

## Behavioral Health Policy Legislation Update for Partners – 3/22/19

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Bill # / Title	Brief Description	Status as of 3/22 8am
<b>2SHB 1039</b> (Pollet prime) <b>Opioid overdose medication in K-12 schools and higher education</b> <a href="#">1039 bill page</a>	Permits schools to obtain and maintain opioid overdose medication (typically naloxone) via a standing order, and requires it in larger school districts' high schools, and for certain staff to administer it. Directs OSPI to develop opioid overdose policy/training guidelines for school districts in consultation with the state school directors' association. Creates an OSPI grant program to fund training on or purchase of opioid overdose medication. Requires public institutions of higher learning with residence hall housing for 100 or more students to develop a plan to have opioid overdose medication in/around the residence hall. Includes a null and void clause if no specific funding is appropriated.	Passed House 82-15 Passed Senate HLTC 3/20 Referred to W&M
<b>EHB 1074</b> (Harris prime) (AG/DOH request) <b>...Increasing the minimum legal age of sale of tobacco and vapor products</b> <a href="#">1074 bill page</a>	Prohibits the sale of cigarettes, tobacco products, and vapor products to persons under the age of 21. Permits the Gov to seek consultations with tribes regarding the minimum age of sale for such products.	Passed House 66-30 Passed Senate W&M 3/21
<b>2SHB 1394</b> (Schmick prime) (Gov request) <b>community facilities needed to ensure a continuum of care for BH patients</b> <a href="#">1394 bill page</a>	Requires HCA to assess community capacity to provide long-term inpatient care to involuntary patients and contract for such services to the extent that certified providers are available, and to review regulations related to this arrangement and recommend any changes by 12/15/19. Creates new community-based facility type called "intensive BH treatment facilities," designed for people who no longer need state hospital care, but cannot be served in other community settings. Also creates a 2½-year peer-focused "MH drop-in center" pilot program in Yakima. Suspends certificate of need requirements related to psychiatric bed expansion until 6/30/21.	Passed House 98-0 Senate BH Sub of HLTC exec 3/22
<b>2SHB 1528</b> (Davis prime) <b>Recovery support services</b> <a href="#">1528 bill page</a>	Directs HCA to maintain/contract for a registry of approved recovery residences, and sets out a certification process and standards for such residences. By 1/1/23, licensed or certified providers referring patients in need of recovery support housing may only refer to registered residences. Creates a technical assistance program for recovery residence operators, and a revolving loan fund for start-up costs, both of which expire 1/1/25. Includes technology-based recovery supports among potential community SUD treatment services. Includes a null and void clause if no specific funding is appropriated.	Passed House 98-0 Senate BH Sub of HLTC exec 3/29
<b>SHB 1529</b> (Davis prime) <b>Removing barriers for agency affiliated counselors practicing as peer counselors</b> <a href="#">1529 bill page</a>	Limits the duration of voluntary SUD monitoring programs (in lieu of disciplinary action after unprofessional conduct) for people serving as or applying to serve as peer counselors and agency affiliated counselors to the amount of time needed for the person to achieve 1 year or more in SUD recovery via abstinence or MAT, and exempts those with 1 year or more in recovery from the monitoring program. For this same subpopulation of potential counselors, prohibits automatic denial of employment associated with serving vulnerable adults based on SUD-or MH-related criminal charges, provided that more than 1 year has passed since the most recent charge.	Passed House 94-0 Senate BH Sub of HLTC exec 3/29
<b>E2SHB 1593</b> (Chopp prime) <b>BH innovation and integration campus within the UW school of medicine</b> <a href="#">1593 bill page</a>	States intent to partner with UW to create a BH innovation and integration campus to increase access to BH services. This will include various culturally appropriate training and workforce development components, with significant focus on psychiatry and the community behavioral health workforce. It also includes a teaching hospital that would provide inpatient care for up to 150 people currently served involuntarily at WSH. Requires attention to local community needs and resources in siting/design, but permits use of UW's current master plan to guide planning. UW is required to report to OFM by 12/1/19 about plans for development and siting of the teaching hospital that will provide long-term involuntary inpatient care. Includes a null and void clause if no specific funding is appropriated.	Passed House 95-0 Senate BH Sub of HLTC 3/29

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<b><a href="#">2SHB 1767</a></b> (Lovick prime) <b>law enforcement grant program to expand alternatives to arrest and jail processes</b> <a href="#">1767 bill page</a>	Subject to funding, creates a WASPC grant program (in consultation with LEAD National Support Bureau) to support local initiatives to identify criminal legal system-involved people with BH conditions and engage those people with therapeutic interventions and other services. Pre-booking diversion is preferred, and up to 25% of the funding may be used for jail-based programming and jail staff training. Grant recipients must engage with LEAD National Support Bureau for technical assistance. Includes a null and void clause if no specific funding is appropriated.	Passed House 89-8 Senate BH Sub of HLTC 3/22
<b><a href="#">ESHB 1768</a></b> (Davis prime) <b>SUD professional practice</b> <a href="#">1768 bill page</a>	Changes the name of chemical dependency professionals/trainees to SUD professionals/trainees. Also includes the provisions of SHB 1529 above.	Passed House 98-0 Senate BH Sub of HLTC 3/22
<b><a href="#">E2SHB 1874</a></b> (Frame prime) <b>...Expanding adolescent BH access... children’s MH work group</b> <a href="#">1874 bill page</a>	Expands parental powers to initiate treatment and to have access to treatment-related information for an adolescent. Parents of an adolescent (or legal guardians or certain other adults) would be able to admit their child into an E&T if the person in charge of the facility agrees. Parents (or legal guardians or kinship caregivers or DCYF) would be notified if an adolescent voluntarily self admits into an E&T. Allows parents to initiate 12 sessions of outpatient treatment for nonconsenting adolescents within a 3-month period, or to receive such treatment in less restrictive settings such as partial hospitalization or intensive outpatient. BH professionals may share certain specific treatment-related information with a parent without the adolescent’s consent under certain conditions, with limited liability, but voluntary treatment information may not be shared with the parent without consent except for imminent health and safety reasons. Allows DCYF to share certain MH treatment records with a care provider. HCA must provide training for BH providers that includes information about parent-initiated treatment (PIT), and conduct a survey to measure the impact of PIT. PIT is renamed “family-accessed treatment” and minor-initiated treatment is renamed “adolescent-accessed treatment.” Includes a null and void clause if no specific funding is appropriated.	Passed House 89-8 Senate BH Sub of HLTC 3/22
<b><a href="#">2SHB 1907</a></b> (Davis prime) <b>SUD treatment system</b> <a href="#">1907 bill page</a>	Directs the creation of a process for a facility to be dually licensed as SWM and E&T. Changes references in RCWs 71.05, 71.24, and 71.34 from secure detox to SWM. Requires HCA to submit to the governor and legislature by 12/1/19 an addendum to DCR statewide protocols to address BH integration and applicability of commitment criteria to SUDs.	Passed House 98-0 Senate BH Sub of HLTC 3/22
<b><a href="#">SSB 5181</a></b> (Kuderer prime) <b>Certain procedures upon initial detention under the ITA</b> <a href="#">5181 bill page</a>	Prohibits a person detained for 72 hours under the ITA’s likelihood of serious harm standard from possessing a firearm for 6 months. Restores a person’s firearm rights automatically 6 months after detention and requires returning the person’s firearms and their concealed pistol license. Allows the person to petition the court for restoring of their firearm rights before the end of the 6-month period.	Passed Senate 26-19 House CRJ exec 3/26
<b><a href="#">SSB 5380</a></b> (Cleveland prime) (Gov request) <b>Opioid use disorder (OUD) treatment, prevention, and related services</b> <a href="#">5380 bill page</a>	Advances progressive opioid policies in various areas, including: providing better information for patients about opioid prescription risks and alternatives, right of refusal, and safe disposal; pharmacy standing orders, emergency department dispensing, and HCA-coordinated purchasing of opioid overdose reversal medications; responses to overdoses by emergency medical services and peer response teams; prescription monitoring program (PMP) integration with electronic health records; care for people with OUD and their newborns; support for MAT by therapeutic courts. Updates outdated language related to abstinence (replacing it with SUD as a medical condition, and referring to evidence-supported treatments) and pregnant and parenting persons. If funded, supports a pilot project for LEAD in 2 geographic areas. Clarifies opioid treatment program dispensation rules. If funded, directs HCA to fund MAT medication in jails.	Passed Senate 47-0 House HCW exec 3/27

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<p><b><u>E2SSB 5432</u></b> (Dhingra prime) (Gov request) <b>BH integration, removing BHOs from law, clarifying roles of BHASOs/MCOs...</b> <a href="#">1393 bill page</a> <a href="#">5432 bill page</a></p>	<p>Removes BHOs from law and replaces them with BHASOs, MCOs, or both. Repeals state hospital bed allocation 1/1/20, and establishes a workgroup, with a report due 12/15/19, to manage access to long-term involuntary commitment resources until risk for such care can be integrated into managed care contracts, and (in the Senate version only) also to study how to expand bidirectional integration and increase support for co-occurring disorders. Requires counties that operate BHASOs and hold a BHA license to have clear separation of powers, duties, and finances between the BHASO and any county-operated provider organization/service, and to account clearly for state funds; limits BHASO self-contracting and related administrative linkages, but permits counties to operate directly certain BHA service types. Limits BHASO administrative costs to 10%. Requires MCOs to offer co-occurring treatment in their networks. Limits initial documentation requirements for BH care. Requires HCA to report to Gov and legislature biennially beginning 12/1/2020 on BH system expenditures vs appropriation levels.</p>	<p>Passed Senate 46-2 House HCW exec 3/27</p>
<p><b><u>E2SSB 5444</u></b> (Dhingra prime) <b>timely competency evaluations and restoration... forensic MH care system... Trueblood settlement agreement</b> <a href="#">5444 bill page</a></p>	<p>Creates forensic navigators, as officers of the court, to navigate the forensic legal process and access available BH resources. Permits the diversion of people who commit nonviolent felonies from the criminal legal system. Provides for the dismissal of serious misdemeanor charges (and referral for civil commitment evaluation), and permits competency restoration for such charges only when there is a compelling state interest. Establishes eligibility and conditions of participation for outpatient competency restoration. House only requires DSHS to work with HCA to ensure availability of intensive BH services on a timeline consistent with the Trueblood settlement agreement (in King County, 7/1/21). House and Senate versions have some nuanced differences in forensic navigator scope/role, and outpatient competency length and revocation.</p>	<p>Passed Senate 48-0 House CRJ exec 3/26</p>
<p><b><u>SB 5635</u></b> (Brown prime) <b>Expanding opportunities for students to pursue mental and BH professions</b> <a href="#">5635 bill page</a></p>	<p>Extends the existing opportunity grant scholarship program at community and technical colleges from 45 credits to 90 credits for certain low-income students pursuing BH-related degrees.</p>	<p>Passed Senate 46-0 House College &amp; Workforce Dev exec 3/26</p>
<p><b><u>E2SSB 5720</u></b> (Dhingra prime) <b>Involuntary treatment act</b> <a href="#">5720 bill page</a></p>	<p>Increases the initial detention period under the ITA from 72 hours to 5 days effective 1/1/20. Modifies the ITA's definitions of likelihood of serious harm, gravely disabled, and violent act. Expands SBCs to include patients detained due to SUDs, but not until 2026 when integrated involuntary treatment goes into full effect. Creates an ITA workgroup, including DCRs, BHASOs, and MCOs among many others, to guide implementation of the 5-day initial detention period and evaluate its effects and other vulnerabilities in the ITA system, and to develop recommendations for legislature by 6/30/21. Extends provisions and processes added in recent years to the adult ITA to youth ITA.</p>	<p>Passed Senate 46-2 House CRJ exec 3/26</p>
<p><b><u>2SSB 5903</u></b> (Darneille prime) <b>implementing policies related to children's MH... children's MH work group</b> <a href="#">5903 bill page</a></p>	<p>HCA must develop a 2-year pilot Partnership Access Line for Schools (PALS) behavioral health support and consultation program, for implementation by 1/1/20, supporting 2 ESDs. UW and WSU must each offer 2 child/adolescent psychiatry residencies. HCA must phase in coordinated specialty care (CSC) programs for early identification and intervention for psychosis, and DCYF an infant and early childhood MH consultation model for children ages 0-5, between 2020 and 2023. HCA must provide training for BH providers that includes information about parent-initiated treatment (PIT), and, if 1874 is enacted, conduct a survey to measure the impact of PIT. Subject to appropriation, requires ESDs to coordinate BH in school districts in their regions including certain mandates for 1 professional learning day. Establishes UW certificate programs in evidence-based practices. Requires UW to develop a multi-tiered system of school supports; and mandates trauma-informed early care and intervention pilots in DCYF. All new programming, and ESD coordination requirement, subject to appropriated funding.</p>	<p>Passed Senate 47-0 House Human Services &amp; Early Learning exec 3/26</p>

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