



## Weekly Legislative Update: Health Care

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### February 12, 2023

This was the fifth week of the 2023 Legislative Session. Many behavioral health bills have been introduced this session. Few new bills were introduced last week. The cut-off date for reporting policy bills out of committee, February 17<sup>th</sup> is fast approaching. The cutoff date for bills out of fiscal committees is one week later, February 24<sup>th</sup>.

House and Senate Committees were busy holding public hearings on the bills introduced thus far and voting on those that had already had public hearings. One bill, SB 5036, Concerning telemedicine, has made it all the way through the Senate and is now assigned to a House Committee. Bills that have not yet had a hearing in their committee of original and do not have a companion bill are likely to be dropped after the cutoff date.

### Bills Needing Action This Week

*Please read Bills We Support to see the latest status of other bills.*

#### **Sign in “Pro” for the following bills this week:**

You may express support for bills in hearings with the online process. Remember, only authorized members can speak for the League; the Issue Chairs will do that, so please leave the “Organization” box blank. A more powerful influence is many voices speaking for themselves rather than many voices speaking for the League.

Thank you for signing on Pro to the bill last week. There are three bills scheduled for a public hearing this week. Signing on is important. Other groups, whose positions different from the League’s, are able to organize strong sign on campaigns. Submitting written testimony to the committee is fine also. Just be sure that you leave the “Organization” box blank. **Let your opinion be heard!**

**SB 5189 Establishing behavioral health support specialists.** This bill establishes the profession of behavioral health support specialist. To be eligible for this designation the person must have a bachelor's degree, have completed an accredited behavioral health support specialist educational program, and have passed an exam. The educational program must include a supervised clinical practicum. This person would practice under the supervision of a licensed behavioral health provider. Establishing this profession would increase the behavioral health workforce and free behavioral health professionals to work at the top of their scope of practice.

- There is a public hearing scheduled in the Senate Committee on Ways & Means on Thursday, **February 16, 2023 at 4:00 PM**. Please sign in [here](#) as Pro no later than 3:00 pm on February 16<sup>th</sup>.

**SB 5095 Concerning the “parks Rx” health and wellness pilot programs.** This bill establishes a minimum of three 2-year pilot programs that will incentivize residents, particularly those from communities experiencing inequities or without ready access to physical fitness facilities, to regularly use public parks and recreation sites in order to enable better physical and mental health outcomes and decrease visits to hospitals and clinics. The effectiveness of the pilot programs would be evaluated.

- There is a public hearing scheduled in the Senate Committee on Ways & Means on Thursday, **February 16, 2023, at 4:00 PM**. Please sign in [here](#) as PRO no later than 3:00 pm on February 16<sup>th</sup>.

**SB 5710 Providing access to behavioral health services to youth in rural and underserved areas.** This bill provides for access to behavioral health services to youth in rural and underserved areas. It creates a grant program to provide students attending school in rural areas with access to a mental health professional using telemedicine.

- There is a public hearing scheduled in the Senate Committee on Early Learning & K-12 Education on Monday, **February 13, 2023 at 1:30 PM**. Please sign in [here](#) as PRO no later than 12:30 pm on February 13<sup>th</sup>.

#### **Email your Legislators to support these bills:**

Use the tab for “Comment on this Bill” at the bill link to email to any/all of your legislators, letting them know these bills are important to their constituents. HB (“House Bill”) to Representatives, SB (“Senate Bill”) to your Senator.

### **Bills We Support**

**HB 1021/SB 5354 Aligning social worker licensing requirements.** This bill would change (lessen) the number of hours of supervision required for licensure for social workers, marriage and family counselors, and mental health counselors to align with national standards, thus facilitating licensure in Washington State for persons licensed in other states. This change is particularly important for military spouses.

- **HB 1021** No change in status. It unanimously passed the House Committee on Postsecondary Education & Workforce Committee on January 20<sup>th</sup> and was sent to the House Rules Committee for review.
- **SB 5354** No change in status. It was referred to the Senate Health & Long Term Care Committee on January 13<sup>th</sup>. No public hearing has been scheduled yet.

**HB 1027/SB 5036** Concerning telemedicine. These are companion bills. They extend the time frame (until 07/2024) in which real-time telemedicine, using audio or audio-video technology may be used. Telemedicine has provided increased access to medical and behavioral health services during the pandemic. These bills would extend these benefits.

- **HB 1027** No change in status. It unanimously passed the House Committee on Health Care & Wellness Committee and was referred to and passed out of the House Rules Committee on January 17<sup>th</sup>. The bill is now before the full House for debate and amendments (2<sup>nd</sup> reading).
- **SB 5036** On February 1<sup>st</sup> it passed the Senate (48 yeas, 1 excused) and was referred to the House Health Care & Wellness Committee. No public hearing in the House committee has been scheduled yet.

**HB 1041** Authorizing the prescriptive authority of psychologists. This bill would authorize specially trained psychologists to prescribe medication, thus adding additional prescribing providers to the behavioral health workforce. There are five other states where psychologists are allowed to prescribe.

- No change in status. The bill had a public hearing in the House Committee on Health Care & Wellness on January 13<sup>th</sup> but has not yet been voted on in committee.

**HB 1134** Implementing the 988 behavioral health crisis response and suicide prevention system. This bill has several provisions regarding the 988 crisis hotline, mostly changes and enhancements due things learned during the initial implementation. It extends several dates related to reporting, and funding of the crisis call centers; establishes liability protection for activities related to the dispatching decisions of 988 crisis hotline staff, directs the Department of Health to develop informational materials and a social media campaign to promote the 988 crisis hotline, directs the University of Washington to establish a crisis training and secondary trauma program for personnel in the behavioral health crisis system, and establishes mobile rapid response crisis teams to respond to the 988 calls when needed.

- A substitute bill was passed out of the House Committee on Health Care & Wellness on February 8<sup>th</sup>
- The substitute bill required that persons contacting the 988 crisis hotline be screened to see if they were part of the agricultural community and if they would prefer to be connected to an agricultural hotline. It requires that 988 rapid response crisis teams include appropriately credentialed and supervised staff from a behavioral health agency, but excludes law enforcement. It also gradually lowers the required response time in rural areas from 60 minutes to the standard, in 2027, of being on route within 10 minutes.

**HB 1155/SB 5351** Addressing the collection, sharing, and selling of consumer health data (aka, Washington, My Health, My Data Act). These are companion bills. Generally, people assume

that their healthcare information is private and this privacy is protected by a federal law, HIPAA. However, health data collected by certain apps and websites is not covered. This bill closes these gaps in privacy protections for healthcare data. Privacy is particularly important in regard to certain sensitive healthcare data such as reproductive health care, gender-affirming care, and behavioral health diagnoses. Exposure of an individual's healthcare information could have negative consequences, and concerns about exposure might hinder someone from seeking health information or care.

- **HB 1155** had a public hearing in the House Committee on Civil Rights & Judiciary on January 24<sup>th</sup>. On February 3<sup>rd</sup>, a substitute bill was passed out of committee and referred to the House Rules Committee. On February 8<sup>th</sup> it was placed on second reading by the House Rules Committee.
- The substitute bill changes the prohibition on the sale of consumer health data to selling consumer health data without authorization. It modifies the geofencing prohibition to provide that it is unlawful to implement a geofence to collect data from a consumer who enters an in-person health: geofencing around the facility is not illegal by itself. It also added several exemptions for deidentified health care information.
- **SB 5351** No change in status. It was referred to the Senate Law & Justice Committee. No public hearing has been scheduled yet.

**HB 1168 Providing prevention services, diagnoses, treatment, and support for prenatal substance exposure.** This bill would provide for increased access to services for children with fetal alcohol spectrum disorders and other prenatal substance disorders, as well as increasing prevention efforts.

- The bill had a public hearing in the House Committee on Health Care & Wellness. It was passed out of committee and referred to the House Appropriations Committee where it had a public hearing on Wednesday February 1<sup>st</sup> and is scheduled for a vote on February 13<sup>th</sup>.
- The substitute bill specifies that the provider contract for prenatal substance exposure treatment and family support applies to children over the age of 3 and makes the services optional instead of required.

**HB 1348/SB 5189 Establishing behavioral health support specialists.** These are companion bills. They establishes the profession of behavioral health support specialist. To be eligible for this designation the person must have a bachelor's degree, have completed an accredited behavioral health support specialist educational program, and have passed an exam. The educational program must include a supervised clinical practicum. This person would practice under the supervision of a licensed behavioral health provider. Establishing this profession would increase the behavioral health workforce and free behavioral health professionals to work at the top of their scope of practice.

- **HB 1168** No change in status. The bill had a public hearing in the House Committee on Health Care & Wellness on January 27<sup>th</sup>, but has not yet been scheduled for a committee vote.
- **SB 5189** The bill had a public hearing in the Senate Committee on Health & Long Term Care on January 19<sup>th</sup>. On January 31<sup>st</sup>, the bill, as amended, was passed out of committee unanimously and was referred to the Senate Ways and Means Committee. It is scheduled for a public hearing there on February 16<sup>th</sup>.
- In addition to the other paths to this credential specified in the original bill, the substitute bill allows applicants for this credential to complete a registered apprenticeship in combination with an approved bachelor's degree or postbaccalaureate certificate. It also directs insurance carriers to provide access to behavioral health support specialists in a manner sufficient to meet network access standards by July 1, 2025.

**HB 1479/SB 5559 Concerning restraint or isolation of students in public schools and educational programs.** These are companion bills. The bills prohibit students from being subjected to isolation, mechanical restraint, or chemical restraint by school staff except when there is imminent likelihood of serious harm. Isolation rooms must remain unlocked and must be phased out by January 1, 2024 and school districts must carry out trainings and other activities to support the elimination of isolation and chemical restraint and to reduce the use of restraint in schools.

- **HB 1479** was referred to the House Committee on Education. A public hearing was held on January 30<sup>th</sup> and it is scheduled for a committee vote on Thursday, February 16<sup>th</sup>.
- **SB 5559** was referred to the Senate Committee on Early Learning & K-12 Education and public hearing was held February 6<sup>th</sup>.

**HB 1654/SB 5506 Establishing an enhanced behavior support homes model.** These are companion bills. They establish an enhanced behavior support homes program. This program would provide intensive behavioral services and support so that individuals with intellectual and developmental disabilities who also have challenging behaviors that cannot be safely managed in the typical supported housing situation, could live in a community setting rather than being institutionalized.

- **HB 1654** was referred to the House Committee on Human Services, Youth, & Early Learning. No public hearing has been scheduled yet.
- **SB 5506** had a public hearing in the Senate Committee on Human Services on January 25<sup>th</sup> and February 2<sup>nd</sup>. On February 7<sup>th</sup>, a substitute bill was passed with one Nay vote and the bill was referred to the Senate Ways and Means Committee.

- The substitute bill removes mention of delayed egress devices, devices that provide staff with alerts about movements in the home. and moves responsibility for the program to DSHS rather than Commerce.

**HB 1718/SB 5095 Concerning the “parks Rx” health and wellness pilot programs.** These bills establish a minimum of three 2-year pilot programs that will incentivize residents, particularly those from communities experiencing inequities or without ready access to physical fitness facilities, to regularly use public parks and recreation sites in order to enable better physical and mental health outcomes, and decrease visits to hospitals and clinics. The effectiveness of the pilot programs would be evaluated.

- **HB 1718** No change in status. The bill was referred to the House Committee on Health Care & Wellness, but no public hearing has been scheduled yet.
- **SB 5095** The bill had a public hearing in the Senate Committee on Health & Long Term Care. It passed out of committee (with one Nay vote) and was referred to the Senate Ways and Means Committee on January 24<sup>th</sup>. A public hearing is scheduled there on February 16<sup>th</sup>.

**SB 5120 Establishing 23-hour crisis relief centers in Washington state.** This bill provides for the establishment of 23-hour crisis relief centers. These are community-based facilities open 24-7, offering access to brief care (<24 hours) for adults experiencing a mental health or substance use crisis. They would accept walk-ins and drop-offs from ambulance, fire, and police.

- No change in status. The bill had a public hearing in the Senate Committee on Health & Long Term Care. A substitute bill passed out of committee and was referred to the Senate Ways and Means Committee on January 26<sup>th</sup>.
- The substitute bill specified that the Centers serve only adults. It expanded the definition of first responder, indicated that the Center is limited to minor wound care, requires that the Center have access to a provider who can prescribe medication and must have access to medication, and requires that standards be developed to determine medical stability before a person can be dropped off by EMT services.

**SB 5130 Concerning assisted outpatient treatment.** When deemed appropriate, this bill provides for a less restrictive mental health treatment option than inpatient hospitalization for persons who have been involuntarily committed.

- No change in status. The bill passed the Senate Committee on Law & Justice (10 Pass votes, 1 Refer Without Recommendation) on January 19<sup>th</sup>. It was referred to the Senate Rules Committee for a second reading.

**SB 5422 Providing access to behavioral health services to children using licensed clinicians co-located within the school.** This bill requires that managed care organizations reimburse a

behavioral health agency for providing medically necessary behavioral health services in a school setting to students in that school who are enrolled in a Medicaid program. Allowing for reimbursement for services provided in a school setting would allow more children who need services to access them.. It would eliminate many barriers to treatment due to time, distance, or transportation.

- No change in status. The bill was referred to the Senate Health & Long Term Care Committee. No public hearing has been scheduled yet.

**SB 5710 Providing access to behavioral health services to youth in rural and underserved areas.** This bill provides for access to behavioral health services to youth in rural and underserved areas. It creates a grant program to provide students attending school in rural areas with access to a mental health professional using telemedicine.

- The bill was referred to the Senate Early Learning & K-12 Education Committee. It is scheduled for a public hearing and a vote on February 13<sup>th</sup>.

## How You Can Be Involved

- Local Leagues in Washington have action chairs who coordinate action teams. Some local Leagues have health care teams to take action locally. Contact your local League action chair to find out and join.
- You may also express your opinion on legislation with the LWWA issue chairs. We will take your perspectives into consideration as we determine our support for legislation and prepare testimony. Mary Lynne Courtney, Behavioral Health Issue Chair, [mlcourtney@lwvwa.org](mailto:mlcourtney@lwvwa.org).
- Another way to be involved is to join the Healthcare Affinity Group meetings on Zoom. The group meets every six weeks during the legislative session. If you are interested, please email Kim Abbey at [kabbey48@gmail.com](mailto:kabbey48@gmail.com) for the date of the next meeting and a link.