



INITIATIVE MEASURE 678

PROPOSED TO THE PEOPLE

Official Ballot Title:

Shall dental hygienists who obtain a special license endorsement be permitted to perform designated dental hygiene services without the supervision of a licensed dentist?

Note: The ballot title and explanatory statement were written by the Attorney General as required by law. The complete text of Initiative Measure 678 begins on page 26.

Statement For

WOULD YOU LIKE MORE CHOICES FOR DENTAL CARE?

Initiative 678 will allow dental hygienists to clean your teeth without the supervision of a dentist. Washington consumers will have **more choices**: going to an independent dental hygienist or a hygienist in a dentist's office. Initiative sponsors believe independent hygienists can provide quality care to **more people at less cost** with the same **high safety standards**.

HYGIENISTS ARE EDUCATED AND QUALIFIED TO PRACTICE INDEPENDENTLY

Washington state hygienists are required to have three years of college education, with annual, continuing education. They are registered and licensed to: clean teeth, assess and treat gum disease, administer pain control agents, provide oral cancer screenings, apply fluoride and sealants, and take x-rays. Initiative 678 will require a hygienist to practice under supervision for five years, obtain additional emergency training and a license endorsement before practicing unsupervised.

In 1983 and 1995, both the State Department of Health and State Board of Health agreed that Washington dental hygienists should be allowed to practice unsupervised.

Hygienists in Colorado, California, and Canada have practiced independently for years with proven safety, quality, accessibility, and cost effectiveness.

INITIATIVE 678 WILL:

- create the Dental Hygiene Quality Assurance Commission which will put the dental hygiene profession at the same level of responsibility and accountability as the other 22 licensed health care professions, without costing taxpay-

ers a penny;

- lower costs of dental care by making preventive dental hygiene services available to more people, especially those without dental insurance, high-risk children, and the elderly on fixed incomes.

MORE CHOICES, LESS COST, SAFE AS EVER VOTE YES – INITIATIVE 678

For more information, call (206) 344-4130.

Rebuttal of Statement Against

Only half of Washington residents receive dental care. That may be the best in the world, but not good enough. Registered Dental Hygienists are the most qualified specialists in dental disease prevention. Unsupervised hygienists have served thousands of seniors. Independent dental hygiene practices have all the financial risks and rewards of small business while increasing access, lowering costs and providing choices for people of all ages and means. Initiative 678 is a win-win for Washington.

Voters Pamphlet Statement Prepared by:

ANITA MUNSON, R.D.H., Initiative Sponsor; LESLEE AUSTIN, R.D.H., President-Elect, Washington State Dental Hygienists' Association; MELVIN CARLSON, D.D.S.

Advisory Committee: EUGENE FORRESTER, Chair, American Association of Retired Persons Legislative Committee; NANCY LENNSTROM, President, American Association of University Women of Washington; JOE KING, former Speaker of the House; JOHN THOMPSON, Secretary-Treasurer, Pierce County Labor Council, AFL-CIO.

The law as it now exists:

Under current law, qualified persons may be licensed as dental hygienists. Licensed dental hygienists may remove deposits and stains from the surfaces of teeth, may apply topical preventive or prophylactic agents, may polish and smooth restorations, may perform root planing and soft tissue curettage, and may perform other dental operations and services as delegated by a licensed dentist. Dental hygienists may not, under current law, perform surgical removal of tissue, prescribe drugs, perform diagnosis or treatment planning, or take impressions for the purpose of making a restoration or a prosthesis.

Under current law, dental hygienists may perform services only under the supervision of a licensed dentist, except that experienced hygienists may practice without supervision in a health care facility such as a hospital, nursing home, or group home if their services are limited to residents or patients of the facility.

There is a dental hygiene examination committee, appointed by the secretary of health, which gives examinations, approves educational programs, and otherwise assists in the licensing of dental hygienists.

Statement Against

WHY CHANGE HEALTH CARE THAT WORKS FOR YOU?

Your dental care is the best in the world. The percentage of cavity-free kids continues to increase, the cost of dental care has increased less than medical care, and, generally, you get all the dental care you need in one dental office from professionals that work together in your best interest. Dentistry is health care that works.

I-678 IS INCONVENIENT FOR THE CONSUMER

I-678 adds to the inconvenience we have in our lives. It's inconvenient to make two trips for dental care that can now be done in one office. It's inconvenient to pay twice for your health care. And it's inconvenient for you to receive limited care when you may need more involved care. That's not right. Vote no on I-678.

I-678 DOESN'T IMPROVE ACCESS

I-678 does not address the needs of low-income children. Twenty percent of Washington's children have 84 percent of the cavities, many of them from low-income homes. These children need dentist-provided treatment like fillings and extractions, treatment that a dental hygienist's education does not allow.

Dental hygienists won't use this law. They already have a right to practice independently in nursing homes, yet fewer than one percent do.

Most hygienists do not believe that they have the minimum level of education to practice independently, according to their own survey. I-678 won't help you, your children, or seniors.

I-678 SUPPORTERS GAIN; YOU LOSE

Like every special interest initiative, only its proponents will gain. I-678 proponents stated in a November 6, 1996,

The effect of Initiative Measure 678, if approved into law:

This measure would allow dental hygienists to practice their profession, under certain conditions, without the supervision of a licensed dentist. The dental hygiene examination committee would be replaced with a dental hygiene quality assurance commission appointed by the Governor. The new commission would assume regulatory and disciplinary authority over dental hygienists licensed in Washington.

The measure would permit licensed dental hygienists to perform the following services under the supervision of a licensed dentist: oral prophylaxis (teeth cleaning); smoothing the surfaces of teeth; root planing and soft tissue curettage; administering local anesthetic and nitrous oxide; applying therapeutic and preventive agents and sealants; placing and carving restorations; and related education, preventive and therapeutic services.

The measure would permit dental hygienists to qualify for an enhanced practice endorsement permitting them to practice unsupervised. Those with the endorsement could perform, without the supervision of a dentist, all the services permitted
(continued on page 20)

letter to supporters that their purpose is to increase their incomes. Plain and simple. Vote no on I-678.

Rebuttal of Statement For

I-678's claims are inaccurate.

Unsupervised practice in other states is a failure. For instance, significantly less than one percent of California hygienists practice unsupervised and they *don't* treat low-income patients.

I-678 will not save money. Equipping and staffing additional offices to provide dental hygiene will increase costs that are passed to the consumer.

The current system of dental care provides the best quality in the world and doesn't need fixing.

Vote NO on Initiative 678.

Voters Pamphlet Statement Prepared by:

JULIE ZANNER, Registered Dental Hygienist; NANCY RANDALL, Registered Dental Hygienist.

Advisory Committee: VICKI PARKER, Registered Dental Hygienist; DAVID E. HOUTEN, Dentist; MARY KREMPASKY SMITH, Dentist; RICHARD A. CRINZI, Dentist.



INITIATIVE MEASURE 673 (continued from page 5)**The effect of Initiative Measure 673, if approved into law** (continued):

Each health plan would be required to permit every individual doctor (defined by the measure to include doctors of medicine, pharmacy, psychology, osteopathic medicine and surgery, chiropractic, podiatric medicine and surgery, naturopathy, and optometry) and nurse practitioner to provide services or care under the plan, if (1) such services or care is within the health care provider's scope of practice; (2) the provider agrees to abide by standards of cost effective and medically effective health services and to reviews designed to contain costs and promote efficient management; and (3) the plan covers the condition or provides the services.

The insurance commissioner would be directed to adopt rules to implement the new measure.

**INITIATIVE MEASURE 676** (continued from page 7)**The effect of Initiative Measure 676, if approved into law** (continued):

Current holders of concealed pistol licenses would have to obtain handgun safety licenses when their pistol licenses expires, is renewed or revoked, or January 1, 2004, whichever comes first. The training requirement would be waived for certain law enforcement officers or for persons with military training on the safe operation, handling, and storage of handguns.

The department of licensing would be authorized to adopt rules to implement the measure. The department could authorize private instructors to provide the handgun safety course. The department could authorize county and city law enforcement agencies to accept handgun safety license applications and process renewals for the department.

Any handgun possessed or controlled in violation of this act is contraband and shall immediately be taken into custody by law enforcement. However, it is an absolute defense to forfeiture if a person has or obtains a handgun safety license within sixty days of notice of forfeiture.

The following would be exempt from the handgun safety license requirement: persons who are in law enforcement or in the armed forces and who are required to possess a handgun in connection with their official duties; persons under the direct supervision of a licensed or exempt individual who are using a handgun as part of handgun safety training, or for target shooting at a business where such activity is authorized; persons temporarily handling a firearm in the presence of a dealer for the purpose of considering purchase; and persons temporarily possessing a handgun in an emergency involving lawful defense of self, others, or property.

**INITIATIVE MEASURE 678** (continued from page 11)**The effect of Initiative Measure 678, if approved into law** (continued):

by law except administering nitrous oxide and placing and carving restorations. To obtain the enhanced practice endorsement, a hygienist would have to practice for at least five years under the supervision of a licensed dentist, must establish health care provider referral protocols, and must have training in cardiopulmonary resuscitation and basic life support.

Dental hygienists who have practiced for five years under the current law would be eligible for an enhanced practice certificate upon application if the measure is approved.

Dental hygienists would still be prohibited from: performing oral surgery (except soft tissue curettage and restorative procedures); prescribing drugs (except that the dental hygiene quality assurance commission could approve appropriate drugs which dental hygienists could purchase and apply in performing dental hygiene services); diagnosis for dental treatment or treatment planning; and taking impressions (except for home therapy purposes).

**INITIATIVE MEASURE 685** (continued from page 13)**The effect of Initiative Measure 685, if approved into law** (continued):

Any person convicted of personal possession or use of controlled substances after the measure is enacted would be eligible for probation. The sentencing judge could require appropriate drug treatment or education. A person convicted three times of personal possession or use of a controlled substance would not be eligible for probation.

A commission on drug education and prevention, including members who are parents, would be created, to be appointed by the Governor. The commission would fund education on alcohol and controlled substances, substance abuse, and enhanced parental involvement. Six million dollars per year would be transferred from the state general fund to a new drug treatment and education fund, to be used by the department of corrections to implement the parole provisions of the measure, by county probation departments for drug treatment and education programs, and by the commission on drug education and prevention.

**REFERENDUM BILL 47** (continued from page 15)**The effect of Referendum Bill 47, if approved into law** (continued):

The 106 percent limitation on levy increases would be adjusted downward in some cases. For taxing districts with a population of less than ten thousand, the limit would remain 106 percent. For all other taxing districts, the limit would be the most recent twelve-month "inflation" rate published by the federal department of commerce in the year before the taxes are payable, but never more than 106 percent. The legislative authority of any taxing district could, by a special majority, establish a different limitation upon a finding of "substantial need," but could never set a limit more than 106 percent. As with current law, any taxing district could exceed its levy limit after obtaining voter approval of a specific proposition.

The state levy for 1998 would be reduced by 4.7187 percent of the amount that otherwise would be allowed.



COMPLETE TEXT OF Initiative Measure 677 (continued)

employment agency or labor organization to provide benefits to an employee's partner.

(2) Nothing in this act requires an employer, employment agency, or labor organization to give preferential treatment to any person on the basis of his or her sexual orientation.

(3) Nothing in this act prohibits an employer from regulating the workplace conduct of employees covered by this act in the same manner it regulates the conduct of all employees.

NEW SECTION. Sec. 5. NON-PROFIT RELIGIOUS ORGANIZATIONS AND SMALL BUSINESS EXEMPT.

(1) This act does not apply to religious or sectarian organizations not organized for private profit.

(2) This act does not apply to employers who employ less than eight employees.

NEW SECTION. Sec. 6. REMEDIES--ENFORCEMENT STANDARDS.

(1) Any person deeming himself or herself injured by any act or omission in violation of this act shall have a civil action in a court of competent jurisdiction to enjoin further violations and to recover the compensatory damages, including emotional distress, if any, sustained by such person, together with the costs of suit, including reasonable attorney's fees and costs and expert fees and costs.

(2) This act is supplemental to and does not invalidate or limit the rights, remedies, or procedures available to an individual claiming unfair practices or discrimination. Superior courts of the state of Washington shall have the same jurisdiction and powers to enforce this act as such courts have to enforce this chapter. For the purposes of determining whether an unfair practice under this act has occurred, claims of employment discrimination based on sexual orientation shall be evaluated in the same manner as other claims of employment discrimination under Chpt. 49.60.030(1)(a), 49.60.180, 49.60.190, and 49.60.210 RCW.

(3) The state of Washington and other political or municipal subdivision are not immune from an action in a court of competent jurisdiction for a violation of this act, and such entities shall be subject to the same standards and relief as any other entity.

NEW SECTION. Sec. 7. DEFINITIONS. As used in this act:

(1) The terms "employer," "employment agency," "labor organization," "employee," and "person" are defined in RCW 49.60.040.

(2) The term "sexual orientation" means heterosexual, lesbian, gay, or bisexual orientation, real or perceived, or having a self-image or orientation not traditionally associated with one's biological gender, real or perceived.

NEW SECTION. Sec. 8. SEVERABILITY--CONSTRUCTION CLAUSE.

(1) 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.

(2) The provisions of this act are to be liberally construed

to effectuate the policies and purposes of this act.

NEW SECTION. Sec. 9. Sections 1 through 8 of this act are each added to chapter 49.60 RCW.



COMPLETE TEXT OF Initiative Measure 678

AN ACT Relating to dental hygienists; amending RCW 18.29.050, 18.29.021, 18.29.045, 18.29.060, 18.29.120, 18.29.130, 18.29.140, 18.29.150, 18.29.160, 18.29.180, and 18.29.210; adding new sections to chapter 18.29 RCW; creating a new section; repealing RCW 18.29.110; and providing an effective date.

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

NEW SECTION. Sec. 1. The purpose of this act is to expand access to licensed dental hygienists so that Washington state residents may select dental hygiene services for themselves and their families. It is the intent that this act provide for the protection of the public's health and safety by establishing qualifications for dental hygiene practitioners.

NEW SECTION. Sec. 2. A new section is added to chapter 18.29 RCW to read as follows:

There is created a dental hygiene quality assurance commission, consisting of three practicing dental hygienists and one public member, appointed by the governor. Dental hygienist members must be licensed dental hygienists in the active practice of dental hygiene in Washington state for a period of no less than five years before appointment, and shall not be connected with any dental hygiene education program. The public members shall not be connected with any dental hygiene education program or engaged in any practice or business related to dental hygiene. Members of the commission shall be appointed by the governor to prepare and conduct examinations for dental hygiene licensure, and to conduct regulatory disciplinary procedures in compliance with chapter 18.130 RCW.

Members shall be appointed to serve for terms of four years from October 1st of the year in which they are appointed. Terms of the members shall be staggered. No member may serve more than two consecutive full terms. Members of the commission hold office until their successors are appointed and qualified. Any member of the commission may be removed by the governor for neglect of duty, misconduct, malfeasance, or misfeasance in office, after being given a written statement of the charges and sufficient opportunity to be heard thereon. Members of the commission shall be compensated in accordance with RCW 43.03.240 and shall be reimbursed for travel expenses in accordance with RCW 43.03.050 and 43.03.060.

Sec. 3. RCW 18.29.050 and 1971 ex.s. c 235 s 1 are each amended to read as follows:

Dental hygiene is defined as a licensed profession that specializes in the maintenance of oral health and the education of the public in the prevention of oral disease. A dental hygienist is defined as a preventive oral health professional who has graduated from an accredited dental hygiene program in an institution of higher education, is licensed in dental hygiene, and who provides educational, clinical, research, administra-



COMPLETE TEXT OF Initiative Measure 678 (continued)

five, and therapeutic services supporting total health through the promotion of optimal oral health.

~~(1) Any person licensed as a dental hygienist in this state may ((remove deposits and stains from the surfaces of the teeth, may apply topical preventive or prophylactic agents, may polish and smooth restorations, may perform root planing and soft tissue curettage, and may perform other dental operations and services delegated to them by a licensed dentist: PROVIDED, HOWEVER, That licensed dental hygienists shall in no event perform the following dental operations or services:~~

~~(4)) perform oral prophylaxis to include removal of calculus, soft deposits, plaque, stains, and the smoothing of surfaces of the teeth, defined in RCW 18.29.005. A licensed dental hygienist may perform root planing and soft tissue curettage, may administer local anesthetic and nitrous oxide, may apply topical therapeutic and preventive agents including sealants, may place and carve restorations, and may perform other dental hygiene services such as educational, clinical, preventive, and therapeutic services designed to promote oral health. The foregoing procedures and services may only be performed under the supervision of a licensed dentist.~~

~~(2) Dental hygienists shall not perform the following dental services or dental procedures:~~

~~(a) Any ((surgical)) removal of or addition to the hard or soft tissue of the oral cavity, except soft tissue curettage and restorative procedures included in this chapter;~~

~~((2)) (b) Any prescription of drugs or medications requiring the written order or prescription of a licensed dentist or physician. However, a licensed dental hygienist may purchase and administer appropriate drugs for therapeutic and preventive dental hygiene services;~~

~~((3)) (c) Any diagnosis for dental treatment or dental treatment planning; or~~

~~((4)) (d) The taking of any impression of the teeth or jaw, or the relationships of the teeth or jaws, for the purpose of fabricating any intra-oral restoration, appliance, or prosthesis, except for preventive home therapy purposes.~~

~~((Such licensed dental hygienists may perform dental operations and services only under the supervision of a licensed dentist, and under such supervision may be employed by hospitals, boards of education of public or private schools, county boards, boards of health, or public or charitable institutions, or in dental offices: PROVIDED, That the number of hygienists so employed in any dental office shall not exceed twice in number the licensed dentists practicing therein:))~~

NEW SECTION. Sec. 4. A new section is added to chapter 18.29 RCW to read as follows:

Licensed dental hygienists may perform services under this chapter unsupervised after obtaining an enhanced practice endorsement from the dental hygiene quality assurance commission, with the exception of nitrous oxide administration and the placing and carving of restorations. To obtain an enhanced practice endorsement, a dental hygienist must provide the dental hygiene quality assurance commission satisfactory evidence of: (1) Having established health care provider referral protocols, including emergency, dentist, and general health care provider referrals, and patient record protocols; (2) having practiced for at least five

years under the supervision of a licensed dentist or a licensed dental hygienist qualified under RCW 18.29.050 or section 5 of this act; and (3) maintaining certification in cardiopulmonary resuscitation and basic life support.

NEW SECTION. Sec. 5. A new section is added to chapter 18.29 RCW to read as follows:

Dental hygienists legally practicing for five years in settings under RCW 18.29.056 before the effective date of this section shall be given an endorsement for enhanced practice upon application to the dental hygiene quality assurance commission.

Sec. 6. RCW 18.29.021 and 1996 c 191 s 10 are each amended to read as follows:

(1) The department shall issue a license to any applicant who, as determined by the secretary:

(a) Has successfully completed an educational program approved by the secretary. This educational program shall include course work encompassing the subject areas within the scope of the license to practice dental hygiene in the state of Washington;

(b) Has successfully completed an examination administered or approved by the dental hygiene ((examining committee)) quality assurance commission; and

(c) Has not engaged in unprofessional conduct or is not unable to practice with reasonable skill and safety as a result of a physical or mental impairment.

(2) Applications for licensure must comply with administrative procedures, administrative requirements, and fees established according to RCW 43.70.250 and 43.70.280.

Sec. 7. RCW 18.29.045 and 1991 c 3 s 47 are each amended to read as follows:

An applicant holding a valid license and currently engaged in practice in another state may be granted a license without examination required by this chapter, on the payment of any required fees, if the ((secretary in consultation with the advisory committee)) dental hygiene quality assurance commission determines that the other state's licensing standards are substantively equivalent to the standards in this state((: PROVIDED, That)). However, the ((secretary in consultation with the advisory committee)) dental hygiene quality assurance commission may require the applicant to:

(1) File with the ((secretary)) dental hygiene quality assurance commission documentation certifying the applicant is licensed to practice in another state; and (2) provide information as the ((secretary)) dental hygiene quality assurance commission deems necessary pertaining to the conditions and criteria of the uniform disciplinary act, chapter 18.130 RCW and to demonstrate to the ((secretary)) dental hygiene quality assurance commission a knowledge of Washington law pertaining to the practice of dental hygiene.

Sec. 8. RCW 18.29.060 and 1991 c 3 s 48 are each amended to read as follows:

Upon passing an examination and meeting the requirements as provided in RCW 18.29.021, the ((secretary of health)) dental hygiene quality assurance commission shall issue to the successful applicant a license as dental hygienist. The license shall be displayed in a conspicuous place in the ((operation room)) treatment facility where such licensee shall practice.

Sec. 9. RCW 18.29.120 and 1995 c 198 s 5 are each amended to read as follows:

The ((secretary in consultation with the Washington



**COMPLETE TEXT OF
Initiative Measure 678
(continued)**

~~dental hygiene examining committee~~) dental hygiene quality assurance commission shall:

(1) Adopt rules in accordance with chapter 34.05 RCW necessary to prepare and conduct examinations for dental hygiene licensure;

(2) Require an applicant for licensure to pass an examination consisting of written and practical tests upon such ~~((subjects))~~ topics and content and of such scope as the ~~((committee))~~ dental hygiene quality assurance commission determines;

(3) Set the standards for passage of the examination;

(4) Administer at least two examinations each calendar year. Additional examinations may be given as necessary; and

(5) Establish by rule the procedures for an appeal of an examination failure.

Sec. 10. RCW 18.29.130 and 1991 c 3 s 53 are each amended to read as follows:

(1) In addition to any other authority provided by law, the ~~((secretary))~~ dental hygiene quality assurance commission may:

~~((1))~~ (a) Adopt rules in accordance with chapter 34.05 RCW necessary to implement this chapter;

~~((2))~~ (b) Interpret the practice of dental hygiene in accordance with this chapter;

(c) Establish forms necessary to administer this chapter;

~~((3))~~ (d) Issue a license to any applicant who has met the education and examination requirements for licensure and deny a license to applicants who do not meet the minimum qualifications for licensure. Proceedings concerning the denial of licenses based on unprofessional conduct or impaired practice shall be governed by the uniform disciplinary act, chapter 18.130 RCW;

~~((4))~~ (e) Employ clerical, administrative, and investigative staff as needed to implement and administer this chapter and hire individuals, including those licensed under this chapter, to serve as examiners or consultants as necessary to implement and administer this chapter;

~~((5))~~ (f) Maintain the official departmental record of all applicants and licensees;

~~((6))~~ (g) Establish, by rule, the minimum education requirements for licensure, including but not limited to approval of educational programs; ~~and~~

~~((7))~~ (h) Establish and implement by rule a continuing education program; and

(i) Conduct disciplinary hearings in compliance with chapter 18.130 RCW.

(2) The dental hygiene quality assurance commission, after consultation with the board of pharmacy, shall adopt rules that authorize a dental hygienist to purchase and administer therapeutic and preventive agents and devices that may be appropriate drugs under chapter 69.41 RCW, consistent with the provisions of this chapter.

Sec. 11. RCW 18.29.140 and 1991 c 3 s 54 are each amended to read as follows:

The ~~((secretary))~~ dental hygiene quality assurance commission shall establish by rule the standards and procedures for approval of educational programs and may

contract with individuals or organizations having expertise in the profession or in education to report to the ~~((secretary))~~ dental hygiene quality assurance commission information necessary for the secretary to evaluate the educational programs. The secretary may establish a fee for educational program evaluation. The fee shall be set to defray the administrative costs for evaluating the educational program, including, but not limited to, costs for site evaluation.

Sec. 12. RCW 18.29.150 and 1991 c 3 s 55 are each amended to read as follows:

(1) The secretary shall establish the date and location of the examination. Applicants who meet the education requirements for licensure shall be scheduled for the next examination following the filing of the application. The secretary shall establish by rule the examination application deadline.

(2) The examination shall contain ~~((subjects))~~ topics and content that evaluate the clinical competence of applicants appropriate to the scope of dental hygiene practice and on laws in the state of Washington regulating dental hygiene practice.

(3) The ~~((committee))~~ dental hygiene quality assurance commission shall establish by rule the requirements for a reexamination if the applicant has failed the examination.

(4) The ~~((committee))~~ dental hygiene quality assurance commission may approve an examination prepared or administered by a private testing agency or association of licensing authorities.

Sec. 13. RCW 18.29.160 and 1991 c 3 s 56 are each amended to read as follows:

~~((The secretary;))~~ Members of the ((committee)) dental hygiene quality assurance commission, and individuals acting on their behalf are immune from suit in any action, civil or criminal, based on any acts performed in the course of their duties.

Sec. 14. RCW 18.29.180 and 1991 c 3 s 57 are each amended to read as follows:

The following practices, acts, and operations are excepted from the operation of this chapter:

(1) The practice of dental hygiene in the discharge of official duties by dental hygienists in the United States armed services, coast guard, public health services, veterans' bureau, or bureau of Indian affairs;

(2) Dental hygiene programs approved by the ~~((secretary))~~ dental hygiene quality assurance commission and the practice of dental hygiene by students in dental hygiene programs approved by the ~~((secretary))~~ dental hygiene quality assurance commission, when acting under the direction and supervision of persons licensed under chapter 18.29 or 18.32 RCW acting as instructors.

NEW SECTION. Sec. 15. A new section is added to chapter 18.29 RCW to read as follows:

The department shall issue a temporary dental hygiene license in accordance with rules adopted by the dental hygiene quality assurance commission.

Sec. 16. RCW 18.29.210 and 1993 c 323 s 4 are each amended to read as follows:

The ~~((secretary in consultation with the dental hygiene examining committee))~~ dental hygiene quality assurance commission shall develop rules and definitions to implement this chapter.

NEW SECTION. Sec. 17. RCW 18.29.110 and 1991 c 3 s 51 & 1989 c 202 s 3 are each repealed.



COMPLETE TEXT OF Initiative Measure 678 (continued)

NEW SECTION. Sec. 18. This act takes effect January 1, 1998.



COMPLETE TEXT OF Initiative Measure 685

AN ACT Relating to the drug medicalization and prevention act of 1997; amending RCW 9.95.116; adding new sections to chapter 69.50 RCW; adding new sections to chapter 9.95 RCW; adding a new chapter to Title 69 RCW; creating new sections; and prescribing penalties.

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

NEW SECTION. Sec. 1. TITLE. This act may be known and cited as the "drug medicalization and prevention act of 1997."

NEW SECTION. Sec. 2. FINDINGS AND DECLARATIONS. The people of the state of Washington find and declare the following:

(1) Washington's current approach to drug control needs to be strengthened. This is evidenced by the fact that drug use among youth has more than doubled over the past five years. In addition to actively enforcing our criminal laws against drugs, we need to medicalize Washington's drug control policy and recognize that drug abuse and addiction are public health problems that should be treated as diseases. Thus, drug treatment and prevention must be expanded;

(2) We must also toughen Washington's laws against violent criminals on drugs. Any person who commits a violent crime while under the influence of illegal drugs should serve one hundred percent of his or her sentence with absolutely no early release;

(3) Thousands of Washington citizens suffer from debilitating diseases such as glaucoma, multiple sclerosis, cancer, and AIDS, but cannot have access to the necessary drugs they need. Allowing doctors to recommend Schedule I controlled substances such as marijuana could save victims of these diseases from loss of sight, loss of physical capacity, and greatly reduce the pain and suffering of the seriously ill and terminally ill;

(4) The drug problems of nonviolent persons who are convicted of personal possession or use of drugs are best handled through court-supervised drug treatment and education programs. These programs are more effective than locking up nonviolent offenders in a costly prison. Over the next decade, hundreds of millions of dollars can be saved by using drug treatment and education programs as an alternative to prison;

(5) Violent offenders are not adequately punished due to the prison overcrowding crisis in Washington. Placing nonviolent persons who are convicted of personal possession or use of drugs in court-supervised drug treatment and education programs will free up space in our prisons so that

there is room to incarcerate violent offenders and drug dealers; and

(6) The missing link in drug education and prevention is parental involvement. The tax dollars saved by eliminating prison time for nonviolent persons convicted of personal possession or use of drugs should be used for drug treatment and education, targeted at programs that increase parental involvement in their children's drug education.

NEW SECTION. Sec. 3. PURPOSE AND INTENT. The people of the state of Washington declare their purposes to be as follows:

(1) To require that any person who commits a violent crime under the influence of drugs serve one hundred percent of his or her sentence and not be eligible for parole or any form of early release;

(2) To permit doctors to recommend Schedule I controlled substances to treat a disease or to relieve the pain and suffering of seriously ill and terminally ill patients;

(3) To require that nonviolent persons convicted of personal possession or use of drugs successfully undergo court-supervised drug treatment programs and probation;

(4) To require that nonviolent persons currently in prison for personal possession or use of illegal drugs, and not serving a concurrent sentence for another crime, or previously convicted or sentenced or subject to sentencing under any habitual criminal statute in any jurisdiction in the United States, be made eligible for immediate parole and drug treatment, education, and community service;

(5) To free up space in our prisons to provide room for violent offenders; and

(6) To expand the success of pilot drug intervention programs that divert drug offenders from prison to drug treatment, education, and counseling.

Sec. 4. RCW 9.95.116 and 1989 c 259 s 2 are each amended to read as follows:

PAROLE NONELIGIBILITY--VIOLENT OFFENSE--INFLUENCE OF CONTROLLED SUBSTANCE--DEFINITION.

(1) The board shall fix the duration of confinement for persons committed to the custody of the department of corrections under a mandatory life sentence for a crime or crimes committed before July 1, 1984. However, no duration of confinement shall be fixed for those persons committed under a life sentence without the possibility of parole.

The duration of confinement for persons covered by this section shall be fixed no later than July 1, 1992, or within six months after the admission or readmission of the convicted person to the custody of the department of corrections, whichever is later.

(2) Prior to fixing a duration of confinement under this section, the board shall request from the sentencing judge and the prosecuting attorney an updated statement in accordance with RCW 9.95.030. In addition to the report and recommendations of the prosecuting attorney and sentencing judge, the board shall also consider any victim impact statement submitted by a victim, survivor, or a representative, and any statement submitted by an investigative law enforcement officer. The board shall provide the convicted person with copies of any new statement and an opportunity to comment thereon prior to fixing the duration of confinement.

(3) Notwithstanding any law to the contrary, any person convicted of a violent offense as defined in RCW 9.94A.030(38) committed while under the influence of a controlled substance is not eligible for parole and must serve one hundred percent of his or her sentence in prison.