to provide treatment would constitute a threat to the minor child's health or safety.

(v) The law enforcement agency releasing the minor child shall notify either the minor child's parent or legal guardian of the final placement or disposition of the minor child.

((be)) liable for payment for ((any care rendered pursuant to this section)) the costs of evaluating and treating a minor child for a sexually transmitted disease if the parent or legal guardian did not consent to the treatment.

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- Sec. 8. RCW 70.24.105 and 1994 c 72 s 1 are each amended to read as follows:
- 3 (1) No person may disclose or be compelled to disclose the identity 4 of any person who has investigated, considered, or requested a test or 5 treatment for a sexually transmitted disease, except as authorized by 6 this chapter.
  - (2) No person may disclose or be compelled to disclose the identity of any person upon whom an HIV antibody test is performed, or the results of such a test, nor may the result of a test for any other sexually transmitted disease when it is positive be disclosed. This protection against disclosure of test subject, diagnosis, or treatment also applies to any information relating to diagnosis of or treatment for HIV infection and for any other confirmed sexually transmitted disease. The following persons, however, may receive such information:
- 15 (a) The subject of the test or the subject's legal representative 16 for health care decisions in accordance with RCW 7.70.065((, with the 17 exception of such a representative of a minor child over fourteen years 18 of age and otherwise competent));
  - (b) Any person who secures a specific release of test results or information relating to HIV or confirmed diagnosis of or treatment for any other sexually transmitted disease executed by the subject or the subject's legal representative for health care decisions in accordance with RCW 7.70.065((, with the exception of such a representative of a minor child over fourteen years of age and otherwise competent));
- (c) The state public health officer, a local public health officer, or the centers for disease control of the United States public health service in accordance with reporting requirements for a diagnosed case of a sexually transmitted disease;
- (d) A health facility or health care provider that procures, processes, distributes, or uses: (i) A human body part, tissue, or blood from a deceased person with respect to medical information regarding that person; (ii) semen, including that provided prior to March 23, 1988, for the purpose of artificial insemination; or (iii) blood specimens;
- 35 (e) Any state or local public health officer conducting an 36 investigation pursuant to RCW 70.24.024, provided that such record was 37 obtained by means of court ordered HIV testing pursuant to RCW 38 70.24.340 or 70.24.024;

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- (f) A person allowed access to the record by a court order granted 1 after application showing good cause therefor. In assessing good 2 3 cause, the court shall weigh the public interest and the need for 4 disclosure against the injury to the patient, to the physician-patient relationship, and to the treatment services. Upon the granting of the 5 order, the court, in determining the extent to which any disclosure of 6 all or any part of the record of any such test is necessary, shall 7 8 impose appropriate safeguards against unauthorized disclosure. 9 order authorizing disclosure shall: (i) Limit disclosure to those 10 parts of the patient's record deemed essential to fulfill the objective for which the order was granted; (ii) limit disclosure to those persons 11 whose need for information is the basis for the order; and (iii) 12 13 include any other appropriate measures to keep disclosure to a minimum for the protection of the patient, the physician-patient relationship, 14 15 and the treatment services, including but not limited to the written 16 statement set forth in subsection (5) of this section;
- (g) Persons who, because of their behavioral interaction with the infected individual, have been placed at risk for acquisition of a sexually transmitted disease, as provided in RCW 70.24.022, if the health officer or authorized representative believes that the exposed person was unaware that a risk of disease exposure existed and that the disclosure of the identity of the infected person is necessary;
  - (h) A law enforcement officer, fire fighter, health care provider, health care facility staff person, or other persons as defined by the board in rule pursuant to RCW 70.24.340(4), who has requested a test of a person whose bodily fluids he or she has been substantially exposed to, pursuant to RCW 70.24.340(4), if a state or local public health officer performs the test;

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- 29 (i) Claims management personnel employed by or associated with an 30 insurer, health care service contractor, health maintenance organization, self-funded health plan, state-administered health care 31 claims payer, or any other payer of health care claims where such 32 disclosure is to be used solely for the prompt and accurate evaluation 33 and payment of medical or related claims. Information released under 34 this subsection shall be confidential and shall not be released or 35 available to persons who are not involved in handling or determining 36 37 medical claims payment; and
- (j) A department of social and health services worker, a child placing agency worker, or a guardian ad litem who is responsible for

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- or reviewing placement or case-planning decisions 1 making 2 recommendations to the court regarding a child, who is less than fourteen years of age, has a sexually transmitted disease, and is in 3 4 the custody of the department of social and health services or a 5 licensed child placing agency; this information may also be received by a person responsible for providing residential care for such a child 6 7 when the department of social and health services or a licensed child placing agency determines that it is necessary for the provision of 8 9 child care services.
- 10 (3) No person to whom the results of a test for a sexually 11 transmitted disease have been disclosed pursuant to subsection (2) of 12 this section may disclose the test results to another person except as 13 authorized by that subsection.
  - (4) The release of sexually transmitted disease information regarding an offender, except as provided in subsection (2)(e) of this section, shall be governed as follows:
- 17 (a) The sexually transmitted disease status of a department of corrections offender shall be made available by department 18 19 corrections health care providers to a department of corrections 20 superintendent or administrator as necessary for disease prevention or control and for protection of the safety and security of the staff, 21 The information may be submitted to 22 offenders, and the public. transporting officers and receiving facilities, including facilities 23 24 that are not under the department of correction's jurisdiction.
  - (b) The sexually transmitted disease status of a person detained in a jail shall be made available by the local public health officer to a jail administrator as necessary for disease prevention or control and for protection of the safety and security of the staff, offenders, and the public. The information may be submitted to transporting officers and receiving facilities.
- 31 (c) Information regarding a department of corrections offender's sexually transmitted disease status is confidential and may be 32 disclosed by a correctional superintendent or administrator or local 33 34 jail administrator only as necessary for disease prevention or control 35 and for protection of the safety and security of the staff, offenders, and the public. Unauthorized disclosure of this information to any 36 37 person may result in disciplinary action, in addition to any other penalties as may be prescribed by law. 38

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- (5) Whenever disclosure is made pursuant to this section, except 1 for subsections (2)(a) and (6) of this section, it shall be accompanied 2 by a statement in writing which includes the following or substantially 3 4 similar language: "This information has been disclosed to you from 5 records whose confidentiality is protected by state law. State law prohibits you from making any further disclosure of it without the 6 7 specific written consent of the person to whom it pertains, or as otherwise permitted by state law. A general authorization for the 8 9 release of medical or other information is NOT sufficient for this 10 purpose." An oral disclosure shall be accompanied or followed by such a notice within ten days. 11
- 12 (6) The requirements of this section shall not apply to the customary methods utilized for the exchange of medical information among health care providers in order to provide health care services to the patient, nor shall they apply within health care facilities where there is a need for access to confidential medical information to fulfill professional duties.
- (7) Upon request of the victim, disclosure of test results under this section to victims of sexual offenses under chapter 9A.44 RCW shall be made if the result is negative or positive. The county prosecuting attorney shall notify the victim of the right to such disclosure. Such disclosure shall be accompanied by appropriate counseling, including information regarding follow-up testing.
- 24 **Sec. 9.** RCW 13.32A.082 and 1996 c 133 s 14 are each amended to 25 read as follows:
- (1) Any person who, without legal authorization, provides shelter to a minor and who knows at the time of providing the shelter that the minor is away from the parent's home, or other lawfully prescribed residence, without the permission of the parent, shall promptly report the location of the child to the parent, the law enforcement agency of the jurisdiction in which the person lives, or the department. The report may be made by telephone or any other reasonable means.
- 33 (2) Unless the context clearly requires otherwise, the definitions 34 in this subsection apply throughout this section.
- 35 (a) "Shelter" means the person's home or any structure over which 36 the person has any control.

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- 1 (b) "Promptly report" means to report within eight hours after the 2 person has knowledge that the minor is away from home without parental 3 permission.
- 4 (3) When the department receives a report under subsection (1) of 5 this section, it shall make a good faith attempt to notify the parent 6 that a report has been received and offer services designed to resolve 7 the conflict and accomplish a reunification of the family.
  - (4) A violation of subsection (1) of this section is a misdemeanor.
- 9 <u>NEW SECTION.</u> **Sec. 10.** A new section is added to chapter 28A.320 10 RCW to read as follows:

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A student may attend or participate in a public school-sponsored 11 12 class, program, or activity that concerns suicide or euthanasia, or includes human sexuality issues dealing with sex education, sexually 13 14 transmitted diseases, contraception, or sexual orientation, only if the 15 school has on file a signed confirmation from the parent that the parent has received notification that the class, program, or activity 16 concerns suicide or euthanasia, or includes human sexuality issues 17 18 dealing with sex education, sexually transmitted diseases, 19 contraception, or sexual orientation and the parent approves of his or her child's participation in the specific class, program, or activity. 20 21 school district may comply with the notification 22 requirement in this section by notifying the parent at least once per 23 school year of the planned classes, programs, or activities.

- 24 **Sec. 11.** RCW 28A.230.070 and 1994 c 245 s 7 are each amended to 25 read as follows:
  - (1) The life-threatening dangers of acquired immunodeficiency syndrome (AIDS) and its prevention shall be taught in the public schools of this state. AIDS prevention education shall be limited to the discussion of the life-threatening dangers of the disease, its spread, and prevention. Students shall receive such education at least once each school year beginning no later than the fifth grade.
- (2) Each district board of directors shall adopt an AIDS prevention education program which is developed in consultation with teachers, administrators, parents, and other community members including, but not limited to, persons from medical, public health, and mental health organizations and agencies so long as the curricula and materials developed for use in the AIDS education program either (a) are the

model curricula and resources under subsection (3) of this section, or (b) are developed by the school district and approved for medical accuracy by the office on AIDS established in RCW 70.24.250. district elects to use curricula developed by the school district, the district shall submit to the office on AIDS a copy of its curricula and an affidavit of medical accuracy stating that the material in the district-developed curricula has been compared to the model curricula for medical accuracy and that in the opinion of the district the district-developed materials are medically accurate. Upon submission of the affidavit and curricula, the district may use these materials until the approval procedure to be conducted by the office of AIDS has been completed. 

(3) Model curricula and other resources available from the superintendent of public instruction may be reviewed by the school district board of directors, in addition to materials designed locally, in developing the district's AIDS education program. The model curricula shall be reviewed for medical accuracy by the office on AIDS established in RCW 70.24.250 within the department of social and health services.

- (4) Each school district shall, at least one month before teaching AIDS prevention education in any classroom, conduct at least one presentation during weekend and evening hours for the parents and guardians of students concerning the curricula and materials that will be used for such education. The parents and guardians shall be notified by the school district of the presentation and that the curricula and materials are available for inspection. ((No)) A student may ((be required to)) participate in AIDS prevention education only if the ((student's)) school has on file a signed confirmation from the parent or guardian((, having attended one of the district presentations, objects in writing to the participation)) approving of his or her child's participation in the AIDS prevention education.
- 32 (5) The office of the superintendent of public instruction with the 33 assistance of the office on AIDS shall update AIDS education curriculum 34 material as newly discovered medical facts make it necessary.
  - (6) The curriculum for AIDS prevention education shall be designed to teach students which behaviors place a person dangerously at risk of infection with the human immunodeficiency virus (HIV) and methods to avoid such risk including, at least:

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- 1 (a) The dangers of drug abuse, especially that involving the use of 2 hypodermic needles; and
  - (b) The dangers of sexual intercourse, with or without condoms.
- 4 (7) The program of AIDS prevention education shall stress the lifethreatening dangers of contracting AIDS and shall stress that 5 abstinence from sexual activity is the only certain means for the 6 7 prevention of the spread or contraction of the AIDS virus through 8 sexual contact. It shall also teach that condoms and other artificial means of birth control are not a certain means of preventing the spread 9 10 of the AIDS virus and reliance on condoms puts a person at risk for 11 exposure to the disease.
- 12 **Sec. 12.** RCW 46.20.292 and 1979 c 61 s 8 are each amended to read 13 as follows:
- 14 The department may suspend, revoke, restrict, or condition any 15 driver's license upon a showing of its records that the licensee has been found by a juvenile court, chief probation officer, or any other 16 duly authorized officer of a juvenile court to have committed any 17 18 offense or offenses which under Title 46 RCW constitutes grounds for 19 said action. If the department takes an action to suspend, revoke, restrict, or condition the driver's license of a juvenile who is a 20 minor, the department shall give written notice of the action to a 21 22 parent or legal guardian of the juvenile.
- NEW SECTION. Sec. 13. A new section is added to chapter 13.40 RCW to read as follows:
- The state and its political subdivisions shall provide written notice to a parent or legal guardian of a minor child of an arrest, detention, or penalty imposed under color of law upon the minor child by the state or any of its political subdivisions.
- NEW SECTION. Sec. 14. This act may be known and cited as the Restoration of Parents' Rights Act.
- NEW SECTION. Sec. 15. The provisions of this act must be liberally construed to effectuate the policies and purposes of this act. In the event of conflict between this act and any other provision of law, the provisions of this act govern.

- NEW SECTION. Sec. 16. If any provision of this act or its application to any person or circumstance is held invalid, the remainder of the act or the application of the provision to other persons or circumstances is not affected.
- NEW SECTION. Sec. 17. This act is necessary for the immediate preservation of the public peace, health, or safety, or support of the state government and its existing public institutions, and takes effect immediately.
- 9 <u>NEW SECTION.</u> **Sec. 18.** If specific funding for the purposes of 10 this act, referencing this act by bill or chapter number, is not 11 provided by June 30, 1997, in the omnibus appropriations act, this act 12 is null and void.

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