

## Weekly Legislative Update: Health Care

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### February 26, 2023

This was the seventh week of the 2023 Legislative Session. The cut-off date for reporting bills out of fiscal committees was Friday, February 24<sup>th</sup>. (Bills had to be reported out of policy committees by February 17<sup>th</sup>.) Consequently, the fiscal committees, Appropriations and Ways and Means, were very busy this past week, hearing public testimony and voting on bills.

The next cutoff date is Wednesday March 8<sup>th</sup>. By then bills must have passed in their house of origin or they are dead. There are now many behavioral health bills in this situation, HB 1021, HB 1027, HB 1134, HB 1155, HB 1168, HB 1479, SB 5095, SB 5120, SB 5130, and SB 5196. They need to pass their house of origin and move to the other house. See below for actions to move these bills along. There are few Committee hearings scheduled next week. Most of the activity will be on the Senate or House Floor.

Several bills are dead for this session, HB 1041 Authorizing the prescriptive authority of psychologists; SB 5422 Providing access to behavioral health services to children using licensed clinicians co-located within the school; SB5710 Providing access to behavioral health services to youth in rural and underserved areas; and the companion bills HB 1654 and SB 5506 Establishing an enhanced behavior support homes model. Other bills that have died have a companion bill that is still active.

### 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 bills during the past weeks. Your support has helped to move them through the process. There is one bill scheduled for a public hearing this week, SB 5036. Signing on is quick and easy, but important. Other groups, whose positions differ 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 5036 Concerning telemedicine.** This bill extends 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.

- There is a public hearing scheduled in the House Committee on Health Care & Wellness on Tuesday, **February 28, 2023 at 8:00 AM. Please sign in [HERE](#) as Pro no later than 7:00 AM on February 28<sup>th</sup>.**

**Email your Legislators to Support these Bills:**

### **Bills in the Rules Committee**

The following bills are in the Rules Committee in either the House or the Senate. Please let your legislator(s) know that you support the bill. To keep the bill alive, ask them to move the bill out of the Rules Committee to the Floor and then vote Yes when it comes up for a vote. **The cutoff date to pass bills in their house of origin is Wednesday March 8<sup>th</sup>.** Clicking on the word "**HERE**" will take you to the bill comments page where you can verify your legislative district and select the legislator(s) to send the comment to.

**HB 1021 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.

- **Click [HERE](#) to send your comment to your Representatives.**

**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. 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.

- Click [HERE](#) to send your comment to your **Representatives**.

**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 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. The second substitute expanded the scope of the bill to include exposure to prenatal substances other than alcohol.

- Click [HERE](#) to send your comment to your **Representatives**.

**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. In addition to the other paths to the credential specified in the original bill, the substitute bill allows applicants for 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.

- Click [HERE](#) to send your comment to your **Senator**.

**HB 1479 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.

- Click [HERE](#) to send your comment to your **Representatives**.

**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. 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.

- Click [HERE](#) to send your comment to your **Senator**.

**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.

- Click [HERE](#) to send your comment to your **Senator**.

**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.

- Click [HERE](#) to send your comment to your **Senator**.

### **Bills on the Floor:**

These bills have been sent to the Floor of their respective houses, but need to be voted on. **The cutoff date to pass bills in their house of origin is Wednesday March 8<sup>th</sup>.** Please ask you legislator(s) to vote yes. Again, clicking on the word “**HERE**” will take you to the bill comments page where you can verify your legislative district and select the legislator(s) to send the comment to.

**HB 1027 Concerning telemedicine.** The bill extends 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. This bill would extend these benefits.

- Click [HERE](#) to send your comment to your **representatives**.

**HB 1155 Addressing the collection, sharing, and selling of consumer health data** (aka, Washington, My Health, My Data Act). 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. The substitute bill passed by the House Committee on Civil Rights & Judiciary 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.

- Click [HERE](#) to send your comment to your **representatives**.

## **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. It has not been scheduled for a hearing or a vote.
- **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 was scheduled. **This bill is dead.**

**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. It is scheduled for a public hearing on February 28<sup>th</sup>.

**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>. The committee did not vote on it and **it is now dead.**

**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.

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.

- A substitute bill was passed out of the House Committee on Health Care & Wellness on February 8<sup>th</sup> and referred to Appropriations. A public hearing was held in that committee and committee passed it out to the House Rules Committee on February 24<sup>th</sup>.

**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.

The substitute bill passed by the House Committee on Civil Rights & Judiciary 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.

- **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 sent to the Floor by the House Rules Committee. Currently it is on second reading on the House Floor calendar.
- **SB 5351** No change in status. It was referred to the Senate Law & Justice Committee. No public hearing was held, and **it is now dead**.

**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 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. The second substitute expanded the scope of the bill to include exposure to prenatal substances other than alcohol.

- The bill had a public hearing in the House Committee on Health Care & Wellness. A substitute bill 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>. A second substitute bill was unanimously voted out of the House Appropriations Committee on February 13<sup>th</sup> and was referred to the House Rules committee for review.

**HB 1348/SB 5189 Establishing behavioral health support specialists.** These are companion bills. They establish 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.

In addition to the other paths to the credential specified in the original bill, the substitute bill allows applicants for 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 1348** No change in status. The bill had a public hearing in the House Committee on Health Care & Wellness on January 27<sup>th</sup>. The committee did not vote on it and **the bill is dead**.
- **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 had a public hearing there and on February 23<sup>rd</sup> it was moved out of the Senate Ways & Means Committee and referred to the Senate Rules Committee.

**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>. It was voted out of committee on February 16<sup>th</sup> and referred to the House Appropriations Committee. It had a public hearing there and on February 24<sup>th</sup> it was moved out of the House Ways & Means Committee and referred to the House Rules Committee.
- **SB 5559** was referred to the Senate Committee on Early Learning & K-12 Education and a public hearing was held February 6<sup>th</sup>. No vote was taken by the Committee and **the bill is now dead**.

**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.

The substitute bill passed by the Senate Committee on Human Services 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 1654** was referred to the House Committee on Human Services, Youth, & Early Learning. No public hearing was scheduled and **the bill is dead**.
- **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 & Means Committee. A public hearing was held in the Senate Ways & Means Committee, but although it was scheduled for Executive Session, no vote was taken. **The bill is dead**.

**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 was scheduled. **The bill is dead**.
- **SB 5095** The bill had a public hearing in the Senate Committee on Health & Long Term Care. It was passed out of committee (with one Nay vote) and referred to the Senate Ways and Means Committee on January 24<sup>th</sup>. A public hearing was held in that committee and on February 24<sup>rd</sup> it was moved out of the Senate Ways & Means Committee and referred to the Senate Rules Committee.

**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.

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.

- 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>. It had a public hearing there and on February 23<sup>rd</sup> it was moved out of the Senate Ways & Means Committee and referred to the Senate Rules Committee.

**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.

- The bill was referred to the Senate Health & Long-Term Care Committee. No public hearing was scheduled. **The bill is dead.**

**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 had a public hearing and was voted out of Committee on February 13<sup>th</sup> (5 Ayes, 4 Nays). It was referred to the Senate Ways and Means Committee where it was scheduled for a public hearing on February 18<sup>th</sup>. No further action was taken and **the bill is dead.**

## 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 LWVWA 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.