
Health Care & Wellness Committee

HB 1809

Brief Description: Professionalizing first responders and co-responders through training and reimbursement for behavioral health emergency response.

Sponsors: Representatives Nance, Griffey, Davis, Eslick, Farivar, Bernbaum, Pollet, Macri and Zahn.

Brief Summary of Bill

- Establishes an optional behavioral health endorsement to the certification of emergency medical technicians (EMTs), advanced EMTs, and paramedics.
- Establishes a training course in behavioral health emergency response that may be included in ongoing training and evaluation programs for EMTs, advanced EMTs, and paramedics.
- Establishes a pilot project in four behavioral health administrative services organizations related to best practices and billing strategies for fire agencies, emergency medical services, and law enforcement agencies that respond to behavioral health emergencies.

Hearing Date: 2/14/25

Staff: Chris Blake (786-7392).

Background:

Certified Emergency Medical Services Personnel.

Emergency medical services (EMS) personnel are certified by the Department of Health (Department). There are four primary categories of EMS personnel: paramedics, emergency medical technicians (EMTs), advanced EMTs, and emergency medical responders (also known

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as first responders). Emergency medical services personnel may only provide services within the scope of care established in the curriculum of the person's level of certification or any specialized training. Certified EMS personnel are only authorized to provide patient care when performing in a prehospital emergency setting or during interfacility ambulance transport, for a licensed EMS agency or an organization recognized by the Secretary of Health, and within a scope of care that meets defined criteria.

Co-Response Teams.

Co-response teams consisting of first responders and behavioral health professionals may engage with individuals experiencing behavioral health crises. In 2022 legislation was passed to direct the University of Washington to establish training for co-response team personnel, develop model curricula for co-response team personnel, host an annual conference for co-responders, and by June 30, 2023, develop an assessment of co-response capacity, training practices, data systems, and funding strategies.

Summary of Bill:

Ongoing Training and Evaluation Programs.

By July 1, 2026, the Behavioral Health Crisis Outreach Response and Education Center (Center) at the University of Washington must develop a training course to instruct emergency medical services personnel on responding to behavioral health emergencies. The training course must be nine hours in duration and capable of being provided through ongoing training and education programs over the course of a three-year period. The training course must be available statewide through in-person, online, and hybrid formats.

By January 1, 2027, the Department of Health (Department) must adopt rules to recognize the Center's training as an optional module that may be incorporated into the ongoing evaluation and training programs for emergency medical technicians (EMTs), advanced EMTs, and paramedics.

EMS Behavioral Health Endorsement.

By January 1, 2027, the Center must develop a course to train emergency medical personnel in advanced behavioral health topics, such as medical clearance for behavioral health patients, overdose, crisis de-escalation, and suicide prevention. The Center must consult with the Department, regional emergency medical services and trauma care councils (regional councils), and community and technical colleges when developing the course. The Department and the Center must encourage regional emergency medical and trauma care councils and community and technical colleges to offer the course.

Beginning July 1, 2027, the Department must issue a behavioral health endorsement to the certification of any EMT, advanced EMT, or paramedic who completes the Center's course in advanced behavioral health training topics. The endorsement is optional and not a requirement for certification as an EMT, advanced EMT, or paramedic.

The Health Care Authority (Authority) must provide payment under medical assistance programs

to fire departments and emergency medical services that provide behavioral health services using EMTs, advanced EMTs, or paramedics with a behavioral health endorsement to their certification.

Co-Response Training.

The Center and behavioral health administrative service organizations (BHASOs), in consultation with the Authority, must administer a co-response education and training academy (training academy) offering a certification in best practices for crisis response. The training academy must be available in all BHASOs by 2027. The certification is optional and not a licensing requirement for first responders or human services professionals. The Center may provide grants to small and rural co-response programs to allow staff to attend the training.

The Center's expired requirement to develop an assessment of co-response capacity and needs, alignment of co-response teams with other resources, training practices, and data systems is reestablished as an annual report to the Governor and the Legislature.

The Center's annual statewide conference is expanded to include crisis responders from both 911 and 988 systems, instead of only co-responders. The Center must collaborate with stakeholders to increase the capacity of the annual conference. The Center's authority to establish opportunities for personnel working in co-response to convene for training and exchanging information and best practices is removed. The Center's authority to develop model training curricula for individuals participating in co-response teams is removed.

Behavioral Health Coordinated Response Pilot Project.

The Authority must establish a pilot project to: (1) develop best practices for coordinating responses to behavioral health emergencies; (2) establish billing strategies for fire agencies, emergency medical services, and law enforcement agencies responding to behavioral health emergencies; and (3) assess behavioral health training most relevant to first responders responding to behavioral health emergencies. The pilot project will be conducted between January 1, 2026, and June 30, 2027, in four BHASOs that have integrated, or plan to integrate, their 911 and 988 response capacity. The Authority must submit a report to the Governor and the Legislature with the results of the pilot project and recommendations for the implementation of best practices by July 1, 2027.

Appropriation: None.

Fiscal Note: Requested on February 5, 2025.

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