

Behavioral Health Bill Tracker

2021 Legislative Session (updated 3/4/2021)

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Bill # / Name	Bill Summary	Leg Status	Comments
HB 1477 SB 5209 HB 1182 Implementing the national 988 system to enhance and expand behavioral health crisis response and suicide prevention services.	Establishes a statewide coordinated crisis hotline center and crisis service system ((crisis stabilization centers, respite/peer respite services BH urgent care walk in centers) . The coordinated crisis hotline center would be responsible for coordinating with the National Suicide Prevention Lifeline and responding to crisis calls that come in to the new 988 NSPL prefix. Crisis service systems involves expansion of services to include mobile crisis response, crisis stabilization centers, short-term respite, and behavioral health urgent care walk-ins. Creates new specialized mobile crisis teams for specific populations. This system will involve new technology to communicate and track BH services and beds. It will employee multi-disciplinary teams and BH centers dedicated for this purpose. This will develop new crisis solution centers that can be accessed in all parts of the state. Delegates contracting and oversight authority to the DOH, but HCA would be responsible for guaranteeing adequate local crisis response services.	passed out of Rules Committee	This is the same as 1182/5209 – they had to drop a new bill because they had to amend the title. Requesting amendment to limit the bill to the creation of an implementation workgroup/committee
SB 1499 “Pathways to Recovery” Providing behavioral health system responses to individuals with substance use disorder.	Creates a 31 member advisory committee to the HCA which is required to draft a plan for the implementation of the decriminalization of personal use amounts of drug possession, and possession of personal use paraphernalia. Requires the HCA Director to set the personal use amount for each drug. Requires adoption of rules regarding maximum personal use amounts of substances (how much can someone have that is considered to be consistent with use patterns of people with SUD). Changes the law to say it is unlawful to carry in excess of this amount.	No longer moving forward	

	<p>Removes paraphernalia as illegal for personal use amounts and allows agencies and HCA to distribute paraphernalia for person use</p> <p>Changes unlawful selling or delivering of a legend drug to allowable if not in excess of personal use amounts.</p> <p>Requires creation of new SUD treatment services, throughout the state.</p> <p>Provides training for law enforcement and encourages LE to refer people who have committed criminal acts and are suffering from a SUD to DCRs, mobile crisis, in lieu of legal system involvement.</p> <p>allows for re-sentencing and for the application for vacation of a record of conviction for anyone convicted before Dec 2022, and clearing the conviction record.</p> <p>Upon receipt of an application for vacating, the court SHALL clear the record of conviction.</p> <p>section 12 updates language to include SUD and it changed MHP to DCR. Changes nothing in the ITA current process.</p>		
<p>SB 5304</p> <p>Providing reentry services to persons releasing from state and local institutions</p>	<p>Reduces barriers to insurance coverage for individuals released from detention, by allowing a detained individual to enroll in a temporarily suspended benefit while incarcerated and turning benefits on prior to release or immediately upon release. Requires HCA to apply for a waiver to allow for Medicaid services during the last 30 days of confinement. Requires MCOs and BHASOs to assure sufficient re-entry program and services exist</p> <p>Substitute: Requires HCA to revise contracts with MCOs and BHASOs to ensure there are adequate providers for the RCS program.</p> <p>requires workgroup to 1) develop a plan for MCOs to be notified of release date and other related info and 2)explore use of telehealth</p> <p>Requires DOC to approve residence location in manner that will not cause any one county to be disproportionately impacted</p>	<p>Rules 2nd reading</p>	<p>Would guarantee Medicaid benefits and covered services are available to individuals when they are most vulnerable and most in need of services at the time of re-entry from jail back into the community</p>

HB 1348 Providing medical assistance to incarcerated persons	Requires (must vs. shall) suspension rather than termination of medical assistance benefits for individuals who are incarcerated or committed for 30 days or more, allows a detained individual to enroll in a temporarily suspended benefit while incarcerated.	Hearing 3/11	
HB 1311 Authorizing the issuance of SUDP certifications to persons participating in apprenticeship programs.	Allows a registered apprenticeship program to take the place of an approved education program as part of the credentialing requirements for Substance Use Disorder Professional Trainees (SUDPT) and Substance Use Disorder Professionals (SUDP).	Hearing 3/12	Aligns with BHRD 2021 leg priorities. Addresses workforce shortage and – Creates a path for people who represent the County's priority populations to enter the workforce through nontraditional means.
HB 1276 Providing for certain emergency medical services personnel to work in diversion centers		Passed Chamber	This bill is moving in the right direction and seeking to embed EMTs in more BH/diversion centers.
SB 5397 Improving access to behavioral health treatment in certified crisis facilities.	Requires DCRs DCRs to serve notice of 24hr emergency hold, and requires SWMs to provide co-occurring treatment services.	No longer moving forward	
SB 5328 Concerning clubhouses for persons with mental illness	Would allow for the Mental Health Clubhouse modality to be included under the state Medicaid plan. Requires clubhouses to be accredited or seeking accreditation in order to bill Medicaid. Striker: Removes direction for the Health Care Authority to add clubhouse service modality to Medicaid state plan. Directs the Health Care Authority to provide sufficient funding to establish clubhouse services in every region	Passed Chamber	
SB 5071 Creating transition teams to assist specified persons under civil commitment	Creates transition teams for individuals transitioning from civil commitments. LRA's are renamed "Court Ordered Involuntary Outpatient Behavioral Health Treatment (committed thru a criminal case, found incompetent to stand trial) modifies COIBHT to include SUD evaluations.	In committee 3/3 1 st reading	

	<p>SSB: Requires HCA to coordinate with DoH to contract with BH agencies to support the nonmedicaid costs for transition teams, allows HCA to establish requirements and provide technical assistance and training within available funding.</p> <ul style="list-style-type: none"> • Requires Sup. Ct. to share all involuntary commitment hearing outcomes with its local BH-ASO, including cases which originated in other regions. • Requires a BH-ASO to notify MCOs when one of its enrollees receives a LRA treatment order, or to notify the applicable BH-ASO if the person is ordered to receive LRA treatment in a different region. • Requires a BH-ASO to provide LRA treatment services to an individual who is not enrolled in Medicaid and does not have other insurance which can pay for the services, regardless of whether the BH-ASO has adequate available resources to provide the services. • Requires HCA to revise its behavioral health data system to tracking involuntary commitment orders to enable users to distinguish between types of orders. • Provides definitions for the term “community behavioral health agency.” 		
<p>SB 5073</p> <p>Concerning involuntary commitment.</p>	<p>Expands required elements of less restrictive alternative treatment (LRA's)</p> <p>allows ITA court to require people to appear for periodic reviews</p> <p>creates new DCR duties related to MH advance directives</p> <p>Allows DCR to conduct investigation by video for adolescents</p> <p>therapeutic court designation is removed</p> <p>the term court ordered involuntary outpatient behavioral health treatment is removed</p>	<p>In committee 3/8 1st reading</p>	
<p>SB 5074</p> <p>Est. Safe station pilot programs</p>	<p>embeds SUDPs within fire stations and mobile integrated response teams, (e.g. CARES)</p> <p>Provides for appropriate supervision of peers</p>	<p>In committee, 1st reading 3/26</p>	

	Includes paramedics as ind. who can screen and refer individuals to treatment (not just SWM or E&T) rather appropriate level of care Requires collaboration with BH-ASO for streamlining of referral process.		
SB 5157 Providing incentives to reduce involvement by persons with BH disorders in the CJ system.	Requires HCA to include CJ involvement into their managed care contracts, as part of VBP to reduce CJ involvement for individuals with BH disorders. Substitute: Requires the Performance Measures Coordinating Committee to establish performance measures for Medicaid plans which track rates of criminal justice system involvement for clients with an identified behavioral health need and establish improvement targets related to those outcomes by July 1, 2022. Requires the Health Care Authority to provide a report with options and recommendations for adding value-based purchasing terms and a performance improvement projects to state Medicaid contracts relating to criminal justice outcome measures by October 1, 2022.	In committee 1 st reading 3/15	
HB 1063 Allowing additional renewals for behavioral health professional trainee and associate credentials	Allows for an additional renewal of SUDPT certification (up to 4 times) and Associates license when testing and training opportunities are unavailable due to a state of emergency being declared by the governor.	Hearing 3/12	
HB 1086 Creating the state office of behavioral health consumer advocacy	Replaces regional Ombuds offices with the State Office of Behavioral Health Consumer Advocacy (SOBHCA). Requires MCOs to reimburse the SOBHCA for BH advocacy services provided to their members. Substitute: limits the jurisdictional oversight of the SOBHCA to only providers of behavioral health services. The authority of the SOBHCA to collect data related to service quality is removed. Limits access to behavioral health providers or facilities according to SOBHCA policies on appropriate access, rather than right of entry at any reasonable time.	Hearing 3/12	

SB 5210 Concerning updates to competency restoration order requirements	Amends RCW 10.77 bill does not contain any substantive changes- it is mostly language improvement for existing RCWs Increases commitment evaluation timelines (specific to 10.77 dismissals) from 72 to 120 hrs	Passed Chamber	
HB 1069 Concerning local government fiscal flexibility	Allows locally collected tax revenue (CJ sales tax, CJ assistance Account) to supplant existing funds up to Dec 31, 2023. MH/CD sales and use tax can be used for capital projects. Sub includes MIDD	In committee, 3/1, 1 st reading	
HB 1349 Concerning Peer Specialists	establishes a license issued by the DOH for peer specialists (eliminating the certified peer counselor designation) effective July 1, 2022 Establishes a peer specialist career pathway (trainee, licensed peer specialist, peer supervisor) Extends the peer specialist training from 40 to 80 hours and requires licensed peer specialists to complete 30 hours of CE every 2 years	No longer moving forward	
SB 5229 Concerning health equity continuing education for health care professionals	Requires health equity continuing education for health care professionals at least once every 4 years. creates a rule making authority for each type of license. Grants the rule making authority ability to decide if the health equity requirement can be in place of an existing CE requirement.	In committee, 3/24 1 st reading	
SB 5327 Creating a confidential youth safety and well-being tip line.	Creates a statewide youth public tip line, "YES tip line program". The program would be overseen by the State Attorney General's Office. Substitute: Allows the court to review tip information in chambers, instead of hear the information in chambers. Allows the AGO to receive money or assets to support the Mental Health Safety Fund and convert assets to cash.	Hearing 3/11	
HB 1325 Implementing policies related to children and youth behavioral health	Makes the partnership access line for parents and the mental health referral service for children and teens (PAL) ongoing programs. (They were originally 2-year pilots to explore if these resources were needed) Requires HCA reimburse for up to five sessions of mental health intake	Hearing 3/12	

	and assessment of children from birth through age 5 in home and community settings. Requires providers use the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood		
SB 5293 Addressing mental health sentencing alternatives	creates a new “mental disability mandated observation and treatment alternative” which is eligible to persons with a “severe and persistent MH issue” convicted of non-serious violent offenses. Community custody terms can range from 12 to 36 months depending upon the standard range of sentencing.	Rules, 3/3 2nd reading	
SB 5370 Updating mental health advance directive laws.	Changes terminology to refer to behavioral health disorders instead of mental health disorders in the RCW. Allows a mental health advanced directive to be acknowledged by a notary public or two witnesses. Simplifies the form used to create a mental health advanced directive. Creates a role for substance use disorder professionals in evaluating capacity for the purpose of a mental health advanced directive.	Rules, 3/3 2 nd reading	
HB 1392	Allows the state military department's emergency management division to establish the emergency crisis assistance team pilot project. The pilot project would fund the creation of two emergency crisis assistance teams that would support community-based public safety and provide mobile mental health crisis intervention for crises involving mental illness, homelessness, and addiction	No longer moving forward	
HB 1196 SB 5325 SB 5236 SB 5412 HB 1314 HB 1007 HB 1307			

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