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## HOUSE BILL 1583

State of Washington 68th Legislature 2023 Regular Session

By Representatives Eslick, Davis, Dye, Callan, Barkis, Macri, Graham, Orwall, Volz, Riccelli, Low, Couture, Dent, Senn, and Thai

AN ACT Relating to addressing the behavioral health workforce shortage and expanding access to peer services by creating the profession of certified peer specialists; amending RCW 18.130.040, 18.130.175, and 43.43.842; adding new sections to chapter 71.24 RCW; adding a new chapter to Title 18 RCW; creating new sections; and providing an effective date.

## 7 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

NEW SECTION. Sec. 1. (1) The legislature finds that peers play a critical role along the behavioral health continuum of care, from outreach to treatment to recovery support. Peers deal in the currency of hope and motivation and are incredibly adept at supporting people with behavioral health challenges on their recovery journeys. Peers represent the only segment of the behavioral health workforce where there is not a shortage, but a surplus of willing workers. Peers, however, are presently limited to serving only medicaid recipients and working only in community behavioral health agencies. As a result, youth and adults with commercial insurance have no access to peer services. Furthermore, peers who work in other settings, such as emergency departments and behavioral health urgent care, cannot bill insurance for their services.

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- 1 (2) Therefore, it is the intent of the legislature to address the 2 behavioral health workforce crisis, expand access to peer services, 3 and honor the contributions of the peer profession by creating the 4 profession of certified peer specialists.
- NEW SECTION. Sec. 2. The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.
- 8 (1) "Advisory committee" means the Washington state certified 9 peer specialist advisory committee established under section 4 of 10 this act.
  - (2) "Approved supervisor" means:

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- 12 (a) Until July 1, 2027, a behavioral health provider, as defined 13 in RCW 71.24.025 with at least two years of experience working in a 14 behavioral health practice that employs peer specialists as part of 15 treatment teams; or
  - (b) A certified peer specialist who has completed:
  - (i) At least 1,500 hours of work as a fully certified peer specialist engaged in the practice of peer support services, with at least 500 hours attained through the joint supervision of peers in conjunction with another approved supervisor; and
- 21 (ii) The training developed by the health care authority under 22 section 11 of this act.
  - (3) "Certified peer specialist" means a person certified under this chapter to engage in the practice of peer support services.
  - (4) "Certified peer specialist trainee" means an individual working toward the supervised experience and written examination requirements to become a certified peer specialist under this chapter.
    - (5) "Department" means the department of health.
  - (6) "Practice of peer support services" means the provision of interventions by either a person in recovery from a mental health condition or substance use disorder, or both, or the parent or legal guardian of a youth who is receiving or has received behavioral health services. The client receiving the interventions receives them from a person with a similar lived experience as either a person in recovery from a mental health condition or substance use disorder, or both, or the parent or legal guardian of a youth who is receiving or has received behavioral health services. The person provides the interventions through the use of shared experiences to assist a

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- 1 client in the acquisition and exercise of skills needed to support
- 2 the client's recovery. Interventions may include activities that
- 3 assist clients in accessing or engaging in treatment and in symptom
- 4 management; promote social connection, recovery, and self-advocacy;
- 5 provide guidance in the development of natural community supports and
- 6 basic daily living skills; and support clients in engagement,
- 7 motivation, and maintenance related to achieving and maintaining
- 8 health and wellness goals.

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- (7) "Secretary" means the secretary of health.
- NEW SECTION. Sec. 3. In addition to any other authority, the secretary has the authority to:
- 12 (1) Adopt rules under chapter 34.05 RCW necessary to implement 13 this chapter;
- 14 (2) Establish all certification, examination, and renewal fees in accordance with RCW 43.70.110 and 43.70.250;
- 16 (3) Establish forms and procedures necessary to administer this 17 chapter;
  - (4) Issue certificates to applicants who have met the education, training, and examination requirements for obtaining a certificate and to deny a certificate to applicants who do not meet the requirements;
  - (5) Coordinate with the health care authority to confirm an applicants' successful completion of the certified peer specialist education course offered by the health care authority under section 11 of this act and successful passage of the associated oral examination as proof of eligibility to take a qualifying written examination for applicants for obtaining a certificate;
- 28 (6) Establish practice parameters consistent with the definition 29 of the practice of peer support services;
- 30 (7) Provide staffing and administrative support to the advisory 31 committee;
  - (8) Determine which states have credentialing requirements equivalent to those of this state, and issue certificates to applicants credentialed in those states without examination;
- 35 (9) Define and approve any supervised experience requirements for 36 certification;
- 37 (10) Assist the advisory committee with the review of peer 38 counselor apprenticeship program applications in the process of being 39 approved and registered under chapter 49.04 RCW;

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- 1 (11) Adopt rules implementing a continuing competency program;
- 2 and

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- 3 (12) Establish by rule the procedures for an appeal of an 4 examination failure.
- 5 <u>NEW SECTION.</u> **Sec. 4.** (1) The Washington state certified peer 6 specialist advisory committee is established.
- (2)(a) The advisory committee shall consist of 11 members. Nine 7 members must be certified peer specialists. Those nine members shall 8 be inclusive of mental health peers, substance use disorder peers, 9 10 community-based peers, peers who work in clinical settings, youth 11 peers, adult peers, and peer supervisors. One member must represent community behavioral health agencies. One member must represent the 12 public at large and may not be a credentialed behavioral health 13 provider. The advisory committee shall be reflective of the community 14 15 receives peer services, including people who are Black, 16 indigenous, people of color, and individuals who identify as LGBTQ. All members of the advisory committee must be residents of Washington 17 18 state. Members may not hold an office in a professional association for peer specialists or be employed by the state. A majority of the 19 members currently serving shall constitute a quorum. 20
  - (b) The members shall be appointed by the secretary to serve three-year terms which may be renewed. Initial members shall be appointed to staggered terms which may be less than three years. Initial membership may vary from the requirements in (a) of this subsection to account for the lack of an available credential for certified peer specialists at the time the advisory committee is established. The advisory committee shall select a chair and vice chair.
  - (3) The department and the health care authority, as appropriate, are encouraged to adopt recommendations as submitted by the advisory committee on topics related to the administration of this chapter and provide their rationale for any formal recommendations of the advisory committee that either agency does not adopt, including:
  - (a) Advice and recommendations regarding the establishment or implementation of rules related to this chapter;
  - (b) Advice, recommendations, and consultation regarding professional boundaries, customary practices, and other aspects of peer support as it relates to complaints, investigations, and other disciplinary actions;

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1 (c) Assistance and recommendations to enhance patient and client 2 education;

- (d) Assistance and recommendations regarding the written and oral examination to become a certified peer specialist and the examiners conducting the examinations, including recommendations to assure that the examinations, and the manner in which the examinations are administered, are culturally appropriate;
- (e) Assistance and recommendations regarding any continuing education and continuing competency programs administered under the provisions of this chapter;
- (f) Advice and guidance regarding criteria for certification based on prior experience as a peer specialist attained before July 1, 2025, as described in section 6(2) of this act;
- (g) Recommendations for additional supports that may help those practicing as peer counselors as of the effective date of this section to become certified peer specialists;
- (h) Review of existing health care authority policies and procedures related to peer counselors;
- (i) Advice on approving additional education and training entities, other than the health care authority, to conduct the course of instruction in section 11(1)(a) of this act to expand availability of the course, particularly among black, indigenous, people of color, and individuals who identify as LGBTQ;
- (j) Advice on approving additional testing entities, other than the health care authority to administer the written and oral examination, including entities owned by black, indigenous, and people of color;
- (k) Advice on long-term planning and growth for the future advancement of the peer specialist profession; and
- (1) Recommendations on recruitment and retention in the peer specialist profession, including among black, indigenous, people of color, and individuals who identify as LGBTQ.
- (4) Committee members are immune from suit in an action, civil or criminal, based on the department's disciplinary proceedings or other official acts performed in good faith.
- 36 (5) Committee members shall be compensated in accordance with RCW 43.03.240, including travel expenses in carrying out his or her authorized duties in accordance with RCW 43.03.050 and 43.03.060.

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<u>NEW SECTION.</u> **Sec. 5.** Nothing in this chapter may be construed to prohibit or restrict:

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- (1) An individual who holds a credential issued by this state, other than as a certified peer specialist or certified peer specialist trainee, to engage in the practice of an occupation or profession without obtaining an additional credential from the state. The individual may not use the title certified peer specialist unless the individual holds a credential under this chapter; or
- 9 (2) The practice of peer support services by a person who is 10 employed by the government of the United States while engaged in the 11 performance of duties prescribed by the laws of the United States.
  - NEW SECTION. Sec. 6. (1) Beginning July 1, 2025, except as provided in subsections (2) and (3) of this section, the secretary shall issue a certificate to engage in the practice of peer support services to any applicant who demonstrates to the satisfaction of the secretary that the applicant meets the following requirements:
    - (a) Submission of an attestation to the department that the applicant self-identifies as:
    - (i) A person with one or more years of recovery from a mental health condition, substance use disorder, or both; or
    - (ii) The parent or legal guardian of a youth who is receiving or has received behavioral health services;
    - (b) Successful completion of the education course developed and offered by the health care authority under section 11 of this act;
    - (c) Successful passage of an oral examination administered by the health care authority upon completion of the education course offered by the health care authority under section 11 of this act;
    - (d) Successful passage of a written examination administered by the health care authority upon completion of the education course offered by the health care authority under section 11 of this act;
    - (e) Successful completion of an experience requirement of at least 1,000 supervised hours as a certified peer specialist trainee engaged in the volunteer or paid practice of peer support services, in accordance with the standards in section 7 of this act; and
      - (f) Payment of the appropriate fee required under this chapter.
    - (2) The secretary, with the recommendation of the advisory committee, shall establish criteria for the issuance of a certificate to engage in the practice of peer support services based on prior experience as a peer specialist attained before July 1, 2025. The

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criteria shall establish equivalency standards necessary to be deemed to have met the requirements of subsection (1) of this section. An applicant under this subsection shall have until July 1, 2026, to complete any standards in which the applicant is determined to be deficient.

- (3) The secretary, with the recommendation of the advisory committee, shall issue a certificate to engage in the practice of peer support services based on completion of an apprenticeship program registered and approved under chapter 49.04 RCW and reviewed by the advisory committee under section 3 of this act.
- (4) A certificate to engage in the practice of peer support services is valid for two years. A certificate may be renewed upon demonstrating to the department that the certified peer specialist has successfully completed 30 hours of continuing education approved by the department. As part of the continuing education requirement, every six years the applicant must submit proof of successful completion of at least three hours of suicide prevention training and at least six hours of coursework in professional ethics and law, which may include topics under RCW 18.130.180.
- NEW SECTION. Sec. 7. (1) The secretary shall issue a certificate to engage in the practice of peer support services as a certified peer specialist trainee to any applicant who demonstrates to the satisfaction of the secretary that:
  - (a) The applicant meets the requirements of section 6 (1)(a), (b), (c), (d), and (4) of this act and is working toward the supervised experience requirements to become a certified peer specialist under this chapter; or
  - (b) The applicant is enrolled in an apprenticeship program registered and approved under chapter 49.04 RCW and approved by the secretary under section 3 of this act.
  - (2) An applicant seeking to become a certified peer specialist trainee under this section shall submit to the secretary for approval an attestation, in accordance with rules adopted by the department, that the certified peer specialist trainee is actively pursuing the supervised experience requirements of section 6(1)(d) of this act. This attestation must be updated with the trainee's annual renewal.
  - (3) A certified peer specialist trainee certified under this section may practice only under the supervision of an approved supervisor. Supervision may be provided through distance supervision.

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- Supervision may be provided by an approved supervisor who is employed by the same employer that employs the certified peer specialist trainee or by an arrangement made with a third-party approved
- 4 supervisor to provide supervision, or a combination of both types of approved supervisors.
- 6 (4) A certified peer specialist trainee certificate is valid for one year and may only be renewed four times.
- NEW SECTION. Sec. 8. (1) The date and location of written examinations must be established by the health care authority.

  Applicants who have been found by the health care authority to meet other requirements for obtaining a certificate must be scheduled for the next examination following the filing of the application. The health care authority shall establish by rule the examination application deadline.

- (2) The health care authority shall administer written examinations to each applicant, by means determined most effective, on subjects appropriate to the scope of practice, as applicable. The examinations must be limited to the purpose of determining whether the applicant possesses the minimum skill and knowledge necessary to practice competently.
- (3) The examination materials, all grading of the materials, and the grading of any practical work must be preserved for a period of not less than one year after the health care authority has made and published the decisions. All examinations must be conducted under fair and wholly impartial methods.
- (4) Any applicant failing to make the required grade in the first written examination may take up to three subsequent written examinations as the applicant desires upon prepaying a fee determined by the health care authority for each subsequent written examination. Upon failing four written examinations, the health care authority may invalidate the original application and require remedial education before the person may take future written examinations.
- (5) The health care authority may approve a written examination prepared or administered by a private organization that credentials and renews credentials for peer counselors, or an association of credentialing agencies, for use by an applicant in meeting the credentialing requirements.

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NEW SECTION. Sec. 9. The secretary shall establish, by rule, the requirements and fees for renewal of a certificate issued pursuant to this chapter. Fees must be established in accordance with RCW 43.70.110 and 43.70.250. Failure to renew the certificate invalidates the certificate and all privileges granted by the certificate. If a certificate has lapsed for a period longer than three years, the person shall demonstrate competence to the satisfaction of the secretary by completing continuing competency requirements or meeting other standards determined by the secretary.

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NEW SECTION. Sec. 10. The uniform disciplinary act, chapter 18.130 RCW, governs uncertified practice of peer support services, the issuance and denial of certificates, and the discipline of certified peer specialists and certified peer specialist trainees under this chapter.

NEW SECTION. Sec. 11. A new section is added to chapter 71.24
RCW to read as follows:

(1) (a) By January 1, 2025, the authority must develop a course of instruction to become a certified peer specialist under chapter 18.--- RCW (the new chapter created in section 18 of this act). The course must be approximately 80 hours in duration and based upon the curriculum offered by the authority in its peer counselor training as of the effective date of this section, as well as additional instruction in the principles of recovery coaching and suicide prevention. The authority shall establish a peer engagement process to receive suggestions regarding subjects to be covered in the 80hour curriculum beyond those addressed in the peer counselor training curriculum and recovery coaching and suicide prevention curricula, including the cultural appropriateness of the 80-hour training. The education course must be taught by certified peer specialists. The education course must be offered by the authority with sufficient frequency to accommodate the demand for training and the needs of the workforce. The authority must establish multiple configurations for offering the education course, including offering the course as an uninterrupted course with longer class hours held on consecutive days for students seeking accelerated completion of the course and as an extended course with reduced daily class hours, possibly with multiple days between classes, to accommodate students with other

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commitments. Upon completion of the education course, the student must pass an oral examination administered by the course trainer.

- (b) The authority shall develop an expedited course of instruction that consists of only those portions of the curriculum required under (a) of this subsection that exceed the authority's certified peer counselor training curriculum as it exists on the effective date of this section. The expedited training shall focus on assisting persons who completed the authority's certified peer counselor training as it exists on the effective date of this section to meet the education requirements for certification under section 6 of this act.
- (2) By January 1, 2025, the authority must develop a training course for certified peer specialists providing supervision to certified peer specialist trainees under section 7 of this act.
- (3) (a) By July 1, 2025, the authority shall offer a 40-hour specialized training course in peer crisis response services for peer specialists certified under chapter 18.--- RCW (the new chapter created in section 18 of this act) who are working as peer crisis responders. The training shall incorporate best practices for responding to 988 behavioral health crisis line calls, as well as processes for co-response with law enforcement when necessary.
- (b) Beginning July 1, 2026, any entity that uses certified peer specialists as peer crisis responders, may only use certified peer specialists who have completed the training course established by (a) of this subsection. A behavioral health agency that uses certified peer specialists to work as peer crisis responders must maintain the records of the completion of the training course for those certified peer specialists who provide these services and make the records available to the state agency for auditing or certification purposes.
- (4) By July 1, 2025, the authority shall offer a course designed to inform licensed or certified behavioral health agencies of the benefits of incorporating certified peer specialists and certified peer specialist trainees into their clinical staff and best practices for incorporating their services. The authority shall encourage entities that hire certified peer specialists and certified peer specialist trainees, including licensed or certified behavioral health agencies, hospitals, primary care offices, and other entities, to have appropriate staff attend the training by making it available in multiple formats.
  - (5) The authority shall:

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(a) Hire clerical, administrative, investigative, and other staff as needed to implement this section to serve as examiners for any practical oral or written examination and assure that the examiners are trained to administer examinations in a culturally appropriate manner and represent the diversity of applicants being tested. The authority shall adopt procedures to allow for appropriate accommodations for persons with a learning disability, other disabilities, and other needs and assure that staff involved in the administration of examinations are trained on those procedures;

- (b) Develop oral and written examinations required under this section. The initial examinations shall be adapted from those used by the authority as of the effective date of this section and modified pursuant to input and comments from the Washington state peer specialist advisory committee. The authority shall assure that the examinations are culturally appropriate;
- (c) Prepare, grade, and administer, or supervise the grading and administration of written examinations for obtaining a certificate;
- (d) Approve entities to provide the educational courses required by this section and approve entities to prepare, grade, and administer written examinations for the educational courses required by this section. In establishing approval criteria, the authority shall consider the recommendations of the Washington state peer specialist advisory committee; and
- (e) Develop examination preparation materials and make them available to students enrolled in the courses established under this section in multiple formats, including specialized examination preparation support for students with higher barriers to passing the written examination.
- (6) For the purposes of this section, the term "peer crisis responder" means a peer specialist certified under chapter 18.--- RCW (the new chapter created in section 18 of this act) who has completed the training under subsection (3) of this section whose job involves responding to behavioral health emergencies, including those dispatched through a 988 crisis hotline or the 911 system.
- NEW SECTION. Sec. 12. A new section is added to chapter 71.24 RCW to read as follows:
- 37 Behavioral health agencies must reduce the caseload for approved 38 supervisors who are providing supervision to certified peer 39 specialist trainees seeking certification under chapter 18.--- RCW

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- 1 (the new chapter created in section 18 of this act), in accordance
- 2 with standards established by the Washington state certified peer
- 3 specialist advisory committee.
- 4 <u>NEW SECTION.</u> **Sec. 13.** A new section is added to chapter 71.24 5 RCW to read as follows:
- A person who is registered as an agency-affiliated counselor under chapter 18.19 RCW who engages in the practice of peer support
- 8 services and whose agency, as defined in RCW 18.19.020, bills medical
- 9 assistance for those services must hold a certificate as a certified
- 10 peer specialist or certified peer specialist trainee under chapter
- 11 18.--- RCW (the new chapter created in section 18 of this act) no
- 12 later than January 1, 2027.
- NEW SECTION. Sec. 14. By January 1, 2026, the office of the
- 14 insurance commissioner shall make recommendations to health carriers
- 15 regarding appropriate use of certified peer specialists and certified
- 16 peer specialist trainees, network adequacy for certified peer
- 17 specialists and certified peer specialist trainees, and steps to
- 18 incorporate certified peer specialists and certified peer specialist
- 19 trainees into commercial provider networks. The commissioner may
- 20 adopt any rules related to recommendations developed pursuant to this
- 21 section.
- 22 **Sec. 15.** RCW 18.130.040 and 2022 c 217 s 5 are each amended to 23 read as follows:
- 23 read as lollows:
- 24 (1) This chapter applies only to the secretary and the boards and
- 25 commissions having jurisdiction in relation to the professions
- 26 licensed under the chapters specified in this section. This chapter
- 27 does not apply to any business or profession not licensed under the
- 28 chapters specified in this section.
- 29 (2)(a) The secretary has authority under this chapter in relation
- 30 to the following professions:
- 31 (i) Dispensing opticians licensed and designated apprentices
- 32 under chapter 18.34 RCW;
- 33 (ii) Midwives licensed under chapter 18.50 RCW;
- 34 (iii) Ocularists licensed under chapter 18.55 RCW;
- 35 (iv) Massage therapists and businesses licensed under chapter
- 36 18.108 RCW;
- 37 (v) Dental hygienists licensed under chapter 18.29 RCW;

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- 1 (vi) Acupuncturists or acupuncture and Eastern medicine 2 practitioners licensed under chapter 18.06 RCW;
- 3 (vii) Radiologic technologists certified and X-ray technicians 4 registered under chapter 18.84 RCW;
- 5 (viii) Respiratory care practitioners licensed under chapter 6 18.89 RCW;
- 7 (ix) Hypnotherapists and agency affiliated counselors registered 8 and advisors and counselors certified under chapter 18.19 RCW;
- 9 (x) Persons licensed as mental health counselors, mental health counselor associates, marriage and family therapists, marriage and family therapist associates, social workers, social work associates—advanced, and social work associates—independent clinical under chapter 18.225 RCW;
- 14 (xi) Persons registered as nursing pool operators under chapter 15 18.52C RCW;
- 16 (xii) Nursing assistants registered or certified or medication 17 assistants endorsed under chapter 18.88A RCW;
- 18 (xiii) Dietitians and nutritionists certified under chapter 19 18.138 RCW;
- 20 (xiv) Substance use disorder professionals, substance use 21 disorder professional trainees, or co-occurring disorder specialists 22 certified under chapter 18.205 RCW;
- 23 (xv) Sex offender treatment providers and certified affiliate sex 24 offender treatment providers certified under chapter 18.155 RCW;
- 25 (xvi) Persons licensed and certified under chapter 18.73 RCW or 26 RCW 18.71.205;
- 27 (xvii) Orthotists and prosthetists licensed under chapter 18.200 28 RCW;
- 29 (xviii) Surgical technologists registered under chapter 18.215 30 RCW;
- 31 (xix) Recreational therapists under chapter 18.230 RCW;
- 32 (xx) Animal massage therapists certified under chapter 18.240 33 RCW;
- 34 (xxi) Athletic trainers licensed under chapter 18.250 RCW;
- 35 (xxii) Home care aides certified under chapter 18.88B RCW;
- 36 (xxiii) Genetic counselors licensed under chapter 18.290 RCW;
- 37 (xxiv) Reflexologists certified under chapter 18.108 RCW;
- 38 (xxv) Medical assistants-certified, medical assistants-39 hemodialysis technician, medical assistants-phlebotomist, forensic

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- 1 phlebotomist, and medical assistants-registered certified and 2 registered under chapter 18.360 RCW;
- 3 (xxvi) Behavior analysts, assistant behavior analysts, and 4 behavior technicians under chapter 18.380 RCW; ((and))
- 5 (xxvii) Birth doulas certified under chapter 18.47 RCW; and
- 6 (xxviii) Certified peer specialists and certified peer specialist
- 7 trainees under chapter 18.--- RCW (the new chapter created in section
  8 18 of this act).
- 9 (b) The boards and commissions having authority under this 10 chapter are as follows:
- 11 (i) The podiatric medical board as established in chapter 18.22 12 RCW;
- 13 (ii) The chiropractic quality assurance commission as established 14 in chapter 18.25 RCW;
- (iii) The dental quality assurance commission as established in chapter 18.32 RCW governing licenses issued under chapter 18.32 RCW, licenses and registrations issued under chapter 18.260 RCW, and certifications issued under chapter 18.350 RCW;
- 19 (iv) The board of hearing and speech as established in chapter 20 18.35 RCW;
- 21 (v) The board of examiners for nursing home administrators as 22 established in chapter 18.52 RCW;
- (vi) The optometry board as established in chapter 18.54 RCW governing licenses issued under chapter 18.53 RCW;
- 25 (vii) The board of osteopathic medicine and surgery as 26 established in chapter 18.57 RCW governing licenses issued under 27 chapter 18.57 RCW;
- (viii) The pharmacy quality assurance commission as established in chapter 18.64 RCW governing licenses issued under chapters 18.64 and 18.64A RCW;
- 31 (ix) The Washington medical commission as established in chapter 32 18.71 RCW governing licenses and registrations issued under chapters
- 33 18.71 and 18.71A RCW;
- 34 (x) The board of physical therapy as established in chapter 18.74 35 RCW;
- 36 (xi) The board of occupational therapy practice as established in 37 chapter 18.59 RCW;
- 38 (xii) The nursing care quality assurance commission as 39 established in chapter 18.79 RCW governing licenses and registrations 40 issued under that chapter;

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1 (xiii) The examining board of psychology and its disciplinary 2 committee as established in chapter 18.83 RCW;

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(xiv) The veterinary board of governors as established in chapter 18.92 RCW;

- (xv) The board of naturopathy established in chapter 18.36A RCW, governing licenses and certifications issued under that chapter; and
  - (xvi) The board of denturists established in chapter 18.30 RCW.
- (3) In addition to the authority to discipline license holders, the disciplining authority has the authority to grant or deny licenses. The disciplining authority may also grant a license subject to conditions.
- (4) All disciplining authorities shall adopt procedures to ensure substantially consistent application of this chapter, the uniform disciplinary act, among the disciplining authorities listed in subsection (2) of this section.
- Sec. 16. RCW 18.130.175 and 2022 c 43 s 10 are each amended to read as follows:
  - (1) In lieu of disciplinary action under RCW 18.130.160 and if the disciplining authority determines that the unprofessional conduct may be the result of an applicable impairing or potentially impairing health condition, the disciplining authority may refer the license holder to a physician health program or a voluntary substance use disorder monitoring program approved by the disciplining authority.

The cost of evaluation and treatment shall be the responsibility of the license holder, but the responsibility does not preclude payment by an employer, existing insurance coverage, or other sources. Evaluation and treatment shall be provided by providers approved by the entity or the commission. The disciplining authority may also approve the use of out-of-state programs. Referral of the license holder to the physician health program or voluntary substance use disorder monitoring program shall be done only with the consent of the license holder. Referral to the physician health program or voluntary substance use disorder monitoring program may also include probationary conditions for a designated period of time. If the license holder does not consent to be referred to the program or does not successfully complete the program, the disciplining authority may take appropriate action under RCW 18.130.160 which suspension of the license unless or until the disciplining authority, in consultation with the director of the applicable program,

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determines the license holder is able to practice safely. The secretary shall adopt uniform rules for the evaluation by the disciplining authority of return to substance use or program violation on the part of a license holder in the program. The evaluation shall encourage program participation with additional conditions, in lieu of disciplinary action, when the disciplining authority determines that the license holder is able to continue to practice with reasonable skill and safety.

- (2) In addition to approving the physician health program or the voluntary substance use disorder monitoring program that may receive referrals from the disciplining authority, the disciplining authority may establish by rule requirements for participation of license holders who are not being investigated or monitored by the disciplining authority. License holders voluntarily participating in the approved programs without being referred by the disciplining authority shall not be subject to disciplinary action under RCW 18.130.160 for their impairing or potentially impairing health condition, and shall not have their participation made known to the disciplining authority, if they meet the requirements of this section and the program in which they are participating.
- (3) The license holder shall sign a waiver allowing the program to release information to the disciplining authority if the licensee does not comply with the requirements of this section or is unable to practice with reasonable skill or safety. The physician health program or voluntary substance use disorder program shall report to the disciplining authority any license holder who fails to comply with the requirements of this section or the program or who, in the opinion of the program, is unable to practice with reasonable skill or safety. License holders shall report to the disciplining authority if they fail to comply with this section or do not complete the program's requirements. License holders may, upon the agreement of the program and disciplining authority, reenter the program if they have previously failed to comply with this section.
- (4) Program records including, but not limited to, case notes, progress notes, laboratory reports, evaluation and treatment records, electronic and written correspondence within the program, and between the program and the participant or other involved entities including, but not limited to, employers, credentialing bodies, referents, or other collateral sources, relating to license holders referred to or voluntarily participating in approved programs are confidential and

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exempt from disclosure under chapter 42.56 RCW and shall not be subject to discovery by subpoena or admissible as evidence except:

- (a) To defend any civil action by a license holder regarding the restriction or revocation of that individual's clinical or staff privileges, or termination of a license holder's employment. In such an action, the program will, upon subpoena issued by either party to the action, and upon the requesting party seeking a protective order for the requested disclosure, provide to both parties of the action written disclosure that includes the following information:
- (i) Verification of a health care professional's participation in the physician health program or voluntary substance use disorder monitoring program as it relates to aspects of program involvement at issue in the civil action;
  - (ii) The dates of participation;

- 15 (iii) Whether or not the program identified an impairing or 16 potentially impairing health condition;
  - (iv) Whether the health care professional was compliant with the requirements of the physician health program or voluntary substance use disorder monitoring program; and
  - (v) Whether the health care professional successfully completed the physician health program or voluntary substance use disorder monitoring program; and
  - (b) Records provided to the disciplining authority for cause as described in subsection (3) of this section. Program records relating to license holders mandated to the program, through order or by stipulation, by the disciplining authority or relating to license holders reported to the disciplining authority by the program for cause, must be released to the disciplining authority at the request of the disciplining authority. Records held by the disciplining authority under this section are exempt from chapter 42.56 RCW and are not subject to discovery by subpoena except by the license holder.
  - (5) This section does not affect an employer's right or ability to make employment-related decisions regarding a license holder. This section does not restrict the authority of the disciplining authority to take disciplinary action for any other unprofessional conduct.
  - (6) A person who, in good faith, reports information or takes action in connection with this section is immune from civil liability for reporting information or taking the action.

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(a) The immunity from civil liability provided by this section shall be liberally construed to accomplish the purposes of this section, and applies to both license holders and students and trainees when students and trainees of the applicable professions are served by the program. The persons entitled to immunity shall include:

- (i) An approved physician health program or voluntary substance use disorder monitoring program;
  - (ii) The professional association affiliated with the program;
- 10 (iii) Members, employees, or agents of the program or 11 associations;
  - (iv) Persons reporting a license holder as being possibly impaired or providing information about the license holder's impairment; and
- 15 (v) Professionals supervising or monitoring the course of the 16 program participant's treatment or rehabilitation.
  - (b) The courts are strongly encouraged to impose sanctions on program participants and their attorneys whose allegations under this subsection are not made in good faith and are without either reasonable objective, substantive grounds, or both.
- 21 (c) The immunity provided in this section is in addition to any 22 other immunity provided by law.
  - (7) In the case of a person who is applying to be a substance use disorder professional or substance use disorder professional trainee certified under chapter 18.205 RCW, an agency affiliated counselor registered under chapter 18.19 RCW, or a peer specialist or peer specialist trainee certified under chapter 18.--- RCW (the new chapter created in section 18 of this act), if the person is:
  - (a) Less than one year in recovery from a substance use disorder, the duration of time that the person may be required to participate in an approved substance use disorder monitoring program may not exceed the amount of time necessary for the person to achieve one year in recovery; or
  - (b) At least one year in recovery from a substance use disorder, the person may not be required to participate in the approved substance use disorder monitoring program.
- 37 (8) In the case of a person who is applying to be an agency 38 affiliated counselor registered under chapter 18.19 RCW and practices 39 or intends to practice as a peer counselor in an agency, as defined 40 in RCW 18.19.020, if the person is:

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(a) Less than one year in recovery from a substance use disorder, the duration of time that the person may be required to participate in the approved substance use disorder monitoring program may not exceed the amount of time necessary for the person to achieve one year in recovery; or

- (b) At least one year in recovery from a substance use disorder, the person may not be required to participate in the approved substance use disorder monitoring program.
- (9) The provisions of subsection (7) of this section apply to any person employed as a peer specialist as of July 1, 2025, participating in a program under this section as of July 1, 2025, and applying to become a certified peer specialist under section 6 of this act, regardless of when the person's participation in a program began. To this extent, subsection (7) of this section applies retroactively, but in all other respects it applies prospectively.
- **Sec. 17.** RCW 43.43.842 and 2021 c 215 s 150 are each amended to read as follows:
  - (1) (a) The secretary of social and health services and the secretary of health shall adopt additional requirements for the licensure or relicensure of agencies, facilities, and licensed individuals who provide care and treatment to vulnerable adults, including nursing pools registered under chapter 18.52C RCW. These additional requirements shall ensure that any person associated with a licensed agency or facility having unsupervised access with a vulnerable adult shall not be the respondent in an active vulnerable adult protection order under chapter 7.105 RCW, nor have been: (i) Convicted of a crime against children or other persons as defined in RCW 43.43.830, except as provided in this section; (ii) convicted of crimes relating to financial exploitation as defined in RCW 43.43.830, except as provided in this section; or (iii) found in any disciplinary board final decision to have abused a vulnerable adult as defined in RCW 43.43.830.
  - (b) A person associated with a licensed agency or facility who has unsupervised access with a vulnerable adult shall make the disclosures specified in RCW 43.43.834(2). The person shall make the disclosures in writing, sign, and swear to the contents under penalty of perjury. The person shall, in the disclosures, specify all crimes against children or other persons, all crimes relating to financial

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exploitation, and all crimes relating to drugs as defined in RCW 43.43.830, committed by the person.

- (2) The rules adopted under this section shall permit the licensee to consider the criminal history of an applicant for employment in a licensed facility when the applicant has one or more convictions for a past offense and:
- (a) The offense was simple assault, assault in the fourth degree, or the same offense as it may be renamed, and three or more years have passed between the most recent conviction and the date of application for employment;
- (b) The offense was prostitution, or the same offense as it may be renamed, and three or more years have passed between the most recent conviction and the date of application for employment;
- (c) The offense was theft in the third degree, or the same offense as it may be renamed, and three or more years have passed between the most recent conviction and the date of application for employment;
- (d) The offense was theft in the second degree, or the same offense as it may be renamed, and five or more years have passed between the most recent conviction and the date of application for employment;
- (e) The offense was forgery, or the same offense as it may be renamed, and five or more years have passed between the most recent conviction and the date of application for employment;
- (f) The department of social and health services reviewed the employee's otherwise disqualifying criminal history through the department of social and health services' background assessment review team process conducted in 2002, and determined that such employee could remain in a position covered by this section; or
- 30 (g) The otherwise disqualifying conviction or disposition has 31 been the subject of a pardon, annulment, or other equivalent 32 procedure.

The offenses set forth in (a) through (g) of this subsection do not automatically disqualify an applicant from employment by a licensee. Nothing in this section may be construed to require the employment of any person against a licensee's judgment.

(3) The rules adopted pursuant to subsection (2) of this section may not allow a licensee to automatically deny an applicant with a conviction for an offense set forth in subsection (2) of this section for a position as a substance use disorder professional or substance

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- use disorder professional trainee certified under chapter 18.205 RCW, as an agency affiliated counselor registered under chapter 18.19 RCW practicing as a peer counselor in an agency or facility, or as a peer specialist or peer specialist trainee certified under chapter 18.--
  RCW (the new chapter created in section 18 of this act), if:
  - (a) At least one year has passed between the applicant's most recent conviction for an offense set forth in subsection (2) of this section and the date of application for employment;

- (b) The offense was committed as a result of the applicant's substance use or untreated mental health symptoms; and
- (c) The applicant is at least one year in recovery from a substance use disorder, whether through abstinence or stability on medication-assisted therapy, or in recovery from a mental health disorder.
- (4) ((The rules adopted pursuant to subsection (2) of this section may not allow a licensee to automatically deny an applicant with a conviction for an offense set forth in subsection (2) of this section for a position as an agency affiliated counselor registered under chapter 18.19 RCW practicing as a peer counselor in an agency or facility if:
- (a) At least one year has passed between the applicant's most recent conviction for an offense set forth in subsection (2) of this section and the date of application for employment;
- (b) The offense was committed as a result of the person's substance use or untreated mental health symptoms; and
- (c) The applicant is at least one year in recovery from a substance use disorder, whether through abstinence or stability on medication-assisted therapy, or in recovery from mental health challenges.
- (5))) In consultation with law enforcement personnel, the secretary of social and health services and the secretary of health shall investigate, or cause to be investigated, the conviction record and the protection proceeding record information under this chapter of the staff of each agency or facility under their respective jurisdictions seeking licensure or relicensure. An individual responding to a criminal background inquiry request from his or her employer or potential employer shall disclose the information about his or her criminal history under penalty of perjury. The secretaries shall use the information solely for the purpose of determining eligibility for licensure or relicensure. Criminal justice agencies

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- 1 shall provide the secretaries such information as they may have and
- 2 that the secretaries may require for such purpose.
- 3 <u>NEW SECTION.</u> **Sec. 18.** Sections 1 through 10 of this act
- 4 constitute a new chapter in Title 18 RCW.
- 5 <u>NEW SECTION.</u> **Sec. 19.** Section 15 of this act takes effect
- 6 October 1, 2023.
- 7 <u>NEW SECTION.</u> **Sec. 20.** If specific funding for the purposes of
- 8 this act, referencing this act by bill or chapter number, is not
- 9 provided by June 30, 2023, in the omnibus appropriations act, this
- 10 act is null and void.

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