

SENATE BILL REPORT

SB 5242

As of January 28, 2025

Title: An act relating to establishing an interactive screening program to improve access to behavioral health resources for health care providers.

Brief Description: Establishing an interactive screening program to improve access to behavioral health resources for health care providers.

Sponsors: Senators Orwall, Harris, Hasegawa, Krishnadasan, Nobles, Shewmake, Valdez and Wilson, C..

Brief History:

Committee Activity: Health & Long-Term Care: 1/28/25.

Brief Summary of Bill

- Directs the Department of Health to contract with the American Foundation for Suicide Prevention to implement the Interactive Screening Program for the benefit of health professionals in Washington State.
- Finances the program by a surcharge on professional credentialing fees.

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Staff: Kevin Black (786-7747)

Background: The American Foundation for Suicide Prevention (AFSP) is a voluntary health society established in 1987, headquartered in New York, with an advocacy and policy office in Washington D.C. and chapters in all 50 states. It describes its focus as on funding for scientific research, educating the public about mental health and suicide prevention, advocating for public policies in mental health and suicide prevention, and supporting survivors of suicide loss and those affected by suicide.

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.

The Interactive Screening Program is a program of AFSP. According to AFSP, it is often implemented in hospitals and health systems, physician health programs, law enforcement agencies, and employee assistance programs. AFSP states the program is in place at over 200 organizations. The program uses a secure online platform to allow participants to confidentially complete a brief questionnaire and receive a personalized response from a dedicated program counselor. The counselor may discuss mental health resources available to the participant and help reduce barriers to help-seeking.

Summary of Bill: The bill as referred to committee not considered.

Summary of Bill (Proposed Substitute): The Department of Health (DOH) must contract with ASFP to implement the Interactive Screening Program. This program must:

- be available to any individual holding a professional health care credential subject to the Uniform Disciplinary Act;
- use a screening questionnaire, the results of which are reviewed by a counselor to triage the user's level of distress;
- allow the user to remain anonymous;
- provide services which are completely confidential; and
- allow the user to interact with the counselor via email or receive a referral for treatment.

DOH must pay for the costs of the program through an annual surcharge added to professional credentialing fees, which shall be uniform across professions.

An Interactive Screening Program Account is created in the state Treasury to receive the surcharge fees. The contract is exempt from competitive procurement requirements.

Appropriation: None.

Fiscal Note: Requested on January 23, 2025.

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 Proposed Substitute: PRO: Secondary trauma is real. Seventy-seven percent of health care workers experience some form of secondary trauma stress. Suicide rates are elevated for medical doctors, dentists, and nurses. Often people are reluctant to reach out for help. Confidentiality is a barrier. We need to work on retaining the workforce and keeping them happy. We think the fee will be minimal.

CON: The intention of this program is good, but the captured regulation of the Washington Physicians Health Program (WPHP) will likely undermine administration. The WPHP is

coercive. My spouse is going through the WPHP which isolates people and ruins lives. WPHP is punitive and goes on for far too long.

OTHER: With reimbursement rates going down and license fees and surcharges increasing, we are concerned on any drain on costs. There should be an opt out for professions with lower burnout. Suicide prevention is relational; a web interface may present barriers that increase isolation. How are we going to connect app users to providers? The workforce is scarce. There are a lot of nuances here that need to be worked out.

Persons Testifying: PRO: Senator Tina Orwall, Prime Sponsor.

CON: Kay Funk, No; Thomas (Levi) Johnson.

OTHER: Lori Grassi, Washington State Chiropractic Association; Sara Stewart, Washington Mental Health Counselors Association.

Persons Signed In To Testify But Not Testifying: No one.