CERTIFICATION OF ENROLLMENT

SECOND SUBSTITUTE SENATE BILL 5555

68th Legislature 2023 Regular Session

Passed by the Senate April 18, 2023 Yeas 29 Nays 19

President of the Senate

Passed by the House April 12, 2023 Yeas 63 Nays 34 CERTIFICATE

I, Sarah Bannister, Secretary of the Senate of the State of Washington, do hereby certify that the attached is **SECOND SUBSTITUTE SENATE BILL 5555** as passed by the Senate and the House of Representatives on the dates hereon set forth.

Secretary

Speaker of the House of Representatives

Approved

FILED

Secretary of State State of Washington

Governor of the State of Washington

SECOND SUBSTITUTE SENATE BILL 5555

AS AMENDED BY THE HOUSE

Passed Legislature - 2023 Regular Session

State of Washington 68th Legislature 2023 Regular Session

By Senate Ways & Means (originally sponsored by Senators Randall, Dhingra, Hasegawa, Keiser, Nguyen, Nobles, Valdez, and C. Wilson)

READ FIRST TIME 02/24/23.

AN ACT Relating to addressing the behavioral health workforce shortage and expanding access to peer services by creating the profession of certified peer specialists; amending RCW 18.130.040, 18.130.040, 18.130.175, 43.43.842, and 43.70.250; adding new sections to chapter 71.24 RCW; adding a new section to chapter 48.43 RCW; adding a new chapter to Title 18 RCW; creating a new section; providing an effective date; and providing an expiration date.

8 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

9 Sec. 1. (1) The legislature finds that peers play NEW SECTION. 10 a critical role along the behavioral health continuum of care, from 11 outreach to treatment to recovery support. Peers deal in the currency 12 of hope and motivation and are incredibly adept at supporting people 13 with behavioral health challenges on their recovery journeys. Peers 14 represent the only segment of the behavioral health workforce where there is not a shortage, but a surplus of willing workers. Peers, 15 16 however, are presently limited to serving only medicaid recipients 17 and working only in community behavioral health agencies. As a 18 result, youth and adults with commercial insurance have no access to 19 peer services. Furthermore, peers who work in other settings, such as 20 emergency departments and behavioral health urgent care, cannot bill 21 insurance for their services.

1 (2) Therefore, it is the intent of the legislature to address the 2 behavioral health workforce crisis, expand access to peer services, 3 eliminate financial barriers to professional licensing, and honor the 4 contributions of the peer profession by creating the profession of 5 certified peer specialists.

6 <u>NEW SECTION.</u> Sec. 2. The definitions in this section apply 7 throughout this chapter unless the context clearly requires 8 otherwise.

9 (1) "Advisory committee" means the Washington state certified 10 peer specialist advisory committee established under section 4 of 11 this act.

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(2) "Approved supervisor" means:

(a) Until July 1, 2028, a behavioral health provider, as defined in RCW 71.24.025 with at least two years of experience working in a behavioral health practice that employs peer specialists as part of treatment teams; or

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(b) A certified peer specialist who has completed:

(i) At least 1,500 hours of work as a fully certified peer specialist engaged in the practice of peer support services, with at least 500 hours attained through the joint supervision of peers in conjunction with another approved supervisor; and

(ii) The training developed by the health care authority under section 13 of this act.

(3) "Certified peer specialist" means a person certified underthis chapter to engage in the practice of peer support services.

26 (4) "Certified peer specialist trainee" means an individual 27 working toward the supervised experience and written examination 28 requirements to become a certified peer specialist under this 29 chapter.

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(5) "Department" means the department of health.

31 (6) "Practice of peer support services" means the provision of interventions by either a person in recovery from a mental health 32 condition or substance use disorder, or both, or the parent or legal 33 guardian of a youth who is receiving or has received behavioral 34 health services. The client receiving the interventions receives them 35 from a person with a similar lived experience as either a person in 36 recovery from a mental health condition or substance use disorder, or 37 both, or the parent or legal guardian of a youth who is receiving or 38 has received behavioral health services. The person provides the 39

2SSB 5555.PL

1 interventions through the use of shared experiences to assist a client in the acquisition and exercise of skills needed to support 2 the client's recovery. Interventions may include activities that 3 assist clients in accessing or engaging in treatment and in symptom 4 management; promote social connection, recovery, and self-advocacy; 5 6 provide guidance in the development of natural community supports and 7 basic daily living skills; and support clients in engagement, motivation, and maintenance related to achieving and maintaining 8 health and wellness goals. 9

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(7) "Secretary" means the secretary of health.

11 <u>NEW SECTION.</u> Sec. 3. In addition to any other authority, the 12 secretary has the authority to:

13 (1) Adopt rules under chapter 34.05 RCW necessary to implement 14 this chapter;

(2) Establish all certification, examination, and renewal fees for certified peer specialists in accordance with RCW 43.70.110 and 43.70.250;

18 (3) Establish forms and procedures necessary to administer this19 chapter;

(4) Issue certificates to applicants who have met the education, training, and examination requirements for obtaining a certificate and to deny a certificate to applicants who do not meet the requirements;

(5) Coordinate with the health care authority to confirm an applicants' successful completion of the certified peer specialist education course offered by the health care authority under section 13 of this act and successful passage of the associated oral examination as proof of eligibility to take a qualifying written examination for applicants for obtaining a certificate;

30 (6) Establish practice parameters consistent with the definition31 of the practice of peer support services;

32 (7) Provide staffing and administrative support to the advisory 33 committee;

34 (8) Determine which states have credentialing requirements
 35 equivalent to those of this state, and issue certificates to
 36 applicants credentialed in those states without examination;

37 (9) Define and approve any supervised experience requirements for 38 certification;

1 (10) Assist the advisory committee with the review of peer 2 counselor apprenticeship program applications in the process of being 3 approved and registered under chapter 49.04 RCW;

4 (11) Adopt rules implementing a continuing competency program; 5 and

6 (12) Establish by rule the procedures for an appeal of an 7 examination failure.

8 <u>NEW SECTION.</u> Sec. 4. (1) The Washington state certified peer 9 specialist advisory committee is established.

10 (2) (a) The advisory committee shall consist of 11 members. Nine members must be certified peer specialists. Those nine members shall 11 be inclusive of mental health peers, substance use disorder peers, 12 13 community-based peers, peers who work in clinical settings, youth peers, adult peers, parent or family peers, and peer supervisors. One 14 15 member must represent community behavioral health agencies. One member must represent the public at large and may not be a 16 17 credentialed behavioral health provider. The advisory committee shall 18 be reflective of the community who receives peer services, including people who are Black, indigenous, people of color, and individuals 19 20 who identify as LGBTQ. All members of the advisory committee must be 21 residents of Washington state. Members may not hold an office in a 22 professional association for peer specialists or be employed by the state. A majority of the members currently serving shall constitute a 23 24 quorum.

25 (b) The members shall be appointed by the secretary to serve three-year terms which may be renewed. Initial members shall be 26 27 appointed to staggered terms which may be less than three years. 28 Initial membership may vary from the requirements in (a) of this subsection to account for the lack of an available credential for 29 30 certified peer specialists at the time the advisory committee is 31 established. The advisory committee shall select a chair and vice 32 chair.

(3) The department and the health care authority, as appropriate, are encouraged to adopt recommendations as submitted by the advisory committee on topics related to the administration of this chapter and provide their rationale for any formal recommendations of the advisory committee that either agency does not adopt, including:

38 (a) Advice and recommendations regarding the establishment or39 implementation of rules related to this chapter;

1 (b) Advice, recommendations, and consultation regarding 2 professional boundaries, customary practices, and other aspects of 3 peer support as it relates to complaints, investigations, and other 4 disciplinary actions;

5 (c) Assistance and recommendations to enhance patient and client 6 education;

7 (d) Assistance and recommendations regarding the written and oral 8 examination to become a certified peer specialist and the examiners 9 conducting the examinations, including recommendations to assure that 10 the examinations, and the manner in which the examinations are 11 administered, are culturally appropriate;

12 (e) Assistance and recommendations regarding any continuing 13 education and continuing competency programs administered under the 14 provisions of this chapter;

(f) Advice and guidance regarding criteria for certification based on prior experience as a peer specialist attained before July 1, 2025, as described in section 7(2) of this act;

18 (g) Recommendations for additional supports that may help those 19 practicing as peer counselors as of the effective date of this 20 section to become certified peer specialists;

(h) Advice and guidance on the feasibility and design of a twophase certification program for peer specialists;

23 (i) Review of existing health care authority policies and 24 procedures related to peer counselors;

(j) Advice on approving additional education and training entities, other than the health care authority, to conduct the course of instruction in section 13(1)(a) of this act to expand availability of the course, particularly among black, indigenous, people of color, and individuals who identify as LGBTQ;

30 (k) Advice on approving additional testing entities, other than 31 the health care authority to administer the written and oral 32 examination, including entities owned by black, indigenous, and 33 people of color;

34 (1) Advice on long-term planning and growth for the future 35 advancement of the peer specialist profession;

36 (m) Recommendations on recruitment and retention in the peer 37 specialist profession, including among black, indigenous, people of 38 color, and individuals who identify as LGBTQ; and

39 (n) Recommendations on strategies to eliminate financial barriers40 to licensing as a certified peer specialist.

1 (4) Committee members are immune from suit in an action, civil or 2 criminal, based on the department's disciplinary proceedings or other 3 official acts performed in good faith.

4 (5) Committee members shall be compensated in accordance with RCW
5 43.03.240, including travel expenses in carrying out his or her
6 authorized duties in accordance with RCW 43.03.050 and 43.03.060.

7 <u>NEW SECTION.</u> Sec. 5. Beginning July 1, 2025, except as provided 8 in section 13 of this act, the decision of a person practicing peer 9 support services to become certified under this chapter is voluntary. 10 A person may not use the title certified peer specialist unless the 11 person holds a credential under this chapter.

12 <u>NEW SECTION.</u> Sec. 6. Nothing in this chapter may be construed 13 to prohibit or restrict:

(1) An individual who holds a credential issued by this state, other than as a certified peer specialist or certified peer specialist trainee, to engage in the practice of an occupation or profession without obtaining an additional credential from the state. The individual may not use the title certified peer specialist unless the individual holds a credential under this chapter; or

20 (2) The practice of peer support services by a person who is 21 employed by the government of the United States while engaged in the 22 performance of duties prescribed by the laws of the United States.

NEW SECTION. Sec. 7. (1) Beginning July 1, 2025, except as provided in subsections (2) and (3) of this section, the secretary shall issue a certificate to practice as a certified peer specialist to any applicant who demonstrates to the satisfaction of the secretary that the applicant meets the following requirements:

(a) Submission of an attestation to the department that theapplicant self-identifies as:

30 (i) A person with one or more years of recovery from a mental 31 health condition, substance use disorder, or both; or

32 (ii) The parent or legal guardian of a youth who is receiving or 33 has received behavioral health services;

34 (b) Successful completion of the education course developed and
 35 offered by the health care authority under section 13 of this act;

(c) Successful passage of an oral examination administered by the
 health care authority upon completion of the education course offered
 by the health care authority under section 13 of this act;

4 (d) Successful passage of a written examination administered by
5 the health care authority upon completion of the education course
6 offered by the health care authority under section 13 of this act;

7 (e) Successful completion of an experience requirement of at 8 least 1,000 supervised hours as a certified peer specialist trainee 9 engaged in the volunteer or paid practice of peer support services, 10 in accordance with the standards in section 8 of this act; and

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(f) Payment of the appropriate fee required under this chapter.

12 The secretary, with the recommendation of the advisory (2) committee, shall establish criteria for the issuance of a certificate 13 to engage in the practice of peer support services based on prior 14 experience as a peer specialist attained before July 1, 2025. The 15 16 criteria shall establish equivalency standards necessary to be deemed 17 to have met the requirements of subsection (1) of this section. An applicant under this subsection shall have until July 1, 2026, to 18 19 complete any standards in which the applicant is determined to be deficient. 20

(3) The secretary, with the recommendation of the advisory committee, shall issue a certificate to engage in the practice of peer support services based on completion of an apprenticeship program registered and approved under chapter 49.04 RCW and reviewed by the advisory committee under section 3 of this act.

26 (4) A certificate to engage in the practice of peer support 27 services is valid for two years. A certificate may be renewed upon 28 demonstrating to the department that the certified peer specialist has successfully completed 30 hours of continuing education approved 29 by the department. As part of the continuing education requirement, 30 31 every six years the applicant must submit proof of successful 32 completion of at least three hours of suicide prevention training and at least six hours of coursework in professional ethics and law, 33 which may include topics under RCW 18.130.180. 34

35 <u>NEW SECTION.</u> Sec. 8. (1) Beginning July 1, 2025, the secretary 36 shall issue a certificate to practice as a certified peer specialist 37 trainee to any applicant who demonstrates to the satisfaction of the 38 secretary that:

1 (a) The applicant meets the requirements of section 7 (1)(a), 2 (b), (c), (d), and (4) of this act and is working toward the 3 supervised experience requirements to become a certified peer 4 specialist under this chapter; or

5 (b) The applicant is enrolled in an apprenticeship program 6 registered and approved under chapter 49.04 RCW and approved by the 7 secretary under section 3 of this act.

8 (2) An applicant seeking to become a certified peer specialist 9 trainee under this section shall submit to the secretary for approval 10 an attestation, in accordance with rules adopted by the department, 11 that the certified peer specialist trainee is actively pursuing the 12 supervised experience requirements of section 7(1)(d) of this act. 13 This attestation must be updated with the trainee's annual renewal.

(3) A certified peer specialist trainee certified under this 14 section may practice only under the supervision of an approved 15 16 supervisor. Supervision may be provided through distance supervision. 17 Supervision may be provided by an approved supervisor who is employed 18 by the same employer that employs the certified peer specialist trainee or by an arrangement made with a third-party approved 19 supervisor to provide supervision, or a combination of both types of 20 21 approved supervisors.

(4) A certified peer specialist trainee certificate is valid forone year and may only be renewed four times.

NEW SECTION. Sec. 9. (1) The date and location of written examinations must be established by the health care authority. Applicants who have been found by the health care authority to meet other requirements for obtaining a certificate must be scheduled for the next examination following the filing of the application. The health care authority shall establish by rule the examination application deadline.

31 (2) The health care authority shall administer written 32 examinations to each applicant, by means determined most effective, 33 on subjects appropriate to the scope of practice, as applicable. The 34 examinations must be limited to the purpose of determining whether 35 the applicant possesses the minimum skill and knowledge necessary to 36 practice competently.

37 (3) The examination materials, all grading of the materials, and 38 the grading of any practical work must be preserved for a period of 39 not less than one year after the health care authority has made and

2SSB 5555.PL

1 published the decisions. All examinations must be conducted under 2 fair and wholly impartial methods.

(4) Any applicant failing to make the required grade in the first written examination may take up to three subsequent written examinations as the applicant desires upon prepaying a fee determined by the health care authority for each subsequent written examination. Upon failing four written examinations, the health care authority may invalidate the original application and require remedial education before the person may take future written examinations.

10 (5) The health care authority may approve a written examination 11 prepared or administered by a private organization that credentials 12 and renews credentials for peer counselors, or an association of 13 credentialing agencies, for use by an applicant in meeting the 14 credentialing requirements.

15 <u>NEW SECTION.</u> Sec. 10. The secretary shall establish, by rule, 16 the requirements and fees for renewal of a certificate issued 17 pursuant to this chapter. Fees must be established in accordance with 18 RCW 43.70.110 and 43.70.250. Failure to renew the certificate invalidates the certificate and all privileges granted by the 19 certificate. If a certificate has lapsed for a period longer than 20 21 three years, the person shall demonstrate competence to the 22 satisfaction of the secretary by completing continuing competency requirements or meeting other standards determined by the secretary. 23

24 <u>NEW SECTION.</u> Sec. 11. (1) The department, in consultation with 25 the advisory committee, shall conduct an assessment and submit a 26 report to the governor and the committees of the legislature with 27 jurisdiction over health policy issues by December 1, 2027.

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(2) The report in subsection (1) of this section shall provide:

(a) An analysis of the adequacy of the supply of certified peer specialists serving as approved supervisors pursuant to section 2(2)(b) of this act with respect to the ability to meet the anticipated supervision needs of certified peer specialist trainees upon the expiration of behavioral health providers serving as approved supervisors pursuant to section 2(2)(a) of this act;

35 (b) An assessment of whether or not it is necessary to extend the 36 expiration of behavioral health providers serving as approved 37 supervisors pursuant to section 2(2)(a) of this act in order to meet 1 the anticipated supervision needs of certified peer specialist 2 trainees;

3 (c) Recommendations for increasing the supply of certified peer 4 specialists serving as approved supervisors pursuant to section 5 2(2)(b) of this act, including any potential modifications to the 6 requirements to become an approved supervisor; and

7 (d) Recommendations for alternative methods of providing 8 supervision to certified peer specialist trainees, including options 9 for team-based supervision that incorporate supervision from both 10 behavioral health providers serving as approved supervisors pursuant 11 to section 2(2)(a) of this act and certified peer specialists serving 12 as approved supervisors pursuant to section 2(2)(b) of this act.

13 <u>NEW SECTION.</u> Sec. 12. The uniform disciplinary act, chapter 14 18.130 RCW, governs uncertified practice of peer support services, 15 the issuance and denial of certificates, and the discipline of 16 certified peer specialists and certified peer specialist trainees 17 under this chapter.

18 <u>NEW SECTION.</u> Sec. 13. A new section is added to chapter 71.24 19 RCW to read as follows:

(1) (a) By January 1, 2025, the authority must develop a course of 20 instruction to become a certified peer specialist under chapter 21 18.--- RCW (the new chapter created in section 22 of this act). The 22 23 course must be approximately 80 hours in duration and based upon the curriculum offered by the authority in its peer counselor training as 24 of the effective date of this section, as well as additional 25 26 instruction in the principles of recovery coaching and suicide prevention. The authority shall establish a peer engagement process 27 to receive suggestions regarding subjects to be covered in the 80-28 29 hour curriculum beyond those addressed in the peer counselor training 30 curriculum and recovery coaching and suicide prevention curricula, including the cultural appropriateness of the 80-hour training. The 31 education course must be taught by certified peer specialists. The 32 education course must be offered by the authority with sufficient 33 frequency to accommodate the demand for training and the needs of the 34 workforce. The authority must establish multiple configurations for 35 offering the education course, including offering the course as an 36 37 uninterrupted course with longer class hours held on consecutive days 38 for students seeking accelerated completion of the course and as an

1 extended course with reduced daily class hours, possibly with 2 multiple days between classes, to accommodate students with other 3 commitments. Upon completion of the education course, the student 4 must pass an oral examination administered by the course trainer.

The authority shall develop an expedited course 5 (b) of 6 instruction that consists of only those portions of the curriculum required under (a) of this subsection that exceed the authority's 7 certified peer counselor training curriculum as it exists on the 8 effective date of this section. The expedited training shall focus on 9 10 assisting persons who completed the authority's certified peer counselor training as it exists on the effective date of this section 11 12 to meet the education requirements for certification under section 7 of this act. 13

(2) By January 1, 2025, the authority must develop a training
 course for certified peer specialists providing supervision to
 certified peer specialist trainees under section 8 of this act.

(3)(a) By July 1, 2025, the authority shall offer a 40-hour 17 specialized training course in peer crisis response services for 18 individuals employed as peers who work with individuals who may be 19 experiencing a behavioral health crisis. When offering the training 20 course, priority for enrollment must be given to certified peer 21 specialists employed in a crisis-related setting, including entities 22 23 identified in (b) of this subsection. The training shall incorporate best practices for responding to 988 behavioral health crisis line 24 25 calls, as well as processes for co-response with law enforcement when 26 necessary.

27 (b) Beginning July 1, 2025, any entity that uses certified peer 28 specialists as peer crisis responders, may only use certified peer specialists who have completed the training course established by (a) 29 of this subsection. A behavioral health agency that uses certified 30 31 peer specialists to work as peer crisis responders must maintain the 32 records of the completion of the training course for those certified peer specialists who provide these services and make the records 33 available to the state agency for auditing or certification purposes. 34

(4) By July 1, 2025, the authority shall offer a course designed to inform licensed or certified behavioral health agencies of the benefits of incorporating certified peer specialists and certified peer specialist trainees into their clinical staff and best practices for incorporating their services. The authority shall encourage entities that hire certified peer specialists and certified peer

1 specialist trainees, including licensed or certified behavioral 2 health agencies, hospitals, primary care offices, and other entities, 3 to have appropriate staff attend the training by making it available 4 in multiple formats.

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(5) The authority shall:

6 (a) Hire clerical, administrative, investigative, and other staff as needed to implement this section to serve as examiners for any 7 practical oral or written examination and assure that the examiners 8 are trained to administer examinations in a culturally appropriate 9 manner and represent the diversity of applicants being tested. The 10 11 authority shall adopt procedures to allow for appropriate 12 accommodations for persons with a learning disability, other disabilities, and other needs and assure that staff involved in the 13 administration of examinations are trained on those procedures; 14

(b) Develop oral and written examinations required under this section. The initial examinations shall be adapted from those used by the authority as of the effective date of this section and modified pursuant to input and comments from the Washington state peer specialist advisory committee. The authority shall assure that the examinations are culturally appropriate;

(c) Prepare, grade, and administer, or supervise the grading and
 administration of written examinations for obtaining a certificate;

(d) Approve entities to provide the educational courses required by this section and approve entities to prepare, grade, and administer written examinations for the educational courses required by this section. In establishing approval criteria, the authority shall consider the recommendations of the Washington state peer specialist advisory committee;

(e) Develop examination preparation materials and make them available to students enrolled in the courses established under this section in multiple formats, including specialized examination preparation support for students with higher barriers to passing the written examination; and

(f) The authority shall administer, through contract, a program to link eligible persons in recovery from behavioral health challenges who are seeking employment as peers with employers seeking to hire peers, including certified peer specialists. The authority must contract for this program with an organization that provides peer workforce development, peer coaching, and other peer supportive services. The contract must require the organization to create and

maintain a statewide database which is easily accessible to eligible persons in recovery who are seeking employment as peers and potential employers seeking to hire peers, including certified peer specialists. The program must be fully implemented by July 1, 2024.

5 (6) For the purposes of this section, the term "peer crisis 6 responder" means a peer specialist certified under chapter 18.--- RCW 7 (the new chapter created in section 22 of this act) who has completed 8 the training under subsection (3) of this section whose job involves 9 responding to behavioral health emergencies, including those 10 dispatched through a 988 crisis hotline or the 911 system.

11 <u>NEW SECTION.</u> Sec. 14. A new section is added to chapter 71.24 12 RCW to read as follows:

Behavioral health agencies must reduce the caseload for approved supervisors who are providing supervision to certified peer specialist trainees seeking certification under chapter 18.--- RCW (the new chapter created in section 22 of this act), in accordance with standards established by the Washington state certified peer specialist advisory committee.

19 <u>NEW SECTION.</u> Sec. 15. A new section is added to chapter 71.24 20 RCW to read as follows:

(1) Beginning January 1, 2027, a person who engages in the practice of peer support services and who bills a health carrier or medical assistance or whose employer bills a health carrier or medical assistance for those services must hold an active credential as a certified peer specialist or certified peer specialist trainee under chapter 18.--- RCW (the new chapter created in section 22 of this act).

(2) A person who is registered as an agency-affiliated counselor under chapter 18.19 RCW who engages in the practice of peer support services and whose agency, as defined in RCW 18.19.020, bills medical assistance for those services must hold a certificate as a certified peer specialist or certified peer specialist trainee under chapter 18.--- RCW (the new chapter created in section 22 of this act) no later than January 1, 2027.

35 <u>NEW SECTION.</u> Sec. 16. A new section is added to chapter 48.43 36 RCW to read as follows:

By July 1, 2026, each carrier shall provide access to services provided by certified peer specialists and certified peer specialist trainees in a manner sufficient to meet the network access standards set forth in rules established by the office of the insurance commissioner.

6 Sec. 17. RCW 18.130.040 and 2021 c 179 s 7 are each amended to 7 read as follows:

8 (1) This chapter applies only to the secretary and the boards and 9 commissions having jurisdiction in relation to the professions 10 licensed under the chapters specified in this section. This chapter 11 does not apply to any business or profession not licensed under the 12 chapters specified in this section.

(2) (a) The secretary has authority under this chapter in relationto the following professions:

15 (i) Dispensing opticians licensed and designated apprentices 16 under chapter 18.34 RCW;

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(ii) Midwives licensed under chapter 18.50 RCW;

18 (iii) Ocularists licensed under chapter 18.55 RCW;

19 (iv) Massage therapists and businesses licensed under chapter
20 18.108 RCW;

21 (v) Dental hygienists licensed under chapter 18.29 RCW;

(vi) Acupuncturists or acupuncture and Eastern medicine practitioners licensed under chapter 18.06 RCW;

24 (vii) Radiologic technologists certified and X-ray technicians 25 registered under chapter 18.84 RCW;

26 (viii) Respiratory care practitioners licensed under chapter 27 18.89 RCW;

(ix) Hypnotherapists and agency affiliated counselors registered
 and advisors and counselors certified under chapter 18.19 RCW;

30 (x) Persons licensed as mental health counselors, mental health 31 counselor associates, marriage and family therapists, marriage and 32 family therapist associates, social workers, social work associates— 33 advanced, and social work associates—independent clinical under 34 chapter 18.225 RCW;

35 (xi) Persons registered as nursing pool operators under chapter 36 18.52C RCW;

37 (xii) Nursing assistants registered or certified or medication 38 assistants endorsed under chapter 18.88A RCW;

1 (xiii) Dietitians and nutritionists certified under chapter 2 18.138 RCW; (xiv) Substance use disorder professionals, substance use 3 disorder professional trainees, or co-occurring disorder specialists 4 certified under chapter 18.205 RCW; 5 6 (xv) Sex offender treatment providers and certified affiliate sex offender treatment providers certified under chapter 18.155 RCW; 7 (xvi) Persons licensed and certified under chapter 18.73 RCW or 8 RCW 18.71.205; 9 (xvii) Orthotists and prosthetists licensed under chapter 18.200 10 11 RCW; 12 (xviii) Surgical technologists registered under chapter 18.215 13 RCW; 14 (xix) Recreational therapists under chapter 18.230 RCW; (xx) Animal massage therapists certified under chapter 18.240 15 16 RCW; 17 (xxi) Athletic trainers licensed under chapter 18.250 RCW; (xxii) Home care aides certified under chapter 18.88B RCW; 18 19 (xxiii) Genetic counselors licensed under chapter 18.290 RCW; (xxiv) Reflexologists certified under chapter 18.108 RCW; 20 (xxv) Medical assistants-certified, medical assistants-21 hemodialysis technician, medical assistants-phlebotomist, forensic 22 phlebotomist, and medical assistants-registered certified and 23 registered under chapter 18.360 RCW; ((and)) 24 25 (xxvi) Behavior analysts, assistant behavior analysts, and behavior technicians under chapter 18.380 RCW; and 26 (xxvii) Certified peer specialists and certified peer specialist 27 trainees under chapter 18.--- RCW (the new chapter created in section 28 29 22 of this act). (b) The boards and commissions having authority under this 30 31 chapter are as follows: 32 (i) The podiatric medical board as established in chapter 18.22 33 RCW; 34 (ii) The chiropractic quality assurance commission as established 35 in chapter 18.25 RCW; 36 (iii) The dental quality assurance commission as established in chapter 18.32 RCW governing licenses issued under chapter 18.32 RCW, 37 licenses and registrations issued under chapter 18.260 RCW, and 38 39 certifications issued under chapter 18.350 RCW;

(iv) The board of hearing and speech as established in chapter
 18.35 RCW;

3 (v) The board of examiners for nursing home administrators as 4 established in chapter 18.52 RCW;

5 (vi) The optometry board as established in chapter 18.54 RCW 6 governing licenses issued under chapter 18.53 RCW;

7 (vii) The board of osteopathic medicine and surgery as 8 established in chapter 18.57 RCW governing licenses issued under 9 chapter 18.57 RCW;

10 (viii) The pharmacy quality assurance commission as established 11 in chapter 18.64 RCW governing licenses issued under chapters 18.64 12 and 18.64A RCW;

13 (ix) The Washington medical commission as established in chapter 14 18.71 RCW governing licenses and registrations issued under chapters 15 18.71 and 18.71A RCW;

16 (x) The board of physical therapy as established in chapter 18.74
17 RCW;

18 (xi) The board of occupational therapy practice as established in 19 chapter 18.59 RCW;

20 (xii) The nursing care quality assurance commission as 21 established in chapter 18.79 RCW governing licenses and registrations 22 issued under that chapter;

23 (xiii) The examining board of psychology and its disciplinary 24 committee as established in chapter 18.83 RCW;

25 (xiv) The veterinary board of governors as established in chapter 26 18.92 RCW;

(xv) The board of naturopathy established in chapter 18.36A RCW,
 governing licenses and certifications issued under that chapter; and
 (xvi) The board of denturists established in chapter 18.30 RCW.

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(xvi) The board of denturists established in chapter 18.30 RCW.(3) In addition to the authority to discipline license holders,

31 the disciplining authority has the authority to grant or deny 32 licenses. The disciplining authority may also grant a license subject 33 to conditions.

(4) All disciplining authorities shall adopt procedures to ensure
 substantially consistent application of this chapter, the uniform
 disciplinary act, among the disciplining authorities listed in
 subsection (2) of this section.

38 Sec. 18. RCW 18.130.040 and 2022 c 217 s 5 are each amended to 39 read as follows: 1 (1) This chapter applies only to the secretary and the boards and 2 commissions having jurisdiction in relation to the professions 3 licensed under the chapters specified in this section. This chapter 4 does not apply to any business or profession not licensed under the 5 chapters specified in this section.

6 (2)(a) The secretary has authority under this chapter in relation 7 to the following professions:

8 (i) Dispensing opticians licensed and designated apprentices9 under chapter 18.34 RCW;

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(ii) Midwives licensed under chapter 18.50 RCW;

11 (iii) Ocularists licensed under chapter 18.55 RCW;

12 (iv) Massage therapists and businesses licensed under chapter 13 18.108 RCW;

14 (v) Dental hygienists licensed under chapter 18.29 RCW;

15 (vi) Acupuncturists or acupuncture and Eastern medicine 16 practitioners licensed under chapter 18.06 RCW;

17 (vii) Radiologic technologists certified and X-ray technicians 18 registered under chapter 18.84 RCW;

19 (viii) Respiratory care practitioners licensed under chapter
20 18.89 RCW;

(ix) Hypnotherapists and agency affiliated counselors registered
 and advisors and counselors certified under chapter 18.19 RCW;

(x) Persons licensed as mental health counselors, mental health counselor associates, marriage and family therapists, marriage and family therapist associates, social workers, social work associates advanced, and social work associates—independent clinical under chapter 18.225 RCW;

28 (xi) Persons registered as nursing pool operators under chapter 29 18.52C RCW;

30 (xii) Nursing assistants registered or certified or medication 31 assistants endorsed under chapter 18.88A RCW;

32 (xiii) Dietitians and nutritionists certified under chapter 33 18.138 RCW;

34 (xiv) Substance use disorder professionals, substance use 35 disorder professional trainees, or co-occurring disorder specialists 36 certified under chapter 18.205 RCW;

37 (xv) Sex offender treatment providers and certified affiliate sex
 38 offender treatment providers certified under chapter 18.155 RCW;

39 (xvi) Persons licensed and certified under chapter 18.73 RCW or 40 RCW 18.71.205;

1 (xvii) Orthotists and prosthetists licensed under chapter 18.200 2 RCW; (xviii) Surgical technologists registered under chapter 18.215 3 4 RCW; (xix) Recreational therapists under chapter 18.230 RCW; 5 6 (xx) Animal massage therapists certified under chapter 18.240 7 RCW; (xxi) Athletic trainers licensed under chapter 18.250 RCW; 8 (xxii) Home care aides certified under chapter 18.88B RCW; 9 (xxiii) Genetic counselors licensed under chapter 18.290 RCW; 10 11 (xxiv) Reflexologists certified under chapter 18.108 RCW; 12 (xxv) Medical assistants-certified, medical assistantshemodialysis technician, medical assistants-phlebotomist, forensic 13 14 phlebotomist, and medical assistants-registered certified and registered under chapter 18.360 RCW; 15 16 (xxvi) Behavior analysts, assistant behavior analysts, and 17 behavior technicians under chapter 18.380 RCW; ((and)) 18 (xxvii) Birth doulas certified under chapter 18.47 RCW; and (xxviii) Certified peer specialists and certified peer specialist 19 trainees under chapter 18.--- RCW (the new chapter created in section 20 21 22 of this act). 22 (b) The boards and commissions having authority under this chapter are as follows: 23 (i) The podiatric medical board as established in chapter 18.22 24 25 RCW; 26 (ii) The chiropractic quality assurance commission as established 27 in chapter 18.25 RCW; 28 (iii) The dental quality assurance commission as established in 29 chapter 18.32 RCW governing licenses issued under chapter 18.32 RCW, licenses and registrations issued under chapter 18.260 RCW, and 30 31 certifications issued under chapter 18.350 RCW; 32 (iv) The board of hearing and speech as established in chapter 18.35 RCW; 33 (v) The board of examiners for nursing home administrators as 34 35 established in chapter 18.52 RCW; 36 (vi) The optometry board as established in chapter 18.54 RCW 37 governing licenses issued under chapter 18.53 RCW; (vii) 38 The board of osteopathic medicine and surgery as 39 established in chapter 18.57 RCW governing licenses issued under 40 chapter 18.57 RCW;

2SSB 5555.PL

(viii) The pharmacy quality assurance commission as established
 in chapter 18.64 RCW governing licenses issued under chapters 18.64
 and 18.64A RCW;

4 (ix) The Washington medical commission as established in chapter
5 18.71 RCW governing licenses and registrations issued under chapters
6 18.71 and 18.71A RCW;

7 (x) The board of physical therapy as established in chapter 18.74
8 RCW;

9 (xi) The board of occupational therapy practice as established in 10 chapter 18.59 RCW;

11 (xii) The nursing care quality assurance commission as 12 established in chapter 18.79 RCW governing licenses and registrations 13 issued under that chapter;

14 (xiii) The examining board of psychology and its disciplinary 15 committee as established in chapter 18.83 RCW;

16 (xiv) The veterinary board of governors as established in chapter 17 18.92 RCW;

(xv) The board of naturopathy established in chapter 18.36A RCW,
 governing licenses and certifications issued under that chapter; and
 (xvi) The board of denturists established in chapter 18.30 RCW.

(3) In addition to the authority to discipline license holders, the disciplining authority has the authority to grant or deny licenses. The disciplining authority may also grant a license subject to conditions.

(4) All disciplining authorities shall adopt procedures to ensure substantially consistent application of this chapter, the uniform disciplinary act, among the disciplining authorities listed in subsection (2) of this section.

29 Sec. 19. RCW 18.130.175 and 2022 c 43 s 10 are each amended to 30 read as follows:

(1) In lieu of disciplinary action under RCW 18.130.160 and if the disciplining authority determines that the unprofessional conduct may be the result of an applicable impairing or potentially impairing health condition, the disciplining authority may refer the license holder to a physician health program or a voluntary substance use disorder monitoring program approved by the disciplining authority.

The cost of evaluation and treatment shall be the responsibility of the license holder, but the responsibility does not preclude payment by an employer, existing insurance coverage, or other

p. 19

2SSB 5555.PL

1 sources. Evaluation and treatment shall be provided by providers approved by the entity or the commission. The disciplining authority 2 may also approve the use of out-of-state programs. Referral of the 3 license holder to the physician health program or voluntary substance 4 use disorder monitoring program shall be done only with the consent 5 6 of the license holder. Referral to the physician health program or voluntary substance use disorder monitoring program may also include 7 probationary conditions for a designated period of time. 8 If the license holder does not consent to be referred to the program or does 9 not successfully complete the program, the disciplining authority may 10 11 take appropriate action under RCW 18.130.160 which includes 12 suspension of the license unless or until the disciplining authority, in consultation with the director of the applicable program, 13 determines the license holder is able to practice safely. The 14 secretary shall adopt uniform rules for the evaluation by the 15 16 disciplining authority of return to substance use or program 17 violation on the part of a license holder in the program. The evaluation shall encourage program participation with additional 18 conditions, in lieu of disciplinary action, when the disciplining 19 authority determines that the license holder is able to continue to 20 practice with reasonable skill and safety. 21

22 (2) In addition to approving the physician health program or the 23 voluntary substance use disorder monitoring program that may receive referrals from the disciplining authority, the disciplining authority 24 25 may establish by rule requirements for participation of license 26 holders who are not being investigated or monitored by the disciplining authority. License holders voluntarily participating in 27 28 the approved programs without being referred by the disciplining authority shall not be subject to disciplinary action under RCW 29 18.130.160 for their impairing or potentially impairing health 30 31 condition, and shall not have their participation made known to the 32 disciplining authority, if they meet the requirements of this section 33 and the program in which they are participating.

(3) The license holder shall sign a waiver allowing the program to release information to the disciplining authority if the licensee does not comply with the requirements of this section or is unable to practice with reasonable skill or safety. The physician health program or voluntary substance use disorder program shall report to the disciplining authority any license holder who fails to comply with the requirements of this section or the program or who, in the

2SSB 5555.PL

opinion of the program, is unable to practice with reasonable skill or safety. License holders shall report to the disciplining authority if they fail to comply with this section or do not complete the program's requirements. License holders may, upon the agreement of the program and disciplining authority, reenter the program if they have previously failed to comply with this section.

(4) Program records including, but not limited to, case notes, 7 progress notes, laboratory reports, evaluation and treatment records, 8 electronic and written correspondence within the program, and between 9 the program and the participant or other involved entities including, 10 but not limited to, employers, credentialing bodies, referents, or 11 12 other collateral sources, relating to license holders referred to or voluntarily participating in approved programs are confidential and 13 exempt from disclosure under chapter 42.56 RCW and shall not be 14 subject to discovery by subpoena or admissible as evidence except: 15

(a) To defend any civil action by a license holder regarding the restriction or revocation of that individual's clinical or staff privileges, or termination of a license holder's employment. In such an action, the program will, upon subpoena issued by either party to the action, and upon the requesting party seeking a protective order for the requested disclosure, provide to both parties of the action written disclosure that includes the following information:

(i) Verification of a health care professional's participation in the physician health program or voluntary substance use disorder monitoring program as it relates to aspects of program involvement at issue in the civil action;

27

(ii) The dates of participation;

28 (iii) Whether or not the program identified an impairing or 29 potentially impairing health condition;

30 (iv) Whether the health care professional was compliant with the 31 requirements of the physician health program or voluntary substance 32 use disorder monitoring program; and

33 (v) Whether the health care professional successfully completed 34 the physician health program or voluntary substance use disorder 35 monitoring program; and

36 (b) Records provided to the disciplining authority for cause as 37 described in subsection (3) of this section. Program records relating 38 to license holders mandated to the program, through order or by 39 stipulation, by the disciplining authority or relating to license 40 holders reported to the disciplining authority by the program for

p. 21

2SSB 5555.PL

1 cause, must be released to the disciplining authority at the request 2 of the disciplining authority. Records held by the disciplining 3 authority under this section are exempt from chapter 42.56 RCW and 4 are not subject to discovery by subpoena except by the license 5 holder.

6 (5) This section does not affect an employer's right or ability 7 to make employment-related decisions regarding a license holder. This 8 section does not restrict the authority of the disciplining authority 9 to take disciplinary action for any other unprofessional conduct.

10 (6) A person who, in good faith, reports information or takes 11 action in connection with this section is immune from civil liability 12 for reporting information or taking the action.

(a) The immunity from civil liability provided by this section shall be liberally construed to accomplish the purposes of this section, and applies to both license holders and students and trainees when students and trainees of the applicable professions are served by the program. The persons entitled to immunity shall include:

(i) An approved physician health program or voluntary substanceuse disorder monitoring program;

(ii) The professional association affiliated with the program;

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22 (iii) Members, employees, or agents of the program or 23 associations;

(iv) Persons reporting a license holder as being possibly impaired or providing information about the license holder's impairment; and

(v) Professionals supervising or monitoring the course of theprogram participant's treatment or rehabilitation.

(b) The courts are strongly encouraged to impose sanctions on program participants and their attorneys whose allegations under this subsection are not made in good faith and are without either reasonable objective, substantive grounds, or both.

33 (c) The immunity provided in this section is in addition to any 34 other immunity provided by law.

(7) In the case of a person who is applying to be a substance use disorder professional or substance use disorder professional trainee certified under chapter 18.205 RCW, <u>an agency affiliated counselor</u> <u>registered under chapter 18.19 RCW, or a peer specialist or peer</u> <u>specialist trainee certified under chapter 18.--- RCW (the new</u> <u>abapter greated in certified 22 of this set)</u> if the

40 <u>chapter created in section 22 of this act)</u>, if the person is:

2SSB 5555.PL

1 (a) Less than one year in recovery from a substance use disorder, 2 the duration of time that the person may be required to participate 3 in an approved substance use disorder monitoring program may not 4 exceed the amount of time necessary for the person to achieve one 5 year in recovery; or

6 (b) At least one year in recovery from a substance use disorder, 7 the person may not be required to participate in the approved 8 substance use disorder monitoring program.

9 (8) ((In the case of a person who is applying to be an agency 10 affiliated counselor registered under chapter 18.19 RCW and practices 11 or intends to practice as a peer counselor in an agency, as defined 12 in RCW 18.19.020, if the person is:

13 (a) Less than one year in recovery from a substance use disorder, 14 the duration of time that the person may be required to participate 15 in the approved substance use disorder monitoring program may not 16 exceed the amount of time necessary for the person to achieve one 17 year in recovery; or

18 (b) At least one year in recovery from a substance use disorder, 19 the person may not be required to participate in the approved substance use disorder monitoring program)) The provisions of 20 21 subsection (7) of this section apply to any person employed as a peer specialist as of July 1, 2025, participating in a program under this 22 23 section as of July 1, 2025, and applying to become a certified peer specialist under section 7 of this act, regardless of when the 24 25 person's participation in a program began. To this extent, subsection (7) of this section applies retroactively, but in all other respects 26 it applies prospectively. 27

28 Sec. 20. RCW 43.43.842 and 2021 c 215 s 150 are each amended to 29 read as follows:

30 (1) (a) The secretary of social and health services and the 31 secretary of health shall adopt additional requirements for the licensure or relicensure of agencies, facilities, and licensed 32 individuals who provide care and treatment to vulnerable adults, 33 including nursing pools registered under chapter 18.52C RCW. These 34 additional requirements shall ensure that any person associated with 35 a licensed agency or facility having unsupervised access with a 36 vulnerable adult shall not be the respondent in an active vulnerable 37 38 adult protection order under chapter 7.105 RCW, nor have been: (i) Convicted of a crime against children or other persons as defined in 39

p. 23

2SSB 5555.PL

1 RCW 43.43.830, except as provided in this section; (ii) convicted of 2 crimes relating to financial exploitation as defined in RCW 3 43.43.830, except as provided in this section; or (iii) found in any 4 disciplinary board final decision to have abused a vulnerable adult 5 as defined in RCW 43.43.830.

6 (b) A person associated with a licensed agency or facility who has unsupervised access with a vulnerable adult shall make the 7 disclosures specified in RCW 43.43.834(2). The person shall make the 8 disclosures in writing, sign, and swear to the contents under penalty 9 of perjury. The person shall, in the disclosures, specify all crimes 10 against children or other persons, all crimes relating to financial 11 12 exploitation, and all crimes relating to drugs as defined in RCW 43.43.830, committed by the person. 13

14 (2) The rules adopted under this section shall permit the 15 licensee to consider the criminal history of an applicant for 16 employment in a licensed facility when the applicant has one or more 17 convictions for a past offense and:

(a) The offense was simple assault, assault in the fourth degree,
or the same offense as it may be renamed, and three or more years
have passed between the most recent conviction and the date of
application for employment;

(b) The offense was prostitution, or the same offense as it may be renamed, and three or more years have passed between the most recent conviction and the date of application for employment;

(c) The offense was theft in the third degree, or the same offense as it may be renamed, and three or more years have passed between the most recent conviction and the date of application for employment;

(d) The offense was theft in the second degree, or the same offense as it may be renamed, and five or more years have passed between the most recent conviction and the date of application for employment;

33 (e) The offense was forgery, or the same offense as it may be 34 renamed, and five or more years have passed between the most recent 35 conviction and the date of application for employment;

36 (f) The department of social and health services reviewed the 37 employee's otherwise disqualifying criminal history through the 38 department of social and health services' background assessment 39 review team process conducted in 2002, and determined that such 40 employee could remain in a position covered by this section; or

1 (g) The otherwise disqualifying conviction or disposition has 2 been the subject of a pardon, annulment, or other equivalent 3 procedure.

The offenses set forth in (a) through (g) of this subsection do not automatically disqualify an applicant from employment by a licensee. Nothing in this section may be construed to require the employment of any person against a licensee's judgment.

(3) The rules adopted pursuant to subsection (2) of this section 8 may not allow a licensee to automatically deny an applicant with a 9 10 conviction for an offense set forth in subsection (2) of this section for a position as a substance use disorder professional or substance 11 12 use disorder professional trainee certified under chapter 18.205 RCW_ as an agency affiliated counselor registered under chapter 18.19 RCW 13 practicing as a peer counselor in an agency or facility, or as a peer 14 15 specialist or peer specialist trainee certified under chapter 18.---RCW (the new chapter created in section 22 of this act), if: 16

(a) At least one year has passed between the applicant's most
recent conviction for an offense set forth in subsection (2) of this
section and the date of application for employment;

20 (b) The offense was committed as a result of the applicant's 21 substance use or untreated mental health symptoms; and

(c) The applicant is at least one year in recovery from a substance use disorder, whether through abstinence or stability on medication-assisted therapy, or in recovery from a mental health disorder.

(4) ((The rules adopted pursuant to subsection (2) of this section may not allow a licensee to automatically deny an applicant with a conviction for an offense set forth in subsection (2) of this section for a position as an agency affiliated counselor registered under chapter 18.19 RCW practicing as a peer counselor in an agency or facility if:

32 (a) At least one year has passed between the applicant's most 33 recent conviction for an offense set forth in subsection (2) of this 34 section and the date of application for employment;

35 (b) The offense was committed as a result of the person's 36 substance use or untreated mental health symptoms; and

37 (c) The applicant is at least one year in recovery from a 38 substance use disorder, whether through abstinence or stability on 39 medication-assisted therapy, or in recovery from mental health 40 challenges.

1 (5)) In consultation with law enforcement personnel, the secretary of social and health services and the secretary of health 2 shall investigate, or cause to be investigated, the conviction record 3 and the protection proceeding record information under this chapter 4 of the staff of each agency or facility under their respective 5 6 jurisdictions seeking licensure or relicensure. An individual responding to a criminal background inquiry request from his or her 7 employer or potential employer shall disclose the information about 8 his or her criminal history under penalty of perjury. The secretaries 9 shall use the information solely for the purpose of determining 10 eligibility for licensure or relicensure. Criminal justice agencies 11 12 shall provide the secretaries such information as they may have and that the secretaries may require for such purpose. 13

14 Sec. 21. RCW 43.70.250 and 2019 c 415 s 966 are each amended to 15 read as follows:

(1) It shall be the policy of the state of Washington that the cost of each professional, occupational, or business licensing program be fully borne by the members of that profession, occupation, or business.

20 (2) The secretary shall from time to time establish the amount of all application fees, license fees, registration fees, examination 21 22 fees, permit fees, renewal fees, and any other fee associated with licensing or regulation of professions, occupations, or businesses 23 24 administered by the department. Any and all fees or assessments, or both, levied on the state to cover the costs of the operations and 25 activities of the interstate health professions licensure compacts 26 27 with participating authorities listed under chapter 18.130 RCW shall be borne by the persons who hold licenses issued pursuant to the 28 authority and procedures established under the compacts. In fixing 29 30 said fees, the secretary shall set the fees for each program at a 31 sufficient level to defray the costs of administering that program and the cost of regulating licensed volunteer medical workers in 32 accordance with RCW 18.130.360, except as provided in RCW 18.79.202. 33 In no case may the secretary ((increase a licensing fee for an 34 ambulatory surgical facility licensed under chapter 70.230 RCW during 35 the 2019-2021 fiscal biennium, nor may he or she commence the 36 adoption of rules to increase a licensing fee during the 2019-2021 37 38 fiscal biennium)) impose any certification, examination, or renewal 39 fee upon a person seeking certification as a certified peer

specialist trainee under chapter 18.--- RCW (the new chapter created in section 22 of this act) or, between July 1, 2025, and July 1, 2030, impose a certification, examination, or renewal fee of more than \$100 upon any person seeking certification as a certified peer specialist under chapter 18.--- RCW (the new chapter created in section 22 of this act).

7 (3) All such fees shall be fixed by rule adopted by the secretary
8 in accordance with the provisions of the administrative procedure
9 act, chapter 34.05 RCW.

10 <u>NEW SECTION.</u> Sec. 22. Sections 1 through 12 of this act 11 constitute a new chapter in Title 18 RCW.

12 <u>NEW SECTION.</u> Sec. 23. Section 17 of this act expires October 1, 13 2023.

14 <u>NEW SECTION.</u> Sec. 24. Section 18 of this act takes effect 15 October 1, 2023.

16 <u>NEW SECTION.</u> Sec. 25. If specific funding for the purposes of 17 this act, referencing this act by bill or chapter number, is not 18 provided by June 30, 2023, in the omnibus appropriations act, this 19 act is null and void.

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