

# SENATE BILL REPORT

## SB 6485

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As Reported by Senate Committee On:  
Human Services, Mental Health & Housing, February 4, 2016

**Title:** An act relating to expediting education requirements for chemical dependency professional licensure when the candidate holds another professional license.

**Brief Description:** Expediting education requirements for chemical dependency professional licensure when the candidate holds another professional license.

**Sponsors:** Senators Parlette, Darneille and O'Ban.

**Brief History:**

**Committee Activity:** Human Services, Mental Health & Housing: 1/26/16, 2/04/16 [DPS-WM].

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### SENATE COMMITTEE ON HUMAN SERVICES, MENTAL HEALTH & HOUSING

**Majority Report:** That Substitute Senate Bill No. 6485 be substituted therefor, and the substitute bill do pass and be referred to Committee on Ways & Means.

Signed by Senators O'Ban, Chair; Miloscia, Vice Chair; Darneille, Ranking Minority Member; Hargrove and Padden.

**Staff:** Kevin Black (786-7747)

**Background:** The Workforce Training and Education Coordinating Board (WTECB) is a Governor-appointed partnership of members from business, labor, and government which advises the Governor and Legislature on workforce development policy, ensures that the state's workforce services and programs work together, and evaluates the performance of state workforce programs.

Peer support services are individualized, recovery-focused services designed to enhance a client's self-management, recovery, and coping skills, as well as to develop the client's natural supports. Peer support services are generally delivered by persons with lived experience of the disorder. Peer support services are a covered service under mental health under the Medicaid state plan, but are not currently covered under the Medicaid state plan for chemical dependency clients. Peer support for substance abuse was evaluated in May 2014 as a cost-effective evidence-based program by the Washington State Institute for Public Policy (WSIPP) as part of WSIPP's Benefit-Cost Results meta-analysis program.

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*This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.*

A sunrise review is a process by which the Department of Health (DOH) makes recommendations to the Legislature on health profession credentialing proposals and proposals to add new insurance mandates. These proposals are made at the request of the chairs of Legislative committees. DOH must determine if the proposal is in the public interest according to statutory criteria which address harm, assurance of professional ability, and cost-effectiveness.

DOH licenses chemical dependency professionals (CDPs). A CDP is a professional who employs the core competencies of chemical dependency counseling to assist a person with a substance use disorder to develop and maintain abstinence from alcohol and other mood-altering drugs. DOH has promulgated rules establishing minimum education and experience requirements for a person to obtain a CDP license. The minimum educational requirements to become licensed as a CDP are:

- an associate's degree in human services or a related field from an approved school, or 90 quarter- or 60 semester-credits in courses from an approved school;
- at least 45 quarter- or 30 semester-credits in courses relating to the chemical dependency profession, which must include coverage of 23 specified topics specific to persons with substance use disorders.

The number of experience hours required for CDP licensure vary depending on formal education in human services or a related field. With an associate degree 2500 hours are required; 2000 hours with a baccalaureate degree; 1500 hours with a masters or doctoral degree; and 1000 hours for persons licensed as advanced registered nurses, marriage and family therapists, mental health counselors, advanced social workers, independent clinical social workers, or psychologists. DOH has been working collaboratively with its Chemical Dependency Advisory Committee to draft rules to revise these education and experience requirements since April 2014.

**Summary of Bill (Recommended Substitute):** The WTECB must assess workforce shortages across primary care, behavioral health, and gerontology/long-term care. The WTECB must create an action plan to address workforce shortages and to meet the increased demand for services now, and with the integration of behavioral health and primary care in 2020. The WTECB must complete its study no later than December 15, 2017.

The definition of "treatment" for the purposes of determining coverage of services under the chemical dependency Medicaid state plan is expanded to include chemical dependency peer support services, effective January 1, 2017.

DOH must conduct a sunrise review for the purpose of creating a chemical dependency peer support specialist credential, pursuant to a sunrise review proposal which must be submitted by the Department of Social and Health Services by May 1, 2016.

DOH must manage its pending rule-making process relating to the educational and training requirements for CDPs in such a fashion in order to complete the rule-making by June 30, 2016.

**EFFECT OF CHANGES MADE BY HUMAN SERVICES, MENTAL HEALTH & HOUSING COMMITTEE (Recommended Substitute):** The bill was extensively changed in the amendment process. Please see the bill summary.

**Appropriation:** None.

**Fiscal Note:** Available.

**Committee/Commission/Task Force Created:** No.

**Effective Date:** Ninety days after adjournment of session in which bill is passed.

**Staff Summary of Public Testimony:** PRO: This bill puts into statute the rulemaking work that is being done at DOH. This is the beginning of a process to develop alternative pathways to allow other professionals to do chemical dependency work. Other states do not have the separations between professions that are present in Washington. Washington is the sixth lowest state in terms of providing chemical dependency treatment. Experience hours should be reduced to 500 for licensed professionals. Amending statutes to allow harm reduction and medical assistance strategies are important. Licensed social workers have most of the training and just need to fill in some gaps. We definitely need to increase the supply of CDPs, and we also need more mental health professionals to obtain expertise in treating substance use disorders. We would like to work with you to refine the bill to streamline credentialing where possible, but also maintain a solid base in the field of chemical dependency treatment.

CON: We feel this issue has been extensively stakeholdered at DOH over the last two-and-a-half years. Please respect the work that has already been done. There are many important components to chemical dependency treatment that may not be covered in social work programs and other programs.

OTHER: We prefer the Adult Behavioral Health System Task Force recommendation in total be included in this legislation which would call for recommendations from the State Workforce Coordinating and Education Board. Shortages in the behavioral health workforce include all disciplines.

**Persons Testifying:** PRO: Senator Parlette, prime sponsor; Laura Groshong, LICSW, Washington State Society for Clinical Social Work; Bob Cooper, National Assn. of Social Workers WA Chapter; Ann Christian, WA Council for Behavioral Health.

CON: Melissa Johnson, Assoc. of Alcoholism & Addictions Programs.

OTHER: Michael Transue, Seattle Drug and Narcotic Center.

**Persons Signed In To Testify But Not Testifying:** No one.