

Weekly Legislative Update: **Health Care**

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This was the eighth week of the 2023 Legislative Session. The next deadline is next Wednesday, March 8th. Any bills that are not passed out of their house of origin should be assumed dead for this session. Consequently, the Rules Committees have been busy and there has been a lot of action on the Senate and House Floors. Only a few committees met and few bills were heard in committee. Committee hearings will pick up on Thursday and Friday as bills that have passed the House or Senate will be considered by the opposite house.

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

No bills to sign in Pro this week. Almost no bills are scheduled for a public hearing.

When needed, 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 **SB 5036 Concerning telemedicine** last week. It is scheduled to be voted on in the House Committee on Health Care & Wellness on Monday March 6th. While it is too late to sign on as Pro, an email to your representation if he or she is on the House Committee on Health Care & Wellness would help. Members are Marcus Riccelli, Jessica Bateman, Joe Schmick, Spencer Hutchins, Stephanie Barnard, Dan Bronoske, Lauren Davis, Jenny Graham, Paul Harris, Nicole Macri, Jacquelin Maycumber, Gina Mosbrucker, Tina Orwall, Tarra Simmons, Monica Jurado Stonier, My-Linh Thai, and Steve Tharinger.

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.

Email your Legislators to Support These Bills

Bills in the Rules Committees

Your action last week helped to move several bills. SB 5120 Establishing 23-hour crisis relief centers in Washington state, SB 5130 Concerning assisted outpatient treatment, and SB 5189 Establishing behavioral health support specialists passed in the Senate. HB 1479 Concerning restraint or isolation of students in public schools and educational programs moved out of the House Rules Committee to the Floor.

However, the following bills are still 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. If you can, add a few words stating why the bill should be passed. However, there are a lot of bills so even if all you can do is ask to move the bill to the floor and request that they vote yes, do that. **The cutoff date to pass bills in their house of origin is Wednesday March 8th at 5 pm.** Bills not passed in their house of origin die.

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 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 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 8th at 5 pm.** Please ask you legislator(s) to vote yes. Add a few words, just a short sentence, about why you think the bill should pass.

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 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 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**.

- **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**.

Bills We Support

Bills with a light gray background are assumed dead for this session.

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** No change in status. 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 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 13th. 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 17th. The bill is now before the full House for debate and amendments (2nd reading).
- **SB 5036** On February 1st it passed the Senate (48 yeas, 1 excused) and was referred to the House Health Care & Wellness Committee. It was scheduled for a public hearing on February 28th and the committee will vote on it on March 6th.

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 13th. The committee did not vote on it and **this bill 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 8th and referred to Appropriations. A public hearing was held in that committee and committee passed it out to the House Rules Committee on February 24th. It was placed on the House Floor calendar for a second reading on March 2nd.

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. 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 1st. A second substitute bill was unanimously voted out of the House Appropriations Committee on February 13th 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 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 27th. 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. It is now in the House Health Care & Wellness 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 30th. It was voted out of committee on February 16th and referred

to the House Appropriations Committee. It had a public hearing there and on February 24th it was moved out of the House Ways & Means Committee and referred to the House Rules Committee. On March 1st it was placed on the House calendar for a second reading.

- **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.**

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 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, 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 24th. A public hearing was held in that committee and on February 24rd 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 26th. 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 27th it was moved to the Senate Floor for a second reading and on March 1st it passed the Senate with a unanimous vote of those present. It is now in the House Health Care & Wellness 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.

- 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 for a second reading and on March 2nd it passed the Senate unanimously.

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.