

SENATE BILL REPORT

2SHB 1427

As Reported by Senate Committee On:
Health & Long-Term Care, March 27, 2025
Ways & Means, April 8, 2025

Title: An act relating to certified peer support specialists.

Brief Description: Concerning certified peer support specialists.

Sponsors: House Committee on Appropriations (originally sponsored by Representatives Davis, Caldier, Obras, Eslick, Lekanoff, Ramel, Ormsby and Santos).

Brief History: Passed House: 3/11/25, 85-11.

Committee Activity: Health & Long-Term Care: 3/25/25, 3/27/25 [DP-WM, DNP].
Ways & Means: 4/04/25, 4/08/25 [DP, w/oRec].

Brief Summary of Bill

- Changes the name of the profession of certified peer specialists to certified peer support specialists.
- Directs the Health Care Authority (HCA) 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 HCA 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.

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.

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Majority Report: Do pass and be referred to Committee on Ways & Means.

Signed by Senators Cleveland, Chair; Orwall, Vice Chair; Muzzall, Ranking Member; Bateman, Chapman, Harris, Holy, Riccelli, Robinson and Slatter.

Minority Report: Do not pass.

Signed by Senator Christian.

Staff: Julie Tran (786-7283)

SENATE COMMITTEE ON WAYS & MEANS

Majority Report: Do pass.

Signed by Senators Robinson, Chair; Stanford, Vice Chair, Operating; Trudeau, Vice Chair, Capital; Frame, Vice Chair, Finance; Gildon, Ranking Member, Operating; Torres, Assistant Ranking Member, Operating; Dozier, Assistant Ranking Member, Capital; Cleveland, Conway, Dhingra, Hansen, Hasegawa, Kauffman, Muzzall, Pedersen, Riccelli, Saldaña, Wagoner, Warnick, Wellman and Wilson, C..

Minority Report: That it be referred without recommendation.

Signed by Senators Schoesler, Ranking Member, Capital; Boehnke and Braun.

Staff: Corban Nemeth (786-7736)

Background: The Health Care Authority (HCA) certifies peer counselors under its Peer Support Program. Certification by HCA is not necessary to provide peer counseling services, however, it is required for Medicaid reimbursements. 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, the Legislature 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:

- a person with one or more years of recovery from a mental health condition, substance use disorder, or both; or
- a parent or legal guardian of a youth who is receiving or has received behavioral health services.

Applicants must complete an education course offered by HCA, pass written and oral examinations, and complete a 1000 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:

- a person in recovery from a mental health condition, substance use disorder, or both; or
- 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 Bill: Peer Support Specialist. The profession of certified peer specialists is changed to certified peer support specialists.

Training for Peer Support Specialist. HCA, 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:

- safety planning;
- an understanding of domestic violence, sexual assault, or human trafficking; and
- advocacy in legal, medical, social services, and other systems.

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.

Access to Peer Support Services. HCA 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 HCA 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 HCA 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
- the parent or legal guardian of a youth who is receiving or has received behavioral health services.

Null and Void Clause. The null and void clause applies to provisions related to:

- the development of training courses for certified peer support specialists in domestic violence, sexual assault, and human trafficking; and
- the contracts to expand access to peer support services.

Appropriation: The bill contains a null and void clause requiring specific funding be provided in an omnibus appropriation act.

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.

Staff Summary of Public Testimony (Health & Long-Term Care): PRO: Peer support services have been proven to be effective, and peer support specialists are uniquely qualified to connect with individuals. Peers are the best tool to address the continued behavioral health crisis in the state as they are uniquely adept at engaging individuals into treatment in the first place, keeping individuals in care, and supporting people under

recovery support services when they discharge from care. Having peer support in certain locations can significantly decrease recidivism. This bill allows for peer support services to expand to include victim advocates for domestic violence, sexual assault, and human trafficking. Through the access to billing for peers, this bill will support the development of peers and the bill will bridge the gap between clinical care and the community. This bill also changes the term to certified peer support specialist and shifts from the negative connotations associated with the acronym. This adjustment will empower individuals in recovery and affirm their value. With the state's budget shortfalls and changes at the federal level, there are concerns about the ability to retain supportive behavioral health support services. This funding opportunity would provide more sustainable models while minimizing the cost to the state. This legislation provides the ability for recovery organizations to contract directly with Medicaid insurance carriers.

Persons Testifying (Health & Long-Term Care): PRO: Representative Lauren Davis, Prime Sponsor; Joshua Wallace, Peer Washington; Joseph Barsana; April Provost, Washington Recovery Alliance; Brooke Allen; Mary Williams, WASE: Washington Against Sexual Exploitation.

Persons Signed In To Testify But Not Testifying (Health & Long-Term Care): No one.

Staff Summary of Public Testimony (Ways & Means): PRO: The need for behavioral health workers has significantly outpaced the current workforce. Peers complement and absorb some of the burdens of clinical staff. This bill supports adequate training and supervision that allows a revenue source for health care and social services organizations to hire certified peer staff through insurance billing, which reduces the revolving door of more costly services. Peers are the only profession within the behavioral health workforce where we don't have a shortage, but instead a surplus of willing workers. This bill saves the state money by maximizing insurance billing for peer programs that currently rely on the state general fund. Many clients are referred based on abuse, trauma, violence or harm. This bill would enhance the skillset of many peers who have overcome a similar past. These topics are not currently a part of peer training, but it should be because trauma and violence affects many of us. This bill grounds peers in evidence-based prevention strategies and will help prevention statewide.

Persons Testifying (Ways & Means): PRO: APRIL PROVOST, Washington Recovery Alliance and Snohomish County Recovery Coalition; Ashley Gaffney; Mary Williams, Washington Against Sexual Exploitation (WASE Forward).

Persons Signed In To Testify But Not Testifying (Ways & Means): No one.