

AAPPN Legislative Update

The Health Policy/Government Relations Committee has been regularly meeting Thursday evenings since the legislative session began January 14, 2019.

AAPPN has supported several bills that have come up for public hearing. Highlights include:

- Establishing the Washington Youth Suicide Review Team to review the circumstances related to suicides occurring among youth up to age 24.
- Providing timely competency evaluation and restoration services to persons suffering from behavioral health disorders (the Trueblood settlement).
- Establishing behavioral health innovation/integration campus within UW School of Medicine to increase health services in our state.
- Concerning community facilities needed to ensure continuum of care for behavioral health patients.
- Concerning involuntary treatment act; behavioral health integration; clarifying roles & responsibilities among the Healthcare Authority, DSHS and DOH.

Please see below for the complete list of bills the Committee is currently tracking.

Upcoming legislative deadlines

February 22

Last day to read in committee reports (pass bills out of committee and read them into the record on the floor) in house of origin, except House fiscal committees and Senate Ways & Means and Transportation committees.

March 1

Last day to read in committee reports (pass bills out of committee and read them into the record on the floor) from House fiscal committees and Senate Ways & Means and Transportation committees in house of origin.

March 13

Last day to consider (pass) bills in house of origin (5 p.m.).

BILL TRACKER

<u>Bill Details</u>	<u>Status</u>	<u>Sponsor</u>	<u>Priority</u>	<u>Position</u>
<u>SHB 1099</u> Health network adequacy Providing notice about network adequacy to consumers.	H Rules R	Jinkins	Monitoring	Neutral
CTC tuition waiver program	H Coll & Wkf Dev	Pollet		

[HB 1123](#)

Establishing the Washington promise, providing for affordable access to postsecondary education.

Creates the Washington promise program to make the first two years of college affordable and accessible to low-income and moderate-income residents by offering a tuition waiver for eligible students enrolled in an associate degree or certificate program offered by the community and technical colleges. Requires the office of student financial assistance to: (1) In consultation with the state board for community and technical colleges, establish a Washington promise pilot program in up to five cities or counties within certain parameters; (2) Administer the Washington promise program for resident students seeking an associate's degree or certificate from a community or technical college; and (3) In collaboration with the state board, conduct a study on the effectiveness of the Washington promise program. Requires the pilot program to provide tuition free access to community and technical colleges within the participating city or county for students who have recently earned a high school diploma or the equivalent. Repeals chapter 28B.119 RCW (the Washington promise scholarship program). Makes an appropriation from the general fund to the office of student financial assistance for the purposes of section 3 of this act.

[SHB 1124](#)

Degree-granting institutions

Pollet

Regulating degree-granting institutions, private vocational schools, and other for-profit schools.

[HB 1185](#)

Medicaid rate floor

H Approps

Stonier

Assuring access to health care services for medicaid beneficiaries by applying the medicare rate floor to health care services furnished under medicaid by health care providers.

Requires a medicaid payment for health care services furnished by a licensed health care provider, with either a provider contract with the state health care authority on a fee-for-service basis or under a contract with a medicaid managed care organization, to be at a rate not less than one hundred percent of the payment rate that applies to those services and providers under medicare.

[HB 1186](#)

Medicaid services access

H Approps

Stonier

Continuing access to medicaid services.

Requires medical assistance to be provided for pregnant women who are state residents and whose family income at the time of application is no greater than one hundred ninety-three percent of the federal poverty level as adjusted for family size and determined annually by the federal department of health and human services. Requires the state health care authority to take such actions as may be necessary to assure the receipt of federal financial participation under the medical assistance program and any other federal funding sources that are currently available or may become available in the future.

[HB 1198](#)

Health prv misconduct notice

H HC/Wellness

Caldier

Monitoring

Neutral

Requiring health care providers sanctioned for sexual misconduct to notify patients.

Requires a health care provider who is subject to the uniform disciplinary act and has been sanctioned by a disciplining authority for sexual misconduct to provide a disclosure to all patients before a patient's first visit with the licensee following the sanction.

[SHB 1239](#)

Pub. hospital board meetings

H Rules R

Cody

Monitoring

Neutral

Protecting the confidentiality of health care quality and peer review discussions to support effective patient safety.

<u>SHB 1240</u>	Suicide review teams Concerning suicide review teams.	H Approps	Mosbrucker	Support
<u>SHB 1394</u> (SB 5431)	Behavioral health facilities Concerning community facilities needed to ensure a continuum of care for behavioral health patients.	H Approps	Schmick	
<u>HB 1447</u>	Mental health parity Concerning mental health parity. Defines "mental health services," for health benefit plans issued or renewed before January 1, 2020, as medically necessary outpatient and inpatient services provided to treat mental disorders covered by the diagnostic categories listed in the most current version of the diagnostic and statistical manual of mental disorders, published by the American psychiatric association.	H HC/Wellness	Jinkins	
<u>HB 1479</u> (SB 5777)	Student mental health Building capacity within the educator workforce to improve student mental health and well-being. Requires the professional educator standards board to: (1) Convene a work group to make recommendations for standards and professional development courses on student mental health and well-being; (2) Based on the recommendations of the work group, adopt, require educators to meet, and implement a continuing education program that meets the knowledge, skill, and performance standards related to student mental health and well-being; and (3) Collaborate with the University of Washington Bothell on the development of a series of online courses for school staff related to behavioral health. Requires school districts to use one of the funded professional learning days to improve the effectiveness of school district staff in addressing student mental health needs and implementing best practices in social-emotional learning. Provides an August 1, 2021, expiration date for the work group.	H Education	Senn	Monitoring Neutral
<u>HB 1513</u> (SB 5444)	Forensic mental health care Providing timely competency evaluations and restoration services to persons suffering from behavioral health disorders within the framework of the forensic mental health care system consistent with the requirements agreed to in the Trueblood settlement agreement. Recognizes that: (1) There has been a nationwide increase of individuals with behavioral health disorders in the criminal justice system; and (2) Reforms must be made to behavioral health systems and services to meet the increasing demands. Authorizes a court to appoint an impartial forensic navigator approved by the department of social and health services to assist individuals who are referred for competency evaluation or restoration to navigate the forensic legal process and access available behavioral health resources. Requires the forensic navigator to: (1) Investigate and collect relevant information about an individual and report the information to the court; (2) Meet with, interview, or observe the individual; and (3) Monitor court orders for compliance and bring to the court's attention any change in circumstances. Requires the court, when ordering a defendant to undergo outpatient restoration, to set appropriate conditions of release and enforce those conditions. Prohibits the court from issuing an order to undergo outpatient competency restoration unless there is an outpatient restoration program that is available and has adequate space for the person.	H Civil R & Judi	Jinkins	Support

Peer counselors/agency affil H HC/Wellness Davis Monitoring Neutral
 Removing barriers for agency affiliated counselors practicing as peer counselors.

[HB 1529](#)

Prohibits the duration of time that a person may be required to participate in a voluntary substance abuse monitoring program from exceeding one year, in the case of a person who is at least one year in recovery from a substance use disorder and is, or is applying to be, an agency affiliated counselor who practices or intends to practice as a peer counselor in an agency. Prohibits certain rules from allowing a licensee to automatically deny an applicant, with a conviction for certain offenses, for a position as an agency affiliated counselor practicing as a peer counselor in an agency or facility.

UW behavioral health campus H Coll & Wkf Dev Chopp Support
 Establishing a behavioral health innovation and integration campus within the University of Washington school of medicine.

[HB 1593](#)
 (SB 5516)

Creates a behavioral health innovation and integration campus within the University of Washington school of medicine that will include inpatient treatment capacity and focus on inpatient and outpatient care for people with behavioral health needs while training a behavioral health provider workforce. Requires the University of Washington school of medicine to report to the office of financial management and the appropriate legislative committees with plans on development and siting of a teaching hospital to provide inpatient care for up to one hundred fifty people to receive care under the involuntary treatment act.

[HB 1668](#)

Washington health corps H Coll & Wkf Dev Slatter
 Creating the Washington health corps to support health care professionals who provide service in underserved communities.

[HB 1678](#)

Invol. treatment/video eval. H Civil R & Judi Irwin Support
 Allowing involuntary treatment act evaluations by video.

[HB 1716](#)
 (SSB 5428)

Higher ed./veteran health H Approps Volz
 Concerning veterans' mental health services at institutions of higher education.

[HB 1721](#)

Behavioral health cert. prgs H Coll & Wkf Dev Orwall Support
 Establishing certificate programs to educate behavioral health care professionals.

[HB 1729](#)
 (SB 5715)

Subst use disorder treatment H HC/Wellness Macri Monitoring Neutral
 Establishing a streamlined process to increase the capacity of certain mental health providers to offer substance use disorder treatment.

[HB 1768](#)

Substance use disorder prof. H HC/Wellness Davis Monitoring Support
 Concerning substance use disorder professional practice.

Involuntary treatment act H Civil R & Judi Orwall

[HB
1814](#)
(SB
5720)

Concerning the involuntary treatment act.

[HB
1828](#)

Civil commit. siting

H HC/Wellness

Leavitt

Concerning the siting of community-based facilities serving civilly committed persons with violent histories.

[HB
1850](#)
(SB
5635)

Behav. health professions

H Coll & Wkf Dev

Senn

Monitoring

Neutral

Expanding opportunities for students to pursue mental and behavioral health professions.

[HB
1874](#)
(SB
5904)

Adolescent behavioral health

H H Svcs & Erly

Frame

Implementing policies related to expanding adolescent behavioral health care access as reviewed and recommended by the children's mental health work group.

[HB
1876](#)
(SB
5903)

Children's mental health

H H Svcs & Erly

Frame

Concerning children's mental health.

[HB
1907](#)

SUD treatment system

H Civil R & Judi

Davis

Concerning the substance use disorder treatment system.

[HB
1920](#)

Patient anxiety

H HC/Wellness

Mosbrucker

Assessing patient anxiety.

[HB
1922](#)

Minors/treatment admission

H H Svcs & Erly L

Shea

Ensuring a parent or guardian has the authority to admit and keep a minor child in a treatment facility for substance use disorder treatment for fourteen days.

[HB
1954](#)

Therapists/reciprocity

H HC/Wellness

Corry

Concerning reciprocity for marriage and family therapists.

[HB
2002](#)

Social work loan repayment

H Coll & Wkf Dev

Ortiz-Self

Creating the social work professional loan repayment program.

[SB
5039](#)

Competency restoration/risk

S Behavioral Hea

O'Ban

Adjusting the duration of competency restoration treatment based on risk.

Provides a calculation table to help in determining the available competency restoration treatment period for each defendant determined to be incompetent.

Community long-term ITA cap. S Behavioral Heal O'Ban

Concerning development of community long-term involuntary treatment capacity.

[SB
5041](#)

Develops new capacity for delivery of long-term treatment in the community in diverse regions of the state before the effective date of the integration of risk for long-term involuntary treatment into managed care and studies the cost and outcomes associated with treatment in community facilities.

ITA risk/managed care S Behavioral Heal O'Ban

Integrating risk for long-term civil involuntary treatment into managed care.

[SB
5045](#)

Revises the involuntary treatment act and the community mental health services act with regard to integrating risk for long-term civil involuntary treatment into managed care.

Veteran diversion/ITA S Rules 2 O'Ban

Concerning veteran diversion from involuntary commitment through increased coordination between the veterans administration and the health care authority.

[SSB
5047](#)

Requires an evaluation and treatment facility to inquire as to a person's veteran status or eligibility for veterans benefits and, if the person appears to be potentially eligible for the benefits, whether the person would be amenable to treatment by the veterans health administration compared to other relevant treatment options. If he or she is amenable, the designated crisis responder shall first refer the person to the veterans health administration for mental health or substance use disorder treatment at a facility capable of meeting his or her needs including the involuntary treatment options available at the Seattle division of the VA Puget Sound health care system.

State hospital reentry prg. S Behavioral Heal O'Ban

Establishing a reentry community safety program for state hospital patients.

[SB
5048](#)

Changes the name of the offender reentry community safety program to the reentry community safety program which is established to promote community safety by providing intensive services to certain offenders, persons committed as criminally insane, and persons committed under the involuntary treatment act with an affirmative special finding.

Behavioral health licensure S Rules 2 O'Ban Monitoring Neutral

Increasing behavioral health workforce participation by addressing certification and licensure requirements.

[SB
5053](#)

Addresses certification and licensure requirements to increase behavioral health workforce participation. Requires the department of health to conduct a sunrise review under chapter 18.120 RCW (criteria and regulation of health care professionals) to evaluate the need for creation of a bachelor's level behavioral health professional credential.

Behav. health reciprocity S Rules 2 O'Ban Monitoring Neutral

[SB 5054](#)

Increasing the behavioral health workforce by establishing a reciprocity program to increase the portability of behavioral health licenses and certifications.

Requires the department of health to: (1) Establish a reciprocity program for applicants for licensure or certification as a chemical dependency professional, mental health counselor, social worker, or marriage and family therapist in the state; and (2) Explore options for adoption of an interstate compact supporting license portability for certain licensed professionals.

Behav. health peer services

S 2nd Reading

O'Ban

Support

Increasing availability of peer services for persons with behavioral health disorders.

[SB 5055](#)

Requires the state health care authority to: (1) Administer a peer counselor certification program to support the delivery of peer support services in the state; (2) Incorporate education and training for substance use disorder peers in the program; (3) Include reimbursement for peer support services by substance use disorder peers in its behavioral health capitation rates; (4) Allow for federal matching funds, consistent with the directive in chapter 299, Laws of 2018; (5) Approve entities to perform specialized peer training for certification; and (6) Cooperate with the department of health to complete the required sunrise review. Requires the department of health to conduct a sunrise review under chapter 18.120 RCW (criteria and regulation of health professions) to evaluate the need for creation of an advanced peer support specialist credential to provide a license to perform peer support services in the areas of mental health, substance use disorders, and forensic behavioral health.

Behav. health/crim. justice

S Behavioral Heal

O'Ban

Monitoring

Neutral

Providing incentives to reduce involvement by persons with behavioral health disorders in the criminal justice system.

[SB 5056](#)

Reduces involvement in the criminal justice system by persons with behavioral health disorders by providing incentives.

Mandatory reporting of abuse

S Human Svcs, Ree

O'Ban

Concerning mandatory reporting of child abuse and neglect.

[SB 5173](#)

States that a person who: (1) Obstructs the duty of a mandatory reporter to make a report is guilty of a gross misdemeanor; and (2) Is a mandatory reporter and fails to make, or fails to cause to be made, the report, due to negligence, may be issued a class 1 civil infraction. Requires state contracts with youth-serving organizations to include a requirement that the organizations provide a signed acknowledgment of their compliance with the mandatory reporter posting law.

Invol. treatment procedures

S Ways & Means

Kuderer

Support

Procedures upon initial detention under ITA

[SB 5181](#)

Revises the involuntary treatment act. Prohibits the possession or control of a firearm by a person who has been detained at a facility for seventy-two-hour evaluation and treatment on the grounds that the person presents a likelihood of serious harm, but has not been subsequently committed for involuntary treatment. Requires a designated crisis responder, before the discharge of the person who has been initially detained, to inform the person orally and in writing that: (1) He or she is prohibited from possessing or controlling a firearm for six months; (2) He or she must immediately surrender to the county sheriff or the chief of police of the municipality in which the person is domiciled, for the six-month period, any concealed pistol license and firearms that he or she possess or controls; and (3) After the

suspension, his or her right to control or possess a firearm or concealed pistol license is automatically restored. Requires the department of licensing, in the case of a person whose right to possess a firearm has been suspended for six months, to forward notification of the restoration order to the licensing authority, and upon receipt of the notification, the licensing authority must immediately lift the suspension, restoring the license.

[SSB 5428](#)
(HB 1716)

Higher ed./veteran health S Ways & Means Wilson
Concerning veterans' mental health services at institutions of higher education.

[SB 5431](#)
(SHB 1394)

Behavioral health facilities S Behavioral Hea Frockt Support
Concerning community facilities needed to ensure a continuum of care for behavioral health patients.
Requires the secretary of the department of health to: (1) License or certify intensive behavioral health treatment facilities and mental health drop-in centers that meet state minimum standards; and (2) Establish rules working with the state health care authority and the department of social and health services to create standards for licensure or certification of intensive behavioral health treatment facilities and mental health drop-in centers. Requires the state health care authority and certain entities to: (1) Work with willing community hospitals and evaluation and treatment facilities to assess their capacity to become licensed or certified to provide long-term mental health placements; and (2) Enter into contract and payment arrangements with the hospitals and facilities choosing to provide the placements.

[SB 5432](#)
(HB 1393)

Behavioral health, integrate S Behavioral Heal Dhingra Support
Concerning fully implementing behavioral health integration for January 1, 2020, by removing behavioral health organizations from law; clarifying the roles and responsibilities among the health care authority, department of social and health services, and department of health, and the roles and responsibilities of behavioral health administrative services organizations and medicaid managed care organizations; and making technical corrections related to the behavioral health system.
Changes the name of the community mental health services act to the community behavioral health services act. Addresses the implementation of behavioral health integration for January 1, 2020; clarifying the roles and responsibilities among the state health care authority, the department of social and health services, and the department of health; and the roles and responsibilities of behavioral health administrative services organizations and medicaid managed care organizations.

[SB 5444](#)
(HB 1513)

Forensic mental health care S Behavioral Heal Dhingra Support
Providing timely competency evaluations and restoration services to persons suffering from behavioral health disorders within the framework of the forensic mental health care system consistent with the requirements agreed to in the Trueblood settlement agreement.
Recognizes that: (1) There has been a nationwide increase of individuals with behavioral health disorders in the criminal justice system; and (2) Reforms must be made to behavioral health systems and services to meet the increasing demands. Authorizes a court to appoint an impartial forensic navigator approved by the department of social and health services to assist individuals who are referred for competency evaluation or restoration to navigate the forensic legal process and access available behavioral health resources. Requires the forensic navigator to: (1) Investigate and collect relevant information about an individual and report the information to the court; (2) Meet with, interview, or observe the individual; and (3) Monitor court orders for compliance and bring to the court's attention any change in circumstances.

Requires the court, when ordering a defendant to undergo outpatient restoration, to set appropriate conditions of release and enforce those conditions. Prohibits the court from issuing an order to undergo outpatient competency restoration unless there is an outpatient restoration program that is available and has adequate space for the person.

Geriatric behavioral health

S Health & Long

Keiser

Clarifying the definition of a geriatric behavioral health worker for individuals with a bachelor's or master's degree in social work, behavioral health, or other related areas.

[SB
5454](#)
(HB
1349)

Revises the definition of "geriatric behavioral health worker," for purposes of chapter 74.42 RCW (nursing homes--resident care, operating standards), to include a person with a bachelor's or master's degree in social work, behavioral health, or other related areas. Requires a geriatric behavioral health worker to have a bachelor's or master's degree in social work, behavioral health, or other related areas, in order to qualify for the exception which allows the worker to be recognized in minimum staffing requirements as part of the direct care service delivery to individuals who have a behavioral health condition.

UW behavioral health campus

S Behavioral Hea

Cleveland

Medium

Support

Establishing a behavioral health innovation and integration campus within the University of Washington school of medicine.

[SB
5516](#)
(HB
1593)

Creates a behavioral health innovation and integration campus within the University of Washington school of medicine that will include inpatient treatment capacity and focus on inpatient and outpatient care for people with behavioral health needs while training a behavioral health provider workforce. Requires the University of Washington school of medicine to report to the office of financial management and the appropriate legislative committees with plans on development and siting of a teaching hospital to provide inpatient care for up to one hundred fifty people to receive care under the involuntary treatment act.

Behavioral health facilities

S Ways & Means

Braun

Expanding community-based behavioral health facilities through issuance of state bonds.

[SB
5537](#)

Authorizes the state finance committee to issue general obligation bonds of the state, in the amount of five hundred million dollars, for providing needed capital improvements to increase behavioral health services for adults and children in community settings.

Behavioral health pathways

S Behavioral Heal

Brown

Supporting and expanding behavioral health workforce pathway programs.

[SB
5633](#)

Requires the department of health to receive funds from the state and provide them to both eastern and western Washington area health education centers for supporting and expanding current behavioral health workforce academic and career pathway programs. Makes an appropriation from the general fund to the department of health for the purposes of this act.

Behav. health professions

S Higher Ed & Wo

Brown

Expanding opportunities for students to pursue mental and behavioral health professions.

[SB
5635](#)
(HB
1850)

Extends the opportunity grant program to ninety credits for students in an opportunity grant-eligible program of study, including required related courses, that result in a certificate or degree required for employment in a behavioral health profession, which is defined as a psychiatrist, psychologist, psychiatric

nurse, chemical dependency professional, social worker, or other mental health professional. Limits extended opportunity grant funding to no more than a total of ninety credits or for more than four years from initial receipt of grant funds.

	Behav. health entities/taxes	S Ways & Means	Brown		
	Providing tax relief to entities that deliver behavioral health and mental health services.				
<u>SB 5637</u>	Increases the number of mental health and behavioral health professionals in the workforce. Reduces the amount of business and occupation taxes paid by certain entities for providing behavioral health services and for training new mental health and chemical dependency professionals, in order to increase the amount of government funding available for patient services and supervised training for new mental health and behavioral health professionals.				
<u>SB 5647</u> (HB 1433)	ARNP payment parity	S Health & Long	Randall		
	Requiring health insurance payment parity for advanced registered nurse practitioners.				
	Prohibits a health carrier from reimbursing an advanced registered nurse practitioner in an amount less than he or she would reimburse for the same service if provided by a physician in the same area served.				
<u>SB 5648</u> (HB 1432)	Hospitals/ARNPs & PAs	S Health & Long T	Keiser		
	Concerning hospital privileges for advanced registered nurse practitioners and physician assistants.				
	Addresses the duty of a hospital or facility to request information from physician assistants and advanced registered nurse practitioners, who will provide clinical care under his or her license, before granting or renewing clinical privileges.				
<u>SB 5660</u>	Mental health professionals	S Behavioral Heal	McCoy		
	Concerning the duties of mental health professionals.				
<u>SB 5715</u> (HB 1729)	Subst use disorder treatment	S Behavioral Heal	Frockt	Monitoring	Neutral
	Establishing a streamlined process to increase the capacity of certain mental health providers to offer substance use disorder treatment.				
<u>SB 5720</u> (HB 1814)	Involuntary treatment act	S Behavioral Heal	Dhingra		Support
	Concerning the involuntary treatment act.				
<u>SB 5777</u> (HB 1479)	Student mental health	S EL/K-12	Brown	Monitoring	Neutral
	Building capacity within the educator workforce to improve student mental health and well-being.				
<u>SB 5842</u>	Electroconvulsant therapy	S Behavioral Heal	Carlyle	Monitoring	Neutral
	Concerning the accessibility of electroconvulsant therapy.				

<u>SB</u> <u>5846</u>	International medical grads	S Health & Long	Salda?a
	Concerning the integration of international medical graduates into Washington's health care delivery system.		

<u>SB</u> <u>5903</u> (HB 1876)	Children's mental health	S Health & Long	Darneille
	Concerning children's mental health.		

<u>SB</u> <u>5904</u> (HB 1874)	Adolescent behavioral health	S Health & Long	Warnick
	Implementing policies related to expanding adolescent behavioral health care access as reviewed and recommended by the children's mental health work group.		
