

HOUSE BILL REPORT

2SSB 5555

As Reported by House Committee On:

Health Care & Wellness
Appropriations

Title: An act relating to addressing the behavioral health workforce shortage and expanding access to peer services by creating the profession of certified peer specialists.

Brief Description: Creating the profession of certified peer specialists.

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

Brief History:

Committee Activity:

Health Care & Wellness: 3/15/23, 3/28/23 [DPA];
Appropriations: 4/1/23, 4/4/23 [DPA(APP w/o HCW)].

Brief Summary of Second Substitute Bill (As Amended By Committee)

- Establishes certified peer specialists and certified peer specialist trainees as new health professions to be certified by the Department of Health.
- Directs the Health Care Authority to develop and offer an 80-hour education course for persons seeking to become certified as a peer specialist or peer specialist trainee.
- Establishes standards and training for approved supervisors of certified peer specialist trainees.
- Establishes training requirements for certified peer specialists practicing as peer crisis responders.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

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

Majority Report: Do pass as amended. Signed by 11 members: Representatives Riccelli, Chair; Bateman, Vice Chair; Bronoske, Davis, Harris, Macri, Orwall, Simmons, Stonier, Thai and Tharinger.

Minority Report: Do not pass. Signed by 1 member: Representative Schmick, Ranking Minority Member.

Minority Report: Without recommendation. Signed by 5 members: Representatives Hutchins, Assistant Ranking Minority Member; Barnard, Graham, Maycumber and Mosbrucker.

Staff: Christopher Blake (786-7392).

Background:

The Health Care Authority (Authority) certifies peer counselors under its Peer Support Program. Certification by the Authority is not necessary to provide peer counseling services, however, it is required for reimbursement under Medicaid. To be certified, a person must:

- self-identify as a person with lived experience in behavioral health recovery or as a parent or legal guardian of a child under 18 years old who experienced behavioral health challenges;
- demonstrate having been well-grounded in their recovery for at least one year and willing to tell their story;
- demonstrate basic reading and writing comprehension;
- be registered by the Department of Health as an agency-affiliated counselor;
- be at least 18 years old;
- have a high school diploma or its equivalent;
- complete an online prerequisite course;
- complete specialized training approved by the Authority; and
- pass an examination administered by the Authority.

The services that may be provided by certified peer counselors are specified in Washington's Medicaid State Plan (State Plan). The State Plan authorizes them to provide peer support services which are defined as scheduled activities that promote socialization, recovery, self-advocacy, development of natural supports, and maintenance of community living skills. Since July 1, 2019, behavioral health agencies have been able to provide peer support services for both mental health and substance use disorders and receive Medicaid reimbursement.

Summary of Amended Bill:

Beginning July 1, 2025, certified peer specialists and certified peer specialist trainees

(trainees) are established as new health professions that may engage in the practice of peer support services. The decision of a person practicing peer support services to become certified is voluntary, unless the person bills a health carrier or a medical assistance program. "Practice of peer support services" means the provision of interventions by either: (1) a person in recovery from a mental health condition, substance use disorder, or both; or (2) the parent or legal guardian of a youth who is receiving or has received behavioral health services. The interventions are provided to a client through the use of shared experiences to assist a client in the acquisition and exercise of shared skills to support the client's recovery. Interventions may include activities that assist a client in accessing or engaging in treatment and in symptom management; promote social connection, recovery, and self-advocacy; provide guidance in the development of community supports and basic daily living skills; and support clients in achieving health and wellness goals.

The Secretary of Health (Secretary) must issue certificates as a peer specialist to applicants who:

- submit an attestation to the Department of Health (Department) that the applicant self-identifies as: (1) a person with one or more years of recovery from a mental health condition, substance use disorder, or both; or (2) a parent or legal guardian of a youth who is receiving or has received behavioral health services;
- complete an education course developed and offered by the Health Care Authority (Authority);
- pass an oral examination administered by the Authority;
- pass a written examination approved by the Authority;
- complete an experience requirement of at least 1,000 hours as a trainee engaged in the practice of peer support services under the supervision of an approved supervisor; and
- pay any applicable fees which, until July 1, 2030, may not exceed \$100.

Alternatively, an applicant may receive a peer specialist certificate based on previous experience as a peer specialist prior to July 1, 2025. The Secretary must adopt equivalency standards that an applicant may meet to be eligible for such a certificate by July 1, 2026. In addition, the Secretary, with the recommendations of the Washington State Certified Peer Specialist Advisory Committee (Advisory Committee), must adopt criteria for the issuance of a certificate as a peer specialist based on completion of an approved apprenticeship program.

The Secretary must also issue certificates for trainees to practice peer support services under the supervision of an approved supervisor while completing the experience requirement to obtain a full certificate as a peer specialist. To obtain a certificate as a trainee, an applicant must have either met the attestation, education, and oral and written examination requirements for a peer specialist or be enrolled in an approved apprenticeship program. In addition, the applicant must submit a declaration that the applicant is actively pursuing the supervised experience requirement for a full certificate.

An approved supervisor is either: (1) until July 1, 2028, a behavioral health provider with at least two years of experience working in a behavioral health practice that employs peer specialists in treatment teams; or (2) a certified peer specialist with at least 1,500 hours of work as a certified peer specialist, including at least 500 hours in the joint supervision of peers, and who has completed a peer supervisor training course developed by the Authority. By December 1, 2027, the Department must submit a study on the adequacy of the supply of certified peer specialists serving as approved supervisors for trainees to meet the supervision needs of trainees as well as recommendations for increasing the supply of certified peer specialists serving as approved supervisors.

Beginning January 1, 2027, any person who engages in the practice of peer support services must be certified as a certified peer specialist or a trainee if the person or the person's employer bills a health carrier or medical assistance program for those services. Registered agency-affiliated counselors who engage in the practice of peer support services and whose agency bills medical assistance for those services must be certified by January 1, 2027.

If an applicant for a certificate to become an agency-affiliated counselor, peer specialist, or trainee has been referred to the voluntary substance abuse monitoring program, the amount of time that the applicant must spend in the program is limited to the amount of time necessary for the applicant to achieve one year in recovery from a substance use disorder. If the applicant has at least one year in recovery from a substance use disorder, the applicant may not be required to participate. Facilities that care for vulnerable adults are prohibited from automatically denying employment to an applicant for a position as an agency-affiliated counselor practicing as a peer counselor, a peer specialist or a trainee if: (1) at least one year has passed since the most recent conviction and the date of application; (2) the offense was committed as a result of the applicant's substance use or untreated mental health symptoms; and (3) the applicant has been in recovery for at least one year from a mental health disorder or substance use disorder, whether through abstinence or stability on medication-assisted therapy.

The Advisory Committee is established with staffing support provided by the Department. The Secretary must appoint the 11 members of the Advisory Committee, which include nine members who are certified peer specialists, one member who represents community behavioral health agencies, and one member who represents the public at large. The Advisory Committee is responsible for submitting recommendations which the Department or Authority, as appropriate, are encouraged to adopt on topics including: rules for certifying peer specialists and trainees; aspects of peer support related to complaints and the disciplinary process; patient and client education; certification examinations; continuing education and continuing competency programs; criteria for certification based on prior experience; supports for becoming a peer specialist; the feasibility of a two-phase certification program; Authority policies related to peer counselors; the approval of additional education and testing entities; long-term planning for the profession; recruitment and retention in the peer specialist profession; and the elimination of financial barriers to credentialing.

While the Department is the primary certification entity for peer specialists and trainees, the Authority has several specific responsibilities in the certification process. The Authority must develop and offer the instruction course for peer specialist certification. The course must be approximately 80 hours and based on the Authority's existing course with additional instruction in the principles of recovery coaching and suicide prevention, and additional subjects suggested pursuant to a peer engagement process. The instruction course must have multiple configurations to allow for both accelerated and extended completion. In addition, the Authority must develop an expedited course for those who have completed the existing course and only need to complete the new portions of the course.

The Authority must develop and offer additional trainings, including a training course for peer specialists providing supervision to trainees, a 40-hour specialized training course in peer crisis response services, and a course on the benefits of incorporating certified peer specialists and trainees into clinical staff. Beginning July 1, 2025, peer specialists working as peer crisis responders must have completed the Authority's 40-hour peer crisis response training.

The Authority is responsible for developing, conducting, and administering examinations, including assuring that the examinations are administered in a culturally appropriate manner and adopting procedures to accommodate persons with a learning disability, other disabilities, and other needs. The Authority must approve educational and testing entities to provide educational courses and administer examinations. The Authority must also develop examination preparation materials and make them available to students.

By July 1, 2024, the Authority must contract for a program to link eligible persons in recovery from behavioral health challenges who are seeking employment as peers with potential employers. The contractor must create and maintain a statewide database that is accessible to eligible persons and employers.

Behavioral health agencies must reduce the caseload for approved supervisors who are providing supervision to certified peer specialist trainees according to standards established by the Advisory Committee.

By July 1, 2026, each health carrier must provide access to services provided by certified peer specialists and trainees in a manner sufficient to meet network access standards established by the Office of the Insurance Commissioner in rule.

The bill is null and void if it is not specifically referenced in the operating budget by June 30, 2023.

Amended Bill Compared to Second Substitute Bill:

The amended bill states that the decision of a person practicing peer support services to become certified as a peer specialist is voluntary, except that a person who practices peer support services must become certified beginning January 1, 2027, if the person or the person's employer bills a health carrier or medical assistance for those services.

The amended bill extends the expiration date for behavioral health providers to serve as approved supervisors until July 1, 2028. The Department of Health must submit a study by December 1, 2027, on the ability of certified peer specialists serving as approved supervisors for certified peer specialist trainees to meet the needs of trainees and recommendations for increasing the supply of certified peer specialists serving as approved supervisors.

The amended bill directs the Health Care Authority (Authority) to contract for a program by July 1, 2024, to link eligible persons in recovery from behavioral health challenges who are seeking employment as peers with potential employers. Requires the contractor to create and maintain a statewide database that is accessible to eligible persons and employers.

The amended bill adds parent or family peers to the types of peers to be represented on the Certified Peer Specialist Advisory Committee.

The amended bill specifies that the peer crisis response services training is available to any individual employed as a peer who works with individuals who may be experiencing a behavioral health crisis, not only certified peer specialists. The Authority to give priority for enrollment in the peer crisis response services training to peer specialists employed in a crisis-related setting.

The amended bill specifies that the certificates issued by the Secretary of Health are to practice as a certified peer specialist or certified peer specialist trainee, rather than to engage in the practice of peer support services. It is clarified that the certification for peer specialist trainees must be available beginning July 1, 2025

The amended bill specifies that persons seeking certification as a certified peer specialist trainee are exempt from payment of certification, examination, and renewal fees. Certification, examination, and renewal fees for persons applying to become a certified peer specialist are limited to no more than \$100 between July 1, 2025, and July 1, 2030.

The amended bill specifies that health carriers must provide access to services provided by certified peer specialists and certified peer specialist trainees, rather than access to certified peer specialists and certified peer specialist trainees.

Appropriation: None.

Fiscal Note: Available.

Effective Date of Amended Bill: The bill contains multiple effective dates. Please see the bill. However, the bill is null and void unless funded in the budget.

Staff Summary of Public Testimony:

(In support) There needs to be a person to walk alongside persons in crisis to help them navigate a complicated system and follow treatment guidance from practitioners. Formalizing the peer profession will have a positive impact that will improve the workforce shortage, accelerate the fight against stigma, allow peers to be embedded where they are critically needed, and save the system financially. This bill will help expand the peer workforce, save lives, and help people live lives with meaning and purpose.

Peer practice in Washington is very limited to behavioral health agencies. This bill does not replace the current peers who are practicing, but creates another avenue to get peers into other areas, such as emergency departments and co-responder teams. This bill will bring peer support to all care settings through the ability to use commercial insurance. This bill will bring more peers into more roles in varied health care settings and expand existing career options for professional advancement and earning potential.

This bill is important for assuring the safety of people receiving peer services through the establishment of training standards and professional accountability just the same as with any other recognized behavioral health provider. This bill is about standards of accountability and without recognition as a profession, there is no way to hold the providers of services accountable to an ethical standard of practice, provide quality assurance or protect against continued harm.

(Opposed) This bill will minimize the essence of why people become peers. Continuing education and a supervisory track should be passed while a year is spent working with stakeholders and conducting research to avoid the pitfalls that other states have experienced when implementing licensure. No other state is allowing independent practice for peer support specialists. This bill needs a sunrise review to examine the effect on people participating in the program because many of them do not have private insurance. The lack of a sunrise review puts Washington residents at risk of receiving unqualified mental health care. This bill creates an uncontrolled path to licensure with an illusion of skills that lowers the standard of care and raises the risk to consumers due to shortfalls in training, supervision, and scope of practice. Peer specialists do not receive nearly the same training as clinicians with a master's degree or higher.

If this bill passes peer classes will be harder to complete and the costs are vague. This bill misrepresents some of the work that peers are already doing and who peers already support. This bill will not address people on Medicare which serves people on Social Security Disability Insurance, the majority of whom have mental health disabilities. This bill mischaracterizes those who may be supported by peers. This bill will dampen the ability of people who need these services to participate. This bill creates inequities for residents

which will result in persons of color suffering the most.

(Other) It should be made as easy as possible for peer specialists who are currently credentialed as agency-affiliated counselors to obtain the new certification so these valuable workers are not lost during the transition. The definition of an "approved supervisor" should be reconsidered to allow for behavioral health professionals to be supervisors beyond 2027 to accommodate team-based care where it is common to be supervised by someone with credentials other than your own. There is support for the continuing education and supervisory track, however, there is concern about peers working alone and billing insurance independently. Peers need to remain as part of a care team which is essential for being able to refer if there is a scope of practice issue as well as public safety reasons. The word "counselor" should be removed from any part of the statute. The word "client" should be removed since peers are not clinicians and do not have clients. This bill should go to the sunrise process for a full review.

Persons Testifying: (In support) Senator Emily Randall, prime sponsor; Nancy Dow; Topher Jerome, University of Washington Behavioral Health Institute; and Josh Wallace, Peer Washington.

(Opposed) Brad Berry, Consumer Voices are Born; Lorrin Gehring, The Rainbow Makers; Gabriel Hamilton, Spark Peer Learning Center; Beverly Miller, Miller Consultation and Training; Lisa Striedinger-Hubbard, Friends Without Homes; and Rochelle Pope and Anthony Pennant, Washington Association for Marriage and Family Therapy.

(Other) Julia O'Connor, Washington Council for Behavioral Health; and Sara Stewart, Washington Mental Health Counselors Association.

Persons Signed In To Testify But Not Testifying: None.

HOUSE COMMITTEE ON APPROPRIATIONS

Majority Report: Do pass as amended by Committee on Appropriations and without amendment by Committee on Health Care & Wellness. Signed by 25 members: Representatives Ormsby, Chair; Bergquist, Vice Chair; Gregerson, Vice Chair; Macri, Vice Chair; Corry, Assistant Ranking Minority Member; Berg, Chandler, Chopp, Connors, Davis, Fitzgibbon, Hansen, Harris, Lekanoff, Pollet, Riccelli, Rude, Ryu, Sandlin, Senn, Simmons, Slatter, Steele, Stonier and Tharinger.

Minority Report: Without recommendation. Signed by 5 members: Representatives Stokesbary, Ranking Minority Member; Chambers, Assistant Ranking Minority Member; Couture, Dye and Schmick.

Staff: Andrew Toulon (786-7178).

Summary of Recommendation of Committee On Appropriations Compared to Recommendation of Committee On Health Care & Wellness:

The Appropriations Committee added a requirement that a Department of Health report on the supervision of certified peer trainees include recommendations for alternative methods of providing supervision, including options for team-based supervision that incorporate supervision from both behavioral health providers and certified peer specialists.

Appropriation: None.

Fiscal Note: Available. New fiscal note requested on March 30, 2023.

Effective Date of Amended Bill: The bill contains multiple effective dates. Please see the bill. However, the bill is null and void unless funded in the budget.

Staff Summary of Public Testimony:

(In support) This bill is related to ensuring the availability and quality of peer services through the establishment of training standards and professional accountability while also providing peer specialists with a career path. The bill makes funding available for essential nonclinical recovery support services to a wider scope of individuals by the inclusion of private insurance plans. High-quality peer services can lead to significant reductions in arrest and emergency room recidivism.

This bill will help mitigate workforce shortages by addressing a large number of individuals on the peer certification waitlist. Existing peer services will continue and peer services will be allowed in more settings, providing increased career opportunities, advancement, and income potential. Fears of increased fees and training requirements have never been as bad as predicted. This legislation will help current and future peer staff and bring quality care that will save lives.

The behavioral health workforce crisis is attributed to not only recruitment and retention but also a lack of effective utilization of the current workforce. Opportunities are needed to increase the utilization of peer workers across a more diverse array of settings. Peer workers will be an integral part of the rollout of the crisis system redesign and will be needed in great numbers to fill roles in call centers, crisis receiving centers, and mobile crisis outreach teams.

(Opposed) This bill needs to go through a sunrise review to research the impact implementation will have on this profession. Having a two-track system is going to create confusion and fiscal waste. Certification needs to be enhanced and funding needs to be provided for continuing education and a supervisory track. However, this bill is not well researched, and peers living in states with licensure experience fiscal challenges trying to get certified, as do the agencies employing them. There has not been a large increase in

jobs for peers in these states as many assumed there would be.

The costs of the bill are too much for what it is trying to accomplish. The intent is to help grow the workforce, but the bill requires significant retraining for current peer specialists that will require more funding than indicated on the fiscal note.

Licensed peer credentialing can have unintended consequences. The cost of a temporary peer license in the state of Texas was \$785 when this bill was first introduced and has now increased to \$900. This does not include the cost of registration fees, license renewal fees, supervision hours, federal background checks, or the costs of continuing education requirements. Peer workforce development and advancement are hindered by poorly researched licensure requirements that place financial barriers upon peers and the organizations that employ them.

Peer services began in the public behavioral health realm where the need is the greatest. The bill will spend \$5 million to expand the program to people who have private insurance and can access no-cost peer services through a variety of organizations. This will dilute services to those who need them most by elevating the workforce of peers who aspire to be in private practice.

Persons Testifying: (In support) Josh Wallace, Peer Washington; Nancy Dow; and Melody McKee, University of Washington Behavioral Health Institute.

(Opposed) Lorrin Gehring, The Rainbow Makers; Gabriel Hamilton; Naomi Herrera; and Beverly Miller, Miller Consultation and Training.

Persons Signed In To Testify But Not Testifying: None.