

SENATE BILL REPORT

SHB 2075

As of February 15, 2024

Title: An act relating to licensing of Indian health care providers as establishments.

Brief Description: Concerning licensing of Indian health care providers as establishments.

Sponsors: House Committee on Health Care & Wellness (originally sponsored by Representatives Lekanoff, Stearns, Reed, Ortiz-Self and Reeves).

Brief History: Passed House: 2/8/24, 97-0.

Committee Activity: Health & Long Term Care: 2/16/24.

Brief Summary of Bill

- Allows an Indian health care provider to be licensed by the Department of Health by attesting that it meets minimum state standards as an establishment and paying an administrative processing fee.

SENATE COMMITTEE ON HEALTH & LONG TERM CARE

Staff: Kevin Black (786-7747)

Background: Licensing of Establishments. The Department of Health (DOH) regulates establishments, which are places that care for persons with mental illness or substance use disorders. Establishments include residential treatment facilities and psychiatric hospitals. Residential treatment facilities are facilities that provide for the evaluation, stabilization, or treatment of residents for substance use disorders, mental health conditions, co-occurring disorders, or drug exposure in infants. Psychiatric hospitals are private facilities that provide observation, diagnosis, and care for persons with signs or symptoms of mental illness over a continuous period of 24 hours or more.

Licensing standards differ for establishments depending on whether they are residential treatment facilities or psychiatric hospitals. Applicants for a residential treatment facility

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license must submit specific materials to DOH, including the facility's policies and procedures, a construction review application, and approval from the director of fire protection at the Washington State Patrol (WSP). Applicants for a psychiatric hospital license must submit specific information to the DOH, including an approved certificate of need, approved facility plans for construction review, and approval from the director of fire protection at the WSP. DOH must conduct an on-site inspection before granting a license to either type of establishment. Establishments must operate in compliance with DOH regulations on matters including governance, patient and resident care services, staffing, patient and resident safety, patient and care records, clinical services, and pharmacy and medication services.

Licensing Indian Health Care Providers Through Attestation. Indian health care providers are health care programs operated by the federal Indian Health Service, a tribe, tribal organization, or urban Indian organization. All but two of the 29 tribes in Washington have a health facility that provides medical or behavioral health services. In addition, there are urban Indian health clinics in Seattle, Spokane, and Portland which provide health care to urban American Indians and Alaska Natives.

A tribe may be licensed by DOH to operate a behavioral health agency if it attests that the behavioral health agency meets state minimum standards and pays an administrative processing fee.

Summary of Bill: DOH must license an Indian health care provider as an establishment if it submits a tribal attestation as to having met the state minimum standards and pays an administrative processing fee, starting July 1, 2025. DOH must set the processing fee at a level sufficient to cover the costs for processing the attestation while recognizing the reduced costs of an attestation compared to a standard license.

The license as an establishment does not satisfy any other credentialing requirements for an Indian health care provider, including but not limited to behavioral health agency licensure, certificate of need, construction review requirements, test site requirements, pharmacy commission requirements, fire protection standards, or regulations established by local authorities.

Appropriation: None.

Fiscal Note: Available.

Creates Committee/Commission/Task Force that includes Legislative members: No.

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