



THE WASHINGTON ASSOCIATION FOR MARRIAGE AND FAMILY THERAPY

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2021 Legislative Priorities

WAMFT Supports:

[ESSB 5229](#) Concerning health equity continuing education for health care professionals

- Requires the rule-making authority for each health profession to adopt rules requiring health care professionals to complete health equity education training at least once every four years.
- Requires health equity courses to teach skills that enable a health care professional to care effectively for patients from diverse cultures, groups, and communities, varying in race, ethnicity, gender identity, sexuality, religion, age, ability, and socioeconomic status.
- Signed into law 5/12/21

[HB 1237](#) Defining family resource centers

- Defines the term "family resource center" to mean a unified single point of entry where families, individuals, children, and youth in communities can obtain information, an assessment of needs, referral to, or direct delivery of family services in a manner that is welcoming and strength-based.
- Signed into law 4/14/21

[E2SHB 1477](#) Implementing the national 988 system to enhance and expand behavioral health crisis response and suicide prevention services

- Directs the Department of Health to designate crisis hotline centers that meet standards related to technology and the ability to identify and deploy community crisis resources for persons experiencing a behavioral health crisis.
- Establishes the 988 Implementation Team to provide guidance in implementing the 988-crisis hotline and the resources required for staffing, training, and technology for call centers to achieve an in-state call response of at least 90 percent.

- Establishes the Crisis Response Improvement Strategy Committee to develop a comprehensive assessment of the behavioral health crisis services system and a recommended vision for an integrated crisis network throughout Washington.
- Establishes the Statewide 988 Behavioral Health Crisis Response Line Tax on phone lines to fund the crisis hotline centers and response services.
- Signed into law 5/13/21

[ESHB 1196](#) Concerning audio-only telemedicine

- Requires reimbursement for audio-only telemedicine services.
- Expands the definition of telemedicine for hospital privileging to include audio-only telemedicine services.
- Requires the Insurance Commissioner to study and make recommendations regarding telemedicine.
- Extends the termination date of the telemedicine collaborative.
- Signed into law 5/3/21

[SSB 5325](#) Concerning audio-only telemedicine

- Requires behavioral health administrative service organizations and managed care organizations to reimburse providers for behavioral health service provided to any covered person if the services meet certain requirements.
- Signed into law 4/16/21

WAMFT Concerned/Other

[HB 1349](#) Concerning peer specialists

- Establishes peer specialists/ peer specialist trainees as a new health profession to be licensed by the Department of Health. Establishes standards and training requirements.
- The bill did not pass out of House Health Care & Wellness Committee before the policy cutoff and is technically “dead” for this session; however, the bill will go through a second “sunrise review”.
 - “Sunrise Review” - In Washington State, the Department of Health makes recommendations to the legislature on health profession credentialing proposals and proposals to add new insurance mandates. These are done at the request of the chairs of legislative committees. The process is called a "sunrise review."