



## THE WASHINGTON ASSOCIATION FOR MARRIAGE AND FAMILY THERAPY

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1300 W. Nickerson St. #128, Seattle, WA 98119

wamft@wamft.org

206.450.8931

### 2019 Legislative Priorities

#### WAMFT Supports:

[SB 5054](#) Increasing the behavioral health workforce by establishing a reciprocity program to increase the portability of behavioral health licenses and certifications

Senate Bill 5054 directs the Department of Health to establish a reciprocity program for applicants from other states who seek a credential in Washington as a chemical dependency professional, mental health counselor, social worker, marriage and family therapist, or psychologist. The amended bill applies the reciprocity program to applicants from other states or territories with substantially equivalent or greater scope of practice to Washington's, rather than an equivalent scope of practice or greater. Persons with a probationary credential are limited to only practicing in licensed or certified behavioral health service providers. The Department of Health must prioritize identifying the five states or territories that have historically had the most applicants for reciprocity with a scope of practice that is substantially equivalent to or greater than the scope in Washington.

*Signed into law with a partial veto on May 9, 2019.*

[HB 1415](#) Modifying funding of the medical marijuana authorization database

This bill ends use of the Health Professions Account for the administration of the Medical Marijuana Authorization database and requires that fees collected for the recognition card issued by a medical marijuana retailer with a medical marijuana endorsement be deposited in the Dedicated Marijuana Account. The Health Professions Account, the account that licensing fees including those of WAMFT are deposited into, may no longer be used to provide funding for administering the database. Fees collected for the recognition cards used by marijuana retailers must be deposited into the Dedicated Marijuana Account, instead of the Health Professions Account.

*Signed into law April 30, 2019.*

[HB 1768](#) Concerning substance use disorder professional practice

Relates to modernizing substance use disorder professional practice. This comprehensive bill seeks to accomplish many things:

- Renames chemical dependency professionals as substance use disorder professionals (SUDPs).
- Changes references to the goal of chemical dependency counseling from assisting clients to achieve and maintain abstinence to assisting clients in their recovery.
- Prohibits the Department of Health (DOH) from requiring an applicant to be an SUDP or substance use disorder trainee to participate in a voluntary substance abuse monitoring program after the applicant has one year of recovery from a substance use disorder.
- Prohibits DOH or a facility that cares for vulnerable adults from automatically denying certification or employment as a SUDP based on certain convictions after one year of recovery from a substance use disorder or untreated mental health disorder.
- Directs DOH to create a co-occurring disorder specialist enhancement for master's level mental health professionals and social workers which allows them to treat clients for substance use disorders who have a co-occurring mental health disorder that qualifies as a serious mental illness.
- Directs DOH to conduct a sunrise review to evaluate the need for creation of a bachelor's level behavioral health professional credential.

*Signed into law May 21, 2019.*

**[Senate Bill 5385](#)** Concerning Telemedicine Payment Parity.

For health plans issued on or after January 1, 2020, regulated health insurance carriers and the state employee health plans must reimburse a provider for health care service provided through telemedicine at the same rate as health care service provided in-person. Upon initiation or renewal of a contract with the Health Care Authority to administer a Medicaid managed care plan, a managed health care system must reimburse a provider for health care service provided through telemedicine at the same rate as health care service provided in-person. However, hospitals, hospital systems, telemedicine companies, and provider groups of 11 or more providers may negotiate and agree to reimbursement rates that differ from in-person services rates. Reimbursement for a facility fee must be subject to a negotiated agreement between the originating site and the health carrier. The requirement that services provided through store and forward technology must have an associated office visit is removed. The Collaborative for the Advancement of Telemedicine is directed to study store and forward technology with a focus on utilization, whether it should be paid at parity within in-person services, the potential for the technology to improve rural health outcomes, and ocular services.

*Signed into law March 19, 2019.*