

Weekly Legislative Update: **Health Care**

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March 12, 2023

This was the ninth week of the 2023 Legislative Session. Bills that passed in their house of origin are now moving through the opposite house. Committee hearings have picked up.

Thank you for helping getting bills moved out of the Rules Committees and voted on. **SB 5036** Concerning telemedicine, **HB 1168** Providing prevention services, diagnoses, treatment, and support for prenatal substance exposure, and **HB 1479** Concerning restraint or isolation of students in public schools and educational programs, passed in their respective houses and have moved on to committees in the opposite house. Unfortunately, some bills did not make it and are dead for this session. They are listed separately at the end.

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.

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 **Let your opinion be heard!**

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.

- There is a public hearing scheduled in the Senate Committee on Law & Justice on Tuesday, March 14th at 10:30 AM **Please sign in [here](#) as Pro no later than 9:30 am on March 14th.**

SB 5120 An act relating to establishing crisis relief centers in Washington state. (Previously, 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 2nd substitute bill shortened deadline for the Department of Health to create rules for 23-hour crisis relief centers (CRCs) from January 1, 2025, to January 1, 2024, allowed a police officer who has reasonable cause to believe an individual has committed a crime to take the individual to a CRC., and amended the title of the bill to, “An act relating to establishing crisis relief centers in Washington state”

- There is a public hearing scheduled in the House Committee on Health Care & Wellness on Wednesday, March 15th at 1:30 PM **Please sign in [here](#) as Pro no later than 12:30 pm on March 15th.**

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.

Amendments were made to the bill before passing the Senate. The amendments changed the burden of proof for a petition for assisted outpatient treatment from clear, cogent, and convincing evidence to a preponderance of the evidence. A behavioral health case manager

may provide the supporting declaration for the petition. The declaration provided by the treating mental health provider does not have to be cosigned by a supervising physician, physician assistant, or ARNP.

- There is a public hearing scheduled in the House Committee on Civil Rights & Judiciary on Tuesday, March 14th at 10:30 AM **Please sign in [here](#) as Pro no later than 9:30 am on March 14th.**

Bills We Support

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** 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 17th. The bill was not voted on and is dead.
- **SB 5036** On February 1st it passed the Senate (48 yeas, 1 excused) and was referred to the House Health Care & Wellness Committee. There was a public hearing there on February 28th and it was unanimously passed in the Health Care & Wellness Committee on March 10th.

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 1st substitute bill was passed by the House Committee on Health Care & Wellness and was further changed by a 2nd substitute bill passed by the House Appropriations Committee. The combined changes in the substitute bills 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 and required that dispatch protocols be developed for transferring 988 calls to rapid response crisis teams. They also required that 988 rapid response crisis teams include appropriately credentialed and supervised staff from a behavioral health

agency but excludes law enforcement. the required response time in rural areas also is gradually lowered from 60 minutes to being on route within 10 minutes in 2027. The substitute bill eliminates the University of Washington from responsibility for establishing a program of crisis training and instead establishes the UW School of Social Work as responsible for collaboration among the parties involved in providing the service and other stakeholders.

- A substitute bill was passed out of the House Committee on Health Care & Wellness on February 8th and referred to Appropriations. The Appropriations Committee passed a 2nd substitute bill on February 24th and the bill was passed out of the Rules Committee on March 2nd. It passed the House on March 6th with all those present voting yes. It is now in the Senate Health & Long-Term Care Committee.

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 24th. On February 3rd, a substitute bill was passed out of committee and referred to the House Rules Committee. On February 8th it was sent to the Floor by the House Rules Committee. It passed the House on March 4th. It is scheduled for a public hearing in the Senate Committee on Law & Justice on March 14th.
- **SB 5351** The bill 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 1st 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. It expanded the scope of the bill to include exposure to prenatal substances other than alcohol. A 2nd substitute bill required that the Department of Children, Youth, and Families contract with at least three agencies across the state to provide comprehensive treatment services for prenatal substance exposure and family supports for children exposed to substances before birth who are, or were, involved with the child welfare system.

- 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 1st. A second substitute bill was unanimously voted out of the House Appropriations Committee on February 13th was referred to the House Rules Committee. The Rules Committee sent it to the floor and the House passed it on March 7th with all present voting yes. Currently, it is in the Senate Health & Long-Term Care Committee. No public hearing has been scheduled yet.

HB 1188 Concerning individuals with developmental disabilities that have also received child welfare services. This bill provides that services through the Children's Intensive Behavior Support Services waiver may supplement the child welfare services that a child may be receiving; may be provided to children in out-of-home placement and may be provided even if the family is subject to an unresolved child protective services referral. These are services that would be available to children who qualified if they were living with a parent and not in an out of home placement.

A substitute bill applied the bill prospectively; applied it to children in tribal dependencies; added a requirement that a qualifying person must begin receiving waiver services before they are 25 in order for the entitlement to receive waiver services to apply; and required that the Department of Social and Health Services, in collaboration with the Department of Children, Youth, and Families, seek a new Medicaid waiver to meet the needs of dependent children and youth age 20 and under who have developmental disabilities; and delayed the effective date of the provisions outlining caseload forecasting and the entitlement to waiver services to January 1, 2025. The 2nd substitute bill added a null and void clause that would make the bill null and void unless funded in the budget

- The bill had a public hearing in the House Committee on Human Services, Youth, & Early Learning. A substitute bill was passed out of this committee unanimously and was referred to the House Appropriations Committee. There it had a public hearing on February 8th. A second substitute bill was unanimously voted out of this

committee on February 13th was referred to the House Rules Committee. The Rules Committee sent it to the House floor where it passed on February 28th with all present voting yes. Currently, it is in the Senate Human Services Committee. There was a public hearing on March 9th, and it is scheduled for a committee vote on March 14th.

HB 1204 Implementing the family connections program. This bill establishes the Family Connections Program, a pilot program, as a permanent program. Currently, the Department of Children, Youth, and Families contracts with Amara to operate the program in King, Pierce, Mason, Clark, Grays Harbor, Pacific, Kitsap, and Skamania counties. The program facilitates interaction between a parent of a child who is dependent and in out-of-home care and the person with whom the child is placed. The facilitated contact benefits the child, the parent, and the foster parent.

A substitute bill expanded the process by which families may be referred to allow referral in any manner determined to be appropriate by the Program, specifically including a referral by the parent or caregiver.

The 2nd substitute bill added a null and void clause that would make the bill null and void unless funded in the budget.

- The bill had a public hearing in the House Committee on Human Services, Youth, & Early Learning. A substitute bill was passed out of this committee unanimously and was referred to the House Appropriations Committee. There it had a public hearing on February 8th. A second substitute bill was unanimously voted out of this committee on February 13th was referred to the House Rules Committee. The Rules Committee sent it to the House floor where it passed on February 27th with all present voting yes. Currently, it is in the Senate Human Services Committee. There was a public hearing on March 9th, and it is scheduled for a committee vote on March 14th.
- A companion bill, **SB 5426**, passed the Senate Committee on Human Services, but did not make it out of the Senate ways & Means Committee.

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 paths to the credential that are specified in the original bill, the substitute bill allows applicants 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** The bill had a public hearing in the House Committee on Health Care & Wellness on January 27th. However, 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 19th. On January 31st, 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 23rd it was moved out of the Senate Ways & Means Committee and referred to the Senate Rules Committee. On February 2nd it was placed on the Senate Floor calendar and on March 1st it passed the Senate with a unanimous vote of those present.
- On March 10 the House Health Care & Wellness Committee had a public hearing. It is scheduled for a committee vote on March 15th.

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. 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.

The 1st substitute bill delayed the date of the prohibition on student isolation to August 1, 2025, made student isolation and restraint provisions applicable to all providers of public educational services, required reporting of room clears, directs that student isolation and restraint policies be reviewed and revised with input from appropriate members of the community, requires updating of professional development plans, and requires a report on a plan for integrating instruction on student isolation and restraint requirements into educator preparation programs and paraeducator certificate requirements.

The 2nd substitute bill added room clears to the types of incidents that the bill addresses. It revised the date by which student isolation is prohibited, extending the date to the effective date of the act for students in prekindergarten through grade 2, and to January 1, 2026 for students in grade 3 through 12. The date when isolation rooms must be removed or repurposed is extended to January 1st, 2026. It clarified that the use of physical force prohibited

in the bill did not include temporarily touching or holding a student's hand, shoulder or back for the purpose of guiding them.

- **HB 1479** was referred to the House Committee on Education. A public hearing was held on January 30th. A substitute bill was voted out of this committee on February 16th and referred to the House Appropriations Committee where it had a public hearing. On February 24th it passed the Appropriations Committee and was referred to the House Rules Committee. The bill then moved out of the Rules Committee to the House floor on March 1st. The House passed a 2nd substitute bill on March 7th (63 yeas, 31 nays, and 4 excused). Currently, it is in the Senate Committee on Early Learning & K-12 Education. No public hearing has been scheduled yet.
- **SB 5559** was referred to the Senate Committee on Early Learning & K-12 Education and a public hearing was held February 6th. No vote was taken by the Committee and the bill is now dead.

SB 5120 An act relating to establishing crisis relief centers in Washington state. (Previously, 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 2nd substitute bill shortened deadline for the Department of Health to create rules for 23-hour crisis relief centers (CRCs) from January 1, 2025, to January 1, 2024, allowed a police officer who has reasonable cause to believe an individual has committed a crime to take the individual to a CRC., and amended the title of the bill to, "An act relating to establishing crisis relief centers in Washington state".

- 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 26th. It had a public hearing there and on February 23rd. a 2nd substitute bill passed out of the Senate Ways & Means Committee and was referred to the Senate Rules Committee. On February 27th it was moved to the Senate Floor. On March 1st the bill passed the Senate with a unanimous vote of

those present. It is now in the House Health Care & Wellness Committee and is scheduled for a public hearing on March 15th.

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.

Amendments were made to the bill before passing the Senate. The amendments changed the burden of proof for a petition for assisted outpatient treatment from clear, cogent, and convincing evidence to a preponderance of the evidence. A behavioral health case manager may provide the supporting declaration for the petition. The declaration provided by a the treating mental health provider does not have to be cosigned by a supervising physician, physician assistant, or ARNP.

- The bill passed the Senate Committee on Law & Justice (10 Pass votes, 1 Refer Without Recommendation) on January 19th. It was referred to the Senate Rules Committee for a second reading. On March 1st it was placed on the Senate floor calendar. On March 2nd it passed the Senate unanimously with amendments. It is now in the House Committee on Civil Rights & Judiciary. A public hearing is scheduled for March 14th and a committee vote is scheduled for March 17th

Bills that have died

Bills that have a companion bill that is still active are not listed.

HB 1021/SB 5354 Aligning social worker licensing requirements. These are companion bills. The bills 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** It unanimously passed the House Committee on Postsecondary Education & Workforce Committee on January 20th and was sent to the House Rules Committee for review. It was not put on the House calendar for a vote and it now dead.
- **SB 5354** It was referred to the Senate Health & Long Term Care Committee on January 13th. No public hearing was scheduled. This bill is dead.

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.

- The bill had a public hearing in the House Committee on Health Care & Wellness on January 13th. The committee did not vote on it and it 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. However, 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 25th and February 2nd. On February 7th, 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. 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** 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 24th. A public hearing was held in that committee and on February 24th it was moved out of the Senate Ways & Means Committee and referred to the Senate Rules Committee. The bill is now dead.

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 13th (5 Ayes, 4 Nays). It was referred to the Senate Ways and Means Committee where it was scheduled for a public hearing on February 18th. 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.
- 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 for the date of the next meeting and a link.