

HOUSE BILL REPORT

HB 1427

As Reported by House Committee On:
Health Care & Wellness

Title: An act relating to certified peer support specialists.

Brief Description: Concerning certified peer support specialists.

Sponsors: Representatives Davis, Caldier, Obras, Eslick, Lekanoff, Ramel, Ormsby and Santos.

Brief History:

Committee Activity:

Health Care & Wellness: 2/4/25, 2/18/25 [DPS].

Brief Summary of Substitute Bill

- Changes the name of the profession of certified peer specialists to "certified peer support specialists."
- Directs the Health Care Authority (Authority) to contract for the development of courses to supplement the training of certified peer support specialists related to domestic violence, sexual assault, and human trafficking.
- Directs the Authority to contract with an external entity to develop ways to expand access to peer support services through providing technical assistance, billing health carriers, creating substance use disorder peer-run respite centers, and exploring the use of capitated payment arrangements.
- Requires that the accessibility to peer services in a managed care organization's network be given significant weight in any procurement for Medicaid managed care services.

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: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 15 members: Representatives Bronoske, Chair; Lekanoff, Vice Chair; Rule, Vice Chair; Caldier, Assistant Ranking Minority Member; Marshall, Assistant Ranking Minority Member; Davis, Low, Macri, Obras, Parshley, Shavers, Simmons, Stonier, Thai and Tharinger.

Minority Report: Do not pass. Signed by 2 members: Representatives Schmick, Ranking Minority Member; Stuebe.

Minority Report: Without recommendation. Signed by 2 members: Representatives Engell and Manjarrez.

Staff: Chris 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. 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.

In 2023 legislation established peer specialists as a health profession to be certified by the Department of Health beginning July 1, 2025. Applicants for certification must submit an attestation that they self-identify 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. In addition, they must complete an education course offered by the Authority, pass written and oral examinations, and complete a 1,000 hour supervised experience requirement.

Beginning January 1, 2027, any person who provides 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. "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.

Summary of Substitute Bill:

Naming of Certified Peer Support Specialists.

The profession of certified peer specialists is changed to "certified peer support specialists."

Certified Peer Support Specialist Training in Domestic Violence, Sexual Assault, and Human Trafficking.

The Health Care Authority, in collaboration with the Office of Crime Victims Advocacy at the Department of Commerce, must contract for the development of three courses to supplement the training of certified peer support specialists in the provision of peer support services to persons who have experienced domestic violence, sexual assault, or human trafficking. The courses must cover topics relevant to victim advocacy, including: (1) safety planning; (2) an understanding of domestic violence, sexual assault, or human trafficking; and (3) advocacy in legal, medical, social services, and other systems.

Beginning October 1, 2026, a victim services agency may only bill for peer support services if the certified peer support specialist providing the services has completed a course relevant to the client's experience. The term "victim services agency" is defined as a program or organization that provides assistance and advocacy for persons who have experienced domestic violence, sexual assault, or human trafficking through services such as crisis intervention, individual and group support, information, referrals, and safety planning.

Expanded Access to Peer Support Services.

The Health Care Authority (Authority) must contract with at least one external entity to expand access to peer support services. The contracts begin December 31, 2025, and require the entity to:

- provide technical assistance to support primary clinics, urgent care clinics, and hospitals to integrate certified peer support specialists into their clinical care models and bill health carriers for the services;
- develop proposals to create low-barrier and cost-effective opportunities for: (1) community-based agencies, such as peer-run agencies, to bill health carriers; (2) service providers, such as law enforcement assisted diversion programs and recovery navigators, to bill health carriers for behavioral health services that are currently funded by the state general fund; (3) community-based victim services agencies, such as agencies that support domestic violence, sexual assault, and trafficking victims, to bill health carriers for peer support services; and (4) tribes, tribal health providers, and urban Indian health programs to bill for peer support services provided by tribal elders;
- develop a proposal to establish substance use disorder peer-run respite centers and a billing mechanism for them to use; and
- explore options for health carriers to pay for peer support services through capitated payment arrangements rather than a fee-for-service basis.

The contracted entities must submit a report to the Authority by November 1, 2026. The report must describe the technical assistance provided, the proposals developed, the trends in health carriers providing payment for peer support services, and any recommendations to

encourage health carriers to reimburse providers for peer support services.

Peer Support Specialists in Managed Care Organization Networks.

Among the factors that the Authority must give significant weight to when procuring Medicaid managed care services is the accessibility of peer services. The level of accessibility will be demonstrated in the managed care organization's (MCO's) application through a comprehensive analysis of access to peer services in the MCO's network. The analysis must evaluate the availability of peer support specialists who are adults in recovery from a mental health condition or a substance use disorder, youth or young adults who are in recovery from a mental health condition or a substance use disorder, and parents and legal guardians of youth who are receiving behavioral health services.

Substitute Bill Compared to Original Bill:

The substitute bill eliminates the Department of Health endorsements to the certifications of peer support specialists. The Health Care Authority (Authority) must collaborate with the Office of Crime Victims Advocacy to contract with at least one training entity to develop courses for the provision of peer support services to persons who have experienced domestic violence, sexual assault, or human trafficking. The courses are to include competencies in safety planning; a foundational understanding of domestic violence, sexual assault, or human trafficking; and advocacy across legal, medical, social services, and other systems. Victim services agencies may bill for peer support services only if the certified peer support specialist providing the service has completed a course relevant to the client's experience, beginning October 1, 2026.

The substitute bill delays the activities of the external entity providing options to expand access to peer support services from October 1, 2025, to December 31, 2025. In addition to its other duties, the external entity must develop opportunities for tribes, tribal health providers, and urban Indian health programs to bill for peer support services provided by tribal elders.

Appropriation: None.

Fiscal Note: Available.

Effective Date of Substitute Bill: The bill takes effect 90 days after adjournment of the session in which the bill is passed.

Staff Summary of Public Testimony:

(In support) This bill is about transitioning peer-based programs supported by the state general fund to having private insurance cover the costs. This bill creates opportunities for professional peers to obtain endorsements and training to have the biggest impact on

supporting victims of domestic violence, sexual assault and trafficking, so the work is being done by those who best understand the experience of it. This bill makes sure that peers are infused into clinical care settings that know what peers are and how to integrate them into the workforce. There has been confusion related to the acronym of certified peer specialists that could have a detrimental effect on a person's desire to access peer services. Through the access to billing for peers, this bill will support the development of peers and access to subclinical services. This bill will address the root causes of violence, domestic violence, and substance use by increasing access to peer support specialists.

(Opposed) None.

(Other) It is unclear how the bill's Medicaid billing provisions will work and how a peer's background information will be kept confidential. The bill raises questions about whether the peer support specialist credential is intended to be voluntary regardless of whether the peer support services are billed under Medicaid. The bill raises concerns about the consequences of allowing entities to bill for peer support services if they are not licensed as behavioral health agencies. Having peers only supervised by other peers could silo them from the rest of the treatment team.

Persons Testifying: (In support) Representative Lauren Davis, prime sponsor; Joshua Wallace, Peer Washington; Jason Clark, Northwest Credible Messenger; Turner Yarbrough, Northwest Credible Messenger; Stephaine Courtney, The Shades of Motherhood Network; Khalia Williams-O'Neal, Northwest Credible Messenger; Young Cho; and Natalia Cipriano.

(Other) Kim Zacher, Comprehensive Life Resources and WA Council for Behavioral Health; and Jennifer Ziegler, Association of Washington Health Care Plans.

Persons Signed In To Testify But Not Testifying: None.