



**WSPA - L.A.C. Bill Summary**      Date of Review: 06/13/2021

**BEHAVIORAL HEALTH BILLS**

BILL #	Creating the State Office of Behavioral Health Consumer Advocacy
HB 1086	An act relating to the creation of the state office of behavioral health consumer advocacy
Summary	<ul style="list-style-type: none"> <li>• Eliminates regional behavioral health ombuds services and creates the State Office of Behavioral Health Consumer Advocacy (SOBHCA) to establish rules, standards, and procedures for behavioral health consumer advocacy services across the state.</li> <li>• Directs the SOBHCA to contract with a private nonprofit organization to provide behavioral health consumer advocacy services including certifying and coordinating the activities of behavioral health advocates throughout the state.</li> <li>• Requires Medicaid managed care organizations to contract with the private nonprofit organization to provide behavioral health consumer advocacy services to their enrollees.</li> </ul> <p><a href="#">Session Law Here:</a></p>

BILL #	Relating To Audio-Only Telemedicine
HB 1196	An act relating to audio-only telemedicine
Summary	<ul style="list-style-type: none"> <li>• Requires reimbursement for audio-only telemedicine services.</li> <li>• Expands the definition of telemedicine for purposes of hospital privileging to include audio-only telemedicine services.</li> <li>• Requires the Insurance Commissioner and the Collaborative for the Advancement of Telemedicine to study and make recommendations regarding telemedicine.</li> </ul> <p><a href="#">House Bill Report:</a></p>

BILL #	Addressing Secondary Trauma In The K-12 Workforce
HB 1363	An act relating to policies and resources to address secondary traumatic stress in the K-12 workforce
Summary	<ul style="list-style-type: none"> <li>• Requires the Office of the Superintendent of Public Instruction to publish on its website links to resources, self-assessments, and best practices for educators and local policymakers to prevent and address secondary traumatic stress in the workforce.</li> <li>• Directs the Washington State School Directors' Association to develop or revise, and periodically update, a model policy and procedure to prevent and address secondary traumatic stress in the workforce that includes specified elements, for example, establishing a district-wide workforce mental health committee.</li> </ul>



	<ul style="list-style-type: none"> <li>Requires school districts to adopt, by the beginning of the 2021-22 school year, policies and procedures related to secondary traumatic stress that incorporate specified elements.</li> </ul> <p><a href="#">House Bill Report:</a></p>
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BILL #	Promoting Student Access To Information About Behavioral Health Resources
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<b>HB 1373</b>	An act relating to promoting student access to information about behavioral health resources.
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<b>Summary</b>	<ul style="list-style-type: none"> <li>Requires public schools to post contact information for behavioral health organizations on their website home pages and to post corresponding information on social media websites used by the school district.</li> </ul> <p><a href="#">House Bill Report:</a></p>
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BILL #	Relating To Statewide Enhancement & Expansion Of Behavioral Health & Suicide Prevention Crisis Response Services
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<b>HB 1477</b>	An act relating to the implementation of the national 988 system to enhance and expand behavioral health crisis response and suicide prevention services statewide by imposing an excise tax on certain telecommunications services.
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<b>Summary</b>	<ul style="list-style-type: none"> <li>Directs the Department of Health to designate crisis hotline centers that meet standards related to technology and the ability to identify and deploy community crisis resources for persons experiencing a behavioral health crisis.</li> <li>Establishes the Crisis Response Improvement Strategy Committee to develop a comprehensive assessment of the behavioral health crisis services system and a recommended vision for an integrated crisis network throughout Washington.</li> <li>Requires that health plans and medical assistance programs provide coverage for next day appointments for enrollees experiencing urgent, symptomatic behavioral health conditions, beginning in 2023.</li> <li>Establishes the Statewide 988 Behavioral Health Crisis Response Line Tax on phone lines to fund the crisis hotline centers and response services.</li> <li>Makes several appropriations to increase capacity for the existing crisis call centers and begin implementation of the crisis call center hub system and supporting technology.</li> </ul> <p><a href="#">House Bill Report:</a></p>
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BILL #	Workforce Education Investment Act
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<b>HB 1504</b>	An act relating to modifying the workforce education investment act to invest in new and existing behavioral health workforce programs.
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<b>Summary</b>	<ul style="list-style-type: none"> <li>• Adds workforce education and career connected learning as allowable uses of the Workforce Education Investment Account.</li> <li>• Requires the Health Care Authority to establish a behavioral health workforce pilot program and provide training support grants to community mental health and substance use disorder treatment providers.</li> <li>• Broadens the definition of "agency affiliated counselors" to include student interns.</li> <li>• Requires that a portion of nonfederal funds in the Health Professional Loan Repayment program be prioritized for demographically underrepresented populations. Increases the cap on state match dollars for the Washington State Opportunity Scholarship Advanced Degrees Pathways Account to \$5 million per biennium</li> </ul> <p><a href="#">House Bill Report:</a></p>
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BILL #	Creating Transition Teams To Assist Specified Persons Under Civil Commitment
<b>SB 5071</b>	Creating transition teams to assist specified persons under civil commitment.

<b>Summary</b>	<p>Minimum requirements for an order of conditional release to less restrictive alternative treatment for a person who has been civilly committed under criminal insanity laws are increased by:</p> <ul style="list-style-type: none"> <li>• requiring the appointment of a multidisciplinary transition team to assist the person, consisting of a representative of the community behavioral health agency providing treatment, a representative of DSHS, and a specially-trained community corrections officer;</li> <li>• requiring the court to specify the name of a behavioral health agency responsible for supervising the person's outpatient treatment; and,</li> <li>• requiring the course of outpatient treatment to include minimum components similar to those applicable to persons ordered to receive LRA treatment, with the component of care coordination provided by DSHS instead of the treating behavioral health agency.</li> </ul> <p><a href="#">Final Bill Report:</a></p>
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BILL #	Concerning Involuntary Commitment
<b>SB 5073</b>	Concerning involuntary commitment.

<b>Summary</b>	<ul style="list-style-type: none"> <li>• A DCR may conduct an involuntary commitment interview for an adolescent by video, provided that a health professional who can adequately assist the adolescent is present at the time of the interview. This provision is subject to an emergency clause and effective immediately.</li> <li>• Minimum requirements for a program of LRA treatment are modified by allowing a substance abuse evaluation to be provided instead of, or in addition to, a mental health evaluation and by requiring consultation about the formation of a mental</li> </ul>
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	<p>health advance directive. A care coordinator may disclose information related to LRA treatment to implement involuntary commitment proceedings.</p> <ul style="list-style-type: none"> <li>• A DCR must attempt to ascertain whether a person under investigation for civil commitment has executed a mental health advance directive. A transfer of a patient detained for involuntary treatment between an E&amp;T or SWMS facility may take place at any time following the patient's initial examination and evaluation.</li> <li>• An Indian tribe shall no longer have exclusive jurisdiction for involuntary commitment of an American Indian/Alaska Native (AI/AN) to an E&amp;T within the boundaries of the tribe. A DCR must provide notification to the tribe and the Indian health care provider when the DCR investigates an individual known to be an AI/AN who receives medical or behavioral services from a tribe. A federally recognized Indian tribe may file a Joel's Law petition based on behalf of a tribal member. HCA must establish written guidelines for conducting culturally appropriate involuntary commitment evaluations of an AI/AN by June 30, 2022.</li> <li>• A court may conduct periodic review of the progress of a person on an LRA or conditional release order, modify the terms of the order, and take certain actions. The length of the conditional release period is clarified. The definition of less restrictive alternative for an adolescent is altered to explicitly include residential treatment outside an inpatient hospital setting. Terminology is changed from written orders of apprehension to warrants; and from drug abuse, substance abuse, and alcoholism to substance use disorder. Technical language updates and changes are made.</li> </ul> <p><a href="#">Final Bill Report:</a></p>
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<b>BILL #</b>	<b>Providing Incentives To Reduce Involvement By Persons With Behavioral Disorders In The Criminal Justice System</b>
<b>SB 5157</b>	Providing incentives to reduce involvement by persons with behavioral disorders in the criminal justice system.

<b>Summary</b>	<ul style="list-style-type: none"> <li>• The PMCC (Performance Measures Coordinating Committee) must establish performance measures which track rates of criminal justice system involvement among public health system clients who have an identified behavioral health need, including but not limited to rates of arrest and incarceration. The PMCC must convene a work group of stakeholders with expertise in criminal justice to assist with the performance measures, including but not limited to HCA, Medicaid managed care organizations, and the Department of Corrections. HCA must establish improvement targets related to these measures.</li> <li>• HCA must report to the Governor and appropriate committees of the Legislature by December 1, 2021, concerning implementation of these items. HCA must report to the Governor and appropriate committees of the Legislature regarding options and recommendations for integrating value-based purchasing terms and a performance improvement project into managed care contracts relating to criminal justice outcome measures by October 1, 2022.</li> </ul> <p><a href="#">Final Bill Report:</a></p>
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BILL #	Relating To Health Equity Continuing Education For Health Care Professionals
SB 5229	Concerning health equity continuing education for health care professionals.
Summary	<ul style="list-style-type: none"> <li>• By January 1, 2024, health care professions that are subject to continuing education requirements must adopt rules requiring licensees to complete health equity continuing education training at least once every four years.</li> <li>• Health equity continuing education courses may be taken in addition to or, if a rule-making authority determines the course fulfills existing continuing education requirements, in place of other continuing education requirements imposed by the rule-making authority.</li> <li>• By July 1, 2023, the Secretary of Health and rule-making authorities shall consult with professional organizations, patients, and communities who experienced health inequities or racism in the health care system to develop health equity course information and must provide information to licensees regarding available health equity courses. The information should include a course option that is free of charge to licensees. Rule-making authorities may adopt rules to determine if courses not included in the information meet the continuing education requirement.</li> <li>• By January 1, 2023, the Department of Health (DOH), in consultation with boards and commissions, shall adopt model rules establishing the minimum standards for continuing education programs meeting the requirements of this section. DOH must consult with patients or communities with lived experience of health inequities or racism in the health care system, relevant professional organizations, and the rule-making authorities in the development of these rules.</li> <li>• The minimum standards for continuing education programs must include instruction on skills to address the structural factors—such as bias, racism, poverty—that manifest as health inequities. These skills include individual-level and system-level intervention, and self-reflection to assess how the licensee’s social position can influence their relationship with patients and their communities. These skills enable a health care professional to care effectively for patients from diverse cultures, groups, and communities, varying in race, ethnicity, gender identity, sexuality, religion, age, ability, and socioeconomic status and other categories of identity. Courses must assess the licensee’s ability to apply health equity concepts into practice.</li> <li>• Potential course topics include, but are not limited to:             <ul style="list-style-type: none"> <li>○ strategies for recognizing patterns of health care disparities;</li> <li>○ intercultural communication skills training;</li> <li>○ implicit bias training; methods for addressing the emotional well-being of children and youth of diverse backgrounds;</li> <li>○ ensuring equity and antiracism while delivering medical care or therapies;</li> <li>○ structural competency training; and,</li> <li>○ cultural safety training.</li> </ul> </li> </ul> <p><a href="#">Final Bill Report:</a></p>



BILL #	Concerning Health Insurance Discrimination
SB 5313	Concerning health insurance discrimination.
<p><b>Summary</b></p>	<p>For health plans issued on or after January 1, 2022:</p> <ul style="list-style-type: none"> <li>• a health carrier must not deny or limit coverage for gender-affirming treatment when that care is prescribed to an individual because of, related to, or consistent with a protected gender expression or identity, is medically necessary, and is prescribed in accordance with accepted standards of care;</li> <li>• a health carrier must not apply categorical cosmetic or blanket exclusions to gender-affirming treatment;</li> <li>• when prescribed medically necessary gender-affirming treatment, a health carrier must not exclude as cosmetic services facial feminization surgeries and facial gender-affirming treatment, such as tracheal shaves, hair electrolysis, and other care such as mastectomies, breast reductions, and breast implants, or any combination of gender-affirming procedures, including revisions to prior treatment;</li> <li>• health carriers may not issue an adverse benefit determination denying or limiting access to gender-affirming services, unless a health care provider with experience prescribing or delivering gender-affirming treatment has reviewed and confirmed the appropriateness of the adverse benefit determination; and</li> <li>• a health carrier must comply with all network access rules.</li> </ul> <p>Beginning January 1, 2022, The Health Care Authority (HCA), managed care plans, and providers that administer or deliver gender-affirming care services through Medicaid programs may not discriminate in the delivery of a service based on the covered person's gender identity or expression. HCA and Medicaid programs may not apply categorical cosmetic or blanket exclusions to gender-affirming treatment. When prescribed as gender-affirming treatment, facial feminization surgeries, facial gender-affirming treatment, and other care such as mastectomies and breast implants, including revisions to prior treatment, may not be excluded as cosmetic. HCA and Medicaid managed care plans may not issue an adverse benefit determination denying or limiting access to gender-affirming services, unless a health care provider with experience prescribing or delivering gender-affirming treatment has reviewed and confirmed the appropriateness of the adverse benefit determination. If HCA and Medicaid programs do not have an adequate network for gender-affirming treatment, they must ensure timely and accessible delivery of care at no greater expense to the enrollee had the care been provided by an in-network provider. HCA must adopt rules necessary to implement these provisions.</p> <p>Gender-affirming treatment means a service or product a health care provider prescribes to an individual to treat any condition related to the individual's gender identity and is prescribed in accordance with generally accepted standards of care.</p> <p>The insurance commissioner, in consultation with HCA and the Department of Health, must report on geographic access to gender-affirming treatment across the state by December 1, 2022. The report must be updated biannually.</p> <p><a href="#">Final Bill Report:</a></p>



BILL #	Audio Only Telemedicine
SB 5325	Concerning telemedicine.
Summary	<p>Behavioral health administrative services organizations and managed care organizations must reimburse a provider for a behavioral health service provided to a covered person through telemedicine or store and forward technology if:</p> <ul style="list-style-type: none"> <li>• the services are covered services;</li> <li>• the services are medically necessary;</li> <li>• the services are essential health benefits under the federal Patient Protection and Affordable Care Act;</li> <li>• the services are determined to be safely and effectively provided through telemedicine or store and forward technology according to generally accepted health care practices and standards; and,</li> <li>• the technology meets state and federal standards governing the privacy and security of protected health information.</li> </ul> <p><a href="#">Final Bill Report:</a></p>

BILL #	Mental Health Advance Directives
SB 5370	Updating mental health advance directive laws.
Summary	<p>The pattern form used to create a mental health advance directive is changed by:</p> <ul style="list-style-type: none"> <li>• removing a long notice section before the start of the directive;</li> <li>• streamlining and simplifying certain language used in the body of the form; adding a "my care needs" section near the front of the form for the principal to describe what works for the principal and the principal's diagnoses, medications, and best approach to treatment;</li> <li>• granting power to the agent to act as the person's personal representative for the purpose of the Health Insurance Portability and Accountability Act (HIPAA); and</li> <li>• removing sections to specify limitations on the agent's authority and limitations on ability to revoke a durable power of attorney</li> </ul> <p>A mental health advance directive may be acknowledged before a notary public instead of being witnessed by two adults.</p> <p>A person who is 13 to 17 years of age may execute a mental health advance directive if the person is able to demonstrate they are capable of making informed decisions relating to behavioral health care.</p> <p>Provisions stating an agent may act on behalf of the principal with respect to health care information are changed to specify the agent may act as the principal's personal representative for the purposes of HIPAA.</p> <p>References to mental health are changed to behavioral health in the context of disorders and conditions which could trigger the provisions of a mental health advance</p>



	<p>directive. A substance use disorder professional may participate in an incapacity determination for the purpose of invoking a person's mental health advance directive in circumstances in which the role may be fulfilled by a mental health professional</p> <p><a href="#">Final Bill Report:</a></p>
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### Law Enforcement Accountability / Social Justice Bills

BILL #	Establishing Requirements For Tactics And Equipment Used By Peace Officers
HB 1054	An act relating to establishing requirements for tactics and equipment used by peace officers.

Summary	<ul style="list-style-type: none"> <li>• Prohibits peace officers from using chokeholds and neck restraints.</li> <li>• Prohibits law enforcement agencies from acquiring or using certain types of military equipment. Establishes restrictions on the use of tear gas, vehicular pursuits, and firing upon moving vehicles.</li> <li>• Prohibits a peace officer from seeking, and a court from issuing, a search or arrest warrant granting an express exception to the "knock and announce" rule.</li> <li>• Requires law enforcement agencies to adopt policies and procedures to ensure that uniformed peace officers are reasonably identifiable.</li> <li>• Requires the Criminal Justice Training Commission to convene a work group for the purpose of developing model policies on the use and training of canine teams.</li> </ul> <p><a href="#">House Bill Report:</a></p>
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BILL #	Restoring Voter Eligibility For All Persons Convicted Of A Felony Offense Who Are Not In Total Confinement Under The Jurisdiction Of The Department Of Corrections
HB 1078	An act relating to restoring voter eligibility for all persons convicted of a felony offense who are not in total confinement under the jurisdiction of the department of corrections.

Summary	<ul style="list-style-type: none"> <li>• Provides for automatic restoration of voting rights to a person convicted of a felony when they are not serving a sentence of total confinement under the jurisdiction of the Department of Corrections.</li> <li>• Removes provisions authorizing the revocation of provisional restoration of voting rights upon failure to pay legal financial obligations.</li> <li>• Requires the Secretary of State to compare a list of registered voters to a list of persons ineligible to vote by reason of a felony conviction monthly.</li> <li>• Makes conforming changes to the voter registration oath, voter declaration, and statutory eligibility to serve as a juror.</li> </ul> <p><a href="#">Senate Bill Report:</a></p>
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BILL #	Prohibiting The Inappropriate Use Of Native American Names, Symbols, Or Images As Public School Mascots, Logos, Or Team Names
HB 1356	An act relating to prohibiting the inappropriate use of Native American names, symbols, or images as public-school mascots, logos, or team names.
Summary	<ul style="list-style-type: none"> <li>• Prohibits public schools from using Native American names, symbols, or images as school mascots, logos, or team names.</li> <li>• Establishes exceptions to the prohibition if certain requirements are met, including consultation with and authorization by, the applicable tribe or tribes.</li> <li>• Allows for the phasing out of uniforms or other materials bearing Native American names, symbols, or images as mascots, logos, or team names if specified requirements are met.</li> <li>• Establishes a temporary grant program to provide grants for schools that incur costs resulting from compliance with the prohibition.</li> </ul> <p><a href="#">House Bill Report:</a></p>

BILL #	Permissible Use of Force
HB 1310	An act relating to permissible uses of force by law enforcement and correctional officers.
Summary	<ul style="list-style-type: none"> <li>• Establishes a standard for use of physical force by peace officers.</li> </ul> <p><a href="#">House Bill Report:</a></p>

BILL #	Concerning A Peace Officer's Duty To Intervene
SB 5066	Concerning a peace officer's duty to intervene.
Summary	<p>An identifiable on-duty peace officer who witnesses another peace officer engaging or attempting to engage in the use of excessive force against another person must intervene when in a position to do so to end the excessive use of force. The peace officer must render aid to any person injured as a result of the use of force at the earliest safe opportunity. Excessive force is defined as force that exceeds the force permitted by law or policy of the witnessing officer's agency.</p> <p>An identifiable on-duty peace officer who witnesses wrongdoing committed by another peace officer or who has a good faith belief that another officer has committed wrongdoing, must report that wrongdoing to the witnessing officer's supervisor or in accordance with the witnessing agency's policies and procedures for reporting. Wrongdoing is defined as conduct that is contrary to law or contrary to the policies of the witnessing officer's agency, provided that the conduct is not de minimis or technical in nature.</p> <p>A member of a law enforcement agency may not discipline or retaliate against a peace officer for intervening in good faith or for reporting wrongdoing in good faith as</p>



	<p>required by this section. A law enforcement agency must report any disciplinary action for the failure to intervene or report wrongdoing to the CJTC to determine whether the officer's conduct may be grounds for suspension or revocation of certification.</p> <p>For purposes of this section, peace officer refers to a general authority peace officer.</p> <p>By December 1, 2021, the CJTC, in consultation with the Washington State Patrol, the Washington Association of Sheriffs and Police Chiefs, and organizations representing state and local law enforcement officers must develop a written model policy on the duty to intervene. By June 1, 2022, all law enforcement agencies must adopt and implement a written duty to intervene policy consistent with the model policy. No later than January 31, 2022, the CJTC must incorporate training on the duty to intervene in the basic law enforcement training curriculum. Peace officers who completed basic law enforcement training prior to January 31, 2022 must receive training no later than December 31, 2023.</p> <p><a href="#">Final Bill Report:</a></p>
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BILL #	Concerning Law Enforcement Data Collection
SB 5259	Concerning law enforcement data collection.

<b>Summary</b>	<p>Statewide Use of Force Data Program Advisory Group. The Office of the Attorney General (AGO) must establish an advisory group to assist with the design, development, and implementation of a statewide use of force data program. The advisory group must contain:</p> <ul style="list-style-type: none"> <li>• at least three representatives from local nongovernmental organizations or advocacy groups with a focus on or expertise in the use and role of data as it relates to interactions between law enforcement and the community;</li> <li>• at least three representatives from law enforcement agencies or organizations representing the interests of law enforcement in interacting with and utilizing program data; and</li> <li>• at least one representative from the private or public sector with experience in data collection programs.</li> </ul> <p>An advisory group member whose participation in the advisory group may be hampered by financial hardship may apply for a stipend not to exceed \$100 for each day the member attends an official meeting of the advisory group or performs duties approved by the AGO.</p> <p>The advisory group must submit recommendations to the AGO by April 1, 2022, on the following subjects:</p> <ul style="list-style-type: none"> <li>• how to prioritize the implementation of the reporting, collection, and publication of use of force data reports;</li> <li>• additional data to be collected on interactions between law enforcement officers and the public;</li> <li>• practices for law enforcement agencies to collect and report data;</li> <li>• practices for the public to report relevant information, including correcting misreported data; and</li> </ul>
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- practices for public, law enforcement, and academic access and use of program data that must include, at a minimum:
  - 1) public online access to deidentified raw or refined data using an established open data standard;
  - 2) public online access to dashboards that summarize and analyze data;
  - 3) interactive data visualization tools designed for law enforcement agencies and other entities;
  - 4) the ability to extract data in order to standardize data across multiple agencies;
  - 5) protection and removal of all personally identifiable information;
  - 6) semiannual reports published on the website and submitted to the Legislature and Governor by June 1st and December 1st of each year;
  - 7) quality improvement, including periodical input from stakeholders;
  - 8) analytical dashboards with individual officer details for use as a risk management tool;
  - 9) agency level comparative dashboards; and
  - 10) incorporation of available historical data to identify long-term patterns.

The AGO must review and approve or reject the recommendations, with consideration for the following:

- available funding; prioritizing the implementation of the reporting, collection, and publication of use of force data reports;
- the public's interest in transparent, expedient access to information; and
- the institutional operations and demands of law enforcement.

The AGO may not approve any recommendation that would disclose information that would jeopardize an active criminal investigation, confidential informant, or intelligence information. The advisory group may revise any rejected recommendations for reconsideration by the AGO.

The provision creating the advisory group expires on January 1, 2023.

Contracted Institution of Higher Education. The AGO must engage in a competitive procurement process to contract with a Washington private or public institution of higher education to implement the statewide use of force data program. Advisory group members may participate in the development of the request for proposal and the review and evaluation of responsive bidders, but may not participate or bid in the competitive procurement. The contracted institution of higher education must provide appropriate training to its staff, including training on racial equity issues.

Reporting Obligations of Law Enforcement Agencies. Each general or limited authority law enforcement agency must report each incident where an officer employed by the agency used force and any of the following occurred:

- a fatality in connection with the use of force;
- great bodily harm in connection with the use of force;
- substantial bodily harm in connection with the use of force; or an officer:
  - 1) discharged a firearm at or in the direction of a person;
  - 2) pointed a firearm at a person;
  - 3) used a chokehold or vascular neck restraint;
  - 4) used an electronic control weapon against a person;
  - 5) used oleoresin capsicum spray against a person;



	<p>6) discharged a less lethal shotgun or other impact munitions at or in the direction of a person;</p> <p>7) struck a person using an impact weapon or instrument;</p> <p>8) used any part of their body to physically strike a person;</p> <p>9) used a vehicle to intentionally strike a person or vehicle; or</p> <p>10) deployed or had control of a canine that bites a person.</p> <p>Each agency must submit the reports on its officers' use of force no later than three months after the AGO determines the statewide use of force data program can accept reports. Reports must be submitted in accordance with the requirements of the statewide use of force data program and include:</p> <ul style="list-style-type: none"> <li>• the date, time, and location of the incident;</li> <li>• the name of the officer's employer;</li> <li>• the type of force used by the officer;</li> <li>• the type of injury sustained by the person the officer's force was used against;</li> <li>• the type of injury sustained by the officer, if any;</li> <li>• whether the person was armed or unarmed;</li> <li>• whether the person was believed to be armed;</li> <li>• the type of weapon the person possessed, if any;</li> <li>• the age, gender, race, and ethnicity of the person and the officer, if known;</li> <li>• the name of the officer, if known;</li> <li>• the person's tribal affiliation, if applicable and known; whether the person exhibited any signs of a potential mental health condition or substance use;</li> <li>• the officer's years of service;</li> <li>• the reason for the initial contact between the officer and the person;</li> <li>• whether any minors were present, if known;</li> <li>• the name of the entity conducting an independent investigation of the incident, if applicable;</li> <li>• whether dashboard or body worn camera footage was recorded for the incident;</li> <li>• the number of officers and suspects who were present when force was used; and</li> <li>• any additional data required by the statewide use of data program.</li> </ul> <p><a href="#">Final Bill Report:</a></p>
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## Other

BILL #	Concerning Non-Profit Corporations
SB 5034	Concerning nonprofit corporations.
Summary	A more efficient process for electronic transmission of notices and meeting procedures is created. Comprehensive rules governing members and directors, and updates to record keeping and filing requirements with the secretary of state are added. Members, their rights and their powers, are defined and provisions for delegates acting in a representative capacity are included.



Charitable assets of nonprofit corporations are protected and the authority of the attorney general to investigate and intervene to protect charitable assets is addressed. The attorney general may not take action or investigate a religious corporation unless the attorney general:

- knows of facts that property held by the religious corporation for charitable purposes is about to be distributed in violation of the act;
- the board of directors of the religious corporation has requested the attorney general's involvement; or
- knows of facts indicating the religious corporation has no directors in office.