



NAMI Washington 2022 Legislative Session Report

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NAMI Washington 2022 Legislative Session Report

This has been the second virtual legislative session and a plethora of bills were introduced and passed that addressed behavioral health, housing and human services issues.

Of the 90 bills NAMI Washington supported, 34 passed the legislature. And out of the 8 bills or budget asks NAMI Washington prioritized, 7 passed.

Collectively, over 1700 actions were taken by NAMI Washington members and community via action alerts and every single district and legislator was lobbied minus one district. This amazing field work is not including all of the virtual sign-ins, written and verbal testimonies from our members as individuals.

2022 Legislative Session Context

The 2022 Legislative Session was virtual for the 2nd year in a row, during the 3rd year of the pandemic. Parts of the economy have bounced back and communities have had the opportunity to be vaccinated and boosted. Children and youth now have access to vaccinations, making it a bit safer for youth and children to go back to school. The behavioral health workforce is burnt out and dwindling while the need for behavioral health services rise.

This legislative session was the short 60-day session (January 3rd to March 10th). The Governor's 2022 supplemental budget was released and proposed \$62 billion in spending. Typically, supplemental budgets do not propose new spending, but this year the Governor proposed new spending in transportation, poverty reduction and public health.

This was a transition year for NAMI Washington and we hired an Interim Director of Public Policy to uphold a strong legislative year. An analysis of the 2022 Governor was not accomplished, however, over 150 bills were analyzed, a subcommittee of the Public Policy committee was initiated for deeper analysis of priority bills, the PPC advocacy participation increased through ACTION CENTER emails, the number of Actions Alerts sent increased from last year, a Lobby Lead feedback survey was created to provide a baseline in creating a 2023 Lobby Lead training and 7 out of 8 of NAMI Washington's Legislative priorities passed.

Summary of NAMI Washington's Advocacy Actions

- 8 Action Alerts went out around our 3 main legislative priorities and our budget asks with over 1700 actions taken.
- We have participated in 16 sign-on letters to date:

- Budget proviso support letter to remove barriers for individuals with HIV in accessing medications, Signed-on against hb2037 – Use of Force bill, signed against a WA Housing Alliance and Seattle/King County Coalition on Homelessness letter SB5662, signed on in support of funds for School Based Health centers for both houses supplemental budgets, signed in support of hb1868 in support of health provider worker safety, signed on general housing support priorities with the Housing Justice Coalition, School Based Health Centers - School Based Health Alliance, Organizational sign-on letter to extend eviction protections in Washington - Low Income Housing Alliance, Community Sign-on Letter for DSHS Reopening Plan - Statewide Poverty Action Network, PDC Proposed Rule Changes on reporting - Transit Riders, Signed on in support of SB551 – HIV Antiviral medication access, signed on in support of SB5704 – in support of ARNP’s reimbursement for services, signed in support of SB5888 – supporting lowering prescription drug rates for patients, signed on in support of police officers serious past offense be subject to the Criminal Justice Training Commission decertification review (in relationship to last year’s law SB5051), sign-on letter to support TANF and HB2048, signed-on to support hb1664 to support social/emotional support in K-12 schools
- 181 people registered for Lobby Week
- We offered 6 NAMI Smarts workshops the 2 weeks before Lobby week
 - Smarts workshops offered covered modules 1, 3, and 6
 - A total of 234 people signed up for these workshops
- Action Center emails went out to the Public Policy Committee weekly with links to provide written testimony or to sign-in pro on our 90 pieces of legislation we supported throughout the session. PPC members circulated these emails to affiliate members.

See below for where NAMI Washington’s 2022 priorities and supported legislation stand!

[NAMI Washington’s 2022 Passed Legislative Priorities](#)

Behavioral Health

- **HB1688** - Expands the definition of emergency services to include post stabilization services and emergency services provided by behavioral health emergency service providers.
- **HB1773** - Fixes the Assisted Outpatient Treatment law and making it easier for courts to use and expand who can petition for the court order.

Youth and Behavioral Health

- **HB1890** - Creates a strategic plan advisory group under the children and youth behavioral health work group for the purpose of developing a behavioral health strategic plan for children, youth transitioning to adulthood, and their caregivers.

Police Accountability

- **HB 1735** - Ensure law enforcement can respond to behavioral health crisis calls.

FY 2022 Operating Budget Priorities

The following are NAMI Washington budget priorities included in the final operating budget. A table with additional budget highlights is included at the end of this document

- 7% Medicaid rate increase for behavioral health rates
- \$100 million for Behavioral Health workforce stabilization funds - \$100 million
- HIV medications state matching funds (federal funds are over \$14 million) - \$3.7 million
- Assisted Outpatient Treatment funding attached to HB1773 - \$4.7 million

Passed Legislation that NAMI Washington Supported

Behavioral Health

S.B. 5644: Concerning Providing Quality Behavioral Health Co-Response Services and creates uniformed training standards

S.B. 5476: Responding to the State v. Blake Decision by Addressing Justice System Responses and Behavioral Health Prevention, Treatment, and Related Services.

H.B. 1761: Allowing Nurses to Dispense Opioid Overdose Reversal Medication in the Emergency Department.

S.B. 5589: Concerning Statewide Spending on Primary Care. Using reports on mental health to further integrate mental health services in primary care, strengthening behavioral health workforce and increase tracking of behavioral health services utilized within primary care reporting.

S.B. 5736: Concerning Partial Hospitalizations and Intensive Outpatient Treatment Services for Minors. Adds behavioral health administrative services and managed care organizations must

provide partial hospitalization and intensive outpatient programs for children under 18 years of age. This service will be added to be covered by Medicaid.

H.B. 1074: *Concerning Overdose and Suicide Fatality Reviews. Permits local health department to establish multidisciplinary overdose and suicide fatality review teams to review overdose or suicide deaths and to develop strategies for prevention.*

S.B. 5793: *Concerning Stipends for Low-Income or Underrepresented Community Members of State Boards, Commissions, Councils, Committees, and Other Similar Groups.*

H.B. 1821: *Concerning the Definition of Established Relationship for Purposes of Audio-Only Telemedicine. Sets standards of in-person and audio-only telemedicine interaction for consumers with behavioral health, substance abuse treatments and health care services. Provider who refers or serves a client must have had in-person contact within the last 2 years to engage or refer client using audio-only telemedicine.*

Affordable Drug Access

S.B. 5610: *Requiring Cost Sharing for Prescription Drugs to Be Counted Against an Enrollee's Obligation, Regardless of Source. If another person pays for enrollee's prescription drug costs, this bill allows this cost sharing to be used against enrollee's deductible or out-of-pocket costs.*

S.B. 5532: *Establishing a Prescription Drug Affordability Board. Authority to review drug prices, provide upper payment limits and drug price increase penalty.*

Schools and Youth

H.B. 1834: *Concerning Student Excused Absences for Mental Health Reasons.*

H.B. 1800: *Dedicating behavioral health staff to keep parents and educators informed around changes in behavioral policies, services and resources. Creating a parent portal around information, resources and services for parents, educators, youth and other professionals. These services will be reviewed by a stakeholder group on the effectiveness of the program and will include parents and youth engaged in the behavioral health system.*

H.B. 1664: *Concerning Prototypical School Formulas for Physical, Social, and Emotional Support in Schools.*

Health & Human Services

H.B. 1616: *Concerning the Charity Care Act. Establishes two categories of hospitals for the purposes of charity care requirements and increases the existing income threshold for patients*

to receive charity care for the full amount of their charges, as well as the threshold to receive a discount on their charges.

H.B. 1703: *Modernizing the Statewide 911 Emergency Communications System. Expanding coverage of 911 calls to rural areas. Creation of a 911 Advisory Committee to enhance the service and coverage to communities.*

H.B. 2075: *Establishing Service Requirements for the Department of Social and Health Services. Supporting DSHS to have the tools and clear expectations in serving their clients during COVID.*

Housing

H.B. 1818: Promoting Successful Reentry and Rehabilitation of Persons Convicted of Criminal Offenses and various fees for persons in reentry are eliminated, housing and mental health services provided.

H.B. 1905: Reducing Homelessness for Youth and Young Adults Discharging from a Publicly Funded System of Care. Any youth or young adult discharged from public systems of care will be discharged into safe and stable housing with BH resources and services available to them.

S.B. 5566: Expanding Eligibility for the Independent Youth Housing Program.

H.B. 1724: *Ensuring Oversight and Coordination of Permanent Supportive Housing Resources to Maximize the Creation of High-Quality Housing Opportunities for People Living with Disabling Conditions in Communities Across Washington. Creation of Advisory Affordable Housing Committee on permanent supportive housing with BH provider on committee.*

H.B. 1860: *Preventing Homelessness Among Persons Discharging from Inpatient Behavioral Health Settings. Adds tracking of homelessness persons who have been discharged from inpatient behavioral health services and reports to the governor and Health Care Authority. By Oct. 2022 managed care organizations must provide housing coordination services to persons discharged from inpatient BH services. Providing age appropriate and transition plans around housing and housing services for youth under age 25.*

H.B. 1866: *Assisting Persons Receiving Community Support Services Through Medical Assistance Programs to Receive Supportive Housing. Establishes the Apple Health and Homes Program (Program) to provide a permanent supportive housing benefit and a community support services benefit to persons who meet eligibility criteria related to income, medical risk factors and barriers to finding stable housing. Establishes the Office of Apple Health and Homes (Office) within the Department of Commerce to allocate funding for permanent supportive housing units to fulfill the needs of persons enrolled in the Program and establish metrics*

related to the effects of the Program. Establishes the Apple Health and Homes Account to be used for permanent supportive housing programs administered by the Office.

Workforce

S.B. 5564: Protecting the Confidentiality of Employees Using Employee Assistance Programs and increasing Access to behavioral health services for persons with private insurance.

Disability Rights

S.B. 5763: Eliminating Subprevailing Wage Certificates for Individuals with Disabilities.

S.B. 5790: Strengthening Critical Community Support Services for Individuals With Intellectual and Developmental Disabilities.

Policing and Criminal Justice Systems

H.B. 1894: Expanding time for juveniles to complete diversion agreement, if requested, and the ability to complete the diversion agreement sooner than scheduled.

H.B. 1956 & SB5859: *Exempting from Public Disclosure Sensitive Records Pertaining to Current and Formerly Incarcerated Individuals' Dignity and Safety specifically around mental or behavioral health care treatment.*

Economic Equity

H.B. 1888: Allowing the Department of Revenue to Adjust the Rates of Remittance Reductions in the Working Families' Tax Credit in Order to Align with Federal Maximum Qualifying Income Levels.

H.B. 2096: Concerning the Working Families' Tax Exemption, Also Known as the Working Families Tax Credit.

H.B. 1412: *Concerning Legal Financial Obligations. If an individual cannot pay their medical bills to an insurer or state agency the court can wave accrued interest and restitution.*

Legislation That Did Not Pass That NAMI Washington Supported

Behavioral Health

S.B. 5807: Improving Behavioral Health Outcomes by Enhancing Engagement of State Hospitals.

S.B. 5829: Concerning Appropriations for Behavioral Health. Provides \$10,000,000 state health care authority for the purpose of providing bridge funding to community behavioral health agencies participating in federal certified community behavioral health clinic.

H.B. 1499: Providing Behavioral Health System Responses to Individuals With Substance Use Disorder. Requires the HCA to create a substance use disorder recovery services plan, provisions for funding the plan, establishes the substance use recovery services advisory committee, and decriminalizes possession of personal amounts of substances.

H.B. 1578: Responding to the State v. Blake Decision. The Authority shall add a substance abuse recovery plan. Additions to this bill includes adding substance abuse services and counselors.

H.B. 1862: Concerning Facility Fees Charged by Certain Health Care Providers. Regarding protections for consumers hospitals cannot charge a facility fee unless consumer has rendered services at that hospital or facility. And hospitals must be transparent about any facility fees they charge to consumers.

H.B. 2053: Creating a Behavioral Health Work Group to Study the Root Causes of Rising Behavioral Health Issues in Washington Communities.

S.B. 5209: Enhancing and Expanding Behavioral Health and Suicide Prevention Crisis Response Services. Establishes infrastructure for the 988-crisis hotline center and crisis services; creates an implementation coalition for enhancing and expanding the behavioral health and suicide prevention crisis response services; and imposes a tax on all radio access lines for the statewide 988 line.

H.B. 1600: Concerning the Installation of Signs Displaying the 988 National Suicide Prevention and Mental Health Crisis Hotline. Provides for installation of signs displaying the 988 National Suicide Prevention and Mental Health Crisis Hotline.

S.B. 5413: Concerning Solitary Confinement. Provides that solitary confinement should not be used against vulnerable populations, defined as inclusive of individuals with mental illness, or

under conditions or for time periods that foster psychological trauma, psychiatric disorders, or serious, long-term damage to a person's brain.

Schools and Youth

H.B. 1746: Updating the 2015 Report and Recommendations for Supporting Student Success Through Measuring and Mitigating Community Risk and Protective Predictors Since the Emergence of the COVID-19 Pandemic.

H.B. 1759: Requiring School Districts and Other Public Education Entities to Make Information from the Department of Health About Substance Use Trends, Overdose Symptoms and Response, and the Secure Storage of Prescription Drugs, Over-The-Counter Medications, and Firearms and Ammunition, Available Through Their Websites and Other Communication Resources. (passed HB1800)

S.B. 5912: Improving Health Outcomes for Children on Medicaid. Ensures standards are aligned with bright futures guidelines of the American academy of Pediatrics and sets a timeframe of Jan 2023. It includes a guideline around mental health.

H.B. 1665: Modifying the Membership of the Oversight Board for Children, Youth, and Families. Inclusion of more content experts around education on a very diverse Board for Children, Youth and Families.

H.B. 1840: Improving Diversity, Equity, and Mental Health at the Community and Technical Colleges. Creates a task force to improve diversity, equity and mental health at colleges and universities. Ensures the task force includes underrepresented students, including LGBTQ+ and students with disabilities. Expands pilot program to 4 new colleges to improve access to mental health services at colleges and universities.

H.B. 1883: Establishing a Lifeline for Youth and Young Adults Who Have Experienced or Are at Risk of Entering into Public Systems of Care. Creates a Lifeline for Independent Living agency that streamlines services and resources for youth who are at risk of entering the public systems of care (ie. foster care, inpatient behavioral health) or in those systems.

Affordable and Accessible Drugs

H.B. 1852: Concerning Language Requirements for Prescription Drug Labels.

H.B. 1813: Concerning Freedom of Pharmacy Choice. Provides individuals more choices around their prescription drugs and provides guidelines on what pharmacy benefits managers (PBM) can and cannot do. For example, PBM cannot require individual to contact PBM or mail order pharmacy in order to receive prescription drugs of choice at a covered pharmacy.

S.B. 5794: Concerning Continuity of Coverage for Prescription Drugs Prescribed for the Treatment of Behavioral Health Conditions. Carrier cannot cancel or change drug prescriptions when drug is working, some exceptions like drug safety concerns.

S.B. 5551: Concerning Medicaid Coverage for HIV Antiviral Drugs. Medicaid coverage for HIV anti-viral drugs. Health care system provides coverage without prior authorization for all Federal and Food drug Admin approval of HIV anti-viral drugs. Easier access to anti-viral HIV drugs supports mental health of persons with HIV.

S.B. 5723: Concerning Improving Diversity in Clinical Trials.

S.B. 5888: Concerning Cost-Sharing Fairness. Patients receive full access to rebates on prescription drugs.

Housing

H.B. 1601: Expanding the Students Experiencing Homelessness and Foster Youth Pilot Program. Continues pilot foster care program to permanent program for students in college and includes case management services.

H.B. 2017: Addressing Housing Concerns for Individuals Impacted by the Criminal Legal System. Ensuring rental screenings are more racially equitable by restricting the use of a conviction history as a reason to deny housing. Advertising cannot restrict tenants with a criminal record. Landlords must be transparent with tenant for rejection and provide screening agency information and consumer report on why for the tenant.

Workforce

H.B. 1868 & SB5751: Improving Worker Safety and Patient Care in Health Care Facilities by Addressing Staffing Needs, Overtime, Meal and Rest Breaks, and Enforcement.

S.B. 5889: Concerning Insurance Coverage for an Annual Mental Health Wellness Exam.

S.B. 5894: Integrating Behavioral Health in Primary Care Through the Use of Health Navigators and a Primary Care Collaborative. Support the establishment of Health Navigators as part of primary care. They help with continuum of care around education, resources and advocacy within communities. Reimbursement for care coordination services performed by non-licensed staff acting in the role of a health navigator will be available through Medicaid administrative funding. In 2023 Health Navigators will be available for pediatric practices to serve children and youth.

H.B. 1877: Addressing Expired Certifications for Certain Health Professions. Provides a pathway for health professionals can renew their certification if it has expired more than 5 years ago. Provides a pathway for health professionals to renew their certification if it has been less than 5 years. In both incidences must comply with qualifications and restrictions on renewing their certification.

S.B. 5911: Providing Hazard Pay Retention Bonuses to Certain Health Care Employees.

S.B. 5884: Establishing Behavioral Health Support Specialists. Expands certification of BH Support Specialists through UW accredited process. Authority shall ensure BH support specialists are covered under Medicaid.

S.B. 5010: Prohibiting the Use of Credit Scores to Determine Rates for Personal Lines of Insurance.

H.B. 1863: Authorizing the Prescriptive Authority of Psychologists. Expanding the authority of prescribing medicine to Psychologists and increasing access to needed medications to consumers.

H.B. 1889: Concerning Network Access. Requires the OIC to actively review and approve carrier physician and provider networks, and to monitor networks through the plan year.

S.B. 5704: Requiring Health Carriers to Reimburse Advanced Registered Nurse Practitioners at the Same Rate as Physicians for the Same Services. Pay parity around health carrier reimbursements for advance registered nurse practitioners who are providing the same service as physicians. This is especially important in rural areas that need greater access to health care providers.

S.B. 5784: Adding Psychologists for Mental Health Only Claims to the List of Those Who Can Act as an Attending Provider. Psychologists may be considered to testify for mental health claims around worker compensation.

Disability Rights

H.B. 1566: Concerning Access and Representation for Individuals with Disabilities in the Legislative Process.

H.B. 1965: Providing Additional Support and Services for Veterans' Assistance and for Persons with Developmental Disabilities or Mental Health Needs.

Policing and Criminal Justice Systems

H.B. 1202: Addressing Meaningful Civil Remedies for Persons Injured as a Result of Police Misconduct, Including by Allowing for an Award of Attorney Fees in Addition to Damages and Injunctive and Declaratory Relief.

H.B. 1507: Establishing a Mechanism for Independent Prosecutions of Criminal Conduct Arising from Police Use of Force.

H.B. 1637: Allowing a Court to Mitigate a Criminal Sentence When the Defendant Was Experiencing Mental Illness at the Time of the Offense.

H.B. 1690: Concerning the Use of Deception by Law Enforcement Officers During Custodial Interrogations. This bill states an interrogation is deemed inadmissible if court finds officer intentionally engaged in deception in obtaining the statement.

H.B. 1756: Concerning Solitary Confinement. Restricts use of solidarity confinement and calls for less restrictive practices. Enables incarcerated person to contest within 72 hours to exit solidarity confinement. Cannot be confined for more than 15 consecutive days and not for more than 45 days in a year.

S.B. 5588: Concerning Reentry and Discharge Planning for Incarcerated Individuals at the Department of Corrections. Re-Entry program starts with evaluation of mental health and substance use disorder and discharge plan includes mental health treatment and medication-assisted treatment. Increases allocation of funds for staff addressing social and emotional well-being of students and families - increasing FTE of nurses, Psychologist, school counselors and social workers.

S.B. 5772: Concerning Postconviction Access to Counsel. Ensure postconviction indigent defense resources for both adult and juvenile individuals.

Economic Equity

H.B. 1111: Concerning Investment Income Tax Deductions. This bill would restore fairness to Washington's tax system by including the unearned financial income of companies and nonprofits in the state's tax base. The bill would also add an estimated \$155 million of needed revenue over the next three biennia to meet Washington's important public service needs.

H.B. 2009: Creating the Evergreen Basic Income Trust.



H.B. 2048: Concerning Temporary Assistance for Needy Families Time Limit Extensions. Increases reasons for extension which includes behavioral health issues.

S.B. 5426: Improving the Equity of Washington State's Tax Code by Creating the Washington State Wealth Tax and Taxing Extraordinary Financial Intangible Assets. Creates a wealth tax to improve the equity of Washington's tax code.

S.B. 5559: Concerning Verification for Use of Paid Sick Leave. Updating employee requirements of communication around taking paid sick/safe days. And updating some employer requirements if not providing health insurance.

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