

CERTIFICATION OF ENROLLMENT  
**SECOND SUBSTITUTE HOUSE BILL 1427**

Chapter 360, Laws of 2025

69th Legislature  
2025 Regular Session

CERTIFIED PEER SUPPORT SPECIALISTS—VARIOUS PROVISIONS

EFFECTIVE DATE: July 27, 2025

Passed by the House March 11, 2025  
Yeas 85 Nays 11

LAURIE JINKINS

**Speaker of the House of  
Representatives**

Passed by the Senate April 16, 2025  
Yeas 46 Nays 2

JOHN LOVICK

**President of the Senate**

Approved May 19, 2025 2:58 PM

BOB FERGUSON

**Governor of the State of Washington**

CERTIFICATE

I, Bernard Dean, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **SECOND SUBSTITUTE HOUSE BILL 1427** as passed by the House of Representatives and the Senate on the dates hereon set forth.

BERNARD DEAN

**Chief Clerk**

FILED

May 20, 2025

**Secretary of State  
State of Washington**

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**SECOND SUBSTITUTE HOUSE BILL 1427**

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Passed Legislature - 2025 Regular Session

**State of Washington**

**69th Legislature**

**2025 Regular Session**

**By** House Appropriations (originally sponsored by Representatives Davis, Caldier, Obras, Eslick, Lekanoff, Ramel, Ormsby, and Santos)

READ FIRST TIME 02/28/25.

1       AN ACT Relating to certified peer support specialists; amending  
2   RCW 74.09.871, 71.24.920, 18.420.005, 18.420.010, 18.420.020,  
3   18.420.030, 18.420.040, 18.420.050, 18.420.060, 18.420.090,  
4   18.420.800, 43.70.250, 48.43.825, 71.24.585, 71.24.903, 71.24.922,  
5   71.24.924, 71.40.040, and 71.40.090; reenacting and amending RCW  
6   18.130.040, 18.130.175, 71.24.025, and 71.24.890; creating a new  
7   section; and adding a new section to chapter 41.05 RCW.

8   BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

9       **Sec. 1.** RCW 74.09.871 and 2023 c 292 s 2 are each amended to  
10   read as follows:

11       (1) Any agreement or contract by the authority to provide  
12   behavioral health services as defined under RCW 71.24.025 to persons  
13   eligible for benefits under medicaid, Title XIX of the social  
14   security act, and to persons not eligible for medicaid must include  
15   the following:

16       (a) Contractual provisions consistent with the intent expressed  
17   in RCW 71.24.015 and 71.36.005;

18       (b) Standards regarding the quality of services to be provided,  
19   including increased use of evidence-based, research-based, and  
20   promising practices, as defined in RCW 71.24.025;

1 (c) Accountability for the client outcomes established in RCW  
2 71.24.435, 70.320.020, and 71.36.025 and performance measures linked  
3 to those outcomes;

4 (d) Standards requiring behavioral health administrative services  
5 organizations and managed care organizations to maintain a network of  
6 appropriate providers that is supported by written agreements  
7 sufficient to provide adequate access to all services covered under  
8 the contract with the authority and to protect essential behavioral  
9 health system infrastructure and capacity, including a continuum of  
10 substance use disorder services;

11 (e) Provisions to require that medically necessary substance use  
12 disorder and mental health treatment services be available to  
13 clients;

14 (f) Standards requiring the use of behavioral health service  
15 provider reimbursement methods that incentivize improved performance  
16 with respect to the client outcomes established in RCW 71.24.435 and  
17 71.36.025, integration of behavioral health and primary care services  
18 at the clinical level, and improved care coordination for individuals  
19 with complex care needs;

20 (g) Standards related to the financial integrity of the  
21 contracting entity. This subsection does not limit the authority of  
22 the authority to take action under a contract upon finding that a  
23 contracting entity's financial status jeopardizes the contracting  
24 entity's ability to meet its contractual obligations;

25 (h) Mechanisms for monitoring performance under the contract and  
26 remedies for failure to substantially comply with the requirements of  
27 the contract including, but not limited to, financial deductions,  
28 termination of the contract, receivership, reprocurement of the  
29 contract, and injunctive remedies;

30 (i) Provisions to maintain the decision-making independence of  
31 designated crisis responders; and

32 (j) Provisions stating that public funds appropriated by the  
33 legislature may not be used to promote or deter, encourage, or  
34 discourage employees from exercising their rights under Title 29,  
35 chapter 7, subchapter II, United States Code or chapter 41.56 RCW.

36 (2) At least six months prior to releasing a medicaid integrated  
37 managed care procurement, but no later than January 1, 2025, the  
38 authority shall adopt statewide network adequacy standards that are  
39 assessed on a regional basis for the behavioral health provider  
40 networks maintained by managed care organizations pursuant to

subsection (1)(d) of this section. The standards shall require a network that ensures access to appropriate and timely behavioral health services for the enrollees of the managed care organization who live within the regional service area. At a minimum, these standards must address each behavioral health services type covered by the medicaid integrated managed care contract. This includes, but is not limited to: Outpatient, inpatient, and residential levels of care for adults and youth with a mental health disorder; outpatient, inpatient, and residential levels of care for adults and youth with a substance use disorder; crisis and stabilization services; providers of medication for opioid use disorders; specialty care; other facility-based services; and other providers as determined by the authority through this process. The authority shall apply the standards regionally and shall incorporate behavioral health system needs and considerations as follows:

(a) Include a process for an annual review of the network adequacy standards;

(b) Provide for participation from counties and behavioral health providers in both initial development and subsequent updates;

(c) Account for the regional service area's population; prevalence of behavioral health conditions; types of minimum behavioral health services and service capacity offered by providers in the regional service area; number and geographic proximity of providers in the regional service area; an assessment of the needs or gaps in the region; and availability of culturally specific services and providers in the regional service area to address the needs of communities that experience cultural barriers to health care including but not limited to communities of color and the LGBTQ+ community;

(d) Include a structure for monitoring compliance with provider network standards and timely access to the services;

(e) Consider how statewide services, such as residential treatment facilities, are utilized cross-regionally; and

(f) Consider how the standards would impact requirements for behavioral health administrative service organizations.

(3) Before releasing a medicaid integrated managed care procurement, the authority shall identify options that minimize provider administrative burden, including the potential to limit the number of managed care organizations that operate in a regional service area.

1 (4) The following factors must be given significant weight in any  
2 medicaid integrated managed care procurement process under this  
3 section:

4 (a) Demonstrated commitment and experience in serving low-income  
5 populations;

6 (b) Demonstrated commitment and experience serving persons who  
7 have mental illness, substance use disorders, or co-occurring  
8 disorders;

9 (c) Demonstrated commitment to and experience with partnerships  
10 with county and municipal criminal justice systems, housing services,  
11 and other critical support services necessary to achieve the outcomes  
12 established in RCW 71.24.435, 70.320.020, and 71.36.025;

13 (d) The ability to provide for the crisis service needs of  
14 medicaid enrollees, consistent with the degree to which such services  
15 are funded;

16 (e) Recognition that meeting enrollees' physical and behavioral  
17 health care needs is a shared responsibility of contracted behavioral  
18 health administrative services organizations, managed care  
19 organizations, service providers, the state, and communities;

20 (f) Consideration of past and current performance and  
21 participation in other state or federal behavioral health programs as  
22 a contractor;

23 (g) The ability to meet requirements established by the  
24 authority;

25 (h) The extent to which a managed care organization's approach to  
26 contracting simplifies billing and contracting burdens for community  
27 behavioral health provider agencies, which may include but is not  
28 limited to a delegation arrangement with a provider network that  
29 leverages local, federal, or philanthropic funding to enhance the  
30 effectiveness of medicaid-funded integrated care services and promote  
31 medicaid clients' access to a system of services that addresses  
32 additional social support services and social determinants of health  
33 as defined in RCW 43.20.025;

34 (i) Demonstrated prior national or in-state experience with a  
35 full continuum of behavioral health services that are substantially  
36 similar to the behavioral health services covered under the  
37 Washington medicaid state plan, including evidence through past and  
38 current data on performance, quality, and outcomes; ((and))

39 (j) Demonstrated commitment by managed care organizations to the  
40 use of alternative pricing and payment structures between a managed

1 care organization and its behavioral health services providers,  
2 including provider networks described in subsection (b) of this  
3 section, and between a managed care organization and a behavioral  
4 administrative service organization, in any of their agreements or  
5 contracts under this section, which may include but are not limited  
6 to:

7 (i) Value-based purchasing efforts consistent with the  
8 authority's value-based purchasing strategy, such as capitated  
9 payment arrangements, comprehensive population-based payment  
10 arrangements, or case rate arrangements; or

11 (ii) Payment methods that secure a sufficient amount of ready and  
12 available capacity for levels of care that require staffing 24 hours  
13 per day, 365 days per year, to serve anyone in the regional service  
14 area with a demonstrated need for the service at all times,  
15 regardless of fluctuating utilization; and

16 (k) The accessibility of peer services, as demonstrated in the  
17 application through a required comprehensive analysis of access to  
18 peer services in the managed care organization's network. The  
19 analysis must evaluate the availability of certified peer counselors  
20 and peer support specialists certified under chapter 18.420 RCW who  
21 are:

22 (i) Adults in recovery from a mental health condition;

23 (ii) Adults in recovery from a substance use disorder;

24 (iii) Youth and young adults in recovery from a mental condition;

25 (iv) Youth and young adults in recovery from a substance use  
26 disorder; and

27 (v) The parent or legal guardian of a youth who is receiving or  
28 has received behavioral health services.

29 (5) The authority may use existing cross-system outcome data such  
30 as the outcomes and related measures under subsection (4)(c) of this  
31 section and chapter 338, Laws of 2013, to determine that the  
32 alternative pricing and payment structures referenced in subsection  
33 (4)(j) of this section have advanced community behavioral health  
34 system outcomes more effectively than a fee-for-service model may  
35 have been expected to deliver.

36 (6)(a) The authority shall urge managed care organizations to  
37 establish, continue, or expand delegation arrangements with a  
38 provider network that exists on July 23, 2023, and that leverages  
39 local, federal, or philanthropic funding to enhance the effectiveness  
40 of medicaid-funded integrated care services and promote medicaid

1 clients' access to a system of services that addresses additional  
2 social support services and social determinants of health as defined  
3 in RCW 43.20.025. Such delegation arrangements must meet the  
4 requirements of the integrated managed care contract and the national  
5 committee for quality assurance accreditation standards.

6 (b) The authority shall recognize and support, and may not limit  
7 or restrict, a delegation arrangement that a managed care  
8 organization and a provider network described in (a) of this  
9 subsection have agreed upon, provided such arrangement meets the  
10 requirements of the integrated managed care contract and the national  
11 committee for quality assurance accreditation standards. The  
12 authority may periodically review such arrangements for effectiveness  
13 according to the requirements of the integrated managed care contract  
14 and the national committee for quality assurance accreditation  
15 standards.

16 (c) Managed care organizations and the authority may evaluate  
17 whether to establish or support future delegation arrangements with  
18 any additional provider networks that may be created after July 23,  
19 2023, based on the requirements of the integrated managed care  
20 contract and the national committee for quality assurance  
21 accreditation standards.

22 (7) The authority shall expand the types of behavioral health  
23 crisis services that can be funded with medicaid to the maximum  
24 extent allowable under federal law, including seeking approval from  
25 the centers for medicare and medicaid services for amendments to the  
26 medicaid state plan or medicaid state directed payments that support  
27 the 24 hours per day, 365 days per year capacity of the crisis  
28 delivery system when necessary to achieve this expansion.

29 (8) The authority shall, in consultation with managed care  
30 organizations, review reports and recommendations of the involuntary  
31 treatment act work group established pursuant to section 103, chapter  
32 302, Laws of 2020 and develop a plan for adding contract provisions  
33 that increase managed care organizations' accountability when their  
34 enrollees require long-term involuntary inpatient behavioral health  
35 treatment and shall explore opportunities to maximize medicaid  
36 funding as appropriate.

37 (9) In recognition of the value of community input and consistent  
38 with past procurement practices, the authority shall include county  
39 and behavioral health provider representatives in the development of  
40 any medicaid integrated managed care procurement process. This shall

1 include, at a minimum, two representatives identified by the  
2 association of county human services and two representatives  
3 identified by the Washington council for behavioral health to  
4 participate in the review and development of procurement documents.

5 (10) For purposes of purchasing behavioral health services and  
6 medical care services for persons eligible for benefits under  
7 medicaid, Title XIX of the social security act and for persons not  
8 eligible for medicaid, the authority must use regional service areas.  
9 The regional service areas must be established by the authority as  
10 provided in RCW 74.09.870.

11 (11) Consideration must be given to using multiple-biennia  
12 contracting periods.

13 (12) Each behavioral health administrative services organization  
14 operating pursuant to a contract issued under this section shall  
15 serve clients within its regional service area who meet the  
16 authority's eligibility criteria for mental health and substance use  
17 disorder services within available resources.

18 NEW SECTION. **Sec. 2.** A new section is added to chapter 41.05  
19 RCW to read as follows:

20 (1) The authority shall contract with one or more external  
21 entities to expand access to peer support services.

22 (2) Beginning December 31, 2025, the entity or entities shall:

23 (a) Provide technical assistance to support primary care clinics,  
24 urgent care clinics, and hospitals to integrate certified peer  
25 support specialists into their clinical care models and bill health  
26 insurance carriers for those services;

27 (b) Develop detailed and innovative proposals to create low  
28 barrier and cost-effective opportunities for:

29 (i) Community-based agencies, including peer-run agencies and  
30 organizations that are not currently licensed as behavioral health  
31 agencies under chapter 71.24 RCW, to bill health carriers for peer  
32 support services;

33 (ii) Service providers to bill health carriers for behavioral  
34 health services that are currently funded by the state general fund,  
35 including the law enforcement assisted diversion program established  
36 under RCW 71.24.589, the recovery navigator program established under  
37 RCW 71.24.115, the arrest and jail alternatives program established  
38 under RCW 36.28A.450, and the homeless outreach stabilization  
39 transition program established under RCW 71.24.145;



1 (iii) Community-based victim services agencies, including  
2 agencies that support domestic violence, sexual assault, and human  
3 trafficking victims, to bill health carriers for peer support  
4 services provided to victims of gender-based violence; and

5 (iv) Tribes, tribal health providers, and urban Indian health  
6 programs to bill for peer support services provided by tribal elders;

7 (c) Develop a proposal to establish the concept of, and billing  
8 mechanisms for, substance use disorder peer-run respite centers that  
9 are modeled after the mental health peer-run respite centers  
10 established under RCW 71.24.649; and

11 (d) Explore options for health carriers to pay for peer support  
12 services through capitated payment arrangements rather than on a fee-  
13 for-service basis.

14 (3) By November 1, 2026, the contracted entity or entities shall  
15 submit reports to the authority to describe the type and quantity of  
16 technical assistance that have been provided, the proposals that have  
17 been developed, and the trends in health carriers providing payment  
18 for peer support services, and any policy or budget recommendations  
19 to encourage health carriers to reimburse providers for peer support  
20 services.

21 **Sec. 3.** RCW 71.24.920 and 2023 c 469 s 13 are each amended to  
22 read as follows:

23 (1)(a) By January 1, 2025, the authority must develop a course of  
24 instruction to become a certified peer support specialist under  
25 chapter 18.420 RCW. The course must be approximately 80 hours in  
26 duration and based upon the curriculum offered by the authority in  
27 its peer counselor training as of July 23, 2023, as well as  
28 additional instruction in the principles of recovery coaching and  
29 suicide prevention. The authority shall establish a peer engagement  
30 process to receive suggestions regarding subjects to be covered in  
31 the 80-hour curriculum beyond those addressed in the peer counselor  
32 training curriculum and recovery coaching and suicide prevention  
33 curricula, including the cultural appropriateness of the 80-hour  
34 training. The education course must be taught by certified peer  
35 support specialists. The education course must be offered by the  
36 authority with sufficient frequency to accommodate the demand for  
37 training and the needs of the workforce. The authority must establish  
38 multiple configurations for offering the education course, including  
39 offering the course as an uninterrupted course with longer class

1 hours held on consecutive days for students seeking accelerated  
2 completion of the course and as an extended course with reduced daily  
3 class hours, possibly with multiple days between classes, to  
4 accommodate students with other commitments. Upon completion of the  
5 education course, the student must pass an oral examination  
6 administered by the course trainer.

7 (b) The authority shall develop an expedited course of  
8 instruction that consists of only those portions of the curriculum  
9 required under (a) of this subsection that exceed the authority's  
10 certified peer counselor training curriculum as it exists on July 23,  
11 2023. The expedited training shall focus on assisting persons who  
12 completed the authority's certified peer counselor training as it  
13 exists on July 23, 2023, to meet the education requirements for  
14 certification under RCW 18.420.050.

15 (2) By January 1, 2025, the authority must develop a training  
16 course for certified peer support specialists providing supervision  
17 to certified peer support specialist trainees under RCW 18.420.060.

18 (3)(a) By July 1, 2025, the authority shall offer a 40-hour  
19 specialized training course in peer crisis response services for  
20 individuals employed as peers who work with individuals who may be  
21 experiencing a behavioral health crisis. When offering the training  
22 course, priority for enrollment must be given to certified peer  
23 support specialists employed in a crisis-related setting, including  
24 entities identified in (b) of this subsection. The training shall  
25 incorporate best practices for responding to 988 behavioral health  
26 crisis line calls, as well as processes for co-response with law  
27 enforcement when necessary.

28 (b) Beginning July 1, 2025, any entity that uses certified peer  
29 support specialists as peer crisis responders, may only use certified  
30 peer support specialists who have completed the training course  
31 established by (a) of this subsection. A behavioral health agency  
32 that uses certified peer support specialists to work as peer crisis  
33 responders must maintain the records of the completion of the  
34 training course for those certified peer support specialists who  
35 provide these services and make the records available to the state  
36 agency for auditing or certification purposes.

37 (4) By July 1, 2025, the authority shall offer a course designed  
38 to inform licensed or certified behavioral health agencies of the  
39 benefits of incorporating certified peer support specialists and  
40 certified peer support specialist trainees into their clinical staff

1 and best practices for incorporating their services. The authority  
2 shall encourage entities that hire certified peer support specialists  
3 and certified peer support specialist trainees, including licensed or  
4 certified behavioral health agencies, hospitals, primary care  
5 offices, and other entities, to have appropriate staff attend the  
6 training by making it available in multiple formats.

7 (5) The authority, in consultation with the office of crime  
8 victims advocacy established under RCW 43.280.080, must contract with  
9 one or more training entities for the development of three separate  
10 courses of instruction related to the provision of peer support  
11 services to persons who have experienced domestic violence, sexual  
12 assault, or human trafficking. The authority shall collaborate with  
13 people with lived and living experience in the development of the  
14 courses. The courses must supplement the instruction received by  
15 certified peer support specialists and incorporate competencies that  
16 are typically taught in training programs for victim advocates,  
17 including safety planning, a foundational understanding of domestic  
18 violence, sexual assault, or human trafficking, as applicable, and  
19 advocacy across legal, medical, social services, and other systems.

20 (6) The authority shall:

21 (a) Hire clerical, administrative, investigative, and other staff  
22 as needed to implement this section to serve as examiners for any  
23 practical oral or written examination and assure that the examiners  
24 are trained to administer examinations in a culturally appropriate  
25 manner and represent the diversity of applicants being tested. The  
26 authority shall adopt procedures to allow for appropriate  
27 accommodations for persons with a learning disability, other  
28 disabilities, and other needs and assure that staff involved in the  
29 administration of examinations are trained on those procedures;

30 (b) Develop oral and written examinations required under this  
31 section. The initial examinations shall be adapted from those used by  
32 the authority as of July 23, 2023(~~(, and modified pursuant to input~~  
33 ~~and comments from the Washington state peer specialist advisory~~  
34 ~~committee))~~)).~~ The authority shall assure that the examinations are  
35 culturally appropriate;~~

36 (c) Prepare, grade, and administer, or supervise the grading and  
37 administration of written examinations for obtaining a certificate;

38 (d) Approve entities to provide the educational courses required  
39 by this section and approve entities to prepare, grade, and  
40 administer written examinations for the educational courses required

1 by this section(~~((. In establishing approval criteria, the authority~~  
2 ~~shall consider the recommendations of the Washington state peer~~  
3 ~~specialist advisory committee))~~);

4 (e) Develop examination preparation materials and make them  
5 available to students enrolled in the courses established under this  
6 section in multiple formats, including specialized examination  
7 preparation support for students with higher barriers to passing the  
8 written examination; and

9 (f) (~~The authority shall administer~~) Administer, through  
10 contract, a program to link eligible persons in recovery from  
11 behavioral health challenges who are seeking employment as peers with  
12 employers seeking to hire peers, including certified peer support  
13 specialists. The authority must contract for this program with an  
14 organization that provides peer workforce development, peer coaching,  
15 and other peer supportive services. The contract must require the  
16 organization to create and maintain a statewide database which is  
17 easily accessible to eligible persons in recovery who are seeking  
18 employment as peers and potential employers seeking to hire peers,  
19 including certified peer support specialists. The program must be  
20 fully implemented by July 1, 2024.

21 (~~((+6))~~) (7) For the purposes of this section(~~(, the term "peer"))~~:

22 (a) "Peer crisis responder" means a peer support specialist  
23 certified under chapter 18.420 RCW who has completed the training  
24 under subsection (3) of this section whose job involves responding to  
25 behavioral health emergencies, including those dispatched through a  
26 988 crisis hotline or the 911 system.

27 (b) "Victim services agency" means a program or organization that  
28 provides, as its primary purpose, assistance and advocacy for persons  
29 who have experienced domestic violence, sexual assault, or human  
30 trafficking. Services may include crisis intervention, individual and  
31 group support, information, referrals, and safety planning.

32 **Sec. 4.** RCW 18.130.040 and 2024 c 362 s 8, 2024 c 217 s 7, and  
33 2024 c 50 s 5 are each reenacted and amended to read as follows:

34 (1) This chapter applies only to the secretary and the boards and  
35 commissions having jurisdiction in relation to the professions  
36 licensed under the chapters specified in this section. This chapter  
37 does not apply to any business or profession not licensed under the  
38 chapters specified in this section.

1       (2)(a) The secretary has authority under this chapter in relation  
2 to the following professions:

3       (i) Dispensing opticians licensed and designated apprentices  
4 under chapter 18.34 RCW;

5       (ii) Midwives licensed under chapter 18.50 RCW;

6       (iii) Ocularists licensed under chapter 18.55 RCW;

7       (iv) Massage therapists and businesses licensed under chapter  
8 18.108 RCW;

9       (v) Dental hygienists licensed under chapter 18.29 RCW;

10       (vi) Acupuncturists or acupuncture and Eastern medicine  
11 practitioners licensed under chapter 18.06 RCW;

12       (vii) Radiologic technologists certified and X-ray technicians  
13 registered under chapter 18.84 RCW;

14       (viii) Respiratory care practitioners licensed under chapter  
15 18.89 RCW;

16       (ix) Hypnotherapists registered, agency affiliated counselors  
17 registered, certified, or licensed, and advisors and counselors  
18 certified under chapter 18.19 RCW;

19       (x) Persons licensed as mental health counselors, mental health  
20 counselor associates, marriage and family therapists, marriage and  
21 family therapist associates, social workers, social work associates—  
22 advanced, and social work associates—independent clinical under  
23 chapter 18.225 RCW;

24       (xi) Persons registered as nursing pool operators under chapter  
25 18.52C RCW;

26       (xii) Nursing assistants registered or certified or medication  
27 assistants endorsed under chapter 18.88A RCW;

28       (xiii) Dietitians and nutritionists certified under chapter  
29 18.138 RCW;

30       (xiv) Substance use disorder professionals, substance use  
31 disorder professional trainees, or co-occurring disorder specialists  
32 certified under chapter 18.205 RCW;

33       (xv) Sex offender treatment providers and certified affiliate sex  
34 offender treatment providers certified under chapter 18.155 RCW;

35       (xvi) Persons licensed and certified under chapter 18.73 RCW or  
36 RCW 18.71.205;

37       (xvii) Orthotists and prosthetists licensed under chapter 18.200  
38 RCW;

39       (xviii) Surgical technologists registered under chapter 18.215  
40 RCW;

(xix) Recreational therapists under chapter 18.230 RCW;

(xx) Animal massage therapists certified under chapter 18.240 RCW;

(xxi) Athletic trainers licensed under chapter 18.250 RCW;

(xxii) Home care aides certified under chapter 18.88B RCW;

(xxiii) Genetic counselors licensed under chapter 18.290 RCW;

(xxiv) Reflexologists certified under chapter 18.108 RCW;

(xxv) Medical assistants-certified, medical assistants-hemodialysis technician, medical assistants-phlebotomist, forensic phlebotomist, medical assistant-EMT, and medical assistants-registered certified and registered under chapter 18.360 RCW;

(xxvi) Behavior analysts, assistant behavior analysts, and behavior technicians under chapter 18.380 RCW;

(xxvii) Birth doulas certified under chapter 18.47 RCW;

(xxviii) Music therapists licensed under chapter 18.233 RCW;

(xxix) Behavioral health support specialists certified under chapter 18.227 RCW; and

(xxx) Certified peer support specialists and certified peer support specialist trainees under chapter 18.420 RCW.

(b) The boards and commissions having authority under this chapter are as follows:

(i) The podiatric medical board as established in chapter 18.22 RCW;

(ii) The chiropractic quality assurance commission as established in chapter 18.25 RCW;

(iii) The dental quality assurance commission as established in chapter 18.32 RCW governing licenses issued under chapter 18.32 RCW, licenses and registrations issued under chapter 18.260 RCW, licenses issued under chapter 18.265 RCW, and certifications issued under chapter 18.350 RCW;

(iv) The board of hearing and speech as established in chapter 18.35 RCW;

(v) The board of examiners for nursing home administrators as established in chapter 18.52 RCW;

(vi) The optometry board as established in chapter 18.54 RCW governing licenses issued under chapter 18.53 RCW;

(vii) The board of osteopathic medicine and surgery as established in chapter 18.57 RCW governing licenses issued under chapter 18.57 RCW;

(viii) The pharmacy quality assurance commission as established in chapter 18.64 RCW governing licenses issued under chapters 18.64 and 18.64A RCW;

(ix) The Washington medical commission as established in chapter 18.71 RCW governing licenses and registrations issued under chapters 18.71, 18.71A, and 18.71D RCW;

(x) The board of physical therapy as established in chapter 18.74 RCW;

(xi) The board of occupational therapy practice as established in chapter 18.59 RCW;

(xii) The board of nursing as established in chapter 18.79 RCW governing licenses and registrations issued under that chapter and under chapter 18.80 RCW;

(xiii) The examining board of psychology and its disciplinary committee as established in chapter 18.83 RCW;

(xiv) The veterinary board of governors as established in chapter 18.92 RCW;

(xv) The board of naturopathy established in chapter 18.36A RCW, governing licenses and certifications issued under that chapter; and

(xvi) The board of denturists established in chapter 18.30 RCW.

(3) In addition to the authority to discipline license holders, the disciplining authority has the authority to grant or deny licenses. The disciplining authority may also grant a license subject to conditions, which must be in compliance with chapter 18.415 RCW.

(4) All disciplining authorities shall adopt procedures to ensure substantially consistent application of this chapter, the uniform disciplinary act, among the disciplining authorities listed in subsection (2) of this section.

**Sec. 5.** RCW 18.130.175 and 2023 c 469 s 19 and 2023 c 425 s 25 are each reenacted and amended to read as follows:

(1) In lieu of disciplinary action under RCW 18.130.160 and if the disciplining authority determines that the unprofessional conduct may be the result of an applicable impairing or potentially impairing health condition, the disciplining authority may refer the license holder to a physician health program or a voluntary substance use disorder monitoring program approved by the disciplining authority.

The cost of evaluation and treatment shall be the responsibility of the license holder, but the responsibility does not preclude payment by an employer, existing insurance coverage, or other

1 sources. Evaluation and treatment shall be provided by providers  
2 approved by the entity or the commission. The disciplining authority  
3 may also approve the use of out-of-state programs. Referral of the  
4 license holder to the physician health program or voluntary substance  
5 use disorder monitoring program shall be done only with the consent  
6 of the license holder. Referral to the physician health program or  
7 voluntary substance use disorder monitoring program may also include  
8 probationary conditions for a designated period of time. If the  
9 license holder does not consent to be referred to the program or does  
10 not successfully complete the program, the disciplining authority may  
11 take appropriate action under RCW 18.130.160 which includes  
12 suspension of the license unless or until the disciplining authority,  
13 in consultation with the director of the applicable program,  
14 determines the license holder is able to practice safely. The  
15 secretary shall adopt uniform rules for the evaluation by the  
16 disciplining authority of return to substance use or program  
17 violation on the part of a license holder in the program. The  
18 evaluation shall encourage program participation with additional  
19 conditions, in lieu of disciplinary action, when the disciplining  
20 authority determines that the license holder is able to continue to  
21 practice with reasonable skill and safety.

22 (2) In addition to approving the physician health program or the  
23 voluntary substance use disorder monitoring program that may receive  
24 referrals from the disciplining authority, the disciplining authority  
25 may establish by rule requirements for participation of license  
26 holders who are not being investigated or monitored by the  
27 disciplining authority. License holders voluntarily participating in  
28 the approved programs without being referred by the disciplining  
29 authority shall not be subject to disciplinary action under RCW  
30 18.130.160 for their impairing or potentially impairing health  
31 condition, and shall not have their participation made known to the  
32 disciplining authority, if they meet the requirements of this section  
33 and the program in which they are participating.

34 (3) The license holder shall sign a waiver allowing the program  
35 to release information to the disciplining authority if the licensee  
36 does not comply with the requirements of this section or is unable to  
37 practice with reasonable skill or safety. The physician health  
38 program or voluntary substance use disorder program shall report to  
39 the disciplining authority any license holder who fails to comply  
40 with the requirements of this section or the program or who, in the



1 opinion of the program, is unable to practice with reasonable skill  
2 or safety. License holders shall report to the disciplining authority  
3 if they fail to comply with this section or do not complete the  
4 program's requirements. License holders may, upon the agreement of  
5 the program and disciplining authority, reenter the program if they  
6 have previously failed to comply with this section.

7 (4) Program records including, but not limited to, case notes,  
8 progress notes, laboratory reports, evaluation and treatment records,  
9 electronic and written correspondence within the program, and between  
10 the program and the participant or other involved entities including,  
11 but not limited to, employers, credentialing bodies, referents, or  
12 other collateral sources, relating to license holders referred to or  
13 voluntarily participating in approved programs are confidential and  
14 exempt from disclosure under chapter 42.56 RCW and shall not be  
15 subject to discovery by subpoena or admissible as evidence except:

16 (a) To defend any civil action by a license holder regarding the  
17 restriction or revocation of that individual's clinical or staff  
18 privileges, or termination of a license holder's employment. In such  
19 an action, the program will, upon subpoena issued by either party to  
20 the action, and upon the requesting party seeking a protective order  
21 for the requested disclosure, provide to both parties of the action  
22 written disclosure that includes the following information:

23 (i) Verification of a health care professional's participation in  
24 the physician health program or voluntary substance use disorder  
25 monitoring program as it relates to aspects of program involvement at  
26 issue in the civil action;

27 (ii) The dates of participation;

28 (iii) Whether or not the program identified an impairing or  
29 potentially impairing health condition;

30 (iv) Whether the health care professional was compliant with the  
31 requirements of the physician health program or voluntary substance  
32 use disorder monitoring program; and

33 (v) Whether the health care professional successfully completed  
34 the physician health program or voluntary substance use disorder  
35 monitoring program; and

36 (b) Records provided to the disciplining authority for cause as  
37 described in subsection (3) of this section. Program records relating  
38 to license holders mandated to the program, through order or by  
39 stipulation, by the disciplining authority or relating to license  
40 holders reported to the disciplining authority by the program for

1 cause, must be released to the disciplining authority at the request  
2 of the disciplining authority. Records held by the disciplining  
3 authority under this section are exempt from chapter 42.56 RCW and  
4 are not subject to discovery by subpoena except by the license  
5 holder.

6 (5) This section does not affect an employer's right or ability  
7 to make employment-related decisions regarding a license holder. This  
8 section does not restrict the authority of the disciplining authority  
9 to take disciplinary action for any other unprofessional conduct.

10 (6) A person who, in good faith, reports information or takes  
11 action in connection with this section is immune from civil liability  
12 for reporting information or taking the action.

13 (a) The immunity from civil liability provided by this section  
14 shall be liberally construed to accomplish the purposes of this  
15 section, and applies to both license holders and students and  
16 trainees when students and trainees of the applicable professions are  
17 served by the program. The persons entitled to immunity shall  
18 include:

19 (i) An approved physician health program or voluntary substance  
20 use disorder monitoring program;

21 (ii) The professional association affiliated with the program;

22 (iii) Members, employees, or agents of the program or  
23 associations;

24 (iv) Persons reporting a license holder as being possibly  
25 impaired or providing information about the license holder's  
26 impairment; and

27 (v) Professionals supervising or monitoring the course of the  
28 program participant's treatment or rehabilitation.

29 (b) The courts are strongly encouraged to impose sanctions on  
30 program participants and their attorneys whose allegations under this  
31 subsection are not made in good faith and are without either  
32 reasonable objective, substantive grounds, or both.

33 (c) The immunity provided in this section is in addition to any  
34 other immunity provided by law.

35 (7) In the case of a person who is applying to be a substance use  
36 disorder professional or substance use disorder professional trainee  
37 certified under chapter 18.205 RCW, an agency affiliated counselor  
38 registered under chapter 18.19 RCW, or a peer support specialist or  
39 peer support specialist trainee certified under chapter 18.420 RCW,  
40 if the person is:

1 (a) Less than one year in recovery from a substance use disorder,  
2 the duration of time that the person may be required to participate  
3 in an approved substance use disorder monitoring program may not  
4 exceed the amount of time necessary for the person to achieve one  
5 year in recovery; or

6 (b) At least one year in recovery from a substance use disorder,  
7 the person may not be required to participate in the approved  
8 substance use disorder monitoring program.

9 (8) The provisions of subsection (7) of this section apply to any  
10 person employed as a peer support specialist as of July 1, 2025,  
11 participating in a program under this section as of July 1, 2025, and  
12 applying to become a certified peer support specialist under RCW  
13 18.420.050, regardless of when the person's participation in a  
14 program began. To this extent, subsection (7) of this section applies  
15 retroactively, but in all other respects it applies prospectively.

16 **Sec. 6.** RCW 18.420.005 and 2023 c 469 s 1 are each amended to  
17 read as follows:

18 (1) The legislature finds that peers play a critical role along  
19 the behavioral health continuum of care, from outreach to treatment  
20 to recovery support. Peers deal in the currency of hope and  
21 motivation. Peers bring hope to individuals receiving services and  
22 are incredibly adept at supporting people with behavioral health  
23 challenges on their recovery journeys. Peers represent the only  
24 segment of the behavioral health workforce where there is not a  
25 shortage, but a surplus of willing workers. Peers, however, are  
26 presently limited to serving only medicaid recipients and working  
27 only in community behavioral health agencies. As a result, youth and  
28 adults with commercial insurance have no access to peer services.  
29 Furthermore, peers who work in other settings, such as emergency  
30 departments and behavioral health urgent care, cannot bill insurance  
31 for their services.

32 (2) Therefore, it is the intent of the legislature to address the  
33 behavioral health workforce crisis, expand access to peer services,  
34 eliminate financial barriers to professional licensing, and honor the  
35 contributions of the peer profession by creating the profession of  
36 certified peer support specialists.

37 **Sec. 7.** RCW 18.420.010 and 2023 c 469 s 2 are each amended to  
38 read as follows:

1 The definitions in this section apply throughout this chapter  
2 unless the context clearly requires otherwise.

3 ~~(1) ("Advisory committee" means the Washington state certified~~  
4 ~~peer specialist advisory committee established under section 4 of~~  
5 ~~this act.~~

6 ~~(2))~~ "Approved supervisor" means:

7 (a) Until July 1, 2028, a behavioral health provider, as defined  
8 in RCW 71.24.025 with at least two years of experience working in a  
9 behavioral health practice that employs peer support specialists or  
10 certified peer counselors as part of treatment teams; or

11 (b) A certified peer support specialist who has completed:

12 (i) At least 1,500 hours of work as a fully certified peer  
13 support specialist engaged in the practice of peer support services,  
14 with at least 500 hours attained through the joint supervision of  
15 peers in conjunction with another approved supervisor; and

16 (ii) The training developed by the health care authority under  
17 RCW 71.24.920.

18 ~~((3))~~ (2) "Certified peer support specialist" means a person  
19 certified under this chapter to engage in the practice of peer  
20 support services.

21 ~~((4))~~ (3) "Certified peer support specialist trainee" means an  
22 individual working toward the supervised experience and written  
23 examination requirements to become a certified peer support  
24 specialist under this chapter.

25 ~~((5))~~ (4) "Department" means the department of health.

26 ~~((6))~~ (5) "Practice of peer support services" means the  
27 provision of interventions by a peer who is either a person in  
28 recovery from a mental health condition or substance use disorder, or  
29 both, or the parent or legal guardian of a youth who is receiving or  
30 has received behavioral health services ~~((The client receiving the~~  
31 ~~interventions receives them from a person))~~, to a person with a  
32 similar lived experience ~~((as either a person in recovery from a~~  
33 ~~mental health condition or substance use disorder, or both, or the~~  
34 ~~parent or legal guardian of a youth who is receiving or has received~~  
35 ~~behavioral health services))~~. The ~~((person))~~ peer provides the  
36 interventions through the use of shared experiences to assist ~~((a~~  
37 ~~client))~~ the participant in the acquisition and exercise of skills  
38 needed to support the ~~((client's))~~ participant's recovery.  
39 Interventions may include activities that assist ~~((clients))~~  
40 participants in accessing or engaging in treatment and in symptom

1 management; promote social connection, recovery, and self-advocacy;  
2 provide guidance in the development of natural community supports and  
3 basic daily living skills; and support ~~((clients))~~ participants in  
4 engagement, motivation, and maintenance related to achieving and  
5 maintaining health and wellness goals.

6 ~~((+7))~~ (6) "Secretary" means the secretary of health.

7 **Sec. 8.** RCW 18.420.020 and 2023 c 469 s 3 are each amended to  
8 read as follows:

9 In addition to any other authority, the secretary has the  
10 authority to:

11 (1) Adopt rules under chapter 34.05 RCW necessary to implement  
12 this chapter;

13 (2) Establish all certification, examination, and renewal fees  
14 for certified peer support specialists in accordance with RCW  
15 43.70.110 and 43.70.250;

16 (3) Establish forms and procedures necessary to administer this  
17 chapter;

18 (4) Issue certificates to applicants who have met the education,  
19 training, and examination requirements for obtaining a certificate  
20 and to deny a certificate to applicants who do not meet the  
21 requirements;

22 (5) Coordinate with the health care authority to confirm an  
23 applicants' successful completion of the certified peer support  
24 specialist education course offered by the health care authority  
25 under RCW 71.24.920 and successful passage of the associated oral  
26 examination as proof of eligibility to take a qualifying written  
27 examination for applicants for obtaining a certificate;

28 (6) Establish practice parameters consistent with the definition  
29 of the practice of peer support services;

30 ~~((7)) ~~((Provide staffing and administrative support to the advisory  
31 committee;~~~~

32 ~~((8))~~ Determine which states have credentialing requirements  
33 equivalent to those of this state, and issue certificates to  
34 applicants credentialed in those states without examination;

35 ~~((+9))~~ (8) Define and approve any supervised experience  
36 requirements for certification;

37 ~~((+10)) ~~Assist the advisory committee with the review of peer  
38 counselor apprenticeship program applications in the process of being  
39 approved and registered under chapter 49.04 RCW;~~~~

1       ~~((11))~~ (9) Adopt rules implementing a continuing competency  
2 program; and  
3       ~~((12))~~ (10) Establish by rule the procedures for an appeal of  
4 an examination failure.

5       **Sec. 9.** RCW 18.420.030 and 2023 c 469 s 5 are each amended to  
6 read as follows:

7       Beginning July 1, 2025, except as provided in RCW 71.24.920, the  
8 decision of a person practicing peer support services to become  
9 certified under this chapter is voluntary. A person may not use the  
10 title certified peer support specialist unless the person holds a  
11 credential under this chapter.

12       **Sec. 10.** RCW 18.420.040 and 2023 c 469 s 6 are each amended to  
13 read as follows:

14       Nothing in this chapter may be construed to prohibit or restrict:

15       (1) An individual who holds a credential issued by this state,  
16 other than as a certified peer support specialist or certified peer  
17 support specialist trainee, to engage in the practice of an  
18 occupation or profession without obtaining an additional credential  
19 from the state. The individual may not use the title certified peer  
20 support specialist unless the individual holds a credential under  
21 this chapter; or

22       (2) The practice of peer support services by a person who is  
23 employed by the government of the United States while engaged in the  
24 performance of duties prescribed by the laws of the United States.

25       **Sec. 11.** RCW 18.420.050 and 2023 c 469 s 7 are each amended to  
26 read as follows:

27       (1) Beginning July 1, 2025, except as provided in subsections (2)  
28 and (3) of this section, the secretary shall issue a certificate to  
29 practice as a certified peer support specialist to any applicant who  
30 demonstrates to the satisfaction of the secretary that the applicant  
31 meets the following requirements:

32       (a) Submission of an attestation to the department that the  
33 applicant self-identifies as:

34       (i) A person with one or more years of recovery from a mental  
35 health condition, substance use disorder, or both; or

36       (ii) The parent or legal guardian of a youth who is receiving or  
37 has received behavioral health services;

1 (b) Successful completion of the education course developed and  
2 offered by the health care authority under RCW 71.24.920;

3 (c) Successful passage of an oral examination administered by the  
4 health care authority upon completion of the education course offered  
5 by the health care authority under RCW 71.24.920;

6 (d) Successful passage of a written examination administered by  
7 the health care authority upon completion of the education course  
8 offered by the health care authority under RCW 71.24.920;

9 (e) Successful completion of an experience requirement of at  
10 least 1,000 supervised hours as a certified peer support specialist  
11 trainee engaged in the volunteer or paid practice of peer support  
12 services, in accordance with the standards in RCW 18.420.060; and

13 (f) Payment of the appropriate fee required under this chapter.

14 (2) The secretary(~~((, with the recommendation of the advisory~~  
15 ~~committee,))~~) shall establish criteria for the issuance of a  
16 certificate to engage in the practice of peer support services based  
17 on prior experience as a peer specialist attained before July 1,  
18 2025. The criteria shall establish equivalency standards necessary to  
19 be deemed to have met the requirements of subsection (1) of this  
20 section. An applicant under this subsection shall have until July 1,  
21 2026, to complete any standards in which the applicant is determined  
22 to be deficient.

23 (3) The secretary(~~((, with the recommendation of the advisory~~  
24 ~~committee,))~~) shall issue a certificate to engage in the practice of  
25 peer support services based on completion of an apprenticeship  
26 program registered and approved under chapter 49.04 RCW (~~and~~  
27 ~~reviewed by the advisory committee under RCW 18.420.020)~~).

28 (4) A certificate to engage in the practice of peer support  
29 services is valid for two years. A certificate may be renewed upon  
30 demonstrating to the department that the certified peer support  
31 specialist has successfully completed 30 hours of continuing  
32 education approved by the department. As part of the continuing  
33 education requirement, every six years the applicant must submit  
34 proof of successful completion of at least three hours of suicide  
35 prevention training and at least six hours of coursework in  
36 professional ethics and law, which may include topics under RCW  
37 18.130.180.

38 **Sec. 12.** RCW 18.420.060 and 2023 c 469 s 8 are each amended to  
39 read as follows:

1 (1) Beginning July 1, 2025, the secretary shall issue a  
2 certificate to practice as a certified peer support specialist  
3 trainee to any applicant who demonstrates to the satisfaction of the  
4 secretary that:

5 (a) The applicant meets the requirements of RCW 18.420.050  
6 (1)(a), (b), (c), (d), and (4) and is working toward the supervised  
7 experience requirements to become a certified peer support specialist  
8 under this chapter; or

9 (b) The applicant is enrolled in an apprenticeship program  
10 registered and approved under chapter 49.04 RCW and approved by the  
11 secretary under RCW 18.420.020.

12 (2) An applicant seeking to become a certified peer support  
13 specialist trainee under this section shall submit to the secretary  
14 for approval an attestation, in accordance with rules adopted by the  
15 department, that the certified peer support specialist trainee is  
16 actively pursuing the supervised experience requirements of RCW  
17 18.420.050(1)((~~d~~)) (e). This attestation must be updated with the  
18 trainee's annual renewal.

19 (3) A certified peer support specialist trainee certified under  
20 this section may practice only under the supervision of an approved  
21 supervisor. Supervision may be provided through distance supervision.  
22 Supervision may be provided by an approved supervisor who is employed  
23 by the same employer that employs the certified peer support  
24 specialist trainee or by an arrangement made with a third-party  
25 approved supervisor to provide supervision, or a combination of both  
26 types of approved supervisors.

27 (4) A certified peer support specialist trainee certificate is  
28 valid for one year and may only be renewed four times.

29 **Sec. 13.** RCW 18.420.090 and 2023 c 469 s 12 are each amended to  
30 read as follows:

31 The uniform disciplinary act, chapter 18.130 RCW, governs  
32 uncertified practice of peer support services, the issuance and  
33 denial of certificates, and the discipline of certified peer support  
34 specialists and certified peer support specialist trainees under this  
35 chapter.

36 **Sec. 14.** RCW 18.420.800 and 2023 c 469 s 11 are each amended to  
37 read as follows:



1 (1) The department(~~(, in consultation with the advisory~~  
2 ~~committee,)~~) shall conduct an assessment and submit a report to the  
3 governor and the committees of the legislature with jurisdiction over  
4 health policy issues by December 1, 2027.

5 (2) The report in subsection (1) of this section shall provide:

6 (a) An analysis of the adequacy of the supply of certified peer  
7 support specialists serving as approved supervisors pursuant to RCW  
8 18.420.010(~~((2))~~) (1)(b) with respect to the ability to meet the  
9 anticipated supervision needs of certified peer support specialist  
10 trainees upon the expiration of behavioral health providers serving  
11 as approved supervisors pursuant to RCW 18.420.010(~~((2))~~) (1)(a);

12 (b) An assessment of whether or not it is necessary to extend the  
13 expiration of behavioral health providers serving as approved  
14 supervisors pursuant to RCW 18.420.010(~~((2))~~) (1)(a) in order to meet  
15 the anticipated supervision needs of certified peer support  
16 specialist trainees;

17 (c) Recommendations for increasing the supply of certified peer  
18 support specialists serving as approved supervisors pursuant to RCW  
19 18.420.010(~~((2))~~) (1)(b), including any potential modifications to  
20 the requirements to become an approved supervisor; and

21 (d) Recommendations for alternative methods of providing  
22 supervision to certified peer support specialist trainees, including  
23 options for team-based supervision that incorporate supervision from  
24 both behavioral health providers serving as approved supervisors  
25 pursuant to RCW 18.420.010(~~((2))~~) (1)(a) and certified peer support  
26 specialists serving as approved supervisors pursuant to RCW  
27 18.420.010(~~((2))~~) (1)(b).

28 **Sec. 15.** RCW 43.70.250 and 2024 c 366 s 14 are each amended to  
29 read as follows:

30 (1) It shall be the policy of the state of Washington that the  
31 cost of each professional, occupational, or business licensing  
32 program be fully borne by the members of that profession, occupation,  
33 or business.

34 (2) The secretary shall from time to time establish the amount of  
35 all application fees, license fees, registration fees, examination  
36 fees, permit fees, renewal fees, and any other fee associated with  
37 licensing or regulation of professions, occupations, or businesses  
38 administered by the department. Any and all fees or assessments, or  
39 both, levied on the state to cover the costs of the operations and

activities of the interstate health professions licensure compacts with participating authorities listed under chapter 18.130 RCW shall be borne by the persons who hold licenses issued pursuant to the authority and procedures established under the compacts. In fixing said fees, the secretary shall set the fees for each program at a sufficient level to defray the costs of administering that program and the cost of regulating licensed volunteer medical workers in accordance with RCW 18.130.360, except as provided in RCW 18.79.202. In no case may the secretary impose any certification, examination, or renewal fee upon a person seeking certification as a certified peer support specialist trainee under chapter 18.420 RCW or, between July 1, 2025, and July 1, 2030, impose a certification, examination, or renewal fee of more than \$100 upon any person seeking certification as a certified peer support specialist under chapter 18.420 RCW. Subject to amounts appropriated for this specific purpose, between July 1, 2024, and July 1, 2029, the secretary may not impose any certification or certification renewal fee on a person seeking certification as a substance use disorder professional or substance use disorder professional trainee under chapter 18.205 RCW of more than \$100.

(3) All such fees shall be fixed by rule adopted by the secretary in accordance with the provisions of the administrative procedure act, chapter 34.05 RCW.

**Sec. 16.** RCW 48.43.825 and 2023 c 469 s 16 are each amended to read as follows:

By July 1, 2026, each carrier shall provide access to services provided by certified peer support specialists and certified peer support specialist trainees in a manner sufficient to meet the network access standards set forth in rules established by the office of the insurance commissioner.

**Sec. 17.** RCW 71.24.025 and 2024 c 368 s 2, 2024 c 367 s 1, and 2024 c 121 s 25 are each reenacted and amended to read as follows:

Unless the context clearly requires otherwise, the definitions in this section apply throughout this chapter.

(1) "23-hour crisis relief center" means a community-based facility or portion of a facility which is licensed or certified by the department of health and open 24 hours a day, seven days a week, offering access to mental health and substance use care for no more

1 than 23 hours and 59 minutes at a time per patient, and which accepts  
2 all behavioral health crisis walk-ins drop-offs from first  
3 responders, and individuals referred through the 988 system  
4 regardless of behavioral health acuity, and meets the requirements  
5 under RCW 71.24.916.

6 (2) "988 crisis hotline" means the universal telephone number  
7 within the United States designated for the purpose of the national  
8 suicide prevention and mental health crisis hotline system operating  
9 through the national suicide prevention lifeline.

10 (3) "Acutely mentally ill" means a condition which is limited to  
11 a short-term severe crisis episode of:

12 (a) A mental disorder as defined in RCW 71.05.020 or, in the case  
13 of a child, as defined in RCW 71.34.020;

14 (b) Being gravely disabled as defined in RCW 71.05.020 or, in the  
15 case of a child, a gravely disabled minor as defined in RCW  
16 71.34.020; or

17 (c) Presenting a likelihood of serious harm as defined in RCW  
18 71.05.020 or, in the case of a child, as defined in RCW 71.34.020.

19 (4) "Alcoholism" means a disease, characterized by a dependency  
20 on alcoholic beverages, loss of control over the amount and  
21 circumstances of use, symptoms of tolerance, physiological or  
22 psychological withdrawal, or both, if use is reduced or discontinued,  
23 and impairment of health or disruption of social or economic  
24 functioning.

25 (5) "Approved substance use disorder treatment program" means a  
26 program for persons with a substance use disorder provided by a  
27 treatment program licensed or certified by the department as meeting  
28 standards adopted under this chapter.

29 (6) "Authority" means the Washington state health care authority.

30 (7) "Available resources" means funds appropriated for the  
31 purpose of providing community behavioral health programs, federal  
32 funds, except those provided according to Title XIX of the Social  
33 Security Act, and state funds appropriated under this chapter or  
34 chapter 71.05 RCW by the legislature during any biennium for the  
35 purpose of providing residential services, resource management  
36 services, community support services, and other behavioral health  
37 services. This does not include funds appropriated for the purpose of  
38 operating and administering the state psychiatric hospitals.

39 (8) "Behavioral health administrative services organization"  
40 means an entity contracted with the authority to administer

behavioral health services and programs under RCW 71.24.381, including crisis services and administration of chapter 71.05 RCW, the involuntary treatment act, for all individuals in a defined regional service area.

(9) "Behavioral health aide" means a counselor, health educator, and advocate who helps address individual and community-based behavioral health needs, including those related to alcohol, drug, and tobacco abuse as well as mental health problems such as grief, depression, suicide, and related issues and is certified by a community health aide program of the Indian health service or one or more tribes or tribal organizations consistent with the provisions of 25 U.S.C. Sec. 16161 and RCW 43.71B.010 (7) and (8).

(10) "Behavioral health provider" means a person licensed under chapter 18.57, 18.71, 18.71A, 18.83, 18.205, 18.225, or 18.79 RCW, as it applies to registered nurses and advanced practice registered ~~((nurse-practitioners))~~ nurses.

(11) "Behavioral health services" means mental health services, substance use disorder treatment services, and co-occurring disorder treatment services as described in this chapter and chapter 71.36 RCW that, depending on the type of service, are provided by licensed or certified behavioral health agencies, behavioral health providers, or integrated into other health care providers.

(12) "Child" means a person under the age of 18 years.

(13) "Chronically mentally ill adult" or "adult who is chronically mentally ill" means an adult who has a mental disorder and meets at least one of the following criteria:

(a) Has undergone two or more episodes of hospital care for a mental disorder within the preceding two years; or

(b) Has experienced a continuous behavioral health hospitalization or residential treatment exceeding six months' duration within the preceding year; or

(c) Has been unable to engage in any substantial gainful activity by reason of any mental disorder which has lasted for a continuous period of not less than 12 months. "Substantial gainful activity" shall be defined by the authority by rule consistent with Public Law 92-603, as amended.

(14) "Clubhouse" means a community-based program that provides rehabilitation services and is licensed or certified by the department.

1       (15) "Community behavioral health program" means all  
2 expenditures, services, activities, or programs, including reasonable  
3 administration and overhead, designed and conducted to prevent or  
4 treat substance use disorder, mental illness, or both in the  
5 community behavioral health system.

6       (16) "Community behavioral health service delivery system" means  
7 public, private, or tribal agencies that provide services  
8 specifically to persons with mental disorders, substance use  
9 disorders, or both, as defined under RCW 71.05.020 and receive  
10 funding from public sources.

11       (17) "Community support services" means services authorized,  
12 planned, and coordinated through resource management services  
13 including, at a minimum, assessment, diagnosis, emergency crisis  
14 intervention available 24 hours, seven days a week, prescreening  
15 determinations for persons who are mentally ill being considered for  
16 placement in nursing homes as required by federal law, screening for  
17 patients being considered for admission to residential services,  
18 diagnosis and treatment for children who are acutely mentally ill or  
19 severely emotionally or behaviorally disturbed discovered under  
20 screening through the federal Title XIX early and periodic screening,  
21 diagnosis, and treatment program, investigation, legal, and other  
22 nonresidential services under chapter 71.05 RCW, case management  
23 services, psychiatric treatment including medication supervision,  
24 counseling, psychotherapy, assuring transfer of relevant patient  
25 information between service providers, recovery services, and other  
26 services determined by behavioral health administrative services  
27 organizations.

28       (18) "Community-based crisis team" means a team that is part of  
29 an emergency medical services agency, a fire service agency, a public  
30 health agency, a medical facility, a nonprofit crisis response  
31 provider, or a city or county government entity, other than a law  
32 enforcement agency, that provides the on-site community-based  
33 interventions of a mobile rapid response crisis team for individuals  
34 who are experiencing a behavioral health crisis.

35       (19) "Consensus-based" means a program or practice that has  
36 general support among treatment providers and experts, based on  
37 experience or professional literature, and may have anecdotal or case  
38 study support, or that is agreed but not possible to perform studies  
39 with random assignment and controlled groups.

1       (20) "Coordinated regional behavioral health crisis response  
2 system" means the coordinated operation of 988 call centers, regional  
3 crisis lines, certified public safety telecommunicators, and other  
4 behavioral health crisis system partners within each regional service  
5 area.

6       (21) "County authority" means the board of county commissioners,  
7 county council, or county executive having authority to establish a  
8 behavioral health administrative services organization, or two or  
9 more of the county authorities specified in this subsection which  
10 have entered into an agreement to establish a behavioral health  
11 administrative services organization.

12       (22) "Crisis stabilization services" means services such as 23-  
13 hour crisis relief centers, crisis stabilization units, short-term  
14 respite facilities, peer-run respite services, and same-day walk-in  
15 behavioral health services, including within the overall crisis  
16 system components that operate like hospital emergency departments  
17 that accept all walk-ins, and ambulance, fire, and police drop-offs,  
18 or determine the need for involuntary hospitalization of an  
19 individual.

20       (23) "Crisis stabilization unit" has the same meaning as under  
21 RCW 71.05.020.

22       (24) "Department" means the department of health.

23       (25) "Designated 988 contact hub" or "988 contact hub" means a  
24 state-designated contact center that streamlines clinical  
25 interventions and access to resources for people experiencing a  
26 behavioral health crisis and participates in the national suicide  
27 prevention lifeline network to respond to statewide or regional 988  
28 contacts that meets the requirements of RCW 71.24.890.

29       (26) "Designated crisis responder" has the same meaning as in RCW  
30 71.05.020.

31       (27) "Director" means the director of the authority.

32       (28) "Drug addiction" means a disease characterized by a  
33 dependency on psychoactive chemicals, loss of control over the amount  
34 and circumstances of use, symptoms of tolerance, physiological or  
35 psychological withdrawal, or both, if use is reduced or discontinued,  
36 and impairment of health or disruption of social or economic  
37 functioning.

38       (29) "Early adopter" means a regional service area for which all  
39 of the county authorities have requested that the authority purchase

1 medical and behavioral health services through a managed care health  
2 system as defined under RCW 71.24.380(7).

3 (30) "Emerging best practice" or "promising practice" means a  
4 program or practice that, based on statistical analyses or a well  
5 established theory of change, shows potential for meeting the  
6 evidence-based or research-based criteria, which may include the use  
7 of a program that is evidence-based for outcomes other than those  
8 listed in subsection (31) of this section.

9 (31) "Evidence-based" means a program or practice that has been  
10 tested in heterogeneous or intended populations with multiple  
11 randomized, or statistically controlled evaluations, or both; or one  
12 large multiple site randomized, or statistically controlled  
13 evaluation, or both, where the weight of the evidence from a systemic  
14 review demonstrates sustained improvements in at least one outcome.  
15 "Evidence-based" also means a program or practice that can be  
16 implemented with a set of procedures to allow successful replication  
17 in Washington and, when possible, is determined to be cost-  
18 beneficial.

19 (32) "First responders" includes ambulance, fire, mobile rapid  
20 response crisis team, coresponder team, designated crisis responder,  
21 fire department mobile integrated health team, community assistance  
22 referral and education services program under RCW 35.21.930, and law  
23 enforcement personnel.

24 (33) "Immediate jeopardy" means a situation in which the licensed  
25 or certified behavioral health agency's noncompliance with one or  
26 more statutory or regulatory requirements has placed the health and  
27 safety of patients in its care at risk for serious injury, serious  
28 harm, serious impairment, or death.

29 (34) "Indian health care provider" means a health care program  
30 operated by the Indian health service or by a tribe, tribal  
31 organization, or urban Indian organization as those terms are defined  
32 in the Indian health care improvement act (25 U.S.C. Sec. 1603).

33 (35) "Intensive behavioral health treatment facility" means a  
34 community-based specialized residential treatment facility for  
35 individuals with behavioral health conditions, including individuals  
36 discharging from or being diverted from state and local hospitals,  
37 whose impairment or behaviors do not meet, or no longer meet,  
38 criteria for involuntary inpatient commitment under chapter 71.05  
39 RCW, but whose care needs cannot be met in other community-based  
40 placement settings.

1 (36) "Licensed or certified behavioral health agency" means:

2 (a) An entity licensed or certified according to this chapter or  
3 chapter 71.05 RCW;

4 (b) An entity deemed to meet state minimum standards as a result  
5 of accreditation by a recognized behavioral health accrediting body  
6 recognized and having a current agreement with the department; or

7 (c) An entity with a tribal attestation that it meets state  
8 minimum standards for a licensed or certified behavioral health  
9 agency.

10 (37) "Licensed physician" means a person licensed to practice  
11 medicine or osteopathic medicine and surgery in the state of  
12 Washington.

13 (38) "Long-term inpatient care" means inpatient services for  
14 persons committed for, or voluntarily receiving intensive treatment  
15 for, periods of ninety days or greater under chapter 71.05 RCW.

16 "Long-term inpatient care" as used in this chapter does not include:

17 (a) Services for individuals committed under chapter 71.05 RCW who  
18 are receiving services pursuant to a conditional release or a court-  
19 ordered less restrictive alternative to detention; or (b) services  
20 for individuals voluntarily receiving less restrictive alternative  
21 treatment on the grounds of the state hospital.

22 (39) "Managed care organization" means an organization, having a  
23 certificate of authority or certificate of registration from the  
24 office of the insurance commissioner, that contracts with the  
25 authority under a comprehensive risk contract to provide prepaid  
26 health care services to enrollees under the authority's managed care  
27 programs under chapter 74.09 RCW.

28 (40) "Mental health peer-run respite center" means a peer-run  
29 program to serve individuals in need of voluntary, short-term,  
30 noncrisis services that focus on recovery and wellness.

31 (41) Mental health "treatment records" include registration and  
32 all other records concerning persons who are receiving or who at any  
33 time have received services for mental illness, which are maintained  
34 by the department of social and health services or the authority, by  
35 behavioral health administrative services organizations and their  
36 staffs, by managed care organizations and their staffs, or by  
37 treatment facilities. "Treatment records" do not include notes or  
38 records maintained for personal use by a person providing treatment  
39 services for the entities listed in this subsection, or a treatment  
40 facility if the notes or records are not available to others.



1 (42) "Mentally ill persons," "persons who are mentally ill," and  
2 "the mentally ill" mean persons and conditions defined in subsections  
3 (3), (13), (51), and (52) of this section.

4 (43) "Mobile rapid response crisis team" means a team that  
5 provides professional on-site community-based intervention such as  
6 outreach, de-escalation, stabilization, resource connection, and  
7 follow-up support for individuals who are experiencing a behavioral  
8 health crisis, that shall include certified peer counselors or  
9 certified peer support specialists as a best practice to the extent  
10 practicable based on workforce availability, and that meets standards  
11 for response times established by the authority.

12 (44) "Recovery" means a process of change through which  
13 individuals improve their health and wellness, live a self-directed  
14 life, and strive to reach their full potential.

15 (45) "Regional crisis line" means the behavioral health crisis  
16 hotline in each regional service area which provides crisis response  
17 services 24 hours a day, seven days a week, 365 days a year including  
18 but not limited to dispatch of mobile rapid response crisis teams,  
19 community-based crisis teams, and designated crisis responders.

20 (46) "Research-based" means a program or practice that has been  
21 tested with a single randomized, or statistically controlled  
22 evaluation, or both, demonstrating sustained desirable outcomes; or  
23 where the weight of the evidence from a systemic review supports  
24 sustained outcomes as described in subsection (31) of this section  
25 but does not meet the full criteria for evidence-based.

26 (47) "Residential services" means a complete range of residences  
27 and supports authorized by resource management services and which may  
28 involve a facility, a distinct part thereof, or services which  
29 support community living, for persons who are acutely mentally ill,  
30 adults who are chronically mentally ill, children who are severely  
31 emotionally disturbed, or adults who are seriously disturbed and  
32 determined by the behavioral health administrative services  
33 organization or managed care organization to be at risk of becoming  
34 acutely or chronically mentally ill. The services shall include at  
35 least evaluation and treatment services as defined in chapter 71.05  
36 RCW, acute crisis respite care, long-term adaptive and rehabilitative  
37 care, and supervised and supported living services, and shall also  
38 include any residential services developed to service persons who are  
39 mentally ill in nursing homes, residential treatment facilities,  
40 assisted living facilities, and adult family homes, and may include

1 outpatient services provided as an element in a package of services  
2 in a supported housing model. Residential services for children in  
3 out-of-home placements related to their mental disorder shall not  
4 include the costs of food and shelter, except for children's long-  
5 term residential facilities existing prior to January 1, 1991.

6 (48) "Resilience" means the personal and community qualities that  
7 enable individuals to rebound from adversity, trauma, tragedy,  
8 threats, or other stresses, and to live productive lives.

9 (49) "Resource management services" mean the planning,  
10 coordination, and authorization of residential services and community  
11 support services administered pursuant to an individual service plan  
12 for: (a) Adults and children who are acutely mentally ill; (b) adults  
13 who are chronically mentally ill; (c) children who are severely  
14 emotionally disturbed; or (d) adults who are seriously disturbed and  
15 determined by a behavioral health administrative services  
16 organization or managed care organization to be at risk of becoming  
17 acutely or chronically mentally ill. Such planning, coordination, and  
18 authorization shall include mental health screening for children  
19 eligible under the federal Title XIX early and periodic screening,  
20 diagnosis, and treatment program. Resource management services  
21 include seven day a week, 24 hour a day availability of information  
22 regarding enrollment of adults and children who are mentally ill in  
23 services and their individual service plan to designated crisis  
24 responders, evaluation and treatment facilities, and others as  
25 determined by the behavioral health administrative services  
26 organization or managed care organization, as applicable.

27 (50) "Secretary" means the secretary of the department of health.

28 (51) "Seriously disturbed person" means a person who:

29 (a) Is gravely disabled or presents a likelihood of serious harm  
30 to himself or herself or others, or to the property of others, as a  
31 result of a mental disorder as defined in chapter 71.05 RCW;

32 (b) Has been on conditional release status, or under a less  
33 restrictive alternative order, at some time during the preceding two  
34 years from an evaluation and treatment facility or a state mental  
35 health hospital;

36 (c) Has a mental disorder which causes major impairment in  
37 several areas of daily living;

38 (d) Exhibits suicidal preoccupation or attempts; or

39 (e) Is a child diagnosed by a mental health professional, as  
40 defined in chapter 71.34 RCW, as experiencing a mental disorder which

1 is clearly interfering with the child's functioning in family or  
2 school or with peers or is clearly interfering with the child's  
3 personality development and learning.

4 (52) "Severely emotionally disturbed child" or "child who is  
5 severely emotionally disturbed" means a child who has been determined  
6 by the behavioral health administrative services organization or  
7 managed care organization, if applicable, to be experiencing a mental  
8 disorder as defined in chapter 71.34 RCW, including those mental  
9 disorders that result in a behavioral or conduct disorder, that is  
10 clearly interfering with the child's functioning in family or school  
11 or with peers and who meets at least one of the following criteria:

12 (a) Has undergone inpatient treatment or placement outside of the  
13 home related to a mental disorder within the last two years;

14 (b) Has undergone involuntary treatment under chapter 71.34 RCW  
15 within the last two years;

16 (c) Is currently served by at least one of the following child-  
17 serving systems: Juvenile justice, child-protection/welfare, special  
18 education, or developmental disabilities;

19 (d) Is at risk of escalating maladjustment due to:

20 (i) Chronic family dysfunction involving a caretaker who is  
21 mentally ill or inadequate;

22 (ii) Changes in custodial adult;

23 (iii) Going to, residing in, or returning from any placement  
24 outside of the home, for example, behavioral health hospital, short-  
25 term inpatient, residential treatment, group or foster home, or a  
26 correctional facility;

27 (iv) Subject to repeated physical abuse or neglect;

28 (v) Drug or alcohol abuse; or

29 (vi) Homelessness.

30 (53) "State minimum standards" means minimum requirements  
31 established by rules adopted and necessary to implement this chapter  
32 by:

33 (a) The authority for:

34 (i) Delivery of mental health and substance use disorder  
35 services; and

36 (ii) Community support services and resource management services;

37 (b) The department of health for:

38 (i) Licensed or certified behavioral health agencies for the  
39 purpose of providing mental health or substance use disorder programs  
40 and services, or both;

1 (ii) Licensed behavioral health providers for the provision of  
2 mental health or substance use disorder services, or both; and

3 (iii) Residential services.

4 (54) "Substance use disorder" means a cluster of cognitive,  
5 behavioral, and physiological symptoms indicating that an individual  
6 continues using the substance despite significant substance-related  
7 problems. The diagnosis of a substance use disorder is based on a  
8 pathological pattern of behaviors related to the use of the  
9 substances.

10 (55) "Tribe," for the purposes of this section, means a federally  
11 recognized Indian tribe.

12 **Sec. 18.** RCW 71.24.585 and 2019 c 314 s 28 are each amended to  
13 read as follows:

14 (1)(a) The state of Washington declares that substance use  
15 disorders are medical conditions. Substance use disorders should be  
16 treated in a manner similar to other medical conditions by using  
17 interventions that are supported by evidence, including medications  
18 approved by the federal food and drug administration for the  
19 treatment of opioid use disorder. It is also recognized that many  
20 individuals have multiple substance use disorders, as well as  
21 histories of trauma, developmental disabilities, or mental health  
22 conditions. As such, all individuals experiencing opioid use disorder  
23 should be offered evidence-supported treatments to include federal  
24 food and drug administration approved medications for the treatment  
25 of opioid use disorders and behavioral counseling and social supports  
26 to address them. For behavioral health agencies, an effective plan of  
27 treatment for most persons with opioid use disorder integrates access  
28 to medications and psychosocial counseling and should be consistent  
29 with the American society of addiction medicine patient placement  
30 criteria. Providers must inform patients with opioid use disorder or  
31 substance use disorder of options to access federal food and drug  
32 administration approved medications for the treatment of opioid use  
33 disorder or substance use disorder. Because some such medications are  
34 controlled substances in chapter 69.50 RCW, the state of Washington  
35 maintains the legal obligation and right to regulate the uses of  
36 these medications in the treatment of opioid use disorder.

37 (b) The authority must work with other state agencies and  
38 stakeholders to develop value-based payment strategies to better

1 support the ongoing care of persons with opioid and other substance  
2 use disorders.

3 (c) The department of corrections shall develop policies to  
4 prioritize services based on available grant funding and funds  
5 appropriated specifically for opioid use disorder treatment.

6 (2) The authority must promote the use of medication therapies  
7 and other evidence-based strategies to address the opioid epidemic in  
8 Washington state. Additionally, by January 1, 2020, the authority  
9 must prioritize state resources for the provision of treatment and  
10 recovery support services to inpatient and outpatient treatment  
11 settings that allow patients to start or maintain their use of  
12 medications for opioid use disorder while engaging in services.

13 (3) The state declares that the main goals of treatment for  
14 persons with opioid use disorder are the cessation of unprescribed  
15 opioid use, reduced morbidity, and restoration of the ability to lead  
16 a productive and fulfilling life.

17 (4) To achieve the goals in subsection (3) of this section, to  
18 promote public health and safety, and to promote the efficient and  
19 economic use of funding for the medicaid program under Title XIX of  
20 the social security act, the authority may seek, receive, and expend  
21 alternative sources of funding to support all aspects of the state's  
22 response to the opioid crisis.

23 (5) The authority must partner with the department of social and  
24 health services, the department of corrections, the department of  
25 health, the department of children, youth, and families, and any  
26 other agencies or entities the authority deems appropriate to develop  
27 a statewide approach to leveraging medicaid funding to treat opioid  
28 use disorder and provide emergency overdose treatment. Such  
29 alternative sources of funding may include:

30 (a) Seeking a section 1115 demonstration waiver from the federal  
31 centers for medicare and medicaid services to fund opioid treatment  
32 medications for persons eligible for medicaid at or during the time  
33 of incarceration and juvenile detention facilities; and

34 (b) Soliciting and receiving private funds, grants, and donations  
35 from any willing person or entity.

36 (6) (a) The authority shall work with the department of health to  
37 promote coordination between medication-assisted treatment  
38 prescribers, federally accredited opioid treatment programs,  
39 substance use disorder treatment facilities, and state-certified  
40 substance use disorder treatment agencies to:

1 (i) Increase patient choice in receiving medication and  
2 counseling;

3 (ii) Strengthen relationships between opioid use disorder  
4 providers;

5 (iii) Acknowledge and address the challenges presented for  
6 individuals needing treatment for multiple substance use disorders  
7 simultaneously; and

8 (iv) Study and review effective methods to identify and reach out  
9 to individuals with opioid use disorder who are at high risk of  
10 overdose and not involved in traditional systems of care, such as  
11 homeless individuals using syringe service programs, and connect such  
12 individuals to appropriate treatment.

13 (b) The authority must work with stakeholders to develop a set of  
14 recommendations to the governor and the legislature that:

15 (i) Propose, in addition to those required by federal law, a  
16 standard set of services needed to support the complex treatment  
17 needs of persons with opioid use disorder treated in opioid treatment  
18 programs;

19 (ii) Outline the components of and strategies needed to develop  
20 opioid treatment program centers of excellence that provide fully  
21 integrated care for persons with opioid use disorder;

22 (iii) Estimate the costs needed to support these models and  
23 recommendations for funding strategies that must be included in the  
24 report;

25 (iv) Outline strategies to increase the number of waived health  
26 care providers approved for prescribing buprenorphine by the  
27 substance abuse and mental health services administration; and

28 (v) Outline strategies to lower the cost of federal food and drug  
29 administration approved products for the treatment of opioid use  
30 disorder.

31 (7) State agencies shall review and promote positive outcomes  
32 associated with the accountable communities of health funded opioid  
33 projects and local law enforcement and human services opioid  
34 collaborations as set forth in the Washington state interagency  
35 opioid working plan.

36 (8) The authority must partner with the department and other  
37 state agencies to replicate effective approaches for linking  
38 individuals who have had a nonfatal overdose with treatment  
39 opportunities, with a goal to connect certified peer counselors or

1 certified peer support specialists with individuals who have had a  
2 nonfatal overdose.

3 (9) State agencies must work together to increase outreach and  
4 education about opioid overdoses to non-English-speaking communities  
5 by developing a plan to conduct outreach and education to non-  
6 English-speaking communities. The department must submit a report on  
7 the outreach and education plan with recommendations for  
8 implementation to the appropriate legislative committees by July 1,  
9 2020.

10 **Sec. 19.** RCW 71.24.890 and 2024 c 368 s 4 and 2024 c 364 s 1 are  
11 each reenacted and amended to read as follows:

12 (1) Establishing the state designated 988 contact hubs and  
13 enhancing the crisis response system will require collaborative work  
14 between the department, the authority, and regional system partners  
15 within their respective roles. The department shall have primary  
16 responsibility for designating 988 contact hubs, and shall seek  
17 recommendations from the behavioral health administrative services  
18 organizations to determine which 988 contact hubs best meet regional  
19 needs. The authority shall have primary responsibility for  
20 developing, implementing, and facilitating coordination of the crisis  
21 response system and services to support the work of the designated  
22 988 contact hubs, regional crisis lines, and other coordinated  
23 regional behavioral health crisis response system partners. In any  
24 instance in which one agency is identified as the lead, the  
25 expectation is that agency will communicate and collaborate with the  
26 other to ensure seamless, continuous, and effective service delivery  
27 within the statewide crisis response system.

28 (2) The department shall provide adequate funding for the state's  
29 crisis call centers to meet an expected increase in the use of the  
30 988 contact hubs based on the implementation of the 988 crisis  
31 hotline. The funding level shall be established at a level  
32 anticipated to achieve an in-state call response rate of at least 90  
33 percent by July 22, 2022. The funding level shall be determined by  
34 considering standards and cost per call predictions provided by the  
35 administrator of the national suicide prevention lifeline, call  
36 volume predictions, guidance on crisis call center performance  
37 metrics, and necessary technology upgrades. Contracts with the 988  
38 contact hubs:

1 (a) May provide funding to support designated 988 contact hubs to  
2 enter into limited partnerships with the public safety answering  
3 point to increase the coordination and transfer of behavioral health  
4 calls received by certified public safety telecommunicators that are  
5 better addressed by clinic interventions provided by the 988 system.  
6 Tax revenue may be used to support partnerships. These partnerships  
7 with 988 and public safety may be expanded to include regional crisis  
8 lines administered by behavioral health administrative services  
9 organizations;

10 (b) Shall require that 988 contact hubs enter into data-sharing  
11 agreements, when appropriate, with the department, the authority,  
12 regional crisis lines, and applicable regional behavioral health  
13 administrative services organizations to provide reports and client  
14 level data regarding 988 contact hub calls, as allowed by and in  
15 compliance with existing federal and state law governing the sharing  
16 and use of protected health information. Data-sharing agreements with  
17 regional crisis lines must include real-time information sharing. All  
18 coordinated regional behavioral health crisis response system  
19 partners must share dispatch time, arrival time, and disposition for  
20 behavioral health calls referred for outreach by each region  
21 consistent with any regional protocols developed under RCW 71.24.432.  
22 The department and the authority shall establish requirements for 988  
23 contact hubs to report data to regional behavioral health  
24 administrative services organizations for the purposes of maximizing  
25 medicaid reimbursement, as appropriate, and implementing this chapter  
26 and chapters 71.05 and 71.34 RCW. The behavioral health  
27 administrative services organization may use information received  
28 from the 988 contact hubs in administering crisis services for the  
29 assigned regional service area, contracting with a sufficient number  
30 of licensed or certified providers for crisis services, establishing  
31 and maintaining quality assurance processes, maintaining patient  
32 tracking, and developing and implementing strategies to coordinate  
33 care for individuals with a history of frequent crisis system  
34 utilization.

35 (3) The department shall adopt rules by January 1, 2025, to  
36 establish standards for designation of crisis call centers as  
37 designated 988 contact hubs. The department shall collaborate with  
38 the authority, other agencies, and coordinated regional behavioral  
39 health crisis response system partners to assure coordination and  
40 availability of services, and shall consider national guidelines for



1 behavioral health crisis care as determined by the federal substance  
2 abuse and mental health services administration, national behavioral  
3 health accrediting bodies, and national behavioral health provider  
4 associations to the extent they are appropriate, and recommendations  
5 from behavioral health administrative services organizations and the  
6 crisis response improvement strategy committee created in RCW  
7 71.24.892.

8 (4) The department shall designate 988 contact hubs considering  
9 the recommendations of behavioral health administrative services  
10 organizations by January 1, 2026. The designated 988 contact hubs  
11 shall provide connections to crisis intervention services, triage,  
12 care coordination, and referrals for individuals contacting the 988  
13 contact hubs from any jurisdiction within Washington 24 hours a day,  
14 seven days a week, using the system platform developed under  
15 subsection (5) of this section. The department may not designate more  
16 than a total of four 988 contact hubs without legislative approval.

17 (a) To be designated as a 988 contact hub, the applicant must  
18 demonstrate to the department the ability to comply with the  
19 requirements of this section and to contract to provide 988 contact  
20 hub services. If a 988 contact hub fails to substantially comply with  
21 the contract, data-sharing requirements, or approved regional  
22 protocols developed under RCW 71.24.432, the department may revoke  
23 the designation of the 988 contact hub and, after consulting with the  
24 affected behavioral health administrative services organization, may  
25 designate a 988 contact hub recommended by a behavioral health  
26 administrative services organization which is able to meet necessary  
27 state and federal requirements.

28 (b) The contracts entered shall require designated 988 contact  
29 hubs to:

30 (i) Have an active agreement with the administrator of the  
31 national suicide prevention lifeline for participation within its  
32 network;

33 (ii) Meet the requirements for operational and clinical standards  
34 established by the department and based upon the national suicide  
35 prevention lifeline best practices guidelines and other recognized  
36 best practices;

37 (iii) Employ highly qualified, skilled, and trained clinical  
38 staff who have sufficient training and resources to provide empathy  
39 to callers in acute distress, de-escalate crises, assess behavioral  
40 health disorders and suicide risk, triage to system partners for

1 callers that need additional clinical interventions, and provide case  
2 management and documentation. Call center staff shall be trained to  
3 make every effort to resolve cases in the least restrictive  
4 environment and without law enforcement involvement whenever  
5 possible. Call center staff shall coordinate with certified peer  
6 counselors or certified peer support specialists to provide follow-up  
7 and outreach to callers in distress as available. It is intended for  
8 transition planning to include a pathway for continued employment and  
9 skill advancement as needed for experienced crisis call center  
10 employees;

11 (iv) Train employees on agricultural community cultural  
12 competencies for suicide prevention, which may include sharing  
13 resources with callers that are specific to members from the  
14 agricultural community. The training must prepare staff to provide  
15 appropriate assessments, interventions, and resources to members of  
16 the agricultural community. Employees may make warm transfers and  
17 referrals to a crisis hotline that specializes in working with  
18 members from the agricultural community, provided that no person  
19 contacting 988 shall be transferred or referred to another service if  
20 they are currently in crisis and in need of emotional support;

21 (v) Prominently display 988 crisis hotline information on their  
22 websites and social media, including a description of what the caller  
23 should expect when contacting the crisis call center and a  
24 description of the various options available to the caller, including  
25 call lines specialized in the behavioral health needs of veterans,  
26 American Indian and Alaska Native persons, Spanish-speaking persons,  
27 and LGBTQ populations. The website may also include resources for  
28 programs and services related to suicide prevention for the  
29 agricultural community;

30 (vi) Collaborate with the authority, the national suicide  
31 prevention lifeline, and veterans crisis line networks to assure  
32 consistency of public messaging about the 988 crisis hotline;

33 (vii) Collaborate with coordinated regional behavioral health  
34 crisis response system partners within the 988 contact hub's regional  
35 service area to develop protocols under RCW 71.24.432, including  
36 protocols related to the dispatching of mobile rapid response crisis  
37 teams and community-based crisis teams endorsed under RCW 71.24.903;

38 (viii) Provide data and reports and participate in evaluations  
39 and related quality improvement activities, according to standards

established by the department in collaboration with the authority;  
and

(ix) Enter into data-sharing agreements with the department, the authority, regional crisis lines, and applicable behavioral health administrative services organizations to provide reports and client level data regarding 988 contact hub calls, as allowed by and in compliance with existing federal and state law governing the sharing and use of protected health information, which shall include sharing real-time information with regional crisis lines. The department and the authority shall establish requirements that the designated 988 contact hubs report data to regional behavioral health administrative services organizations for the purposes of maximizing medicaid reimbursement, as appropriate, and implementing this chapter and chapters 71.05 and 71.34 RCW including, but not limited to, administering crisis services for the assigned regional service area, contracting with a sufficient number of licensed or certified providers for crisis services, establishing and maintaining quality assurance processes, maintaining patient tracking, and developing and implementing strategies to coordinate care for individuals with a history of frequent crisis system utilization.

(c) The department and the authority shall incorporate recommendations from the crisis response improvement strategy committee created under RCW 71.24.892 in its agreements with designated 988 contact hubs, as appropriate.

(5) The department and authority must coordinate to develop the technology and platforms necessary to manage and operate the behavioral health crisis response and suicide prevention system. The department and the authority must include designated 988 contact hubs, regional crisis lines, and behavioral health administrative services organizations in the decision-making process for selecting any technology platforms that will be used to operate the system. No decisions made by the department or the authority shall interfere with the routing of the 988 contact hubs calls, texts, or chat as part of Washington's active agreement with the administrator of the national suicide prevention lifeline or 988 administrator that routes 988 contacts into Washington's system. The technologies developed must include:

(a) A new technologically advanced behavioral health and suicide prevention crisis call center system platform for use in 988 contact hubs designated by the department under subsection (4) of this

1 section. This platform, which shall be implemented as soon as  
2 possible and fully funded by January 1, 2026, shall be developed by  
3 the department and must include the capacity to receive crisis  
4 assistance requests through phone calls, texts, chats, and other  
5 similar methods of communication that may be developed in the future  
6 that promote access to the behavioral health crisis system; and

7 (b) A behavioral health integrated client referral system capable  
8 of providing system coordination information to designated 988  
9 contact hubs and the other entities involved in behavioral health  
10 care. This system shall be developed by the authority.

11 (6) In developing the new technologies under subsection (5) of  
12 this section, the department and the authority must coordinate to  
13 designate a primary technology system to provide each of the  
14 following:

15 (a) Access to real-time information relevant to the coordination  
16 of behavioral health crisis response and suicide prevention services,  
17 including:

18 (i) Real-time bed availability for all behavioral health bed  
19 types and recliner chairs, including but not limited to crisis  
20 stabilization services, 23-hour crisis relief centers, psychiatric  
21 inpatient, substance use disorder inpatient, withdrawal management,  
22 peer-run respite centers, and crisis respite services, inclusive of  
23 both voluntary and involuntary beds, for use by crisis response  
24 workers, first responders, health care providers, emergency  
25 departments, and individuals in crisis; and

26 (ii) Real-time information relevant to the coordination of  
27 behavioral health crisis response and suicide prevention services for  
28 a person, including the means to access:

29 (A) Information about any less restrictive alternative treatment  
30 orders or mental health advance directives related to the person; and

31 (B) Information necessary to enable the designated 988 contact  
32 hubs to actively collaborate with regional crisis lines, emergency  
33 departments, primary care providers and behavioral health providers  
34 within managed care organizations, behavioral health administrative  
35 services organizations, and other health care payers to establish a  
36 safety plan for the person in accordance with best practices and  
37 provide the next steps for the person's transition to follow-up  
38 noncrisis care. To establish information-sharing guidelines that  
39 fulfill the intent of this section the authority shall consider input

1 from the confidential information compliance and coordination  
2 subcommittee established under RCW 71.24.892;

3 (b) The means to track the outcome of the 988 call to enable  
4 appropriate follow-up, cross-system coordination, and accountability,  
5 including as appropriate: (i) Any immediate services dispatched and  
6 reports generated from the encounter; (ii) the validation of a safety  
7 plan established for the caller in accordance with best practices;  
8 (iii) the next steps for the caller to follow in transition to  
9 noncrisis follow-up care, including a next-day appointment for  
10 callers experiencing urgent, symptomatic behavioral health care  
11 needs; and (iv) the means to verify and document whether the caller  
12 was successful in making the transition to appropriate noncrisis  
13 follow-up care indicated in the safety plan for the person, to be  
14 completed either by the care coordinator provided through the  
15 person's managed care organization, health plan, or behavioral health  
16 administrative services organization, or if such a care coordinator  
17 is not available or does not follow through, by the staff of the  
18 designated 988 contact hub;

19 (c) A means to facilitate actions to verify and document whether  
20 the person's transition to follow-up noncrisis care was completed and  
21 services offered, to be performed by a care coordinator provided  
22 through the person's managed care organization, health plan, or  
23 behavioral health administrative services organization, or if such a  
24 care coordinator is not available or does not follow through, by the  
25 staff of the designated 988 contact hub;

26 (d) The means to provide geographically, culturally, and  
27 linguistically appropriate services to persons who are part of high-  
28 risk populations or otherwise have need of specialized services or  
29 accommodations, and to document these services or accommodations; and

30 (e) When appropriate, consultation with tribal governments to  
31 ensure coordinated care in government-to-government relationships,  
32 and access to dedicated services to tribal members.

33 (7) The authority shall:

34 (a) Collaborate with county authorities and behavioral health  
35 administrative services organizations to develop procedures to  
36 dispatch behavioral health crisis services in coordination with  
37 designated 988 contact hubs to effectuate the intent of this section;

38 (b) Establish formal agreements with managed care organizations  
39 and behavioral health administrative services organizations by  
40 January 1, 2023, to provide for the services, capacities, and

1 coordination necessary to effectuate the intent of this section,  
2 which shall include a requirement to arrange next-day appointments  
3 for persons contacting the 988 contact hub or a regional crisis line  
4 experiencing urgent, symptomatic behavioral health care needs with  
5 geographically, culturally, and linguistically appropriate primary  
6 care or behavioral health providers within the person's provider  
7 network, or, if uninsured, through the person's behavioral health  
8 administrative services organization;

9 (c) Create best practices guidelines by July 1, 2023, for  
10 deployment of appropriate and available crisis response services by  
11 behavioral health administrative services organizations in  
12 coordination with designated 988 contact hubs to assist 988 hotline  
13 callers to minimize nonessential reliance on emergency room services  
14 and the use of law enforcement, considering input from relevant  
15 stakeholders and recommendations made by the crisis response  
16 improvement strategy committee created under RCW 71.24.892;

17 (d) Develop procedures to allow appropriate information sharing  
18 and communication between and across crisis and emergency response  
19 systems for the purpose of real-time crisis care coordination  
20 including, but not limited to, deployment of crisis and outgoing  
21 services, follow-up care, and linked, flexible services specific to  
22 crisis response; and

23 (e) Establish guidelines to appropriately serve high-risk  
24 populations who request crisis services. The authority shall design  
25 these guidelines to promote behavioral health equity for all  
26 populations with attention to circumstances of race, ethnicity,  
27 gender, socioeconomic status, sexual orientation, and geographic  
28 location, and include components such as training requirements for  
29 call response workers, policies for transferring such callers to an  
30 appropriate specialized center or subnetwork within or external to  
31 the national suicide prevention lifeline network, and procedures for  
32 referring persons who access the 988 contact hubs to linguistically  
33 and culturally competent care.

34 (8) The department shall monitor trends in 988 crisis hotline  
35 caller data, as reported by designated 988 contact hubs under  
36 subsection (4)(b)(ix) of this section, and submit an annual report to  
37 the governor and the appropriate committees of the legislature  
38 summarizing the data and trends beginning December 1, 2027.

39 (9) Subject to authorization by the national 988 administrator  
40 and the availability of amounts appropriated for this specific

1 purpose, any Washington state subnetwork of the 988 crisis hotline  
2 dedicated to the crisis assistance needs of American Indian and  
3 Alaska Native persons shall offer services by text, chat, and other  
4 similar methods of communication to the same extent as does the  
5 general 988 crisis hotline. The department shall coordinate with the  
6 substance abuse and mental health services administration for the  
7 authorization.

8       **Sec. 20.** RCW 71.24.903 and 2023 c 454 s 9 are each amended to  
9 read as follows:

10       (1) By April 1, 2024, the authority shall establish standards for  
11 issuing an endorsement to any mobile rapid response crisis team or  
12 community-based crisis team that meets the criteria under either  
13 subsection (2) or (3) of this section, as applicable. The endorsement  
14 is a voluntary credential that a mobile rapid response crisis team or  
15 community-based crisis team may obtain to signify that it maintains  
16 the capacity to respond to persons who are experiencing a significant  
17 behavioral health emergency requiring an urgent, in-person response.  
18 The attainment of an endorsement allows the mobile rapid response  
19 crisis team or community-based crisis team to become eligible for  
20 performance payments as provided in subsection (10) of this section.

21       (2) The authority's standards for issuing an endorsement to a  
22 mobile rapid response crisis team or a community-based crisis team  
23 must consider:

24       (a) Minimum staffing requirements to effectively respond in-  
25 person to individuals experiencing a significant behavioral health  
26 emergency. Except as provided in subsection (3) of this section, the  
27 team must include appropriately credentialed and supervised staff  
28 employed by a licensed or certified behavioral health agency and may  
29 include other personnel from participating entities listed in  
30 subsection (3) of this section. The team shall include certified peer  
31 counselors or certified peer support specialists as a best practice  
32 to the extent practicable based on workforce availability. The team  
33 may include fire departments, emergency medical services, public  
34 health, medical facilities, nonprofit organizations, and city or  
35 county governments. The team may not include law enforcement  
36 personnel;

37       (b) Capabilities for transporting an individual experiencing a  
38 significant behavioral health emergency to a location providing  
39 appropriate level crisis stabilization services, as determined by

1 regional transportation procedures, such as crisis receiving centers,  
2 crisis stabilization units, and triage facilities. The standards must  
3 include vehicle and equipment requirements, including minimum  
4 requirements for vehicles and equipment to be able to safely  
5 transport the individual, as well as communication equipment  
6 standards. The vehicle standards must allow for an ambulance or aid  
7 vehicle licensed under chapter 18.73 RCW to be deemed to meet the  
8 standards; and

9 (c) Standards for the initial and ongoing training of personnel  
10 and for providing clinical supervision to personnel.

11 (3) The authority must adjust the standards for issuing an  
12 endorsement to a community-based crisis team under subsection (2) of  
13 this section if the team is comprised solely of an emergency medical  
14 services agency, whether it is part of a fire service agency or a  
15 private entity, that is located in a rural county in eastern  
16 Washington with a population of less than 60,000 residents. Under the  
17 adjusted standards, until January 1, 2030, the authority shall exempt  
18 a team from the personnel standards under subsection (2)(a) of this  
19 section and issue an endorsement to a team if:

20 (a) The personnel assigned to the team have met training  
21 requirements established by the authority under subsection (2)(c) of  
22 this section, as those requirements apply to emergency medical  
23 service and fire service personnel, including completion of the  
24 three-hour training in suicide assessment, treatment, and management  
25 under RCW 43.70.442;

26 (b) The team operates under a memorandum of understanding with a  
27 licensed or certified behavioral health agency to provide direct,  
28 real-time consultation through a behavioral health provider employed  
29 by a licensed or certified behavioral health agency while the team is  
30 responding to a call. The consultation may be provided by telephone,  
31 through remote technologies, or, if circumstances allow, in person;  
32 and

33 (c) The team does not include law enforcement personnel.

34 (4) Prior to issuing an initial endorsement or renewing an  
35 endorsement, the authority shall conduct an on-site survey of the  
36 applicant's operation.

37 (5) An endorsement must be renewed every three years.

38 (6) The authority shall establish forms and procedures for  
39 issuing and renewing an endorsement.



1 (7) The authority shall establish procedures for the denial,  
2 suspension, or revocation of an endorsement.

3 (8)(a) The decision of a mobile rapid response crisis team or  
4 community-based crisis team to seek endorsement is voluntary and does  
5 not prohibit a nonendorsed team from participating in the crisis  
6 response system when (i) responding to individuals who are not  
7 experiencing a significant behavioral health emergency that requires  
8 an urgent in-person response or (ii) responding to individuals who  
9 are experiencing a significant behavioral health emergency that  
10 requires an urgent in-person response when there is not an endorsed  
11 team available.

12 (b) The decision of a mobile rapid response crisis team not to  
13 pursue an endorsement under this section does not affect its  
14 obligation to comply with any standards adopted by the authority with  
15 respect to mobile rapid response crisis teams.

16 (c) The decision of a mobile rapid response crisis team not to  
17 pursue an endorsement under this section does not affect its  
18 responsibilities and reimbursement for services as they may be  
19 defined in contracts with managed care organizations or behavioral  
20 health administrative services organizations.

21 (9) The costs associated with endorsement activities shall be  
22 supported with funding from the statewide 988 behavioral health  
23 crisis response and suicide prevention line account established in  
24 RCW 82.86.050.

25 (10) The authority shall establish an endorsed mobile rapid  
26 response crisis team and community-based crisis team performance  
27 program with receipts from the statewide 988 behavioral health crisis  
28 response and suicide prevention line account.

29 (a) Subject to funding provided for this specific purpose, the  
30 performance program shall:

31 (i) Issue establishment grants to support mobile rapid response  
32 crisis teams and community-based crisis teams seeking to meet the  
33 elements necessary to become endorsed under either subsection (2) or  
34 (3) of this section;

35 (ii) Issue performance payments in the form of an enhanced case  
36 rate to mobile rapid response crisis teams and community-based crisis  
37 teams that have received an endorsement from the authority under  
38 either subsection (2) or (3) of this section; and

39 (iii) Issue supplemental performance payments in the form of an  
40 enhanced case rate higher than that available in (a)(ii) of this

subsection (10) to mobile rapid response crisis teams and community-based crisis teams that have received an endorsement from the authority under either subsection (2) or (3) of this section and demonstrate to the authority that for the previous three months they met the following response time and in route time standards:

(A) Between January 1, 2025, through December 31, 2026:

(I) Arrive to the individual's location within 30 minutes of being dispatched by the designated 988 contact hub, at least 80 percent of the time in urban areas;

(II) Arrive to the individual's location within 40 minutes of being dispatched by the designated 988 contact hub, at least 80 percent of the time in suburban areas; and

(III) Be in route within 15 minutes of being dispatched by the designated 988 contact hub, at least 80 percent of the time in rural areas; and

(B) On and after January 1, 2027:

(I) Arrive to the individual's location within 20 minutes of being dispatched by the designated 988 contact hub, at least 80 percent of the time in urban areas;

(II) Arrive to the individual's location within 30 minutes of being dispatched by the designated 988 contact hub, at least 80 percent of the time in suburban areas; and

(III) Be in route within 10 minutes of being dispatched by the designated 988 contact hub, at least 80 percent of the time in rural areas.

(b) The authority shall design the program in a manner that maximizes the state's ability to receive federal matching funds.

(11) The authority shall contract with the actuaries responsible for development of medicaid managed care rates to conduct an analysis and develop options for payment mechanisms and levels for rate enhancements under subsection (10) of this section. The authority shall consult with staff from the office of financial management and the fiscal committees of the legislature in conducting this analysis. The payment mechanisms must be developed to maximize leverage of allowable federal medicaid match. The analysis must clearly identify assumptions, include cost projections for the rate level options broken out by fund source, and summarize data used for the cost analysis. The cost projections must be based on Washington state specific utilization and cost data. The analysis must identify low, medium, and high ranges of projected costs associated for each option

1 accounting for varying scenarios regarding the numbers of teams  
2 estimated to qualify for the enhanced case rates and supplemental  
3 performance payments. The analysis must identify costs for both  
4 medicaid clients, and for state-funded nonmedicaid clients paid  
5 through contracts with behavioral health administrative services  
6 organizations. The analysis must account for phasing in of the number  
7 of teams that meet endorsement criteria over time and project annual  
8 costs for a four-year period associated with each of the scenarios.  
9 The authority shall submit a report summarizing the analysis, payment  
10 mechanism options, enhanced performance payment and supplemental  
11 performance payment rate level options, and related cost estimates to  
12 the office of financial management and the appropriate committees of  
13 the legislature by December 1, 2023.

14 (12) The authority shall conduct a review of the endorsed  
15 community-based crisis teams established under subsection (3) of this  
16 section and report to the governor and the health policy committees  
17 of the legislature by December 1, 2028. The report shall provide  
18 information about the engagement of the community-based crisis teams  
19 receiving an endorsement under subsection (3) of this section and  
20 their ability to provide a timely and appropriate response to persons  
21 experiencing a behavioral health crisis and any recommended changes  
22 to the teams to better meet the needs of the community including  
23 personnel requirements, training standards, and behavioral health  
24 provider consultation.

25 **Sec. 21.** RCW 71.24.922 and 2023 c 469 s 14 are each amended to  
26 read as follows:

27 Behavioral health agencies must reduce the caseload for approved  
28 supervisors who are providing supervision to certified peer support  
29 specialist trainees seeking certification under chapter 18.420 RCW(~~(7~~  
30 ~~in accordance with standards established by the Washington state~~  
31 ~~certified peer specialist advisory committee))~~).

32 **Sec. 22.** RCW 71.24.924 and 2023 c 469 s 15 are each amended to  
33 read as follows:

34 (1) Beginning January 1, 2027, a person who engages in the  
35 practice of peer support services and who bills a health carrier or  
36 medical assistance or whose employer bills a health carrier or  
37 medical assistance for those services must hold an active credential

1 as a certified peer support specialist or certified peer support  
2 specialist trainee under chapter 18.420 RCW.

3 (2) A person who is registered as an agency affiliated counselor  
4 under chapter 18.19 RCW who engages in the practice of peer support  
5 services and whose agency, as defined in RCW 18.19.020, bills medical  
6 assistance for those services must hold a certificate as a certified  
7 peer support specialist or certified peer support specialist trainee  
8 under chapter 18.420 RCW no later than January 1, 2027.

9 **Sec. 23.** RCW 71.40.040 and 2022 c 134 s 4 are each amended to  
10 read as follows:

11 The state office of behavioral health consumer advocacy shall  
12 assure performance of the following activities, as authorized in  
13 contract:

14 (1) Selection of a name for the contracting advocacy organization  
15 to use for the advocacy program that it operates pursuant to contract  
16 with the office. The name must be selected by the statewide advisory  
17 council established in this section and must be separate and  
18 distinguishable from that of the office;

19 (2) Certification of behavioral health consumer advocates by  
20 October 1, 2022, and coordination of the activities of the behavioral  
21 health consumer advocates throughout the state according to standards  
22 adopted by the office;

23 (3) Provision of training regarding appropriate access by  
24 behavioral health consumer advocates to behavioral health providers  
25 or facilities according to standards adopted by the office;

26 (4) Establishment of a toll-free telephone number, website, and  
27 other appropriate technology to facilitate access to contracting  
28 advocacy organization services for patients, residents, and clients  
29 of behavioral health providers or facilities;

30 (5) Establishment of a statewide uniform reporting system to  
31 collect and analyze data relating to complaints and conditions  
32 provided by behavioral health providers or facilities for the purpose  
33 of identifying and resolving significant problems, with permission to  
34 submit the data to all appropriate state agencies on a regular basis;

35 (6) Establishment of procedures consistent with the standards  
36 adopted by the office to protect the confidentiality of the office's  
37 records, including the records of patients, residents, clients,  
38 providers, and complainants;

1 (7) Establishment of a statewide advisory council, a majority of  
2 which must be composed of people with lived experience, that shall  
3 include:

4 (a) Individuals with a history of mental illness including one or  
5 more members from the black community, the indigenous community, or a  
6 community of color;

7 (b) Individuals with a history of substance use disorder  
8 including one or more members from the black community, the  
9 indigenous community, or a community of color;

10 (c) Family members of individuals with behavioral health needs  
11 including one or more members from the black community, the  
12 indigenous community, or a community of color;

13 (d) One or more representatives of an organization representing  
14 consumers of behavioral health services;

15 (e) Representatives of behavioral health providers and  
16 facilities, including representatives of facilities offering  
17 inpatient and residential behavioral health services;

18 (f) One or more certified peer support specialists;

19 (g) One or more medical clinicians serving individuals with  
20 behavioral health needs;

21 (h) One or more nonmedical providers serving individuals with  
22 behavioral health needs;

23 (i) One representative from a behavioral health administrative  
24 services organization;

25 (j) Two parents or caregivers of a child who received behavioral  
26 health services, including one parent or caregiver of a child who  
27 received complex, multisystem behavioral health services, one parent  
28 or caregiver of a child ages one through 12, or one parent or  
29 caregiver of a child ages 13 through 17;

30 (k) Two representatives of medicaid managed care organizations,  
31 one of which must provide managed care to children and youth  
32 receiving child welfare services;

33 (l) Other community representatives, as determined by the office;  
34 and

35 (m) One representative from a labor union representing workers  
36 who work in settings serving individuals with behavioral health  
37 conditions;

38 (8) Monitoring the development of and recommend improvements in  
39 the implementation of federal, state, and local laws, rules,

1 regulations, and policies with respect to the provision of behavioral  
2 health services in the state and advocate for consumers;

3 (9) Development and delivery of educational programs and  
4 information statewide to patients, residents, and clients of  
5 behavioral health providers or facilities, and their families on  
6 topics including, but not limited to, the execution of mental health  
7 advance directives, wellness recovery action plans, crisis services  
8 and contacts, peer services and supports, family advocacy and rights,  
9 family-initiated treatment and other behavioral health service  
10 options for minors, and involuntary treatment; and

11 (10) Reporting to the office, the legislature, and all  
12 appropriate public agencies regarding the quality of services,  
13 complaints, problems for individuals receiving services from  
14 behavioral health providers or facilities, and any recommendations  
15 for improved services for behavioral health consumers.

16 **Sec. 24.** RCW 71.40.090 and 2022 c 134 s 5 are each amended to  
17 read as follows:

18 The contracting advocacy organization shall develop and submit,  
19 for approval by the office, a process to train and certify all  
20 behavioral health consumer advocates, whether paid or volunteer,  
21 authorized by this chapter as follows:

22 (1) Certified behavioral health consumer advocates must have  
23 training or experience in the following areas:

24 (a) Behavioral health and other related social services programs,  
25 including behavioral health services for minors;

26 (b) The legal system, including differences in state or federal  
27 law between voluntary and involuntary patients, residents, or  
28 clients;

29 (c) Advocacy and supporting self-advocacy;

30 (d) Dispute or problem resolution techniques, including  
31 investigation, mediation, and negotiation; and

32 (e) All applicable patient, resident, and client rights  
33 established by either state or federal law.

34 (2) A certified behavioral health consumer advocate may not have  
35 been employed by any behavioral health provider or facility within  
36 the previous twelve months, except as a certified peer support  
37 specialist or where prior to July 25, 2021, the person has been  
38 employed by a regional behavioral health consumer advocate.

1       (3) No certified behavioral health consumer advocate or any  
2 member of a certified behavioral health consumer advocate's family  
3 may have, or have had, within the previous twelve months, any  
4 significant ownership or financial interest in the provision of  
5 behavioral health services.

6       NEW SECTION.   **Sec. 25.** If specific funding for the purposes of  
7 sections 2 and 3 of this act, referencing sections 2 and 3 of this  
8 act by bill or chapter number and section number, is not provided by  
9 June 30, 2025, in the omnibus appropriations act, sections 2 and 3 of  
10 this act are null and void.

Passed by the House March 11, 2025.

Passed by the Senate April 16, 2025.

Approved by the Governor May 19, 2025.

Filed in Office of Secretary of State May 20, 2025.

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