

CERTIFICATION OF ENROLLMENT
ENGROSSED SECOND SUBSTITUTE SENATE BILL 5981

69th Legislature
2026 Regular Session

Passed by the Senate March 9, 2026
Yeas 30 Nays 19

President of the Senate

Passed by the House March 6, 2026
Yeas 67 Nays 30

**Speaker of the House of
Representatives**

Approved

Governor of the State of Washington

CERTIFICATE

I, Sarah Bannister, Secretary of the Senate of the State of Washington, do hereby certify that the attached is **ENGROSSED SECOND SUBSTITUTE SENATE BILL 5981** as passed by the Senate and the House of Representatives on the dates hereon set forth.

Secretary

FILED

**Secretary of State
State of Washington**

ENGROSSED SECOND SUBSTITUTE SENATE BILL 5981

AS AMENDED BY THE HOUSE

Passed Legislature - 2026 Regular Session

State of Washington 69th Legislature 2026 Regular Session

By Senate Ways & Means (originally sponsored by Senators Cleveland, Slatter, Harris, Bateman, Alvarado, Chapman, Dhingra, Frame, Hasegawa, Liias, Pedersen, Saldaña, and Valdez)

READ FIRST TIME 02/09/26.

1 AN ACT Relating to protecting the integrity of the 340B drug
2 pricing program; amending RCW 43.71C.010, 43.71C.050, 43.71C.090, and
3 43.71C.100; adding new sections to chapter 43.71C RCW; adding a new
4 chapter to Title 69 RCW; and prescribing penalties.

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

6 NEW SECTION. **Sec. 1.** (1) The legislature finds that the federal
7 340B drug pricing program is essential for providing health care
8 access to low-income and uninsured populations. The 340B drug pricing
9 program requires drug manufacturers to offer discounts on outpatient
10 medications to eligible providers that serve these populations. They
11 include federally qualified health centers, Ryan White (HIV) clinics,
12 tribal and urban Indian health centers, critical access hospitals,
13 and other safety net hospitals that meet stringent federal criteria.

14 (2) Congress created the 340B drug pricing program in 1992,
15 stating that the program's benefits enable covered "entities to
16 stretch scarce federal resources as far as possible, reaching more
17 eligible patients and providing more comprehensive services." (H.R.
18 Rep. No. 102-384 (II), at 12 (1992)). The 340B drug pricing program
19 allows certain safety net providers to sustain underfunded services
20 and reinvest savings into essential community benefits, such as
21 financial assistance for low-income patients, no-cost wellness

1 visits, screenings, vaccinations, transportation to appointments,
2 health education classes, case management, medication adherence
3 services, and workforce development programs.

4 (3) The federal health resources and services administration
5 permits 340B covered entities to contract with pharmacies to enable
6 access to life-saving drugs and drugs that preserve quality of life
7 to eligible patients, including for those who otherwise have limited
8 access.

9 (4) The 340B drug pricing program and contract pharmacies are
10 crucial to Washington's safety net providers by ensuring patients can
11 access their prescribed medications, while providing additional
12 resources to 340B covered entities to serve vulnerable and
13 underserved populations.

14 (5) More than 20 other states have recognized the importance of
15 contract pharmacies to the 340B drug pricing program and have taken
16 action to prohibit drug manufacturers from imposing restrictions on
17 340B covered entities' ability to serve patients through contract
18 pharmacies.

19 (6) Federal courts, including the fifth and eighth circuit courts
20 of appeals, have upheld states' authority to legislate on the
21 distribution of 340B drugs through contract pharmacies.

22 (7) The current restrictions imposed by drug manufacturers not
23 only limit a patient's access to affordable medication but also
24 jeopardize the financial savings that safety net providers depend on
25 to reinvest in their operations, expand services, and support
26 underserved communities.

27 (8) The legislature, therefore, finds that prohibiting drug
28 manufacturers from imposing restrictions on 340B covered entities is
29 necessary to ensure the integrity of the 340B program and protect
30 Washington's vulnerable patients, their access to medications, and
31 safety net providers' ability to serve their patients.

32 (9) The legislature also finds that there is a vested state and
33 public interest in providing transparency across the spectrum of 340B
34 program participants to ensure the program is operating within the
35 original intent set forth by congress.

36 (10) The legislature, therefore, finds that 340B program
37 reporting capturing covered entities, contract pharmacies, and
38 manufacturers is necessary to ensure the integrity of the program.

39 (11) To address the costs of such reporting, the legislature
40 finds it necessary to implement a filing fee for the covered entities

1 and manufacturers that are required to report, which as of 2026,
2 includes approximately 110 340B covered entities and 780
3 manufacturers. The legislature intends for responsibility for payment
4 of filing fees to be based on this differential between covered
5 entities and manufacturers.

6 NEW SECTION. **Sec. 2.** The definitions in this section apply
7 throughout this chapter unless the context clearly requires
8 otherwise.

9 (1) "340B drug" means a drug that has been subject to an offer
10 for reduced prices by a manufacturer under 42 U.S.C. Sec. 256b and is
11 purchased by a covered entity.

12 (2) "Covered entity" means an entity authorized to participate in
13 the federal 340B drug pricing program, as defined in 42 U.S.C. Sec.
14 256b(a)(4) as of the effective date of this section.

15 (3) "Manufacturer" means a person, corporation, or other entity
16 engaged in the manufacture of drugs or devices. It includes an agent,
17 contractor, or affiliate of a manufacturer.

18 (4) "Package" has the same meaning as in 21 U.S.C. Sec.
19 360eee(11)(A) as of the effective date of this section.

20 (5) "Pharmacy" has the same meaning as in RCW 18.64.011.

21 NEW SECTION. **Sec. 3.** (1) A manufacturer or a third party acting
22 on behalf of a manufacturer may not, directly or indirectly, deny,
23 restrict, or prohibit the acquisition of a 340B drug by, or delivery
24 of a 340B drug to, a covered entity, a pharmacy that is under
25 contract with a covered entity to receive and dispense a 340B drug on
26 behalf of the covered entity, or any location authorized by a covered
27 entity to receive such 340B drug, unless federal law prohibits
28 receipt of the 340B drug.

29 (2) A manufacturer or a third party acting on behalf of a
30 manufacturer may not, directly or indirectly, require a covered
31 entity to submit any claims, utilization, purchasing, or other data
32 as a condition for allowing the acquisition of a 340B drug by, or
33 delivery of a 340B drug to, a covered entity, a pharmacy that is
34 under contract with a covered entity to receive and dispense a 340B
35 drug on behalf of the covered entity, or any location authorized by a
36 covered entity to receive such 340B drug, unless federal law requires
37 such data sharing.

1 NEW SECTION. **Sec. 4.** (1) In addition to any other remedy
2 provided by law, a covered entity may file a civil action against a
3 manufacturer or a third party acting on behalf of a manufacturer for
4 a violation of this chapter. If a court finds that the manufacturer
5 or third party acting on behalf of a manufacturer violated this
6 chapter, the court may enjoin the violation and award a civil penalty
7 of up to \$5,000 per day for each violation, as well as reasonable
8 attorneys' fees and costs. Each package of 340B drugs subject to a
9 prohibited act under this chapter constitutes a separate violation.

10 (2) The attorney general may bring an action in the name of the
11 state, or as parens patriae on behalf of persons residing in the
12 state, to enforce this chapter. For actions brought by the attorney
13 general to enforce the provisions of this chapter, the legislature
14 finds that the practices covered by this chapter are matters vitally
15 affecting the public interest for the purpose of applying the
16 consumer protection act, chapter 19.86 RCW. For actions brought by
17 the attorney general to enforce this chapter, a violation of this
18 chapter is not reasonable in relation to the development and
19 preservation of business and is an unfair or deceptive act in trade
20 or commerce and an unfair method of competition for the purpose of
21 applying the consumer protection act, chapter 19.86 RCW.

22 (3) Nothing in this chapter is to be construed or applied to
23 conflict with federal law and related regulations, including 21
24 U.S.C. Sec. 355-1, or other laws of this state, if the state law is
25 compatible with applicable federal law.

26 NEW SECTION. **Sec. 5.** A new section is added to chapter 43.71C
27 RCW to read as follows:

28 (1) Annually, on or before April 1st following the conclusion of
29 the covered entity's fiscal year, a covered entity located in
30 Washington that is a federally qualified health center as defined in
31 42 U.S.C. Sec. 1396d(1)(2)(B) or a hospital defined in 42 U.S.C. Sec.
32 256b(a)(4)(L) through (O) shall report the following information to
33 the authority concerning the covered entity's participation in the
34 340B program for the previous fiscal year:

35 (a) The following information for the covered entity:

36 (i) Name;

37 (ii) Service address;

38 (iii) 340B program identification number;

1 (iv) Designation of entity type, as specified in 42 U.S.C. Sec.
2 256b(a)(4); and
3 (v) The national taxpayer identification number;
4 (b) The aggregate acquisition cost for all 340B drugs obtained
5 under the 340B program and dispensed to applicable patients;
6 (c) The aggregate payment amount received for all 340B drugs
7 obtained under the 340B program and dispensed to applicable patients;
8 (d) The aggregate acquisition cost for administered outpatient
9 340B drugs obtained under the 340B program and administered to
10 applicable patients;
11 (e) The total savings on the 340B administered outpatient drugs
12 based on the calculation of the difference between the aggregate
13 acquisition cost of 340B drugs and the aggregate price of the drugs
14 if not purchased through the 340B program;
15 (f) The aggregate acquisition cost for 340B drugs and aggregate
16 payments made to pharmacies that are under contract with the covered
17 entity to receive and dispense 340B drugs on behalf of the covered
18 entity;
19 (g) The number of claims for prescription drugs described in (c)
20 and (d) of this subsection;
21 (h) Using the most up-to-date and available data, how the covered
22 entity uses any savings from participating in the 340B program
23 including, but not limited to, the amount of savings used for the
24 provision of charity care, community benefits, or a similar program
25 of providing unreimbursed or subsidized health care;
26 (i) The aggregate payments made to any other entity that is not a
27 covered entity and is not a contract pharmacy as described in (f) of
28 this subsection for managing any aspect of the covered entity's 340B
29 program;
30 (j) The aggregate payment made or expense for administering the
31 340B program;
32 (k) The aggregate number of prescription drugs dispensed to
33 patients for which a payment was reported under (c) of this
34 subsection and the estimated number of prescription drugs
35 administered to patients for which a cost was reported under (d) of
36 this subsection;
37 (l) The percentage of the covered entity's pharmacy claims that
38 were for prescription drugs obtained under the 340B program; and

1 (m) The number and percentage of low-income patients of the
2 covered entity that were served by a sliding fee scale for a
3 prescription drug dispensed or administered under the 340B program.

4 (2) The information required to be reported under subsection (1)
5 of this section must be reported by payer type, if the information is
6 available to the covered entity, including the following:

- 7 (a) Commercial;
- 8 (b) Medicaid;
- 9 (c) Medicare; and
- 10 (d) Uninsured.

11 (3) The authority shall prepare a template reporting form for
12 covered entities to use to fulfill the reporting requirements of this
13 section.

14 (4)(a) The authority may issue a fine, in accordance with RCW
15 43.71C.090, of \$1,000 per day for a covered entity that fails to
16 provide the information required by this section by the date
17 required.

18 (b) A covered entity must be afforded an opportunity to correct a
19 violation of this section before a fine may be issued. If the covered
20 entity provides the information required by this section within 30
21 calendar days of receiving the written notice of a violation, then
22 the authority shall not issue a penalty.

23 NEW SECTION. **Sec. 6.** A new section is added to chapter 43.71C
24 RCW to read as follows:

25 (1) For manufacturers and covered entities required to report
26 340B data to the authority under section 5 of this act and RCW
27 43.71C.050, the authority may establish a filing fee to support costs
28 to administer the 340B data collection and reporting required by this
29 chapter.

30 (2) The filing fee shall be set by the authority at a level
31 necessary to cover the cost to the authority for collecting and
32 reporting the 340B data. Manufacturers required to report data under
33 RCW 43.71C.050 and covered entities required to report data under
34 section 5 of this act shall pay the fee annually, in a form and
35 manner determined by the authority.

36 (3) The filing fees must be established in accordance with the
37 following:

38 (a) The filing fee for covered entities must be tiered based on
39 the covered entity's gross operating revenue;

1 (b) The filing fee for manufacturers must be tiered in a manner
2 determined by the authority; and

3 (c) The filing fees for covered entities and manufacturers must
4 be set at levels that generally reflect the numbers of covered
5 entities and manufacturers required to report under section 5 of this
6 act and RCW 43.71C.050 and the authority's relative costs in
7 collecting and reporting data from covered entities and
8 manufacturers, except that the filing fee for covered entities must
9 not be set at a level intended to cover more than 25 percent of the
10 authority's costs for collecting and reporting 340B data.

11 (4) The authority may recommend modifications to the filing fee
12 structure for covered entities and manufacturers in its annual report
13 under RCW 43.71C.100.

14 (5) The filing fees must be deposited in the 340B program
15 reporting account created under section 7 of this act.

16 (6) The authority may adopt rules to implement this section.

17 NEW SECTION. **Sec. 7.** A new section is added to chapter 43.71C
18 RCW to read as follows:

19 The 340B program reporting account is created in the state
20 treasury. All receipts from filing fees collected pursuant to section
21 6 of this act must be deposited into the account. Moneys in the
22 account may be spent only after appropriation. Expenditures from the
23 account may be used only by the authority and only for collecting and
24 reporting data relating to the 340B drug pricing program.

25 **Sec. 8.** RCW 43.71C.010 and 2019 c 334 s 2 are each amended to
26 read as follows:

27 The definitions in this section apply throughout this chapter
28 unless the context clearly requires otherwise.

29 (1) "340B drug" means a drug that has been subject to an offer
30 for reduced prices by a manufacturer under 42 U.S.C. Sec. 256b and is
31 purchased by a covered entity.

32 (2) "Authority" means the health care authority.

33 ~~((+2))~~ (3) "Covered drug" means any prescription drug that:

34 (a) A covered manufacturer intends to introduce to the market at
35 a wholesale acquisition cost of ~~((ten thousand dollars))~~ \$10,000 or
36 more for a course of treatment lasting less than one month or a
37 ~~((thirty))~~ 30-day supply, whichever period is longer; or

1 (b) Is currently on the market, is manufactured by a covered
2 manufacturer, and has a wholesale acquisition cost of more than (~~one~~
3 ~~hundred dollars~~) \$100 for a course of treatment lasting less than
4 one month or a (~~thirty~~) 30-day supply, and, taking into account
5 only price increases that take effect after July 28, 2019, the
6 manufacturer increases the wholesale acquisition cost at least:

7 (i) Twenty percent, including the proposed increase and the
8 cumulative increase over one calendar year prior to the date of the
9 proposed increase; or

10 (ii) Fifty percent, including the proposed increase and the
11 cumulative increase over three calendar years prior to the date of
12 the proposed increase.

13 (~~(3)~~) (4) "Covered entity" means an entity authorized to
14 participate in the federal 340B drug pricing program, as defined in
15 42 U.S.C. Sec. 256b(a)(4) as of the effective date of this section
16 and is located in Washington.

17 (5) "Covered manufacturer" means a person, corporation, or other
18 entity engaged in the manufacture of prescription drugs sold in or
19 into Washington state. "Covered manufacturer" does not include a
20 private label distributor or retail pharmacy that sells a drug under
21 the retail pharmacy's store, or a prescription drug repackager.

22 (~~(4)~~) (6) "Health care provider," "health plan," "health
23 carrier," and "carrier" mean the same as in RCW 48.43.005.

24 (~~(5)~~) (7) "Pharmacy benefit manager" means the same as in RCW
25 (~~19.340.010~~) 48.200.020.

26 (~~(6)~~) (8) "Pharmacy services administrative organization" means
27 an entity that contracts with a pharmacy to act as the pharmacy's
28 agent with respect to matters involving a pharmacy benefit manager,
29 third-party payor, or other entities, including negotiating,
30 executing, or administering contracts with the pharmacy benefit
31 manager, third-party payor, or other entities and provides
32 administrative services to pharmacies.

33 (~~(7)~~) (9) "Prescription drug" means a drug regulated under
34 chapter 69.41 or 69.50 RCW, including generic, brand name, specialty
35 drugs, and biological products that are prescribed for outpatient use
36 and distributed in a retail setting.

37 (~~(8)~~) (10) "Qualifying price increase" means a price increase
38 described in subsection (~~(2)~~) (3)(b) of this section.

39 (~~(9)~~) (11) "Wholesale acquisition cost" or "price" means, with
40 respect to a prescription drug, the manufacturer's list price for the

1 drug to wholesalers or direct purchasers in the United States,
2 excluding any discounts, rebates, or reductions in price, for the
3 most recent month for which the information is available, as reported
4 in wholesale price guides or other publications of prescription drug
5 pricing.

6 **Sec. 9.** RCW 43.71C.050 and 2019 c 334 s 6 are each amended to
7 read as follows:

8 (1) Beginning October 1, 2019, a covered manufacturer must submit
9 to the authority the following data for each covered drug:

10 (a) A description of the specific financial and nonfinancial
11 factors used to make the decision to set or increase the wholesale
12 acquisition cost of the drug. In the event of a price increase, a
13 covered manufacturer must also submit the amount of the increase and
14 an explanation of how these factors explain the increase in the
15 wholesale acquisition cost of the drug;

16 (b) The patent expiration date of the drug if it is under patent;

17 (c) Whether the drug is a multiple source drug, an innovator
18 multiple source drug, a noninnovator multiple source drug, or a
19 single source drug;

20 (d) The itemized cost for production and sales, including the
21 annual manufacturing costs, annual marketing and advertising costs,
22 total research and development costs, total costs of clinical trials
23 and regulation, and total cost for acquisition of the drug; and

24 (e) The total financial assistance given by the manufacturer
25 through assistance programs, rebates, and coupons.

26 (2) For all qualifying price increases of existing drugs, a
27 manufacturer must submit the year the drug was introduced to market
28 and the wholesale acquisition cost of the drug at the time of
29 introduction.

30 (3) If a manufacturer increases the price of an existing drug it
31 has manufactured for the previous five years or more, it must submit
32 a schedule of wholesale acquisition cost increases for the drug for
33 the previous five years.

34 (4) If a manufacturer acquired the drug within the previous five
35 years, it must submit:

36 (a) The wholesale acquisition cost of the drug at the time of
37 acquisition and in the calendar year prior to acquisition; and

38 (b) The name of the company from which the drug was acquired, the
39 date acquired, and the purchase price.

1 (5) Except as provided in subsection (6) of this section, a
2 covered manufacturer must submit the information required by this
3 section:

4 (a) At least (~~sixty~~) 60 days in advance of a qualifying price
5 increase for a covered drug; and

6 (b) Within (~~thirty~~) 30 days of release of a new covered drug to
7 the market.

8 (6) For any drug approved under section 505(j) of the federal
9 food, drug, and cosmetic act, as it existed on July 28, 2019, or a
10 biosimilar approved under section 351(k) of the federal public health
11 service act, as it existed on July 28, 2019, if submitting data in
12 accordance with subsection (5)(a) of this section is not possible
13 (~~sixty~~) 60 days before the price increase, that submission must be
14 made as soon as known but not later than the date of the price
15 increase.

16 (7) Before April 1st of each year, a manufacturer shall report
17 the following information concerning the manufacturer's participation
18 in the federal 340B drug pricing program, as established in 42 U.S.C.
19 Sec. 256b, for the previous calendar year in a manner and format
20 prescribed by the authority:

21 (a) The number of units, by drug, of 340B drugs distributed to
22 each covered entity and contract pharmacy in Washington;

23 (b) The aggregate discounts, by drug, provided to each covered
24 entity and contract pharmacy on 340B drugs reported in (a) of this
25 subsection; and

26 (c) The average 340B discount on each of the top 25 340B drugs
27 dispensed in the state by each manufacturer, including the percentage
28 of the discount imposed due to inflationary rebate, as described in
29 42 U.S.C. Sec. 1396r-8(c)(2) (A) and (C), and the discount if it were
30 not capped with a maximum rebate amount, as described in 42 U.S.C.
31 Sec. 1396r-8(c)(2) (D).

32 (8) The information submitted pursuant to this section is not
33 subject to public disclosure under chapter 42.56 RCW.

34 **Sec. 10.** RCW 43.71C.090 and 2019 c 334 s 11 are each amended to
35 read as follows:

36 The authority may assess a fine of up to (~~one thousand dollars~~)
37 \$1,000 per day for failure to comply with the requirements of RCW
38 43.71C.020 through 43.71C.080 and sections 5 and 6 of this act. The
39 assessment of a fine under this section is subject to review under

1 the administrative procedure act, chapter 34.05 RCW. Fines collected
2 under this section must be deposited in the medicaid fraud penalty
3 account created in RCW 74.09.215.

4 **Sec. 11.** RCW 43.71C.100 and 2022 c 153 s 11 are each amended to
5 read as follows:

6 (1) (a) The authority shall compile and analyze the data submitted
7 by health carriers, pharmacy benefit managers, manufacturers, and
8 pharmacy services administrative organizations pursuant to this
9 chapter and prepare an annual report for the public and the
10 legislature synthesizing the data to demonstrate the overall impact
11 that drug costs, rebates, and other discounts have on health care
12 premiums.

13 (b) For data related to the 340B drug pricing program, the annual
14 report shall include:

15 (i) Data submitted under RCW 43.71C.050(7) aggregated to not
16 reveal information from specific manufacturers;

17 (ii) Data submitted under section 5(1) (a), (h) through (j), and
18 (m) of this act by covered entity; and

19 (iii) Data submitted pursuant to section 5(1) (b) through (g),
20 (k), and (l) of this act aggregated by entity type, as specified in
21 42 U.S.C. Sec. 256b(a) (4).

22 (c) The annual report must also include:

23 (i) The authority's costs for the preceding calendar year to
24 collect and report data related to the 340B drug pricing program;

25 (ii) A description of the foreseeable necessary costs to the
26 authority for collecting and reporting data related to the 340B drug
27 pricing program, as used as the basis for the filing fee described in
28 section 6 of this act; and

29 (iii) The amount of filing fees collected under section 6 of this
30 act.

31 (2) ~~((The))~~ (a) Except as provided in (b) of this subsection, the
32 data in the report must be aggregated and must not reveal information
33 specific to individual health carriers, pharmacy benefit managers,
34 pharmacy services administrative organizations, individual
35 prescription drugs, individual classes of prescription drugs,
36 individual manufacturers, or discount amounts paid in connection with
37 individual prescription drugs.

1 (b) Data reported under section 5(1) (a), (h) through (j), and
2 (m) of this act may be reported without further aggregation and may
3 identify the manufacturer, covered entity, and contract pharmacy.

4 (3) Beginning January 1, 2021, and by each January 1st
5 thereafter, the authority must publish the report on its website.

6 (4) Except for the report, data submitted under section 5(1) (a),
7 (h) through (j), and (m) of this act, and as provided in subsection
8 (5) of this section, the authority shall keep confidential all data
9 submitted pursuant to ~~((RCW 43.71C.020 through 43.71C.080))~~ this
10 chapter.

11 (5) For purposes of public policy, upon request of a Washington
12 state legislator, the authority must provide all data provided
13 pursuant to RCW 43.71C.020 through 43.71C.080, and section 5 of this
14 act and any analysis prepared by the authority to the requesting
15 legislator. Any information provided pursuant to this subsection is
16 not subject to public disclosure under chapter 42.56 RCW and must be
17 kept confidential within the legislature ~~((and may not be publicly~~
18 ~~released))~~.

19 (6) For the purpose of reviewing drug prices and conducting
20 affordability reviews, the prescription drug affordability board, as
21 established in chapter 70.405 RCW, and the health care cost
22 transparency board, established in chapter 70.390 RCW, may access all
23 data collected pursuant to RCW 43.71C.020 through 43.71C.080 and any
24 analysis prepared by the authority.

25 (7) ~~((The))~~ (a) Except as provided in (b) of this subsection, the
26 data collected pursuant to this chapter is not subject to public
27 disclosure under chapter 42.56 RCW. Any information provided pursuant
28 to this section must be kept confidential and may not be publicly
29 released. Recipients of data under subsection (6) of this section
30 shall:

31 ~~((a))~~ (i) Follow all rules adopted by the authority regarding
32 appropriate data use and protection; and

33 ~~((b))~~ (ii) Acknowledge that the recipient is responsible for
34 any liability arising from misuse of the data and that the recipient
35 does not have any conflicts under the ethics in public service act
36 that would prevent the recipient from accessing or using the data.

37 (b) Data submitted by covered entities under section 5(1) (a),
38 (h) through (j), and (m) of this act is not confidential and may be
39 publicly released.

1 NEW SECTION. **Sec. 12.** If any provision of this act or its
2 application to any person or circumstance is held invalid, the
3 remainder of the act or the application of the provision to other
4 persons or circumstances is not affected.

5 NEW SECTION. **Sec. 13.** Sections 1 through 4 of this act
6 constitute a new chapter in Title 69 RCW.

--- END ---