AN ACT Relating to proactively addressing wildfire risk by creating a forest health treatment assessment; and adding a new section to chapter 76.06 RCW.

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

NEW SECTION. Sec. 1. A new section is added to chapter 76.06 RCW to read as follows:

(1) The department must establish a forest health treatment assessment framework designed to achieve substantial completion of treatment of one million acres of lands by 2033. For each biennium, the framework must include:

(a) A plan to identify and assess one hundred thousand acres per year of fire-prone lands and communities that are in need of forest health treatment, including the use of prescribed fire or mechanical treatment, such as thinning.

(i) The scope of the assessment must include lands protected by the department as well as lands outside of the department's fire protection responsibilities that could pose a high risk to department protected lands during a fire.

(ii) The assessment must identify for the 2019-2021 biennium, and each subsequent biennium, areas in need of treatment, the type or types of treatment recommended, data and planning needs to carry out...
recommended treatment, and the estimated cost of recommended treatment.

(b) Prioritized areas for treatment for those areas assessed in the previous biennium, along with treatment of as many acres as can be treated with funds appropriated for that specific purpose. To expedite initial treatments under this section, for the 2017-2019 biennium the department may prioritize and treat lands currently identified by the department in its 2017-2019 biennium budget requests as pilot treatment projects if funds are appropriated for that specific purpose.

(2) In developing the framework and implementing the assessments and treatments, the department must:

(a) To promote the efficient use of resources, utilize and build on the forest health strategic planning initiated under section 308(11), chapter 36, Laws of 2016 sp. sess. to the maximum extent practicable.

(b) Develop and utilize treatment prioritization criteria, a recommended workflow for identified treatments and any necessary retreatment or maintenance, a process to account for changing risks over time, a method for addressing data and inventory needs, a process for coordination with willing landowners on identified treatments that cross ownerships, and a recommended strategy for plan implementation.

(c)(i) Request that the commissioner appoint a forest health advisory committee to assist in developing the framework, the assessments and prioritization list, and the report required in this section consistent with the twenty-year strategic planning process/forest health strategic planning initiated under section 308(11), chapter 36, Laws of 2016 sp. sess.

(ii) The committee should: (A) Include large and small forest landowners, wildland fire response organizations, representatives from milling and log transportation industries, representatives from the forest collaboratives that may exist in the affected areas during each biennium, representatives from highly affected communities and community preparedness organizations, conservation groups and other interested parties as the commissioner determines would be most helpful in discharging the responsibilities established in this section; and (B) consult with relevant local, state, and federal agencies, and tribes.
(3) By December 1st of each even-numbered year, the department must provide the appropriate committees of the legislature and the office of financial management with:

(a) A request for appropriations designed to carry out forest health treatments during the upcoming biennium that are consistent with the forest health treatment goals and framework established by the department;

(b) A prioritized list and brief summary of forest health treatments the department intends to carry out in the upcoming biennium with the requested appropriations, including the relevant information from the assessment; and

(c) A list and brief summary of forest health treatments the department carried out in the preceding biennium, including total funding available, costs for completed treatment, and treatment outcomes. The summary must include any barriers to plan implementation and legislative or administrative recommendations to address those barriers.

(4) The department must operate the program within the appropriations specifically provided for the program.

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