



THE WASHINGTON ASSOCIATION FOR MARRIAGE AND FAMILY THERAPY

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2024 Legislative Priorities

WAMFT Supports:

[HB 2247](#) - Concerning addressing behavioral health provider shortages.

Prime Sponsor: Bateman D-22

The bill aims to alleviate Washington's shortage of behavioral health providers by revising the regulations and qualifications for counseling and mental health professionals, especially at the associate level. It addresses the gap in licensure between graduation to receiving an associate license from the Department of Health and offers a recertification route for those who lost their associate status due to previous renewal limitations. Furthermore, the bill modifies the continuing education requirements for license renewal and reduces the experience requirement for supervisors. In addition, this program includes a regularly audited database of licensed supervisors and a stipend program to offset supervision costs. These amendments aim to improve the quality and accessibility of behavioral health services by enhancing training, supervision, and regulation in the field. WAMFT supports this bill as it aligns with our goals for modernizing MFT licensure law and is working with other mental health professionals and our lobbyist to clarify and shape the bill to best support MFTs.

[HB 1881 \(SB 5821\)](#) - Concerning establishing a uniform standard for creating an established relationship for the purposes of coverage of audio-only telemedicine services.

Prime Sponsor: Harris D-17

The bill focuses on establishing a uniform standard for audio-only telemedicine services, aiming to improve access and coverage for such services by expanding the timeframe in which a health care provider must have seen a patient in person. The bill also eliminates previous expiration dates for audio and video services, facilitating ongoing access to comprehensive telemedicine services. In addition, the bill mandates equal compensation for telemedicine services as for in-person services, with provisions for negotiation in specific cases. It also outlines the requirements for originating sites for telemedicine services, including various healthcare facilities and patient-determined locations. Furthermore, the bill establishes clear guidelines for billing, consent, and the handling of violations related to telemedicine services, ensuring ethical and effective practice in the delivery of these services. We support this bill as it aligns with our goals for modernizing MFT licensure law and for telemedicine payment parity.

[SB 6216 \(HB 2280\)](#) - Establishing a statewide network for student mental and behavioral health.

Prime Sponsor: Nobles D-28

This bill aims to establish a mental and behavioral health statewide network to maintain, expand, and provide oversight to Washington's school-based mental and behavioral health system for children and adolescents across the state. The bill would direct the Office of the Superintendent of Public Instruction in state-level coordination of schools to support improved student connection to behavioral health supports. It also establishes a regional school-based assistance program to aid students and creates a grant program to support schools in development and implementation of services such as screening and response to emotional or behavioral distress in students.

Monitoring:

[HB 2319](#) - Concerning substance use disorder treatment.

Prime Sponsor: Davis D-32

This bill aims to improve substance use disorder treatment by addressing patient discharges from residential addiction treatment and by removing insurance authorization barriers. It also intends to ensure patients with opioid and alcohol use disorders have access to a range of treatment options. The bill mandates behavioral health agencies submit and adhere to specific policies regarding patient discharge and transfer, and creates a framework for reporting and evaluating such cases. Additionally, it proposes the development of decision-making tools to assist in treatment options for alcohol use disorder and stipulates new requirements for health plans regarding coverage and authorization of treatment services.

[SB 6228](#) - Concerning treatment of substance use disorders.

Prime Sponsor: Dhingra D-45

This bill focuses on improving treatment for substance use disorders and establishes the American Society of Addiction Medicine (ASAM) Criteria as the single standard for defining medical necessity and levels of care for substance use disorder treatment in Washington. It also includes provisions related to managed care organizations, such as not requiring prior authorization for certain substance use disorder treatments. Additionally, the bill addresses ground ambulance transport coverage for behavioral health emergencies and modifies licensing renewal fees for substance use disorder professionals.

[SB 6251](#) - Concerning coordinating regional behavioral crisis response and suicide prevention services.

Prime Sponsor: Dhingra D-45

This bill aims to enhance both the coordination and effectiveness of the region's response to behavioral health crises and suicide prevention services in Washington state by requiring that behavioral health administrative organizations take the lead in coordinating these services within their respective regions. This includes establishing comprehensive plans for dispatching mobile rapid response and community-based crisis teams, and developing clear regional protocols to optimize crisis response.

[HB 1946](#) - Concerning creating the Washington health corps behavioral health scholarship program.

Prime Sponsor: Eslick R-39

This bill aims to attract healthcare professionals to underserved communities in Washington state by offering loan repayment assistance or conditional scholarships in exchange for their service. The bill stipulates the administration of these programs, selection criteria for participants, determination of eligible health care professions, award amounts, service obligations, and repayment conditions. It emphasizes the importance of serving in health professional shortage areas or underserved behavioral health areas to fulfill service obligations, and outlines the consequences of failing to meet these commitments. Additionally, the bill addresses the allocation of funds for these programs and the responsibilities of the office in charge of administering them.