

# SENATE BILL REPORT

## SSB 5189

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As Amended by House, April 6, 2023

**Title:** An act relating to establishing behavioral health support specialists.

**Brief Description:** Establishing behavioral health support specialists.

**Sponsors:** Senate Committee on Health & Long Term Care (originally sponsored by Senators Trudeau, Wagoner, Conway, Dhingra and Wilson, C.).

**Brief History:**

**Committee Activity:** Health & Long Term Care: 1/19/23, 1/31/23 [DPS-WM].  
Ways & Means: 2/16/23, 2/23/23 [DPS (HLTC)].

**Floor Activity:** Passed Senate: 3/1/23, 47-0.  
Passed House: 4/6/23, 98-0.

### Brief Summary of First Substitute Bill

- Requires the Department of Health to develop rules for the certification of behavioral health support specialists, a new type of behavioral health professional certification available to individuals with a bachelor's degree who meet other requirements.
- Requires the Health Care Authority to ensure that services by this new profession type are covered under the Medicaid program.
- Requires the Office of the Insurance Commissioner to integrate this new profession type into network access standards.

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### SENATE COMMITTEE ON HEALTH & LONG TERM CARE

**Majority Report:** That Substitute Senate Bill No. 5189 be substituted therefor, and the substitute bill do pass and be referred to Committee on Ways & Means.

Signed by Senators Cleveland, Chair; Robinson, Vice Chair; Rivers, Ranking Member; Muzzall, Assistant Ranking Member; Conway, Dhingra, Holy, Padden, Randall and Van De

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*This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not part of the legislation nor does it constitute a statement of legislative intent.*

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**Staff:** Kevin Black (786-7747)

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## SENATE COMMITTEE ON WAYS & MEANS

**Majority Report:** That Substitute Senate Bill No. 5189 as recommended by Committee on Health & Long Term Care be substituted therefor, and the substitute bill do pass.

Signed by Senators Rolfes, Chair; Robinson, Vice Chair, Operating & Revenue; Mullet, Vice Chair, Capital; Wilson, L., Ranking Member, Operating; Gildon, Assistant Ranking Member, Operating; Schoesler, Ranking Member, Capital; Rivers, Assistant Ranking Member, Capital; Warnick, Assistant Ranking Member, Capital; Billig, Boehnke, Braun, Conway, Dhingra, Hasegawa, Hunt, Keiser, Muzzall, Nguyen, Pedersen, Saldaña, Torres, Van De Wege, Wagoner and Wellman.

**Staff:** Corban Nemeth (786-7736)

**Background:** Professional Licensure at the Department of Health. The Department of Health (DOH) licenses and certifies health care professionals in a variety of fields. Licensure or certification may entail the adoption of rules, verification of educational attainment and completion of supervised training, completion of a background check and verification of good character requirements, administration of a knowledge or practical skills examination, and collection of license or certification fees. The Uniform Disciplinary Act provides laws governing the conduct and discipline of license and certification holders, with DOH acting as the disciplinary authority.

Behavioral Health Support Specialists. Behavioral Health Support Specialist (BHSS) is a training curriculum developed at the University of Washington (UW) with funding from the Balmer Group to provide education and training in core competencies related to behavioral health targeted at students at a bachelor's degree level. The BHSS curriculum is inspired by the Improving Access to Psychological Therapies Program established in 2008 by the National Health Service in England, an ambitious and well-reviewed program providing access to talk therapy treatment for adult anxiety disorders and depression for almost 2 million individuals per year. BHSS certificate programs currently exist at UW and Eastern Washington University.

Washington State Apprenticeship and Training Council. The Washington State Apprenticeship and Training Council is an entity appointed by the Washington State Department of Labor and Industries to approve apprenticeship programs and establish apprenticeship program standards. In approving apprenticeships, the Council considers factors such as whether graduating apprentices will move toward a living wage and the availability of a career ladder for graduating apprentices. An apprenticeship agreement is a written agreement between an apprentice and a program sponsor or apprenticeship committee containing terms and conditions of employment and for the training of the

apprentice.

**Summary of First Substitute Bill:** DOH must develop rules for the certification of BHSSs by January 1, 2025, in collaboration with the UW Department of Psychiatry and Behavioral Health and in consultation with other stakeholders. A BHSS is defined as a person certified to deliver brief, evidence-based behavioral health interventions under the supervision of a Washington State credentialed provider with the ability to assess, diagnose, and treat mental and behavioral health conditions as part of their scope of practice. A BHSS may not make diagnoses, but will track and monitor treatment response using measurement-based care.

The certification rules must be consistent with the UW BHSS clinical training program guidelines, and must require all applicants to:

- be at least 18 years of age;
- graduate from a bachelor's degree program;
- complete an accredited BHSS program, which may be integrated into a bachelor's degree program or structured as a post-baccalaureate continuing education program or registered apprenticeship approved by the Washington State Apprenticeship and Training Council;
- complete a supervised clinical practicum with demonstrated clinical skills in core competencies;
- complete a background check and satisfy other requirements under the Uniform Disciplinary Act; and
- pass an approved jurisprudential exam.

Following initial certification, the BHSS must complete 20 hours of continuing education every two years.

The Health Care Authority must take any necessary steps to ensure that by January 1, 2025, the services of BHSSs are covered under the state Medicaid program.

By July 1, 2025, every carrier must provide access to BHSSs in a manner sufficient to meet network access standards established by the Office of the Insurance Commissioner.

**Appropriation:** None.

**Fiscal Note:** Available.

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

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

**Staff Summary of Public Testimony on Original Bill (Health & Long Term Care):** *The committee recommended a different version of the bill than what was heard.* PRO: BHSSs provide an opportunity in areas where we don't currently have a behavioral health work

force. Families shouldn't have to wait until a crisis occurs. This bill passed the Senate unanimously last year. There is a critical need for increased access to effective mental health treatment. Lack of access causes significant disability. Our state is one of the highest with reported inability to access desired mental health treatment. This bill is critical to support the BHSS initiative. The program creates a unique role for a bachelor-level provider. Focus groups have provided feedback. This supports parity in access to behavioral health services by enhancing the workforce. This is timely when mental health needs are exacerbated by pandemic and the recognition of historic inequities. Students are interested in this option as a stepping stone. It helps them see a path to a behavioral health career. Most Americans receive behavioral health services, if at all, through their primary care clinic. This bill establishes standards and competencies as well as billable compensation. This harnesses undergraduates' keen desire to serve their communities more efficiently with a bachelor's education and the students take to it well. This role is important to high quality care in a multidisciplinary team. The BHSS helps address additional levels of care and allows other professionals to practice at the top of their scope of practice. Mild-to-moderate issues should be addressed at a same-day appointment, which BHSSs can provide. This is what the field has been waiting for. Treating behavioral health provides defense against organized retail theft syndicates that prey on people with behavioral health disorders. This is a creative approach. Our health system is overwhelmed. Physicians need more support, especially in the area of behavioral health care. Patients in crisis wait an average of 10.5 hours to receive behavioral health care in an emergency room. Untreated mental health disorders are the common denominator behind many public health concerns: homelessness, overdose, fentanyl, or other violent crime. The UK has successfully used BHSSs for over a decade.

CON: The intent to expedite treatment will draw patients closer to harm from psychotropic drugs and coercion. We need to change the mindset of everyone based in public mental health. Please redesign the BHSS as a peer position.

OTHER: We appreciate the work of UW and the prime sponsor to answer our questions over the interim about aligning the scope of practice with the program curriculum. We see this as one policy among many to grow the workforce, especially among lower acuity providers with low barriers to access. The team-based model of the behavioral health agencies allows them to provide high-quality care. Please increase parameters to define the BHSS scope of practice, supervision requirements, practice settings, and populations to serve. BHSSs should be prohibited from serving children.

**Persons Testifying (Health & Long Term Care):** PRO: Senator Yasmin Trudeau, Prime Sponsor; Jane Beyer, Office of the Insurance Commissioner; Jennifer Ziegler, Association of Washington Health Care Plans; Mark Johnson, Washington Retail Association; Bill O'Connell, University of Washington; Anna Ratzliff, University of Washington; Rex Rempel, Lake Washington Institute of Technology; Lara Effland; Kayleen Islam-Zwart, Eastern Washington University; Nancy Belcher, King County Medical Society; Mukti Khanna, The Evergreen State College; Kevin Criswell; Julie Rickard, Physician &

Healthcare Consulting, LLC.

CON: Kathleen Wedemeyer, Citizens Commission on Human Rights.

OTHER: Evan Klein; Julia O'Connor, Washington Council for Behavioral Health.

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

**Staff Summary of Public Testimony on First Substitute (Ways & Means):** PRO: This bill will establish a new service delivery model that is expected to improve access to behavioral health services. People with developmental disabilities often have co-occurring behavioral health disorders, and they very much need improved access to care. This will save money in the long run by keeping people out of emergency rooms.

**Persons Testifying (Ways & Means):** PRO: Diana Stadden, The Arc of WA State.

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

**EFFECT OF HOUSE AMENDMENT(S):**

- Requires every insurance carrier to provide access to services provided by behavioral health support specialists by July 1, 2025, instead of providing access to behavioral health support specialists.